REPORT FOR SECTION 404

COMMUNITY MENTAL HEALTH SERVICE PROGRAMS DEMOGRAPHIC AND COST DATA FY 2008

STATE OF MICHIGAN

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

May 2009

REPORT FOR
SECTION 404 (2) (3)

COMMUNITY MENTAL HEALTH SERVICE PROGRAMS
DEMOGRAPHIC AND COST DATA
2008

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May 2009

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SECTION 404 (2)
CMHSP DEMOGRAPHIC AND COST DATA
FY 2008

Introduction

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
REPORT ADDRESSING PA 246 (2008) SECTION 404(2) & 404(3)

Section 404(2)(a,b) requires a report containing information for each Community Mental Health Services Program (CMHSP) or Specialty Prepaid Health Plan (PIHP) with a statewide summary; such a report will give a demographic description of service recipients, including, reimbursement eligibility, client population groups, age, ethnicity, housing arrangements and diagnosis, and per capita expenditures per client population group. This information is provided in the attached document for persons with mental illness (MI), developmental disabilities (DD), dual diagnosis (MI & DD) and substance abuse for each CMHSP or PIHP, as well as statewide.

Information to address these sections is current as of April 2009, from all 46 CMHSP programs for the reporting period October 1, 2007 through September 30, 2008. In FY 2008, there were 173,069 persons with MI, 29,516 persons with DD, 9,614 persons with MI & DD, 1,629 persons who received substance abuse services only, and 5,410 persons for whom diagnosis is unknown, for a total 219,238 persons who received services in CMHSPs or PIHPs throughout Michigan. Of those individuals with MI, 37,553 (21.7 percent) are 17 years or under and 5,941 (20.1 percent) of the persons with DD are 17 years or younger. Of those persons for whom race or ethnicity are reported, 65,147 (33.5 percent) are members of a minority group. The total costs for services reported across the 46 CMHSPs for FY 2008 was $1,973,596,647. The attached material provides cost information by CMHSP for adults and children with MI, and persons with DD.

Section 404(2)(c) requires financial information that includes a description of funding authorized, expenditures by client group and fund sources, and cost information by service category including administration. Information to address this section was obtained in January 2009, from all 46 CMHSPs for the period October 1, 2007 through September 30, 2008. The attached report provides the costs and units for specific services for adults and children with MI, and persons with DD for each CMHSP, as well as statewide.

Section 404(2)(d) requires the reporting of data describing service outcomes which shall include, but not be limited to, an evaluation of consumer satisfaction, consumer choice, and quality of life concerns including, but not limited to, housing and employment. The Michigan Department of Community Health decided in 2006 to redesign its approach to the measurement of consumer satisfaction in a way that would better promote improvement at the program and agency levels. In 2007 and 2008, all beneficiaries enrolled in Assertive Community Treatment (ACT) were asked to complete the 44-item MHSIP Consumer Survey. In addition, all families with a child or adolescent receiving home-based services were also asked to complete the 26-item Youth Satisfaction Survey (YSS) for Families. This information is provided in the attached for each PIHP.

Section 404(2)(e)(*i,ii*) requires information about access to CMHSPs which shall include, but is not limited to, the number of persons receiving and/or requesting services and the number of people who requested services but did not receive services. The attached report includes information on the number of persons served as well as service projections by age group and disability designation for each CMHSP. Also included are numbers on the consumers who were denied service and those who were referred elsewhere. This information is presented separately for Medicaid and non-Medicaid eligible consumers for each disability designation group by CMHSP.

Section 404(2)(f) requires the number of second opinions requested under the code including the determination of any appeals. This section provides information from the relevant indicators from the Performance Indicator System. Aggregated performance indicator data is submitted quarterly by CMHSPs.

Section 404(2)(g) requires an analysis of information provided by CMHSPs in response to the needs assessment requirements of the Mental Health Code, including information about the number of persons in the service delivery system who have requested, and are clinically appropriate, for different services. In the attached, there is material on the assessment of community needs for each CMHSP for identified subpopulations in need, as well as detailed summaries of the number of total persons in need by CMHSP. Also provided are detailed summaries by CMHSP on the bed capacities by setting, as well as waiting lists for specific non-emergent services for adults and children with MI and persons with DD.

Section 404(2)(h) requires lapses and carry forwards for FY 2007-2008. This information is provided in the attached for each CMHSP and PIHP.

Section 404(2)(i)*(i, ii, iii)* requires information regarding CMHSP or PIHP provider contracts, including amount and rates, organized by type of service provided. This information is provided for each CMHSP.

Section 404(2)(j) requires information on the community mental health Medicaid managed care program, including, but not limited to, (*i)* expenditures by each CMHSP or PIHP **organized by Medicaid eligibility group, including per eligible individual expenditure averages and *(ii)* performance indicator information required to be submitted to the Department in the contracts with CMHSPs or PIHPs.** The expenditures by Medicaid eligibility group are provided in this section as are the data for the CMHSP Performance Indicators FY08.

Section 404(2)(k) requires an estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs or PIHPs as of September 30, 2008, employed directly or through contracts with provider organizations. This information is provided for each CMHSP.

Section 404(3) requires that the Department shall include data reporting requirements listed in subsection (2) in the annual contract with each individual CMHSP or PIHP. The CMHSP contract for FY08 is included in the attached.

SECTION 404 (2) (a) (i)
DEMOGRAPHIC SUMMARY DATA
FY 2008

Statewide Summary & CMHSP Specific

Overview

The data that are presented in this section were provided by CMHSPs and/or PIHPs as required by the FY 2008 MDCH/CMHSP and MDCH/PIHP contracts. Demographic data were collected from October 1, 2007 to September 30, 2008, and submitted to the MDCH Data Warehouse by March 20, 2008 for inclusion in this report. Nine demographic indicators are presented statewide for five eligibility groups --individuals with mental illness (MI), individuals with a developmental disability (DD), those individuals who are dual diagnosis (MI & DD), individuals who received services only for substance abuse (SA), and persons with an unknown disability. (Very young children, persons newly admitted to service, or individuals who appeared for services only once may not have been diagnosed, therefore, it is unknown whether they met the criteria for "mental illness" or "developmental disability".) Selected demographic indicators are then presented separately by CMHSP for the five eligibility groups.

The demographic indicators presented in this section Include:

- Gender
- Age
- Race/Ethnicity
- Correction Status
- Residence
- Total Annual Household Income
- Program Eligibility
- Employment
- Education

Definitions of these demographic indicators are presented in Section 404(3).

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2008
State of Michigan

Demographic Characteristics	MI Consumers		DD Consumers		* Substance Abuse Consumers		Dual Diagnosis (MI & DD)		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender												
Males	85,037	49.13%	17,392	58.92%	1,065	65.38%	5,621	58.47%	2,592	47.91%	111,707	50.95%
Females	87,566	50.60%	12,101	41.00%	560	34.38%	3,989	41.49%	2,050	37.89%	106,266	48.47%
Unknown Gender	466	0.27%	23	0.08%	4	0.25%	4	0.04%	768	14.20%	1,265	0.58%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Age												
Age 0 through 3	1,240	0.72%	528	1.79%	1	0.06%	28	0.29%	23	0.43%	1,820	0.83%
Age 4 through 12	16,304	9.42%	3,237	10.97%	0	0.00%	730	7.59%	276	5.10%	20,547	9.37%
Age 13 through 17	20,009	11.56%	2,176	7.37%	74	4.54%	761	7.92%	751	13.88%	23,771	10.84%
Age 18 through 26	24,803	14.33%	5,384	18.24%	293	17.99%	1,673	17.40%	1,053	19.46%	33,206	15.15%
Age 27 through 64	101,199	58.47%	16,373	55.47%	1,248	76.61%	5,751	59.82%	2,918	53.94%	127,489	58.15%
Age 65 and Over	9,444	5.46%	1,818	6.16%	13	0.80%	671	6.98%	385	7.12%	12,331	5.62%
Unknown Age	70	0.04%	0	0.00%	0	0.00%	0	0.00%	4	0.07%	74	0.03%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Race/Ethnicity												
White/Caucasian	109,895	63.50%	20,568	69.68%	975	59.85%	7,774	80.86%	2,176	40.22%	141,388	64.49%
African American/Black	42,001	24.27%	6,357	21.54%	384	23.57%	1,088	11.32%	853	15.77%	50,683	23.12%
American Indian or Alaskan Native	1,570	0.91%	186	0.63%	36	2.21%	70	0.73%	25	0.46%	1,887	0.86%
Asian	433	0.25%	153	0.52%	7	0.43%	43	0.45%	17	0.31%	653	0.30%
Native Hawaiian or other Pacific Islander	48	0.03%	9	0.03%	0	0.00%	3	0.03%	0	0.00%	60	0.03%
Other Race	7,529	4.35%	959	3.25%	177	10.87%	202	2.10%	294	5.43%	9,161	4.18%
Multiracial	5,352	3.09%	804	2.72%	13	0.80%	337	3.51%	292	5.40%	6,798	3.10%
Unknown/Refused/Missing	6,241	3.61%	480	1.63%	37	2.27%	97	1.01%	1,753	32.40%	8,608	3.93%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Hispanic												
Hispanic or Latino	5,394	3.12%	639	2.16%	62	3.81%	168	1.75%	180	3.33%	6,443	2.94%
Not Hispanic or Latino	138,091	79.79%	23,943	81.12%	1,339	82.20%	7,880	81.96%	3,090	57.12%	174,343	79.52%
Unknown/Missing	29,584	17.09%	4,934	16.72%	228	14.00%	1,566	16.29%	2,140	39.56%	38,452	17.54%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Corrections Status												
In Prison	106	0.06%	2	0.01%	0	0.00%	0	0.00%	12	0.22%	120	0.05%
In Jail	3,800	2.20%	24	0.08%	109	6.69%	32	0.33%	72	1.33%	4,037	1.84%
Paroled from Prison	1,755	1.01%	23	0.08%	48	2.95%	10	0.10%	62	1.15%	1,898	0.87%
Probation from Jail	5,852	3.38%	59	0.20%	179	10.99%	143	1.49%	150	2.77%	6,383	2.91%
Juvenile Detention Center	382	0.22%	10	0.03%	1	0.06%	6	0.06%	27	0.50%	426	0.19%
Court Supervision	3,342	1.93%	122	0.41%	50	3.07%	99	1.03%	129	2.38%	3,742	1.71%
Not in a Correction's Status	102,240	59.07%	20,733	70.24%	704	43.22%	8,624	89.70%	1,291	23.86%	133,592	60.93%
Awaiting Trial	905	0.52%	19	0.06%	16	0.98%	20	0.21%	45	0.83%	1,005	0.46%
Awaiting Sentencing	753	0.44%	14	0.05%	20	1.23%	13	0.14%	24	0.44%	824	0.38%
Minor Referred by the Court	692	0.40%	1	0.00%	8	0.49%	14	0.15%	5	0.09%	720	0.33%
Arrested and Booked	220	0.13%	3	0.01%	4	0.25%	7	0.07%	16	0.30%	250	0.11%
Diverted from Arrest or Booking	131	0.08%	7	0.02%	1	0.06%	14	0.15%	2	0.04%	155	0.07%
Corrections Status Refused/Unreported	52,891	30.56%	8,499	28.79%	489	30.02%	632	6.57%	3,575	66.08%	66,086	30.14%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%

CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2008
State of Michigan

Demographic Characteristics	MI Consumers		DD Consumers		* Substance Abuse Consumers		Dual Diagnosis (MI & DD)		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Residence												
Homeless/Homeless Shelter	5,014	2.90%	47	0.16%	98	6.02%	46	0.48%	202	3.73%	5,407	2.47%
Private - with Relatives	75,220	43.46%	15,314	51.88%	452	27.75%	3,618	37.63%	1,155	21.35%	95,759	43.68%
Private - non-Relatives	46,810	27.05%	3,713	12.58%	474	29.10%	1,793	18.65%	636	11.76%	53,426	24.37%
Foster Family	2,716	1.57%	523	1.77%	5	0.31%	203	2.11%	17	0.31%	3,464	1.58%
Specialized Residential	4,096	2.37%	5,871	19.89%	17	1.04%	2,429	25.27%	43	0.79%	12,456	5.68%
General Residential	3,608	2.08%	1,498	5.08%	19	1.17%	655	6.81%	34	0.63%	5,814	2.65%
Prison/Jail/Juvenile Detention	4,618	2.67%	34	0.12%	98	6.02%	28	0.29%	96	1.77%	4,874	2.22%
Nursing Care Facility	3,263	1.89%	378	1.28%	4	0.25%	237	2.47%	116	2.14%	3,998	1.82%
Other Institutional Setting	707	0.41%	92	0.31%	5	0.31%	65	0.68%	15	0.28%	884	0.40%
Supported Independence Program	1,086	0.63%	641	2.17%	15	0.92%	242	2.52%	17	0.31%	2,001	0.91%
Residential Arrangement Unknown/Unreported	25,931	14.98%	1,405	4.76%	442	27.13%	298	3.10%	3,079	56.91%	31,155	14.21%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Total Annual Household Income												
Income Below $10,000	99,243	57.34%	18,826	63.78%	987	60.59%	6,165	64.13%	1,695	31.33%	126,916	57.89%
Income $10,001 to $20,000	18,034	10.42%	4,387	14.86%	109	6.69%	1,595	16.59%	120	2.22%	24,245	11.06%
Income $20,001 to $30,000	5,576	3.22%	665	2.25%	32	1.96%	237	2.47%	47	0.87%	6,557	2.99%
Income $30,001 to $40,000	2,240	1.29%	343	1.16%	8	0.49%	107	1.11%	22	0.41%	2,720	1.24%
Income $40,001 to $60,000	1,511	0.87%	428	1.45%	4	0.25%	91	0.95%	23	0.43%	2,057	0.94%
Income Over $60,000	926	0.54%	283	0.96%	3	0.18%	86	0.89%	7	0.13%	1,305	0.60%
Income Unreported	45,539	26.31%	4,584	15.53%	486	29.83%	1,333	13.87%	3,496	64.62%	55,438	25.29%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Program Eligibility (Counts Can be More than One Group)												
Adoption Subsidy	391	0.23%	183	0.62%	0	0.00%	32	0.33%	5	0.09%	611	0.28%
Habiliation Supports Waiver	36	0.02%	5,692	19.28%	0	0.00%	1,951	20.29%	13	0.24%	7,692	3.51%
Medicare	23,513	13.59%	7,981	27.04%	38	2.33%	3,905	40.62%	236	4.36%	35,673	16.27%
Medicaid (except Children's Waiver)	82,064	47.42%	20,831	70.58%	479	29.40%	8,201	85.30%	1,545	28.56%	113,120	51.60%
MIChild	1,123	0.65%	78	0.26%	1	0.06%	36	0.37%	28	0.52%	1,266	0.58%
Medicaid Children's Waiver	72	0.04%	86	0.29%	0	0.00%	34	0.35%	4	0.07%	196	0.09%
SDA, SSI, SSDI	35,817	20.70%	15,984	54.15%	104	6.38%	4,754	49.45%	179	3.31%	56,838	25.93%
Commercial Health Insurance	27,886	16.11%	5,752	19.49%	400	24.55%	1,610	16.75%	267	4.94%	35,915	16.38%
Other Public Sources - not DCH	40,657	23.49%	4,742	16.07%	554	34.01%	895	9.31%	1,365	25.23%	48,213	21.99%
Not Eligible for Program/Plan	21,499	12.42%	956	3.24%	447	27.44%	351	3.65%	974	18.00%	24,227	11.05%
Adult Benefit Waiver	7,544	4.36%	63	0.21%	152	9.33%	71	0.74%	234	4.33%	8,064	3.68%
Program Eligibility Unknown/Unreported	209	0.12%	4	0.01%	6	0.37%	1	0.01%	82	1.52%	302	0.14%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%

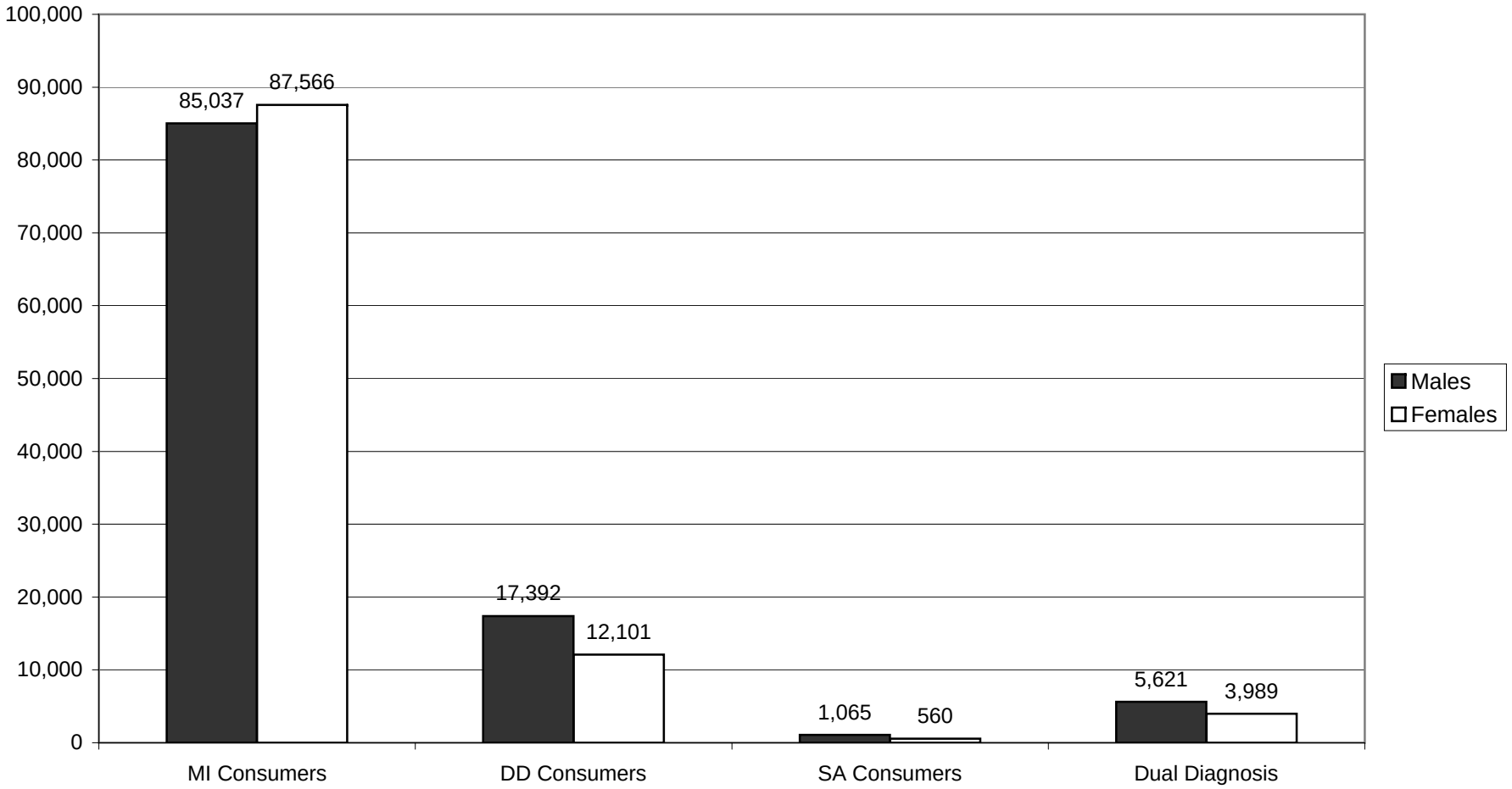
CMHSP Demographic Summary
Numbers and Percentages of Persons with Mental Illnesses and Developmental Disabilities
Who Received Services from CMHSPs
Fiscal Year 2008
State of Michigan

Demographic Characteristics	MI Consumers		DD Consumers		* Substance Abuse Consumers		Dual Diagnosis (MI & DD)		Unknown Disability		Total Served	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Employment												
Employed Full Time	7,432	4.29%	316	1.07%	88	5.40%	124	1.29%	157	2.90%	8,117	3.70%
Employed Part Time (less than 30 hours/week)	10,721	6.19%	1,461	4.95%	102	6.26%	546	5.68%	193	3.57%	13,023	5.94%
Unemployed - Looking for Work	53,365	30.83%	4,584	15.53%	963	59.12%	873	9.08%	1,938	35.82%	61,723	28.15%
Not in Competitive Labor Force	53,367	30.84%	10,315	34.95%	337	20.69%	4,159	43.26%	724	13.38%	68,902	31.43%
Retired from Work	4,554	2.63%	480	1.63%	10	0.61%	229	2.38%	79	1.46%	5,352	2.44%
Sheltered Workshop/Work Services, Non-Integrate	2,110	1.22%	5,346	18.11%	7	0.43%	1,625	16.90%	15	0.28%	9,103	4.15%
Not Applicable (i.e., Child)	31,712	18.32%	5,610	19.01%	55	3.38%	1,478	15.37%	425	7.86%	39,280	17.92%
Supported Employment Only	348	0.20%	727	2.46%	3	0.18%	391	4.07%	5	0.09%	1,474	0.67%
Supported and Competitive Employment	150	0.09%	226	0.77%	1	0.06%	74	0.77%	1	0.02%	452	0.21%
In Unpaid Work	67	0.04%	59	0.20%	0	0.00%	17	0.18%	0	0.00%	143	0.07%
Employment Status Unknown/Unreported	9,243	5.34%	392	1.33%	63	3.87%	98	1.02%	1,873	34.62%	11,669	5.32%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Education												
Completed Less than High School	30,001	17.33%	6,614	22.41%	270	16.57%	2,423	25.20%	541	10.00%	39,849	18.18%
Completed High School or More	45,992	26.57%	8,530	28.90%	563	34.56%	3,595	37.39%	726	13.42%	59,406	27.10%
In School - K to 12	28,897	16.70%	1,718	5.82%	203	12.46%	808	8.40%	700	12.94%	32,326	14.74%
In Training Program	378	0.22%	442	1.50%	6	0.37%	321	3.34%	16	0.30%	1,163	0.53%
In Special Education	2,566	1.48%	5,487	18.59%	11	0.68%	1,385	14.41%	47	0.87%	9,496	4.33%
Attended or Attending Undergraduate College	15,611	9.02%	148	0.50%	202	12.40%	119	1.24%	346	6.40%	16,426	7.49%
College Graduate	5,454	3.15%	120	0.41%	52	3.19%	52	0.54%	99	1.83%	5,777	2.64%
Education Unreported	44,170	25.52%	6,457	21.88%	322	19.77%	911	9.48%	2,935	54.25%	54,795	24.99%
	173,069	100.00%	29,516	100.00%	1,629	100.00%	9,614	100.00%	5,410	100.00%	219,238	100.00%
Total Served												
Persons Served by CMHSPs	173,069		29,516		1,629		9,614		5,410		219,238	

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

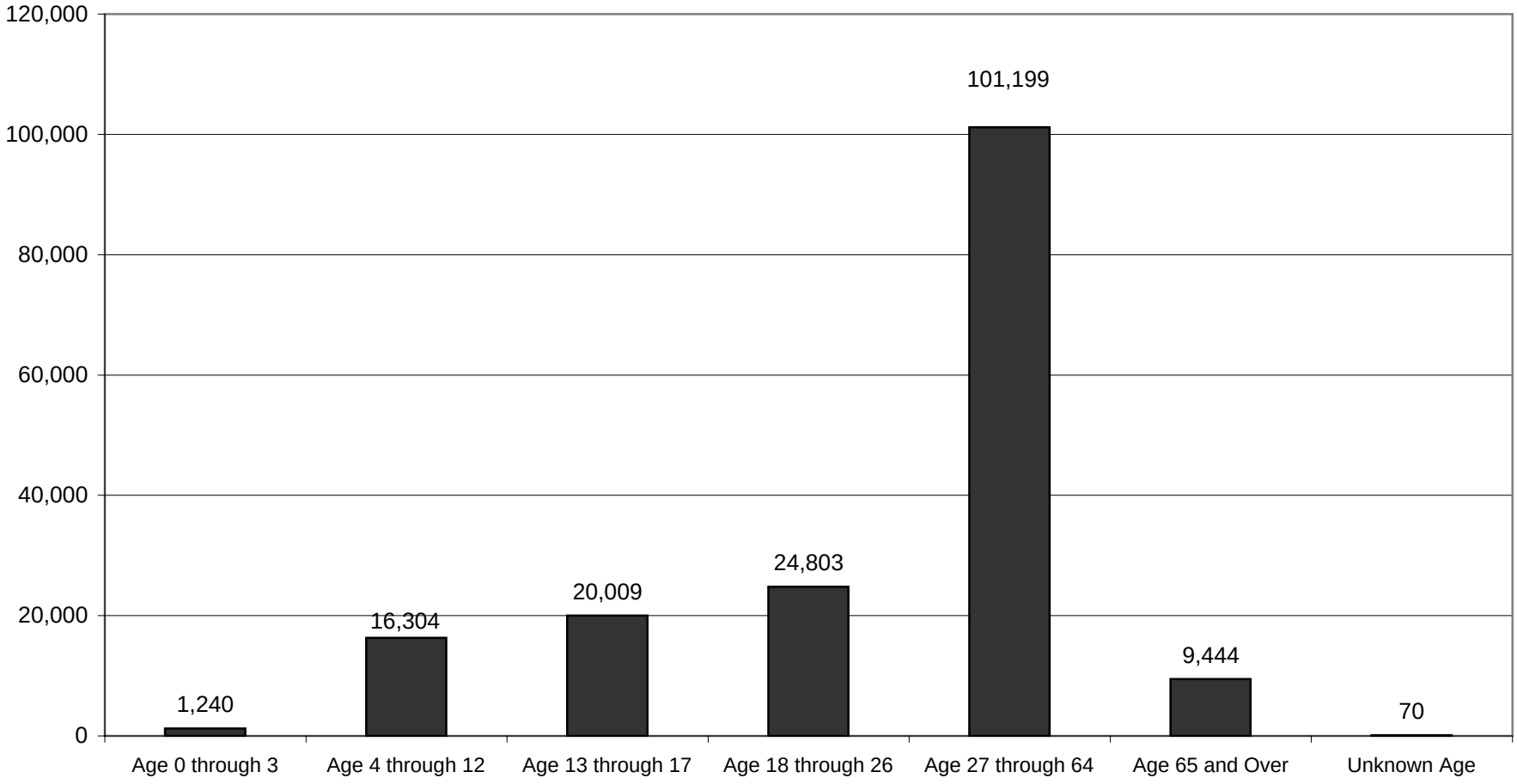
This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

CMHSP Gender Summary
Fiscal Year 2008
State of Michigan



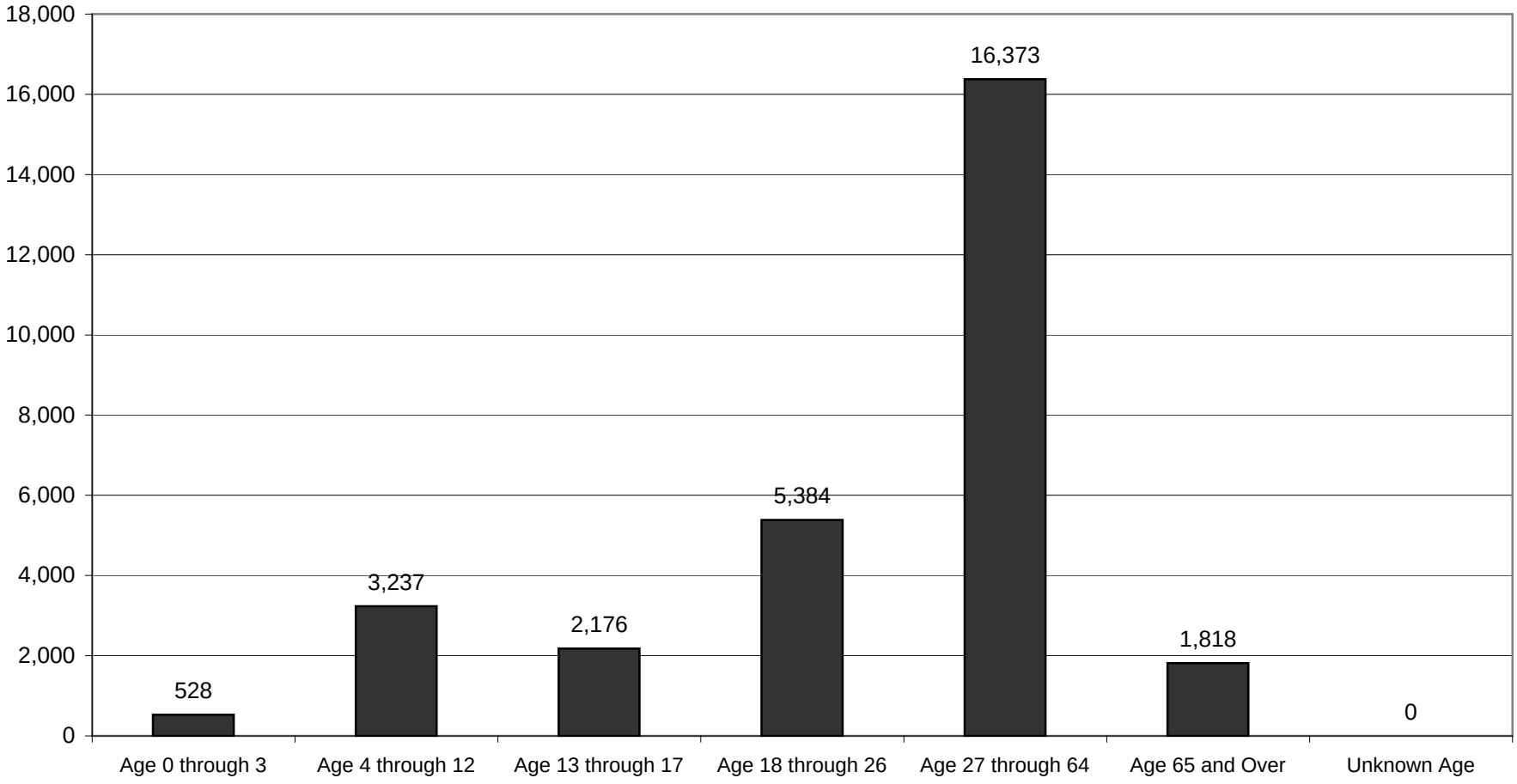
The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

Persons with Mental Illness
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2008
State of Michigan



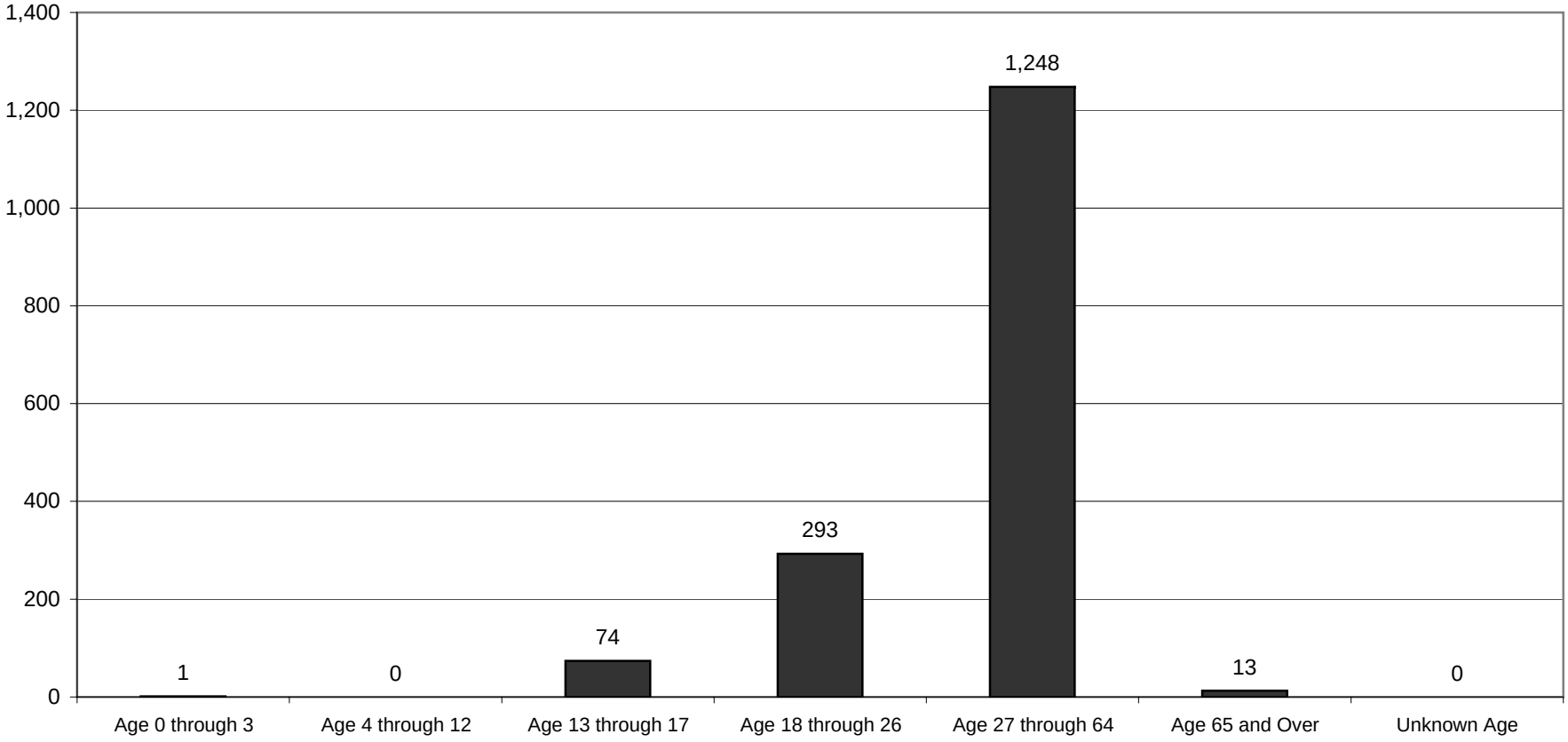
Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Developmental Disabilities
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2008
State of Michigan



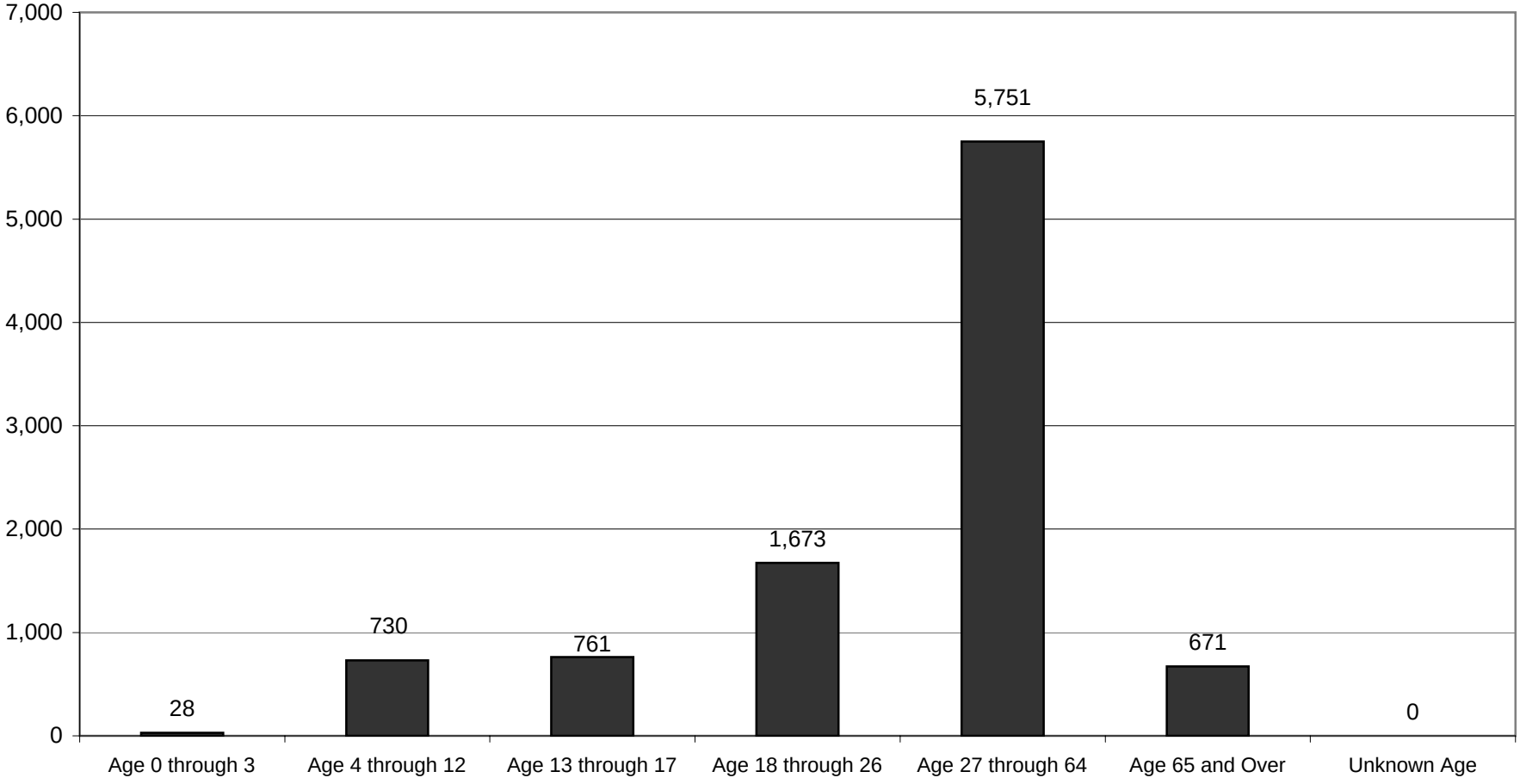
Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2008
State of Michigan



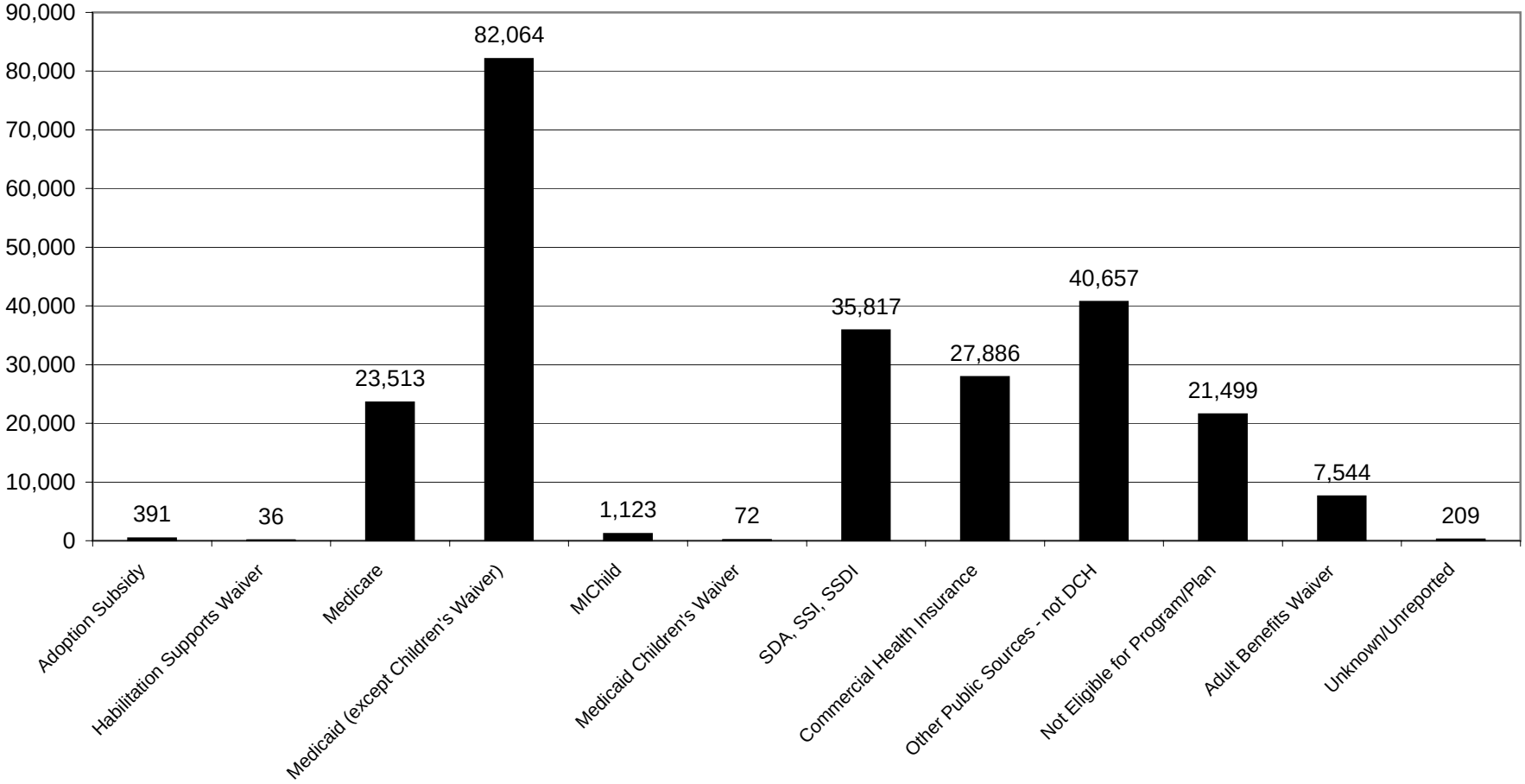
The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

Persons with Dual Diagnosis
Who Received Services from CMHSPs
Age Summary
Fiscal Year 2008
State of Michigan



Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Mental Illness
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2008
State of Michigan

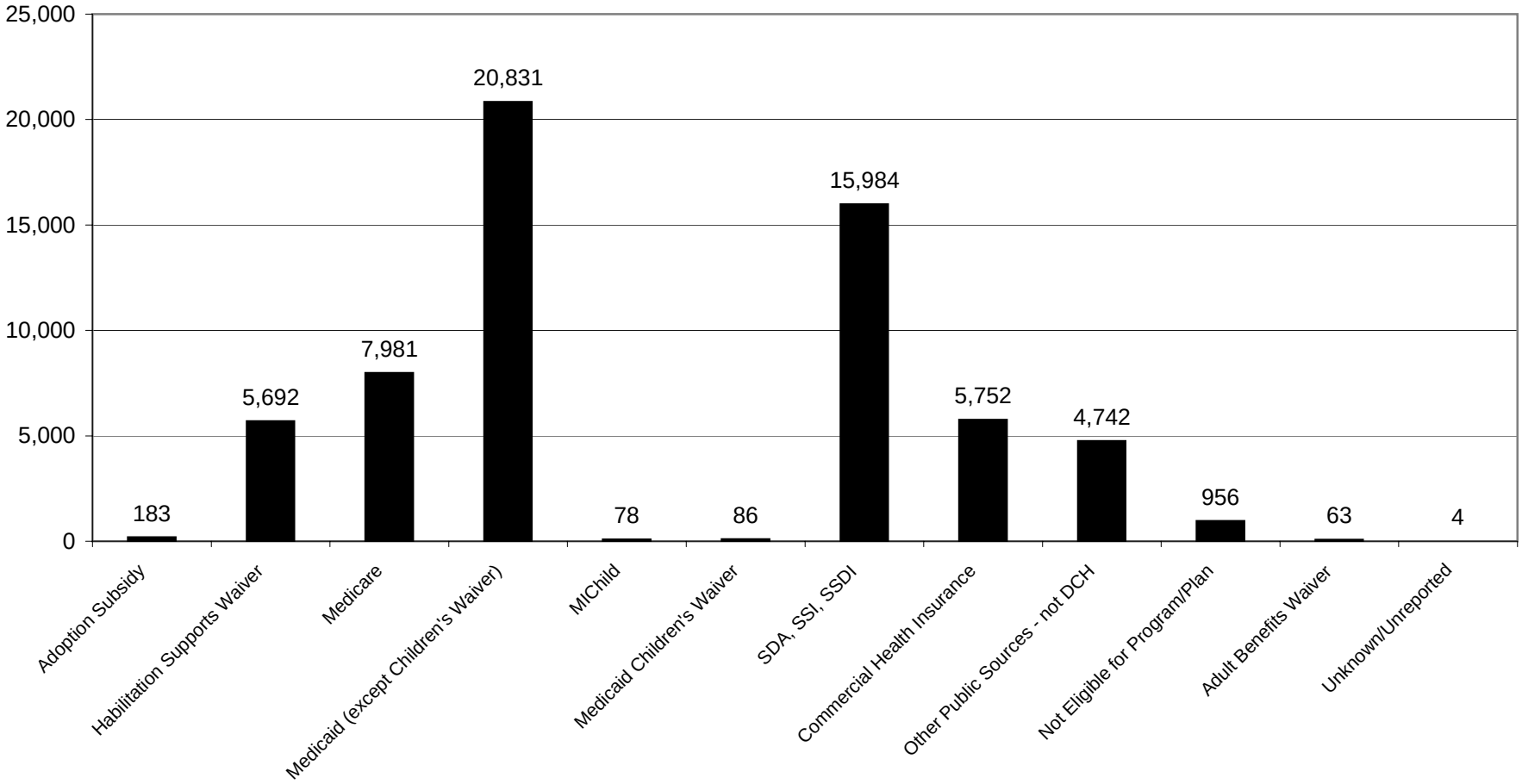


Note: Individuals can be counted in more that one group

05/31/2009

Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health

Persons with Developmental Disabilities
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2008
State of Michigan

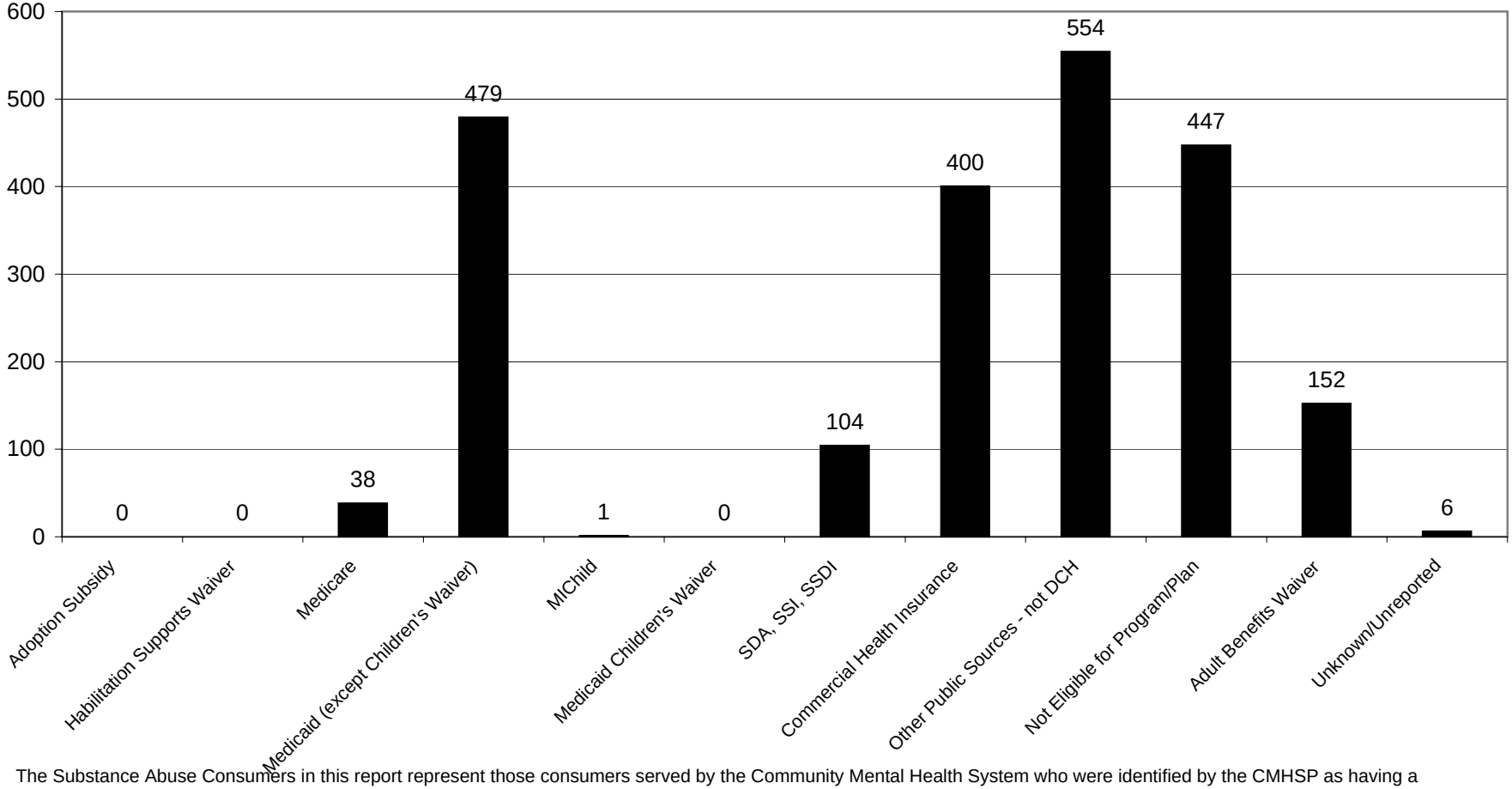


Note: Individuals can be counted in more that one group

05/31/2009

Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health

Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2008
State of Michigan



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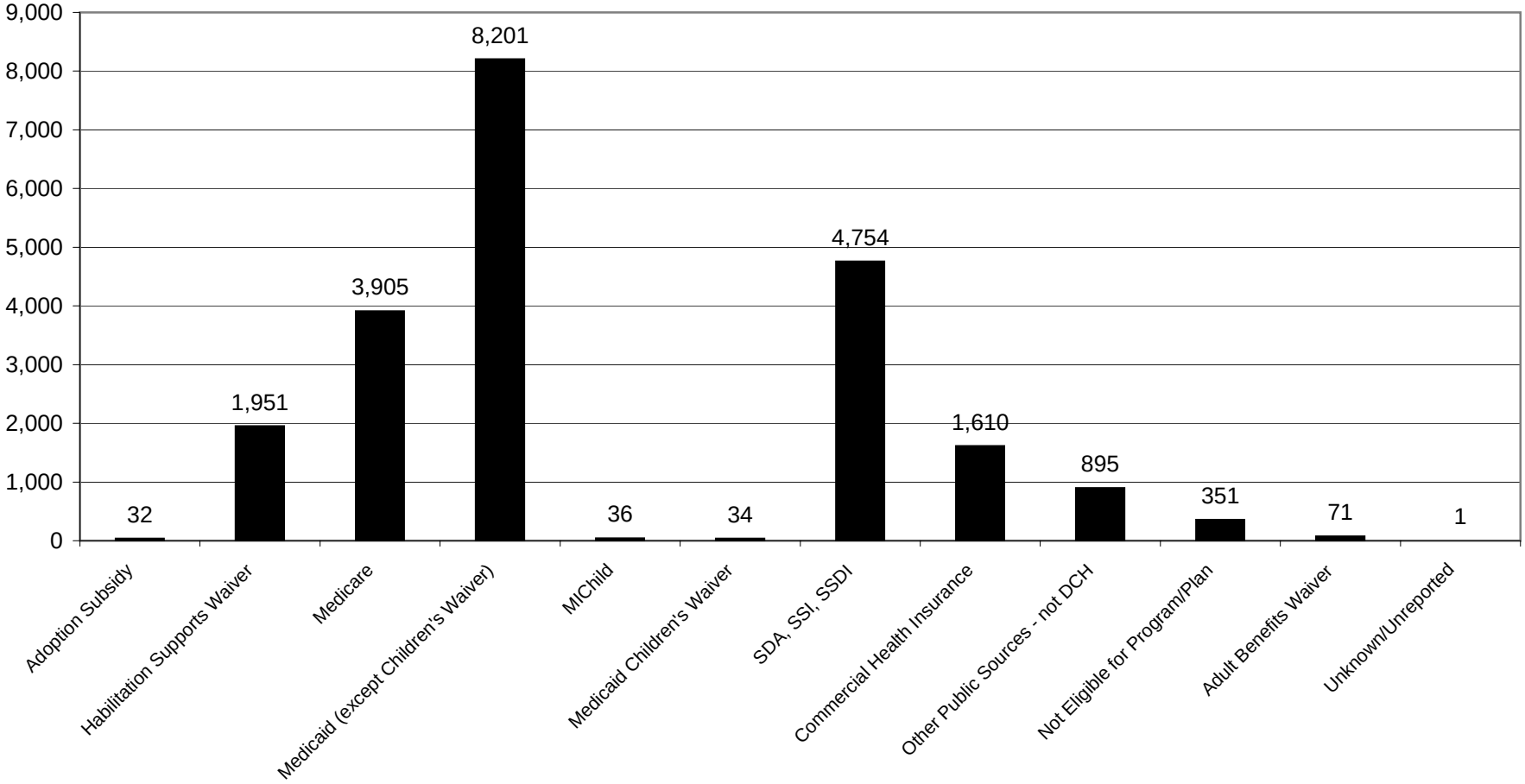
Individuals can be counted in more that one group

05/31/2009

Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health

Persons with Dual Diagnosis
Who Received Services from CMHSPs
Program Eligibility Summary
Fiscal Year 2008
State of Michigan

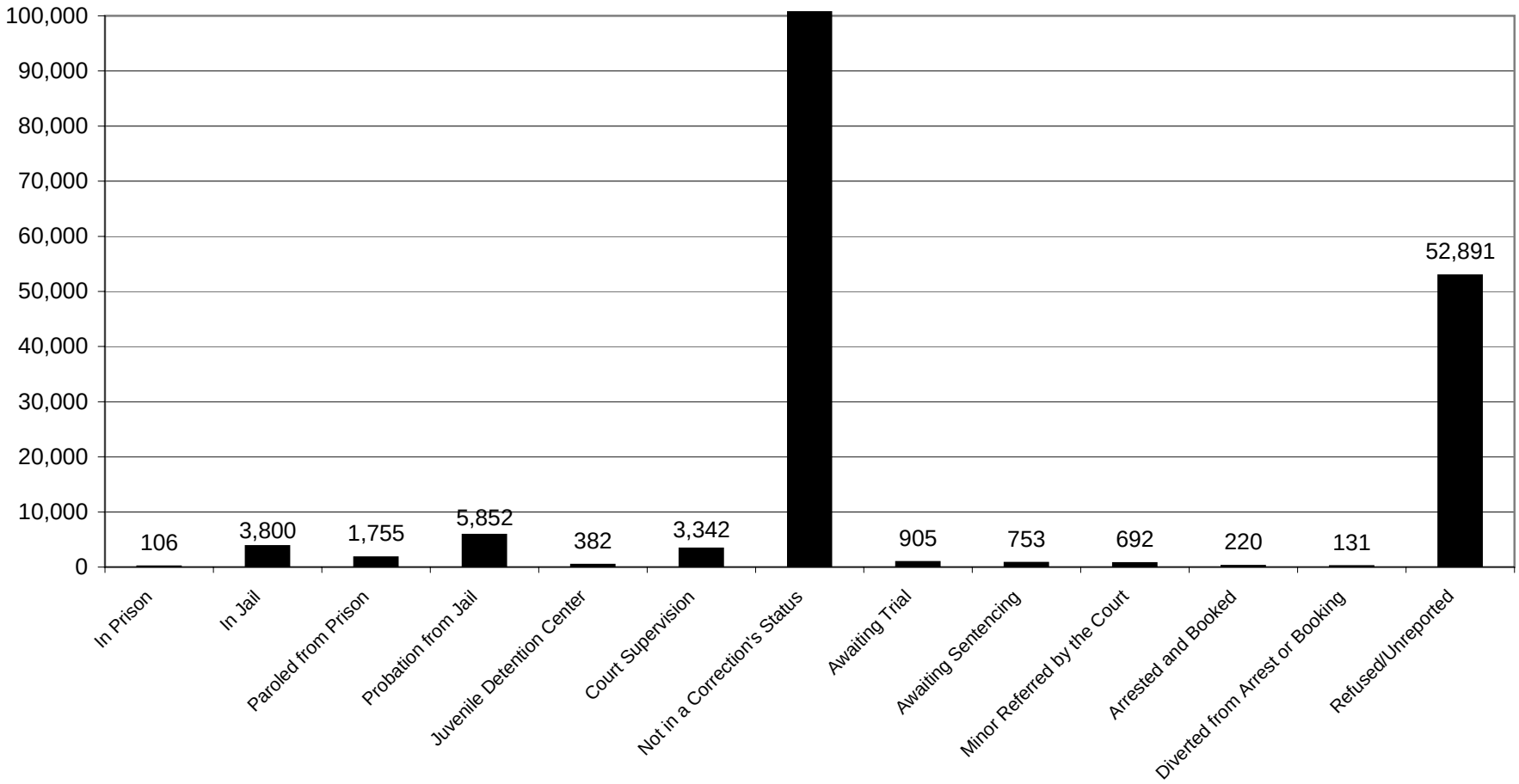


Note: Individuals can be counted in more that one group

05/31/2009

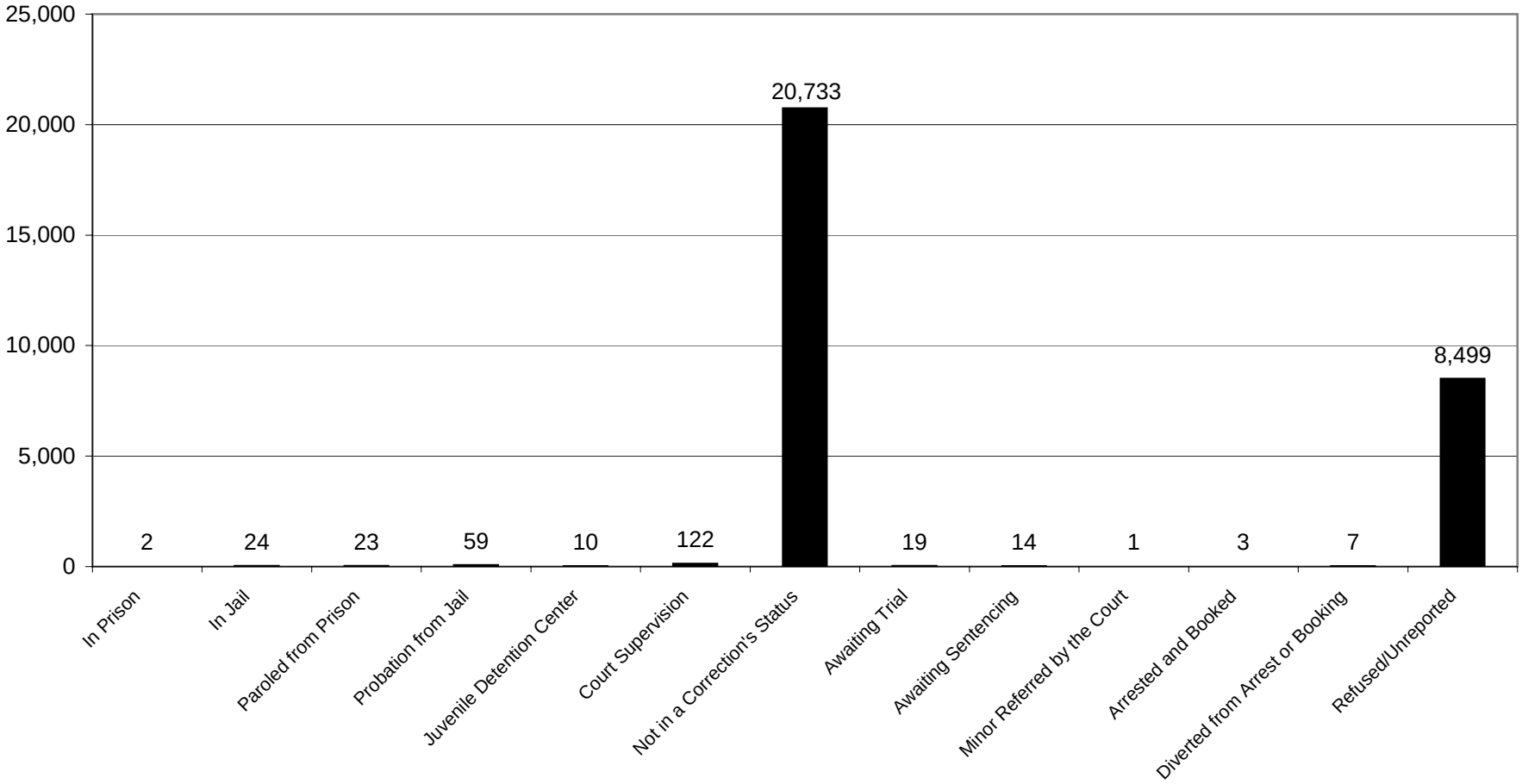
Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health

Persons with Mental Illness
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2008
State of Michigan



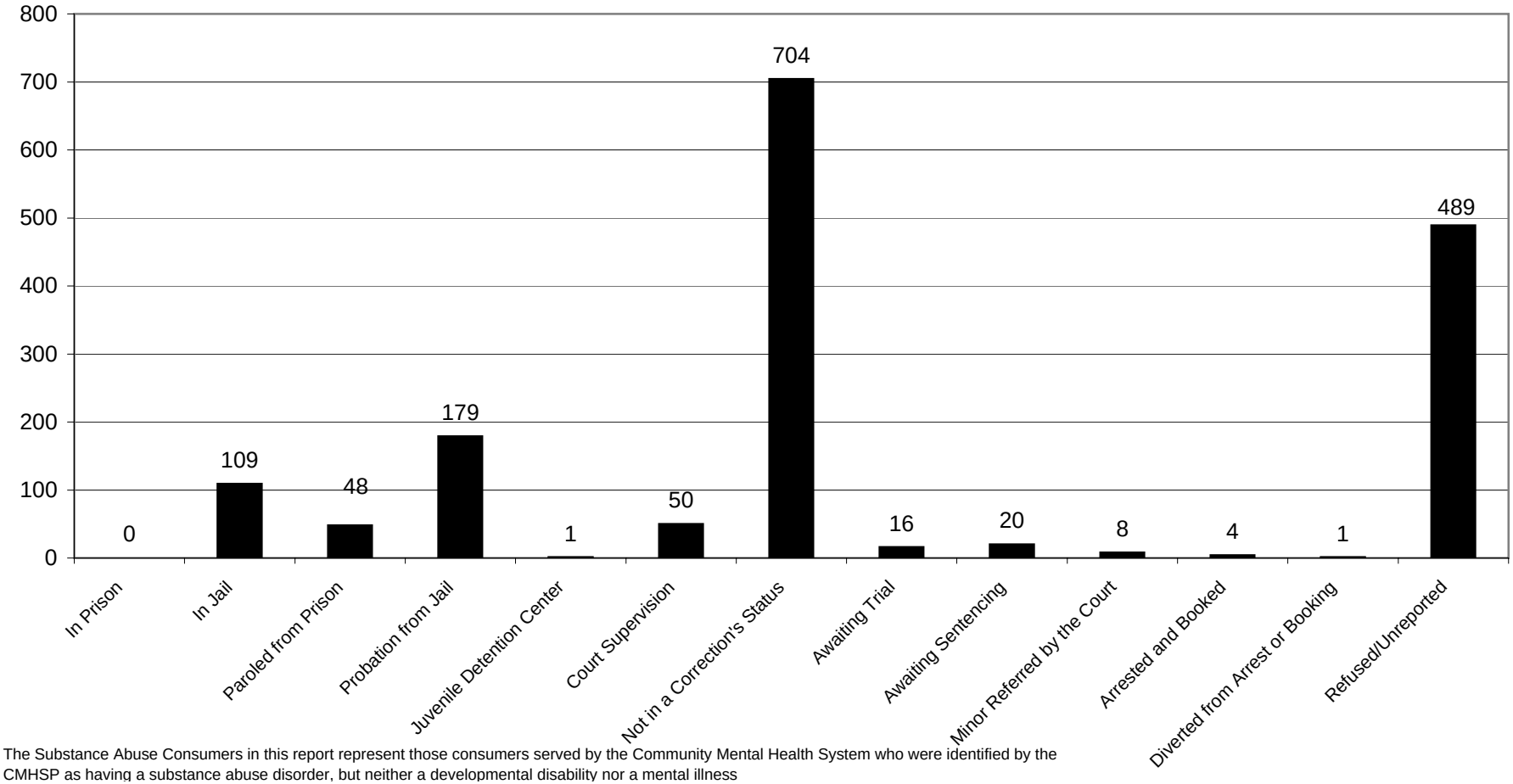
Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Developmental Disabilities
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2008
State of Michigan



Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2008
State of Michigan



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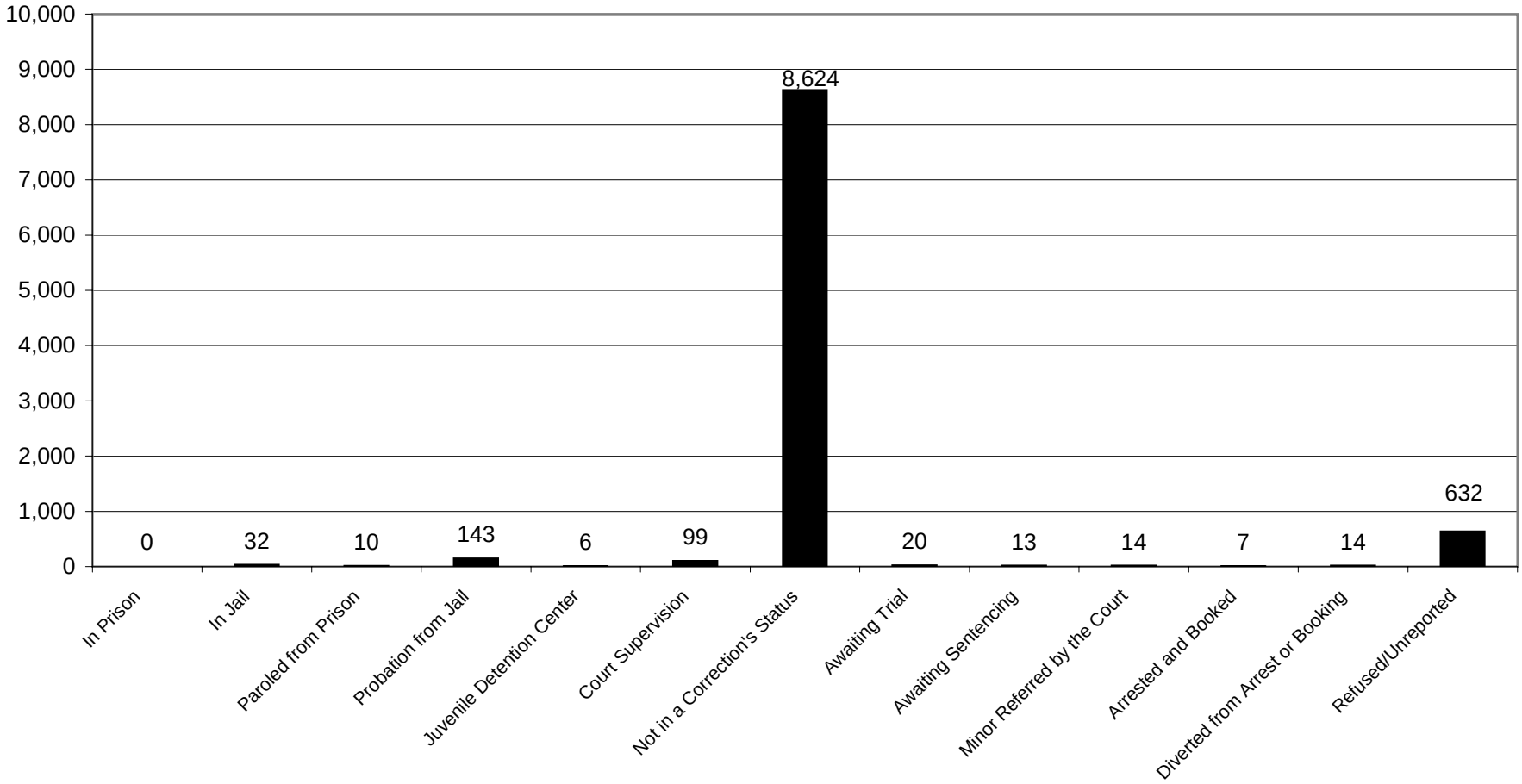
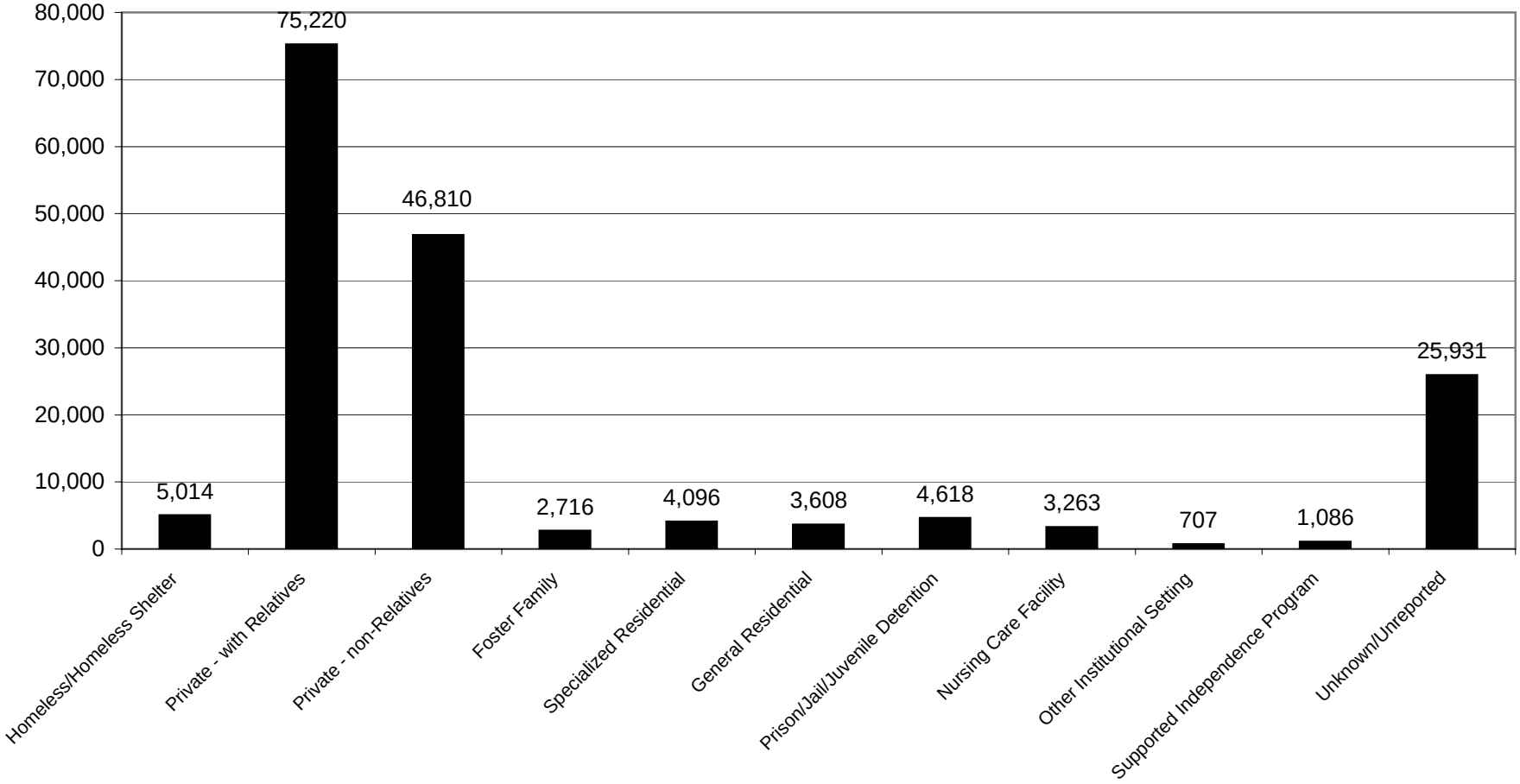
Persons with Dual Diagnosis
Who Received Services from CMHSPs
Corrections Status Summary
Fiscal Year 2008
State of Michigan

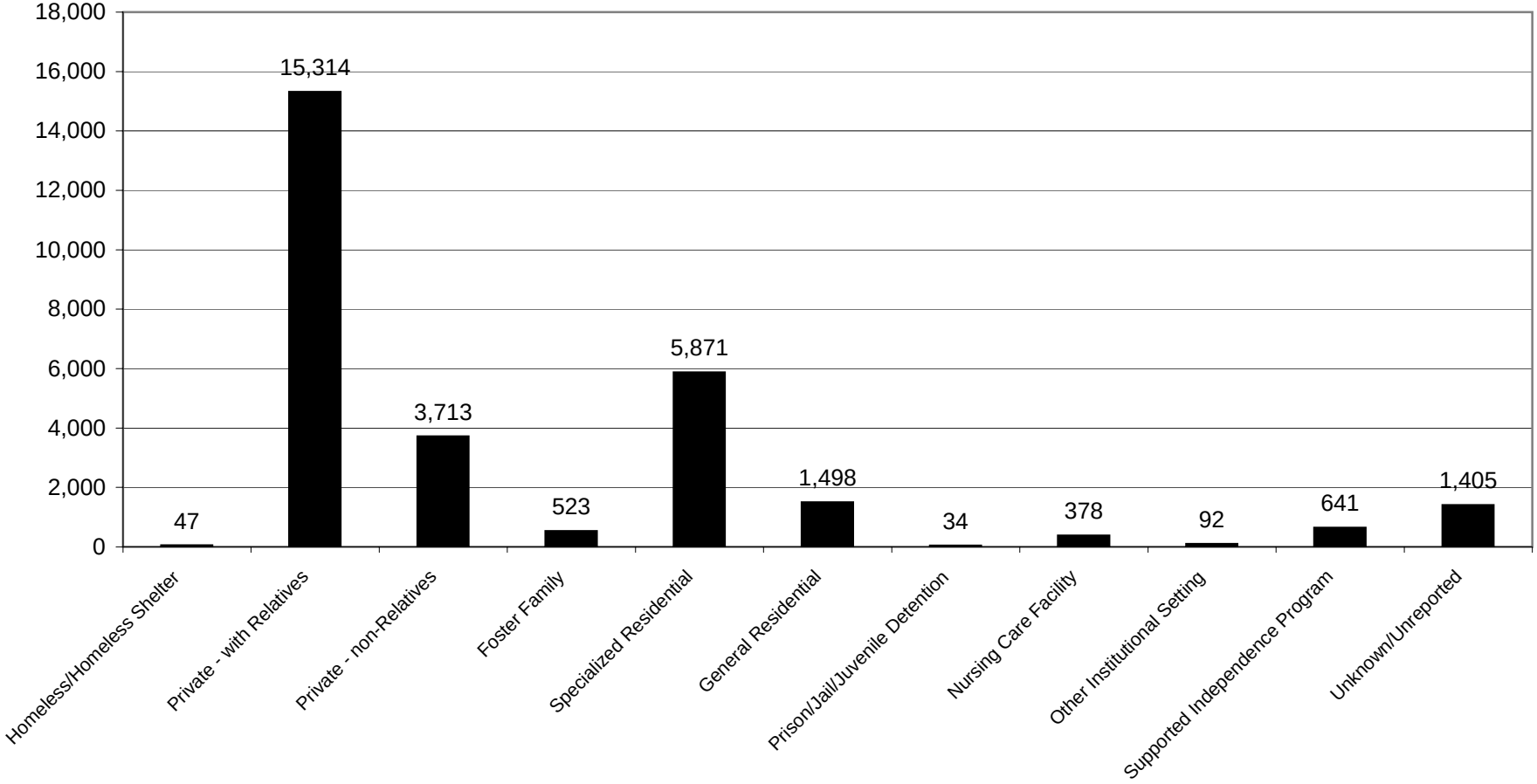


Persons with Mental Illness
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2008
State of Michigan



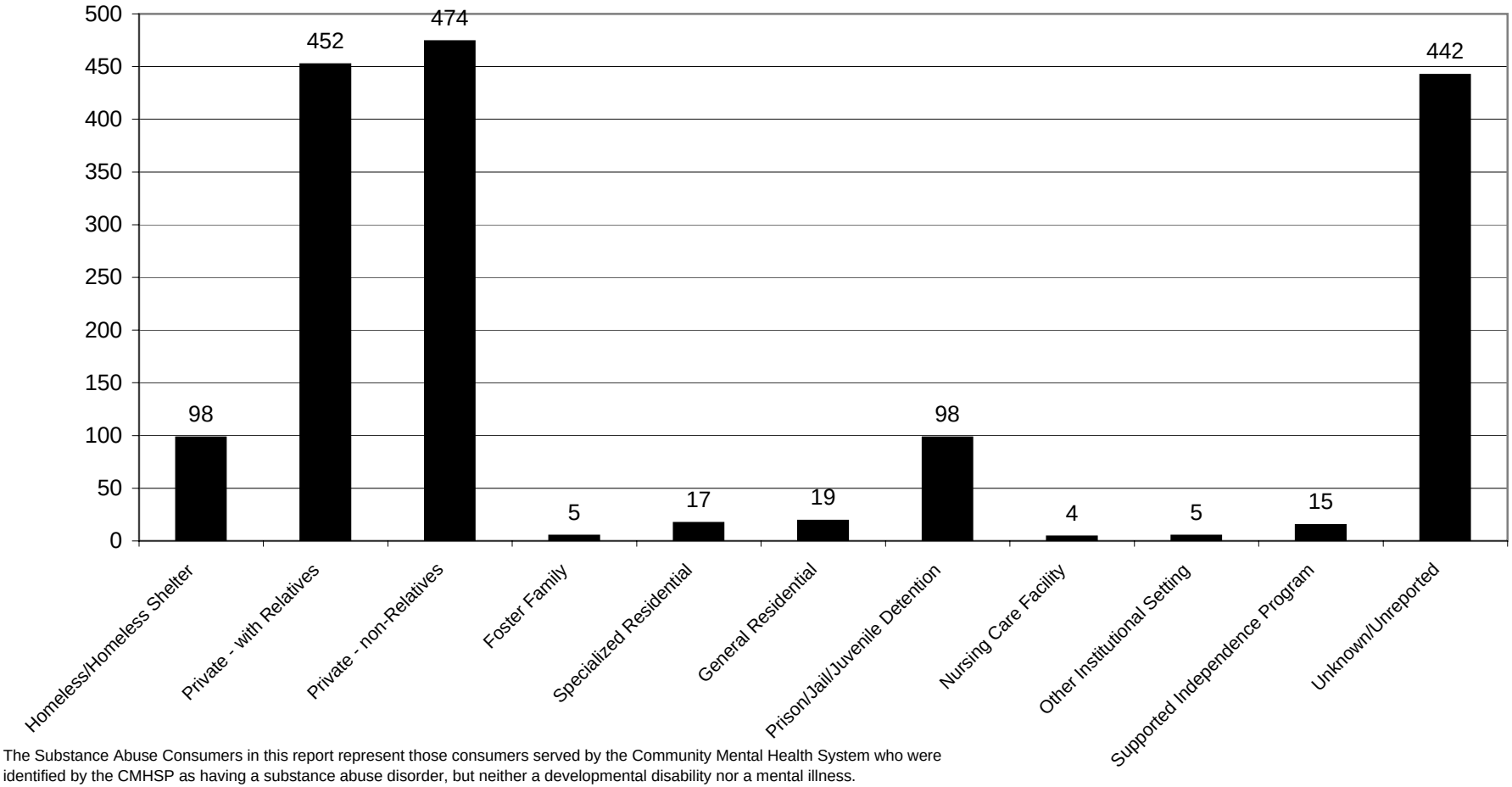
Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Developmental Disabilities
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2008
State of Michigan



Division of Mental Health Quality Management and Planning - March 2009
Michigan Department of Community Health 05/31/2009

Persons with Substance Abuse Disorder
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2008
State of Michigan



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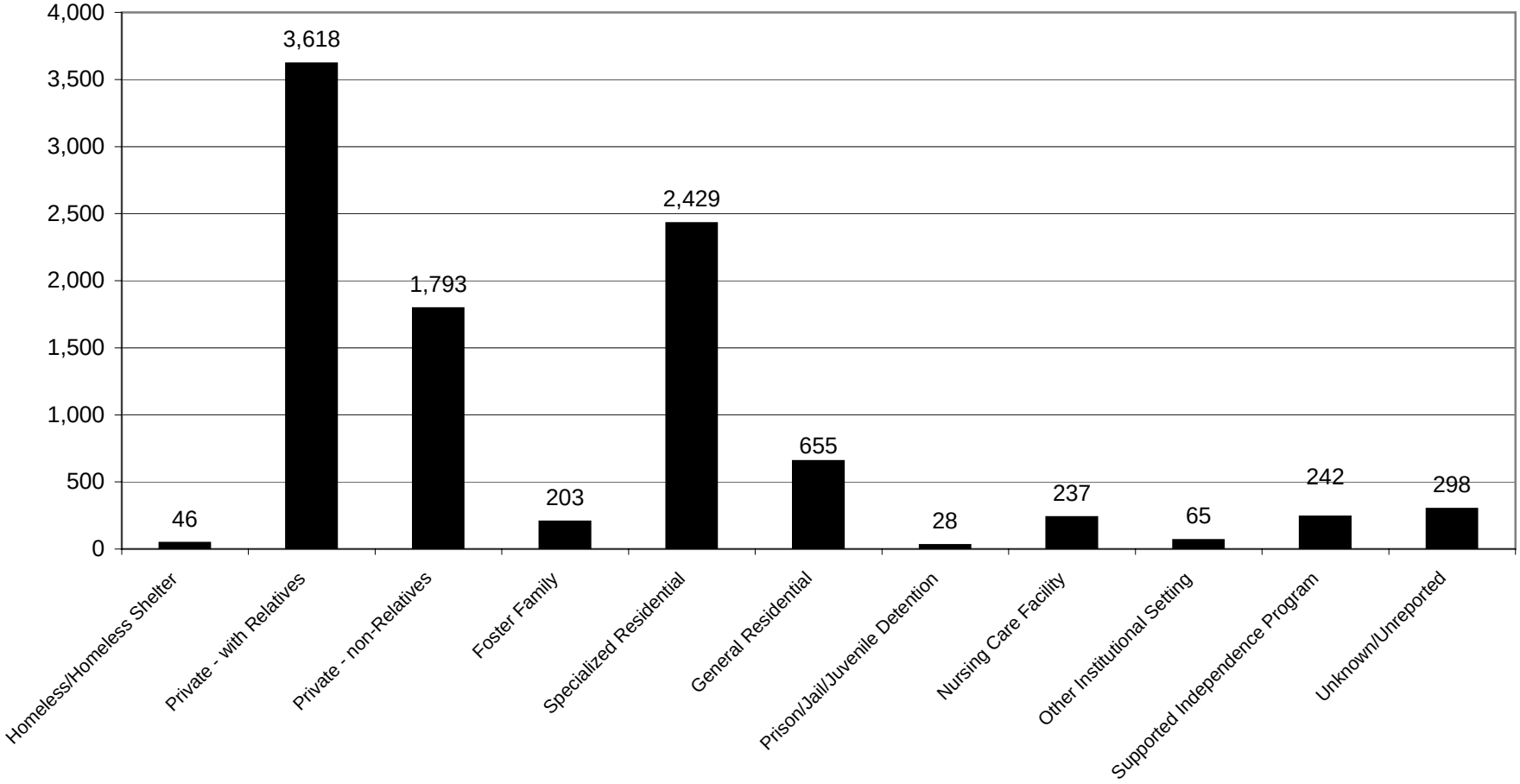
Persons with Dual Diagnosis
Who Received Services from CMHSPs
Residence Summary
Fiscal Year 2008
State of Michigan



Number of Persons Receiving Services from CMHSPs
by CMHSP and Gender
Fiscal Year 2008
State of Michigan

CMHSP	Persons with Mental Illness			Developmental Disabilities			Dual Diagnosis			* Substance Abuse Only			Unknown Disability			Total		
	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported	Male	Female	Unreported
Allegan	507	666	0	117	102	0	98	87	0	0	0	0	0	0	0	722	855	0
AuSable	1,024	1,004	1	93	72	1	38	28	1	0	0	0	8	3	0	1,163	1,107	3
Barry	626	813	30	89	81	0	0	0	0	0	0	0	0	0	0	715	894	30
Bay Arenac	1,716	2,066	0	257	208	0	114	98	0	3	4	0	77	111	0	2,167	2,487	0
Berrien	1,685	1,662	86	380	304	0	0	0	0	0	0	0	0	0	0	2,065	1,966	86
Clinton Eaton Ingham	2,553	2,413	3	576	408	0	285	213	0	116	87	0	0	0	0	3,530	3,121	3
CMH for Central Michigan	2,837	3,048	2	636	469	0	229	167	0	6	2	0	158	137	29	3,866	3,823	31
Copper	423	393	0	96	57	0	31	25	0	0	0	0	0	0	0	550	475	0
Detroit	23,535	22,622	164	4,814	3,195	15	423	236	1	350	62	4	939	413	4	30,061	26,528	188
Genesee	4,565	4,594	0	934	643	0	24	27	0	0	0	0	0	0	0	5,523	5,264	0
Gogebic	175	185	0	37	23	0	37	21	0	0	2	0	1	0	0	250	231	0
Gratiot	368	474	0	63	61	0	51	27	0	8	2	0	0	0	0	490	564	0
Hiawatha	462	439	0	167	100	0	0	0	0	12	13	0	12	11	0	653	563	0
Huron	368	447	0	73	45	0	42	33	0	0	1	0	0	0	0	483	526	0
Ionia	798	969	1	46	29	0	78	49	0	2	1	0	0	0	0	924	1,048	1
Kalamazoo	2,524	2,152	5	428	292	0	120	90	0	2	2	0	4	1	1	3,078	2,537	6
Lapeer	476	556	0	167	112	0	24	6	0	4	1	0	0	0	0	671	675	0
Lenewee	698	744	0	131	125	0	13	10	0	0	0	0	48	44	1	890	923	1
Lifeways	3,290	3,234	0	121	103	0	329	180	0	0	0	0	0	0	0	3,740	3,517	0
Livingston	448	480	1	208	135	0	43	36	0	0	0	0	78	75	0	777	726	1
Macomb	4,300	4,663	4	680	429	0	1,030	728	1	10	7	0	21	7	0	6,041	5,834	5
Manistee-Benzie	577	550	0	55	43	0	55	48	0	1	0	0	0	0	0	688	641	0
Monroe	559	558	0	212	174	0	48	32	0	1	0	0	76	113	2	896	877	2
Montcalm	448	466	0	54	37	0	59	41	0	2	0	0	3	7	0	566	551	0
Muskegon	1,373	1,586	0	299	247	0	246	175	0	1	1	0	98	124	0	2,017	2,133	0
network180	4,504	4,726	14	797	576	0	392	325	0	229	142	0	6	2	0	5,928	5,771	14
Newaygo	529	535	0	28	27	0	60	43	0	0	0	0	0	0	0	617	605	0
North Country	1,502	1,732	0	306	216	1	141	73	0	17	6	0	25	16	0	1,991	2,043	1
Northeast	981	1,081	2	125	116	1	100	65	0	15	1	0	10	10	0	1,231	1,273	3
Northern Lakes	2,121	2,267	0	425	275	0	176	168	0	0	0	0	0	0	0	2,722	2,710	0
Northpointe	549	641	1	67	37	0	127	63	0	9	9	0	5	3	0	757	753	1
Oakland	5,234	5,529	7	1,892	1,247	4	481	385	1	215	189	0	249	267	607	8,071	7,617	619
Ottawa	993	1,045	0	227	192	0	95	90	0	12	5	0	99	74	1	1,426	1,406	1
Pathways	948	959	0	242	145	0	99	73	0	15	4	0	14	21	0	1,318	1,202	0
Pines	797	935	2	134	104	0	0	0	0	0	0	0	0	0	0	931	1,039	2
Saginaw	1,704	1,677	40	394	303	0	37	22	0	3	0	0	233	211	0	2,371	2,213	40
Sanilac	370	416	0	102	60	0	70	53	0	0	0	0	0	0	0	542	529	0
Shiawassee	471	525	0	84	58	0	47	26	0	1	0	0	12	18	0	615	627	0
St. Clair	1,339	1,417	0	481	334	0	156	110	0	6	5	0	4	4	0	1,986	1,870	0
St. Joseph	829	857	0	96	83	0	25	18	0	0	0	0	18	14	0	968	972	0
Summit Pointe	2,050	2,449	35	343	210	1	0	0	0	0	0	0	0	0	0	2,393	2,659	36
Tuscola	467	471	0	132	84	0	0	0	0	1	0	0	6	3	0	606	558	0
Van Buren	991	1,055	65	172	102	0	0	0	0	0	0	0	0	0	0	1,163	1,157	65
Washtenaw	1,025	1,016	3	419	295	0	78	49	0	2	1	0	363	338	123	1,887	1,699	126
West Michigan	956	1,045	0	142	90	0	0	0	0	0	0	0	0	0	0	1,098	1,135	0
Woodlands	342	404	0	51	53	0	120	69	0	22	13	0	25	23	0	560	562	0
State Totals	85,037	87,566	466	17,392	12,101	23	5,621	3,989	4	1,065	560	4	2,592	2,050	768	111,707	106,266	1,265

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This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	3	121	142	169	674	64	0	1,173
AuSable	1	387	287	314	953	87	0	2,029
Barry	0	110	189	273	825	72	0	1,469
Bay Arenac	13	337	336	609	2,321	166	0	3,782
Berrien	3	206	397	549	2,048	167	63	3,433
Clinton Eaton Ingham	93	447	747	731	2,704	247	0	4,969
CMH for Central Michigan	23	700	693	955	3,211	303	2	5,887
Copper	3	100	64	107	471	71	0	816
Detroit	296	4,112	6,598	5,607	27,266	2,442	0	46,321
Genesee	66	789	868	1,377	5,782	277	0	9,159
Gogebic	0	32	38	71	198	21	0	360
Gratiot	10	160	147	139	337	49	0	842
Hiawatha	1	91	99	147	511	52	0	901
Huron	2	64	72	122	458	97	0	815
Ionia	5	144	185	378	937	119	0	1,768
Kalamazoo	44	605	576	680	2,561	214	1	4,681
Lapeer	7	83	112	183	598	49	0	1,032
Lenewee	0	140	123	213	902	63	1	1,442
Lifeways	28	518	686	1,165	3,841	286	0	6,524
Livingston	1	99	122	119	549	39	0	929
Macomb	18	719	755	1,237	5,801	436	1	8,967
Manistee-Benzie	2	228	100	184	538	75	0	1,127
Monroe	0	91	140	181	653	52	0	1,117
Montcalm	15	99	107	183	496	14	0	914
Muskegon	3	283	254	514	1,749	156	0	2,959
network180	188	1,039	1,026	1,296	5,311	384	0	9,244
Newaygo	10	97	147	184	562	64	0	1,064
North Country	6	499	397	522	1,639	171	0	3,234
Northeast	0	183	191	327	1,173	190	0	2,064
Northern Lakes	37	549	452	634	2,472	244	0	4,388
Northpointe	0	92	156	177	680	86	0	1,191
Oakland	209	621	672	1,280	7,066	922	0	10,770
Ottawa	3	122	184	347	1,323	59	0	2,038
Pathways	14	113	197	368	1,104	111	0	1,907
Pines	6	251	204	331	862	80	0	1,734
Saginaw	35	245	369	448	1,882	440	2	3,421
Sanilac	6	68	87	106	466	53	0	786
Shiawassee	0	79	134	166	586	31	0	996
St. Clair	5	207	309	401	1,730	104	0	2,756
St. Joseph	27	269	188	257	886	59	0	1,686
Summit Pointe	9	503	523	595	2,512	392	0	4,534
Tuscola	3	97	120	184	495	39	0	938
Van Buren	14	145	254	343	1,223	132	0	2,111
Washtenaw	20	154	197	190	1,366	117	0	2,044
West Michigan	7	227	269	327	1,066	105	0	2,001
Woodlands	4	79	96	113	411	43	0	746
Total	**1,240**	**16,304**	**20,009**	**24,803**	**101,199**	**9,444**	**70**	**173,069**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

	Age							
CMHSP	**0-3**	**4-12**	**13-17**	**18-26**	**27-64**	**65+**	**Unreported**	**Total**
Allegan	2	11	14	45	126	21	0	219
AuSable	1	9	5	28	111	12	0	166
Barry	0	15	8	34	101	12	0	170
Bay Arenac	7	57	36	70	267	28	0	465
Berrien	1	37	34	98	474	40	0	684
Clinton Eaton Ingham	11	96	69	177	577	54	0	984
CMH for Central Michigan	11	135	72	167	639	81	0	1,105
Copper	0	10	9	36	82	16	0	153
Detroit	55	746	709	1,500	4,509	505	0	8,024
Genesee	9	177	109	253	922	107	0	1,577
Gogebic	3	11	4	7	30	5	0	60
Gratiot	2	10	6	9	79	18	0	124
Hiawatha	2	46	12	55	130	22	0	267
Huron	0	6	1	14	74	23	0	118
Ionia	5	5	8	7	41	9	0	75
Kalamazoo	4	77	55	123	422	39	0	720
Lapeer	1	13	11	38	176	40	0	279
Lenewee	1	14	6	34	187	14	0	256
Lifeways	4	28	6	23	144	19	0	224
Livingston	6	42	26	82	158	29	0	343
Macomb	54	221	91	202	489	52	0	1,109
Manistee-Benzie	1	4	3	13	66	11	0	98
Monroe	1	34	16	65	253	17	0	386
Montcalm	0	2	7	28	50	4	0	91
Muskegon	13	91	44	143	233	22	0	546
network180	8	141	85	216	862	61	0	1,373
Newaygo	1	6	3	10	30	5	0	55
North Country	9	82	42	95	252	43	0	523
Northeast	1	14	8	35	153	31	0	242
Northern Lakes	12	188	67	116	286	31	0	700
Northpointe	1	16	12	12	59	4	0	104
Oakland	39	456	298	741	1,486	123	0	3,143
Ottawa	3	40	23	85	251	17	0	419
Pathways	11	40	29	66	214	27	0	387
Pines	0	33	6	45	137	17	0	238
Saginaw	14	55	33	108	436	51	0	697
Sanilac	2	15	13	19	97	16	0	162
Shiawassee	0	3	3	12	114	10	0	142
St. Clair	226	81	68	127	287	26	0	815
St. Joseph	1	10	5	27	116	20	0	179
Summit Pointe	2	67	43	108	301	33	0	554
Tuscola	2	5	9	28	146	26	0	216
Van Buren	0	33	24	62	142	13	0	274
Washtenaw	0	35	17	165	454	43	0	714
West Michigan	1	12	23	32	149	15	0	232
Woodlands	1	8	4	24	61	6	0	104
Total	**528**	**3,237**	**2,176**	**5,384**	**16,373**	**1,818**	**0**	**29,516**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with a Dual Diagnosis
Fiscal Year 2008
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	0	8	12	43	107	15	0	185
AuSable	0	4	1	13	46	3	0	67
Barry	0	0	0	0	0	0	0	0
Bay Arenac	0	3	5	31	145	28	0	212
Berrien	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	2	35	29	113	291	28	0	498
CMH for Central Michigan	0	27	25	65	244	35	0	396
Copper	0	1	5	11	32	7	0	56
Detroit	0	75	146	78	273	88	0	660
Genesee	1	1	1	12	35	1	0	51
Gogebic	0	10	7	12	25	4	0	58
Gratiot	2	8	10	14	36	8	0	78
Hiawatha	0	0	0	0	0	0	0	0
Huron	0	2	3	9	53	8	0	75
Ionia	0	16	10	31	61	9	0	127
Kalamazoo	2	10	11	61	120	6	0	210
Lapeer	0	3	3	3	18	3	0	30
Lenewee	1	3	3	2	13	1	0	23
Lifeways	2	49	41	109	263	45	0	509
Livingston	0	11	13	25	28	2	0	79
Macomb	13	168	143	278	1,080	77	0	1,759
Manistee-Benzie	0	4	2	21	65	11	0	103
Monroe	0	6	5	4	64	1	0	80
Montcalm	0	15	14	25	42	4	0	100
Muskegon	1	33	33	90	243	21	0	421
network180	0	21	18	144	490	44	0	717
Newaygo	0	15	11	27	46	4	0	103
North Country	0	22	22	46	109	15	0	214
Northeast	0	10	7	20	106	22	0	165
Northern Lakes	1	31	30	60	201	21	0	344
Northpointe	0	26	15	35	104	10	0	190
Oakland	2	15	29	99	656	66	0	867
Ottawa	0	3	6	32	129	15	0	185
Pathways	0	10	8	31	110	13	0	172
Pines	0	0	0	0	0	0	0	0
Saginaw	0	5	4	9	32	9	0	59
Sanilac	1	9	12	12	74	15	0	123
Shiawassee	0	12	9	8	37	7	0	73
St. Clair	0	13	23	29	187	14	0	266
St. Joseph	0	2	4	9	25	3	0	43
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	0	24	18	27	57	1	0	127
West Michigan	0	0	0	0	0	0	0	0
Woodlands	0	20	23	35	104	7	0	189
Total	**28**	**730**	**761**	**1,673**	**5,751**	**671**	0	**9,614**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0
Bay Arenac	0	0	0	0	0	0	0	0
Berrien	0	0	0	3	4	0	0	7
Clinton Eaton Ingham	0	0	0	35	166	2	0	203
CMH for Central Michigan	0	0	0	2	6	0	0	8
Copper	0	0	0	0	0	0	0	0
Detroit	0	0	28	61	326	1	0	416
Genesee	0	0	0	0	0	0	0	0
Gogebic	0	0	0	1	1	0	0	2
Gratiot	0	0	0	4	6	0	0	10
Hiawatha	0	0	2	5	16	2	0	25
Huron	0	0	0	0	1	0	0	1
Ionia	0	0	0	1	2	0	0	3
Kalamazoo	0	0	1	0	3	0	0	4
Lapeer	0	0	0	0	5	0	0	5
Lenewee	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0
Macomb	1	0	0	4	11	1	0	17
Manistee-Benzie	0	0	0	0	1	0	0	1
Monroe	0	0	0	0	1	0	0	1
Montcalm	0	0	0	0	2	0	0	2
Muskegon	0	0	0	0	2	0	0	2
network180	0	0	37	74	258	2	0	371
Newaygo	0	0	0	0	0	0	0	0
North Country	0	0	0	14	8	1	0	23
Northeast	0	0	0	8	8	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	0	0	1	2	15	0	0	18
Oakland	0	0	2	55	344	3	0	404
Ottawa	0	0	1	3	13	0	0	17
Pathways	0	0	0	7	12	0	0	19
Pines	0	0	0	0	0	0	0	0
Saginaw	0	0	1	0	1	1	0	3
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	1	0	0	1
St. Clair	0	0	0	5	6	0	0	11
St. Joseph	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	1	0	0	1
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	3	0	0	3
West Michigan	0	0	0	0	0	0	0	0
Woodlands	0	0	1	9	25	0	0	35
Total	**1**	**0**	**74**	**293**	**1,248**	**13**	**0**	**1,629**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Age
Persons with Unknown Disability
Fiscal Year 2008
State of Michigan

CMHSP	Age							
	0-3	4-12	13-17	18-26	27-64	65+	Unreported	Total
Allegan	0	0	0	0	0	0	0	0
AuSable	0	1	1	2	6	1	0	11
Barry	0	0	0	0	0	0	0	0
Bay Arenac	0	11	6	32	125	14	0	188
Berrien	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0
CMH for Central Michigan	2	35	165	49	68	5	0	324
Copper	0	0	0	0	0	0	0	0
Detroit	2	50	220	172	701	211	0	1,356
Genesee	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	1	0	0	1
Gratiot	0	0	0	0	0	0	0	0
Hiawatha	0	1	0	3	9	10	0	23
Huron	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	6	0	0	6
Lapeer	0	0	0	0	0	0	0	0
Lenewee	0	6	11	30	45	1	0	93
Lifeways	0	0	0	0	0	0	0	0
Livingston	3	6	21	28	95	0	0	153
Macomb	0	0	0	4	21	3	0	28
Manistee-Benzie	0	0	0	0	0	0	0	0
Monroe	0	3	14	48	89	36	1	191
Montcalm	0	0	2	3	4	1	0	10
Muskegon	1	7	5	57	135	17	0	222
network180	0	3	1	2	2	0	0	8
Newaygo	0	0	0	0	0	0	0	0
North Country	0	8	7	6	19	1	0	41
Northeast	1	3	3	2	8	3	0	20
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	1	2	1	1	3	0	0	8
Oakland	7	62	160	275	589	27	3	1,123
Ottawa	0	18	24	37	93	2	0	174
Pathways	1	0	7	8	18	1	0	35
Pines	0	0	0	0	0	0	0	0
Saginaw	4	31	61	66	249	33	0	444
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	0	0	6	5	16	3	0	30
St. Clair	0	0	0	2	6	0	0	8
St. Joseph	0	2	1	6	22	1	0	32
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	0	6	3	0	0	0	0	9
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	0	11	27	205	570	11	0	824
West Michigan	0	0	0	0	0	0	0	0
Woodlands	1	10	5	10	18	4	0	48
Total	**23**	**276**	**751**	**1,053**	**2,918**	**385**	**4**	**5,410**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	1,015	28	6	1	0	63	35	25	1,173
AuSable	995	9	4	0	0	5	744	272	2,029
Barry	1,297	12	18	1	0	4	0	137	1,469
Bay Arenac	3,361	160	33	6	1	104	56	61	3,782
Berrien	2,314	898	19	3	0	78	0	121	3,433
Clinton Eaton Ingham	3,372	985	37	40	1	168	142	224	4,969
CMH for Central Michigan	2,423	59	20	3	0	15	236	3,131	5,887
Copper	730	3	57	6	0	17	0	3	816
Detroit	14,572	25,618	126	12	0	3,724	0	2,269	46,321
Genesee	5,377	3,177	71	13	11	184	204	122	9,159
Gogebic	347	1	7	1	0	0	3	1	360
Gratiot	771	2	5	3	2	23	19	17	842
Hiawatha	633	8	178	2	0	13	42	25	901
Huron	764	1	3	0	0	7	1	39	815
Ionia	1,596	14	7	2	2	30	86	31	1,768
Kalamazoo	2,959	1,078	25	23	0	235	60	301	4,681
Lapeer	943	8	7	2	0	30	40	2	1,032
Lenewee	1,333	34	9	1	0	14	41	10	1,442
Lifeways	5,123	850	45	10	0	212	0	284	6,524
Livingston	804	7	4	2	1	6	98	7	929
Macomb	6,138	574	22	25	0	263	1,159	786	8,967
Manistee-Benzie	894	9	37	0	0	7	81	99	1,127
Monroe	995	64	11	1	0	11	26	9	1,117
Montcalm	848	15	6	1	0	30	12	2	914
Muskegon	1,805	748	29	6	3	76	120	172	2,959
network180	5,907	2,287	144	83	5	640	0	178	9,244
Newaygo	984	25	11	0	0	25	15	4	1,064
North Country	2,987	25	61	4	3	17	29	108	3,234
Northeast	1,902	8	15	2	0	7	118	12	2,064
Northern Lakes	3,906	42	109	13	2	93	57	166	4,388
Northpointe	1,115	10	28	3	2	11	16	6	1,191
Oakland	7,285	2,403	51	76	3	510	199	243	10,770
Ottawa	1,678	92	5	22	1	189	0	51	2,038
Pathways	1,719	26	79	6	2	17	12	46	1,907
Pines	1,577	15	25	4	0	33	0	80	1,734
Saginaw	1,191	568	7	1	1	78	1,217	358	3,421
Sanilac	689	5	8	2	0	8	65	9	786
Shiawassee	956	5	6	4	0	20	1	4	996
St. Clair	2,377	166	14	3	3	27	122	44	2,756
St. Joseph	1,518	69	7	2	0	23	0	67	1,686
Summit Pointe	2,966	832	107	10	0	266	0	353	4,534
Tuscola	902	8	9	1	0	11	6	1	938
Van Buren	1,658	160	22	5	0	29	0	237	2,111
Washtenaw	1,096	521	5	14	1	41	222	144	2,044
West Michigan	1,694	71	32	1	1	110	68	24	2,001
Woodlands	609	73	12	4	1	11	0	36	746
Total	**106,125**	**41,773**	**1,543**	**424**	**46**	**7,485**	**5,352**	**10,321**	**173,069**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	200	8	0	2	0	7	2	0	219
AuSable	50	1	0	0	0	0	9	106	166
Barry	165	2	1	1	0	0	0	1	170
Bay Arenac	410	12	3	1	0	20	11	8	465
Berrien	480	164	3	0	0	15	0	22	684
Clinton Eaton Ingham	800	105	5	11	0	15	9	39	984
CMH for Central Michigan	820	31	8	3	0	7	93	143	1,105
Copper	138	2	8	1	0	2	0	2	153
Detroit	3,438	4,012	11	3	0	326	0	234	8,024
Genesee	1,107	389	11	2	0	45	17	6	1,577
Gogebic	58	0	1	0	0	0	1	0	60
Gratiot	115	4	0	0	0	2	1	2	124
Hiawatha	194	0	50	2	0	4	15	2	267
Huron	111	1	0	0	0	2	0	4	118
Ionia	74	0	0	0	0	1	0	0	75
Kalamazoo	569	99	3	3	0	41	4	1	720
Lapeer	261	9	0	0	0	5	3	1	279
Lenewee	211	5	2	1	0	6	12	19	256
Lifeways	204	15	0	0	0	5	0	0	224
Livingston	279	6	1	2	0	5	18	32	343
Macomb	842	82	2	12	1	35	112	23	1,109
Manistee-Benzie	91	3	1	0	0	0	2	1	98
Monroe	364	11	1	1	0	3	5	1	386
Montcalm	85	2	0	0	0	1	3	0	91
Muskegon	350	146	4	4	1	24	5	12	546
network180	1,061	208	2	18	1	46	0	37	1,373
Newaygo	50	2	0	0	0	2	1	0	55
North Country	472	6	10	1	0	2	14	18	523
Northeast	231	4	1	1	1	1	1	2	242
Northern Lakes	636	12	14	4	3	24	1	6	700
Northpointe	101	0	0	1	0	1	1	0	104
Oakland	2,193	521	1	51	0	188	147	42	3,143
Ottawa	385	5	0	2	0	22	1	4	419
Pathways	357	5	9	1	0	0	2	13	387
Pines	230	2	1	0	0	1	0	4	238
Saginaw	321	126	2	0	1	23	170	54	697
Sanilac	149	3	1	1	0	3	5	0	162
Shiawassee	138	1	0	1	0	2	0	0	142
St. Clair	681	45	5	3	0	10	67	4	815
St. Joseph	167	5	2	1	0	0	0	4	179
Summit Pointe	427	85	9	1	0	21	0	11	554
Tuscola	193	10	4	2	0	7	0	0	216
Van Buren	223	35	0	3	0	5	0	8	274
Washtenaw	481	124	4	11	0	13	71	10	714
West Michigan	207	9	3	0	0	10	1	2	232
Woodlands	82	16	1	0	0	2	0	3	104
Total	**20,201**	**6,333**	**184**	**151**	**8**	**954**	**804**	**881**	**29,516**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with a Dual Diagnosis
Fiscal Year 2008
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	173	5	1	0	1	1	4	0	185
AuSable	56	0	1	0	0	1	4	5	67
Barry	0	0	0	0	0	0	0	0	0
Bay Arenac	187	6	4	0	0	10	4	1	212
Berrien	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	422	45	2	4	0	4	6	15	498
CMH for Central Michigan	263	9	3	2	0	3	10	106	396
Copper	53	0	2	0	0	1	0	0	56
Detroit	185	424	8	1	0	27	0	15	660
Genesee	46	5	0	0	0	0	0	0	51
Gogebic	55	0	0	0	0	1	2	0	58
Gratiot	71	2	0	0	0	2	1	2	78
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	73	1	1	0	0	0	0	0	75
Ionia	118	2	1	0	0	0	3	3	127
Kalamazoo	156	37	1	4	0	5	3	4	210
Lapeer	27	0	1	0	0	2	0	0	30
Lenewee	22	0	0	0	0	0	1	0	23
Lifeways	456	31	3	4	0	14	0	1	509
Livingston	66	1	1	0	0	1	6	4	79
Macomb	1,384	109	2	9	0	34	171	50	1,759
Manistee-Benzie	91	1	3	0	0	1	5	2	103
Monroe	71	8	0	0	0	0	1	0	80
Montcalm	96	1	2	0	0	0	1	0	100
Muskegon	308	93	2	0	0	12	5	1	421
network180	565	110	5	7	0	12	0	18	717
Newaygo	96	2	1	0	0	2	2	0	103
North Country	199	1	2	2	0	0	6	4	214
Northeast	151	3	3	0	0	1	7	0	165
Northern Lakes	329	2	5	0	1	3	0	4	344
Northpointe	185	1	2	0	0	1	1	0	190
Oakland	649	107	2	7	0	35	47	20	867
Ottawa	174	1	0	1	0	7	0	2	185
Pathways	166	0	5	0	0	0	1	0	172
Pines	0	0	0	0	0	0	0	0	0
Saginaw	26	6	0	0	0	3	21	3	59
Sanilac	116	3	0	0	0	1	3	0	123
Shiawassee	71	0	1	0	0	1	0	0	73
St. Clair	232	16	0	2	0	3	12	1	266
St. Joseph	38	2	1	0	0	0	0	2	43
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	75	31	1	0	0	8	10	2	127
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	156	16	2	0	1	2	0	12	189
Total	**7,607**	**1,081**	**68**	**43**	**3**	**198**	**337**	**277**	**9,614**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

	Race/Ethnicity								
CMHSP	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay Arenac	7	0	0	0	0	0	0	0	7
Berrien	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	146	40	1	0	0	3	1	12	203
CMH for Central Michigan	2	0	0	0	0	0	0	6	8
Copper	0	0	0	0	0	0	0	0	0
Detroit	128	145	2	1	0	129	0	11	416
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	2	0	0	0	0	0	0	0	2
Gratiot	8	0	1	0	0	1	0	0	10
Hiawatha	14	0	10	0	0	0	1	0	25
Huron	1	0	0	0	0	0	0	0	1
Ionia	2	0	0	0	0	0	1	0	3
Kalamazoo	2	0	0	0	0	2	0	0	4
Lapeer	5	0	0	0	0	0	0	0	5
Lenewee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	15	1	0	0	0	0	1	0	17
Manistee-Benzie	1	0	0	0	0	0	0	0	1
Monroe	1	0	0	0	0	0	0	0	1
Montcalm	2	0	0	0	0	0	0	0	2
Muskegon	2	0	0	0	0	0	0	0	2
network180	229	100	11	2	0	27	0	2	371
Newaygo	0	0	0	0	0	0	0	0	0
North Country	20	1	1	0	0	0	0	1	23
Northeast	15	0	0	0	0	1	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	16	0	1	0	0	1	0	0	18
Oakland	283	88	5	3	0	10	8	7	404
Ottawa	13	1	0	0	0	3	0	0	17
Pathways	16	0	3	0	0	0	0	0	19
Pines	0	0	0	0	0	0	0	0	0
Saginaw	2	0	0	0	0	0	1	0	3
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	1	0	0	0	0	0	0	0	1
St. Clair	10	1	0	0	0	0	0	0	11
St. Joseph	0	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	1	0	0	0	0	0	0	0	1
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	1	1	0	1	0	0	0	0	3
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	26	5	1	0	0	0	0	3	35
Total	**971**	**383**	**36**	**7**	**0**	**177**	**13**	**42**	**1,629**

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Race/Ethnicity
Persons with Unknown Disability
Fiscal Year 2008
State of Michigan

CMHSP	Race/Ethnicity								
	White/ Caucasian	African American/ Black	American Indian	Asian	Native Hawaiian or other Pacific Islander	Other Race	Multiracial	Unknown/ Refused/ Missing	Total
Allegan	0	0	0	0	0	0	0	0	0
AuSable	1	0	0	0	0	0	2	8	11
Barry	0	0	0	0	0	0	0	0	0
Bay Arenac	153	9	1	0	0	3	3	19	188
Berrien	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0
CMH for Central Michigan	123	7	1	1	0	0	6	186	324
Copper	0	0	0	0	0	0	0	0	0
Detroit	246	406	0	1	0	219	0	484	1,356
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	1	0	0	0	0	0	0	0	1
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	19	0	2	0	0	0	0	2	23
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	2	3	0	0	0	0	0	1	6
Lapeer	0	0	0	0	0	0	0	0	0
Lenewee	64	5	0	0	0	0	1	23	93
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	140	1	1	1	0	0	8	2	153
Macomb	8	2	0	0	0	0	3	15	28
Manistee-Benzie	0	0	0	0	0	0	0	0	0
Monroe	159	7	0	0	0	0	0	25	191
Montcalm	6	0	0	0	0	1	0	3	10
Muskegon	115	46	5	2	0	10	8	36	222
network180	3	3	0	1	1	0	0	0	8
Newaygo	0	0	0	0	0	0	0	0	0
North Country	39	0	2	0	0	0	0	0	41
Northeast	17	1	0	0	0	1	1	0	20
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	6	1	1	0	0	0	0	0	8
Oakland	216	77	1	4	0	8	1	816	1,123
Ottawa	133	13	0	0	0	10	1	17	174
Pathways	29	0	4	0	0	0	0	2	35
Pines	0	0	0	0	0	0	0	0	0
Saginaw	80	67	0	0	0	11	236	50	444
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	29	1	0	0	0	0	0	0	30
St. Clair	8	0	0	0	0	0	0	0	8
St. Joseph	28	1	0	0	0	2	0	1	32
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	9	0	0	0	0	0	0	0	9
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	393	183	6	6	0	23	22	191	824
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	12	3	0	0	0	0	0	33	48
Total	**2,039**	**836**	**24**	**16**	**1**	**288**	**292**	**1,914**	**5,410**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Hispanic
Fiscal Year 2008
State of Michigan

CMHSP	Persons with Mental Illness			Developmental Disabilities			Dual Diagnosis			* Substance Abuse Only			Unknown Disability			Total		
	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing	Hispanic or Latino	Not Hispanic or Latino	Unknown/ Missing
Allegan	77	1,075	21	8	211	0	2	183	0	0	0	0	0	0	0	87	1,469	21
AuSable	21	1,465	543	1	165	0	2	62	3	0	0	0	0	0	11	24	1,692	557
Barry	27	1,189	253	0	166	4	0	0	0	0	0	0	0	0	0	27	1,355	257
Bay Arenac	143	3,135	504	14	436	15	12	193	7	0	5	2	4	61	123	173	3,830	651
Berrien	55	1,270	2,108	9	174	501	0	0	0	0	0	0	0	0	0	64	1,444	2,609
Clinton Eaton Ingham	325	4,515	129	41	939	4	17	480	1	12	187	4	0	0	0	395	6,121	138
CMH for Central Michigan	87	5,800	0	14	1,091	0	3	393	0	0	8	0	5	319	0	109	7,611	0
Copper	4	809	3	1	150	2	1	55	0	0	0	0	0	0	0	6	1,014	5
Detroit	1,104	42,949	2,268	113	7,677	234	8	637	15	7	398	11	64	808	484	1,296	52,469	3,012
Genesee	186	82	8,891	25	2	1,550	0	0	51	0	0	0				211	84	10,492
Gogebic	0	359	1	0	60	0	1	57	0	0	1	1	0	1	0	1	478	2
Gratiot	65	721	56	3	119	2	8	70	0	0	5	5	0	0	0	76	915	63
Hiawatha	16	746	139	7	235	25	0	0	0	0	22	3	0	18	5	23	1,021	172
Huron	11	764	40	3	106	9	0	73	2	0	1	0	0	0	0	14	944	51
Ionia	75	1,604	89	1	73	1	3	122	2	0	3	0	0	0	0	79	1,802	92
Kalamazoo	190	4,491	0	27	693	0	3	207	0	0	4	0	0	6	0	220	5,401	0
Lapeer	44	985	3	8	270	1	2	28	0	0	5	0	0	0	0	54	1,288	4
Lenewee	144	1,289	9	21	235	0	2	21	0	0	0	0	7	51	35	174	1,596	44
Lifeways	97	6,185	242	4	220	0	1	508	0	0	0	0	0	0	0	102	6,913	242
Livingston	22	867	40	9	313	21	1	75	3	0	0	0	1	138	14	33	1,393	78
Macomb	149	8,171	647	8	826	275	14	1381	364	0	14	3	0	10	18	171	10,402	1,307
Manistee-Benzie	40	939	148	2	95	1	2	100	1	0	1	0	0	0	0	44	1,135	150
Monroe	30	1,073	14	4	380	2	1	78	1	0	1	0	7	131	53	42	1,663	70
Montcalm	29	876	9	5	85	1	0	99	1	0	2	0	1	6	3	35	1,068	14
Muskegon	105	2,718	136	11	522	13	10	408	3	0	2	0	10	177	35	136	3,827	187
network180	813	5,602	2,829	62	723	588	26	179	512	31	283	57	0	5	3	932	6,792	3,989
Newaygo	29	1,026	9	2	53	0	2	101	0	0	0	0	0	0	0	33	1,180	9
North Country	27	2,632	575	7	503	13	1	201	12	0	12	11	0	35	6	35	3,383	617
Northeast	15	2,041	8	1	241	0	0	165	0	1	15	0	1	19	0	18	2,481	8
Northern Lakes	73	4,213	102	15	684	1	0	344	0	0	0	0	0	0	0	88	5,241	103
Northpointe	18	1,007	166	1	102	1	2	183	5	1	9	8	0	6	2	22	1,307	182
Oakland	393	6,481	3,896	83	1,842	1,218	18	310	539	6	281	117	4	285	834	504	9,199	6,604
Ottawa	180	1,706	152	19	387	13	6	171	8	3	12	2	15	118	41	223	2,394	216
Pathways	9	1,878	20	1	379	7	0	172	0	0	19	0	0	33	2	10	2,481	29
Pines	42	1,520	172	2	228	8	0	0	0	0	0	0	0	0	0	44	1,748	180
Saginaw	244	2,593	584	34	627	36	3	47	9	1	2	0	34	357	53	316	3,626	682
Sanilac	20	758	8	5	157	0	1	122	0	0	0	0				26	1,037	8
Shiawassee	18	976	2	2	140	0	0	73	0	0	1	0	0	30	0	20	1,220	2
St. Clair	55	2,666	35	23	788	4	4	261	1	0	11	0	0	8	0	82	3,734	40
St. Joseph	29	1,443	214	0	155	24	0	33	10	0	0	0	2	22	8	31	1,653	256
Summit Pointe	100	755	3,679	5	334	215	0	0	0	0	0	0	0	0	0	105	1,089	3,894
Tuscola	22	906	10	7	208	1	0	0	0	0	1	0	0	9	0	29	1,124	11
Van Buren	107	1,319	685	11	127	136	0	0	0	0	0	0	0	0	0	118	1,446	821
Washtenaw	58	1,905	81	8	703	3	11	116	0	0	1	2	23	425	376	100	3,150	462
West Michigan	87	1,890	24	9	221	2	0	0	0	0	0	0	0	0	0	96	2,111	26
Woodlands	9	697	40	3	98	3	1	172	16	0	33	2	2	12	34	15	1,012	95
Total	5,394	138,091	29,584	639	23,943	4,934	168	7,880	1,566	62	1,339	228	180	3,090	2,140	6,443	174,343	38,452

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

	Corrections Status													
CMHSP	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	1	7	66	5	18	996	4	5	1	1	2	67	1,173
AuSable	0	69	9	26	3	89	1,746	15	24	31	2	1	14	2,029
Barry	0	0	0	0	0	0	0	0	0	0	0	0	1,469	1,469
Bay Arenac	3	60	32	97	5	172	3,256	33	18	2	3	4	97	3,782
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	3,433	3,433
Clinton Eaton Ingham	0	533	25	163	39	169	3,814	13	6	80	10	4	113	4,969
CMH for Central Michigan	2	286	52	479	20	99	4,748	40	72	0	0	0	89	5,887
Copper	0	29	2	32	3	28	709	2	4	1	0	0	6	816
Detroit	20	168	211	575	53	659	11,695	174	39	0	0	0	32,727	46,321
Genesee	2	13	221	534	16	75	8,157	27	49	17	43	1	4	9,159
Gogebic	0	1	1	3	1	17	330	3	2	1	1	0	0	360
Gratiot	0	0	1	38	2	7	697	3	8	29	3	3	51	842
Hiawatha	0	19	1	5	2	24	786	12	4	4	0	1	43	901
Huron	0	14	0	4	0	8	783	2	0	0	0	0	4	815
Ionia	1	181	18	101	2	43	1,290	12	31	17	10	0	62	1,768
Kalamazoo	5	107	32	94	16	166	2,780	20	16	47	2	4	1,392	4,681
Lapeer	0	4	8	77	1	31	866	12	8	10	3	7	5	1,032
Lenewee	0	9	18	96	8	17	1,196	8	9	4	2	0	75	1,442
Lifeways	8	22	100	163	9	161	5,979	27	55	0	0	0	0	6,524
Livingston	0	6	13	42	1	19	443	15	9	12	3	7	359	929
Macomb	0	9	168	601	24	215	7,236	99	57	30	12	14	502	8,967
Manistee-Benzie	0	131	12	57	1	20	68	8	4	8	2	0	816	1,127
Monroe	0	6	20	88	7	31	597	13	7	11	3	10	324	1,117
Montcalm	0	112	3	24	1	16	741	9	5	0	0	0	3	914
Muskegon	2	146	97	121	5	60	2,451	16	27	16	2	9	7	2,959
network180	2	113	233	522	31	164	7,184	47	42	116	10	7	773	9,244
Newaygo	21	56	4	2	0	0	953	2	0	18	0	0	8	1,064
North Country	0	143	12	71	3	93	2,661	18	13	25	13	2	180	3,234
Northeast	0	76	16	49	10	41	1,840	6	16	7	1	0	2	2,064
Northern Lakes	1	138	36	162	5	48	3,669	41	42	27	26	5	188	4,388
Northpointe	0	60	4	63	0	18	993	24	5	2	5	3	14	1,191
Oakland	9	798	190	619	9	213	8,481	48	57	82	5	17	242	10,770
Ottawa	1	75	12	51	18	26	1,830	1	5	5	10	0	4	2,038
Pathways	0	123	7	86	7	32	1,556	16	24	24	11	8	13	1,907
Pines	0	0	0	0	0	0	0	0	0	0	0	0	1,734	1,734
Saginaw	25	36	31	107	49	74	2,197	33	14	13	10	2	830	3,421
Sanilac	0	16	8	48	0	20	675	1	9	4	3	1	1	786
Shiawassee	0	3	16	74	3	33	832	23	6	0	0	3	3	996
St. Clair	0	76	51	201	9	118	2,214	22	23	22	7	4	9	2,756
St. Joseph	0	32	26	92	1	47	1,431	9	7	9	4	1	27	1,686
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0	4,534	4,534
Tuscola	0	27	20	68	2	15	787	6	3	0	1	3	6	938
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0	2,111	2,111
Washtenaw	3	8	14	80	11	181	1,360	15	5	7	5	6	349	2,044
West Michigan	0	84	18	60	0	42	1,585	25	15	0	0	0	172	2,001
Woodlands	1	10	6	11	0	33	628	1	8	10	7	2	29	746
Total	106	3,800	1,755	5,852	382	3,342	102,240	905	753	692	220	131	52,891	173,069

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

	Corrections Status													
CMHSP	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	0	0	1	218	0	0	0	0	0	0	219
AuSable	0	0	0	1	0	1	161	0	0	0	0	0	3	166
Barry	0	0	0	0	0	0	0	0	0	0	0	0	170	170
Bay Arenac	1	0	0	4	0	4	452	1	1	0	0	0	2	465
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	684	684
Clinton Eaton Ingham	0	3	0	1	0	2	975	0	0	0	0	0	3	984
CMH for Central Michigan	0	2	2	3	0	0	1,082	1	1	0	0	0	14	1,105
Copper	0	0	0	0	0	0	153	0	0	0	0	0	0	153
Detroit	1	6	6	8	6	53	2,021	9	4	0	0	0	5,910	8,024
Genesee	0	0	1	3	1	8	1,562	0	0	0	1	1	0	1,577
Gogebic	0	0	0	0	0	0	60	0	0	0	0	0	0	60
Gratiot	0	0	1	0	0	0	121	0	0	0	0	0	2	124
Hiawatha	0	2	0	0	0	0	263	0	0	0	0	0	2	267
Huron	0	0	0	0	0	3	115	0	0	0	0	0	0	118
Ionia	0	1	0	1	0	0	73	0	0	0	0	0	0	75
Kalamazoo	0	0	0	1	0	4	702	0	0	0	0	1	12	720
Lapeer	0	0	0	0	0	0	279	0	0	0	0	0	0	279
Lenewee	0	1	0	2	0	0	246	0	0	0	0	0	7	256
Lifeways	0	0	2	0	0	0	220	0	2	0	0	0	0	224
Livingston	0	0	0	1	0	0	125	0	0	0	0	0	217	343
Macomb	0	0	0	2	0	2	1,084	0	0	0	1	1	19	1,109
Manistee-Benzie	0	0	0	0	0	0	13	0	0	0	0	0	85	98
Monroe	0	0	0	0	0	0	266	1	0	0	0	0	119	386
Montcalm	0	1	0	0	0	0	90	0	0	0	0	0	0	91
Muskegon	0	1	3	0	0	5	534	0	1	0	0	0	2	546
network180	0	0	2	6	1	1	1,322	2	1	0	0	0	38	1,373
Newaygo	0	0	0	0	0	0	55	0	0	0	0	0	0	55
North Country	0	1	0	0	0	2	519	1	0	0	0	0	0	523
Northeast	0	0	0	1	0	0	240	0	0	0	0	0	1	242
Northern Lakes	0	3	0	1	0	3	682	0	0	0	0	0	11	700
Northpointe	0	0	0	0	0	0	104	0	0	0	0	0	0	104
Oakland	0	1	1	3	0	4	3,123	1	1	0	0	1	8	3,143
Ottawa	0	0	0	0	1	1	415	0	0	1	0	0	1	419
Pathways	0	0	2	2	0	0	383	0	0	0	0	0	0	387
Pines	0	0	0	0	0	0	0	0	0	0	0	0	238	238
Saginaw	0	1	0	7	1	1	644	1	0	0	0	1	41	697
Sanilac	0	1	0	1	0	1	159	0	0	0	0	0	0	162
Shiawassee	0	0	0	0	0	0	140	1	0	0	1	0	0	142
St. Clair	0	0	1	0	0	21	792	0	0	0	0	0	1	815
St. Joseph	0	0	0	0	0	0	179	0	0	0	0	0	0	179
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0	554	554
Tuscola	0	0	0	0	0	0	214	0	1	0	0	1	0	216
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0	274	274
Washtenaw	0	0	1	9	0	4	659	1	2	0	0	1	37	714
West Michigan	0	0	1	2	0	1	218	0	0	0	0	0	10	232
Woodlands	0	0	0	0	0	0	70	0	0	0	0	0	34	104
Total	2	24	23	59	10	122	20,733	19	14	1	3	7	8,499	29,516

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Dual Diagnosis
Fiscal Year 2008
State of Michigan

	Corrections Status													
CMHSP	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	1	0	0	182	2	0	0	0	0	0	185
AuSable	0	0	0	0	0	1	65	0	0	0	0	0	1	67
Barry	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	0	0	2	0	3	203	0	0	1	0	1	2	212
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	4	0	5	0	5	483	0	0	0	1	0	0	498
CMH for Central Michigan	0	1	1	13	0	4	371	1	1	0	0	0	4	396
Copper	0	0	0	0	0	1	54	0	0	0	0	0	1	56
Detroit	0	2	0	16	3	10	223	0	0	0	0	0	406	660
Genesee	0	0	0	0	0	0	51	0	0	0	0	0	0	51
Gogebic	0	1	0	0	0	1	56	0	0	0	0	0	0	58
Gratiot	0	0	0	3	0	0	75	0	0	0	0	0	0	78
Hiawatha	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Huron	0	0	0	1	0	0	74	0	0	0	0	0	0	75
Ionia	0	5	0	4	0	1	112	2	1	1	1	0	0	127
Kalamazoo	0	0	0	4	0	6	177	0	1	0	0	1	21	210
Lapeer	0	0	0	0	0	1	29	0	0	0	0	0	0	30
Lenewee	0	0	0	0	0	0	22	0	0	0	0	0	1	23
Lifeways	0	1	1	8	0	4	493	2	0	0	0	0	0	509
Livingston	0	1	0	2	0	1	47	0	1	1	1	2	23	79
Macomb	0	1	2	10	1	16	1,711	2	1	2	1	3	9	1,759
Manistee-Benzie	0	1	0	6	0	0	19	0	0	0	0	0	77	103
Monroe	0	1	1	3	0	1	45	2	1	0	0	2	24	80
Montcalm	0	0	0	2	0	0	98	0	0	0	0	0	0	100
Muskegon	0	0	1	5	0	5	406	0	0	3	0	0	1	421
network180	0	4	1	19	0	7	665	0	2	1	1	0	17	717
Newaygo	0	0	0	0	0	0	103	0	0	0	0	0	0	103
North Country	0	3	0	5	0	3	200	0	0	0	0	0	3	214
Northeast	0	2	0	1	0	0	162	0	0	0	0	0	0	165
Northern Lakes	0	2	0	2	1	2	327	2	1	1	0	0	6	344
Northpointe	0	1	1	1	0	1	180	3	1	1	0	0	1	190
Oakland	0	0	1	5	0	3	851	3	1	0	1	1	1	867
Ottawa	0	0	0	3	1	0	181	0	0	0	0	0	0	185
Pathways	0	0	0	3	0	1	165	0	0	1	0	1	1	172
Pines	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	1	0	0	0	0	50	0	0	0	0	0	8	59
Sanilac	0	0	0	3	0	2	118	0	0	0	0	0	0	123
Shiawassee	0	0	0	2	0	1	70	0	0	0	0	0	0	73
St. Clair	0	0	0	7	0	4	251	0	1	1	0	2	0	266
St. Joseph	0	1	0	0	0	0	41	0	1	0	0	0	0	43
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	6	0	5	102	1	0	0	0	1	12	127
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	1	1	0	10	162	0	0	1	1	0	13	189
Total	0	32	10	143	6	99	8,624	20	13	14	7	14	632	9,614

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

	Corrections Status													
CMHSP	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	0	0	1	0	1	5	0	0	0	0	0	0	7
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	27	6	16	0	3	147	0	0	0	0	0	4	203
CMH for Central Michigan	0	1	0	3	0	0	2	0	0	0	0	0	2	8
Copper	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	0	13	1	0	0	1	3	0	0	0	0	0	398	416
Genesee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Gratiot	0	0	0	1	0	0	4	0	0	0	0	0	5	10
Hiawatha	0	3	1	0	0	0	19	0	0	0	0	0	2	25
Huron	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Ionia	0	0	0	1	0	1	1	0	0	0	0	0	0	3
Kalamazoo	0	0	0	0	0	0	0	0	1	0	0	0	3	4
Lapeer	0	0	0	2	0	0	3	0	0	0	0	0	0	5
Lenewee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Macomb	0	0	1	1	0	1	11	0	0	0	2	0	1	17
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Monroe	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Montcalm	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Muskegon	0	0	0	0	0	0	2	0	0	0	0	0	0	2
network180	0	8	19	58	0	23	215	6	11	8	0	1	22	371
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	13	0	1	0	1	5	0	0	0	0	0	3	23
Northeast	0	5	0	2	0	1	7	1	0	0	0	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	3	0	1	0	0	14	0	0	0	0	0	0	18
Oakland	0	20	19	82	0	15	220	7	2	0	1	0	38	404
Ottawa	0	8	1	0	1	0	7	0	0	0	0	0	0	17
Pathways	0	2	0	3	0	0	10	1	1	0	1	0	1	19
Pines	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	1	0	0	1	0	0	0	0	0	1	3
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	1	0	0	0	0	0	0	1
St. Clair	0	1	0	5	0	0	3	0	0	0	0	0	2	11
St. Joseph	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	1	0	0	0	0	0	0	0	0	2	3
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	4	0	0	0	3	19	1	5	0	0	0	3	35
Total	0	109	48	179	1	50	704	16	20	8	4	1	489	1,629

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Correctional Status
Persons with Unknown Diagnosis
Fiscal Year 2008
State of Michigan

	Corrections Status													
CMHSP	Prison	Jail	Paroled from Prison	Probation from Jail	Juvenile Detention Center	Court Supervision	Not in a Corrections Status	Awaiting Trial	Awaiting Sentencing	Minor Referred by Court	Arrested and Booked	Diverted from Arrest/ Booking	Refused/ Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	2	0	0	0	0	9	0	0	0	0	0	0	11
Barry	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	0	0	7	0	4	122	4	0	0	1	0	50	188
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CMH for Central Michigan	0	12	6	16	16	86	103	0	1	0	0	0	84	324
Copper	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	0	3	4	0	1	3	33	1	0	0	0	0	1,311	1,356
Genesee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	18	0	0	0	0	0	5	23
Huron	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0	0	0	0	6	6
Lapeer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lenewee	0	0	0	3	0	0	32	0	0	0	0	0	58	93
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	2	1	19	0	1	19	5	2	0	1	0	103	153
Macomb	0	0	0	1	0	0	12	0	0	0	0	0	15	28
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	1	2	6	0	2	38	4	0	2	0	0	136	191
Montcalm	0	1	0	0	0	0	5	0	0	0	0	0	4	10
Muskegon	0	13	12	2	0	9	178	1	1	0	1	1	4	222
network180	0	0	0	0	0	0	7	0	0	0	0	0	1	8
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	5	1	2	1	0	29	1	1	0	1	0	0	41
Northeast	0	1	2	0	0	0	17	0	0	0	0	0	0	20
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	3	0	0	0	0	5	0	0	0	0	0	0	8
Oakland	0	0	1	1	0	0	32	0	0	0	0	0	1,089	1,123
Ottawa	0	5	2	1	2	2	135	0	1	1	9	0	16	174
Pathways	0	3	0	1	0	0	25	2	1	0	0	0	3	35
Pines	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	9	10	5	19	7	17	279	1	5	1	0	0	91	444
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	1	0	0	26	1	0	0	0	0	2	30
St. Clair	0	0	0	1	0	0	7	0	0	0	0	0	0	8
St. Joseph	0	2	3	2	0	2	23	0	0	0	0	0	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	9	0	0	0	0	0	0	9
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	3	8	23	68	0	3	111	25	12	1	2	1	567	824
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	1	0	0	0	0	16	0	0	0	1	0	30	48
Total	12	72	62	150	27	129	1,291	45	24	5	16	2	3,575	5,410

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

	Residence											
CMHSP	Homeless/ Shelter	Private - with Relatives	Private - Non-Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	Total
Allegan	18	426	636	12	14	21	11	20	0	0	15	1,173
AuSable	17	1,247	641	21	6	8	60	15	2	7	5	2,029
Barry	21	912	324	7	8	14	96	4	1	2	80	1,469
Bay Arenac	112	1,552	1,831	29	39	64	52	34	5	22	42	3,782
Berrien	52	2,818	31	63	147	4	20	6	5	6	281	3,433
Clinton Eaton Ingham	210	2,187	1,491	138	118	95	495	77	53	24	81	4,969
CMH for Central Michigan	72	2,652	2,436	114	82	64	281	133	9	11	33	5,887
Copper	1	295	421	29	11	0	4	13	4	1	37	816
Detroit	1,152	14,871	4,306	611	1,736	1,011	199	755	103	278	21,299	46,321
Genesee	363	4,469	3,016	184	191	184	51	86	210	43	362	9,159
Gogebic	2	92	246	6	4	2	1	1	1	5	0	360
Gratiot	8	488	221	20	1	15	0	34	2	0	53	842
Hiawatha	22	320	497	4	6	26	19	6	0	1	0	901
Huron	13	251	459	1	1	37	10	35	0	1	7	815
Ionia	60	836	768	13	10	20	2	9	4	3	43	1,768
Kalamazoo	118	1,507	1,340	72	120	110	28	50	19	72	1,245	4,681
Lapeer	41	453	461	9	30	20	5	4	3	6	0	1,032
Lenewee	32	786	473	28	15	46	21	29	5	5	2	1,442
Lifeways	139	3,346	1,748	67	61	195	895	24	15	22	12	6,524
Livingston	8	562	280	8	1	23	10	8	3	6	20	929
Macomb	267	4,889	2,477	81	329	76	10	127	49	90	572	8,967
Manistee-Benzie	17	607	298	10	7	5	124	38	2	3	16	1,127
Monroe	28	613	385	12	7	27	8	15	2	2	18	1,117
Montcalm	8	350	408	12	3	17	113	1	0	0	2	914
Muskegon	106	984	1,266	86	98	77	164	143	6	22	7	2,959
network180	497	3,807	3,774	295	172	270	75	131	50	116	57	9,244
Newaygo	7	281	619	19	2	18	83	29	2	0	4	1,064
North Country	58	1,481	1,175	71	17	80	126	55	5	8	158	3,234
Northeast	31	602	1,166	15	37	26	86	99	2	0	0	2,064
Northern Lakes	164	1,928	1,741	43	52	125	129	119	10	11	66	4,388
Northpointe	14	391	640	33	34	18	49	8	2	2	0	1,191
Oakland	621	5,037	2,422	198	358	379	733	722	60	161	79	10,770
Ottawa	28	490	1,350	18	28	38	12	9	4	1	60	2,038
Pathways	66	671	930	35	34	31	108	17	13	0	2	1,907
Pines	65	1,568	0	9	3	5	12	9	2	2	59	1,734
Saginaw	51	1,359	857	48	101	99	81	155	26	36	608	3,421
Sanilac	12	305	385	15	11	24	15	18	0	1	0	786
Shiawassee	22	477	459	16	2	10	2	4	1	1	2	996
St. Clair	125	963	1,403	47	50	36	74	47	4	7	0	2,756
St. Joseph	32	453	992	83	26	30	55	3	4	2	6	1,686
Summit Pointe	172	3,710	0	36	18	132	13	34	7	21	391	4,534
Tuscola	12	363	490	3	2	23	22	17	2	3	1	938
Van Buren	14	1,637	0	12	28	31	207	53	0	9	120	2,111
Washtenaw	74	932	791	36	56	26	8	11	7	70	33	2,044
West Michigan	58	843	900	17	18	37	43	50	2	3	30	2,001
Woodlands	4	409	256	30	2	9	6	6	1	0	23	746
Total	5,014	75,220	46,810	2,716	4,096	3,608	4,618	3,263	707	1,086	25,931	173,069

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

	Residence											
CMHSP	Homeless/ Shelter	Private - with Relatives	Private - Non-Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	Total
Allegan	0	116	57	2	17	26	0	0	1	0	0	219
AuSable	0	74	64	0	21	3	0	1	1	0	2	166
Barry	0	100	10	1	21	22	2	11	0	1	2	170
Bay Arenac	3	251	76	2	88	24	0	1	1	15	4	465
Berrien	1	415	0	62	125	4	1	3	2	59	12	684
Clinton Eaton Ingham	2	513	107	29	281	29	3	3	3	11	3	984
CMH for Central Michigan	3	491	266	45	227	55	2	7	3	5	1	1,105
Copper	0	64	28	13	47	0	0	1	0	0	0	153
Detroit	16	3,636	1,196	104	1,262	156	11	210	44	83	1,306	8,024
Genesee	1	779	95	15	524	98	2	11	10	41	1	1,577
Gogebic	0	34	12	2	10	1	0	0	1	0	0	60
Gratiot	0	53	9	7	33	9	0	0	1	10	2	124
Hiawatha	0	133	41	5	58	26	1	2	0	1	0	267
Huron	0	51	18	0	16	29	0	3	0	0	1	118
Ionia	0	47	7	0	11	9	0	1	0	0	0	75
Kalamazoo	1	349	105	16	152	26	0	3	1	57	10	720
Lapeer	0	119	22	9	84	39	1	2	0	3	0	279
Lenewee	0	96	7	2	71	63	0	3	0	14	0	256
Lifeways	0	87	24	16	58	35	2	1	0	1	0	224
Livingston	1	189	83	1	40	16	0	2	0	6	5	343
Macomb	2	725	101	30	183	10	0	9	2	30	17	1,109
Manistee-Benzie	1	36	25	4	16	11	0	0	0	4	1	98
Monroe	0	198	88	0	72	17	0	2	0	5	4	386
Montcalm	0	48	13	2	22	5	1	0	0	0	0	91
Muskegon	0	374	29	1	69	55	2	8	0	8	0	546
network180	1	657	134	11	365	150	0	14	2	39	0	1,373
Newaygo	0	22	10	2	14	7	0	0	0	0	0	55
North Country	0	298	47	7	109	44	1	3	0	13	1	523
Northeast	0	104	55	0	74	6	0	2	1	0	0	242
Northern Lakes	0	459	37	2	112	71	2	4	0	12	1	700
Northpointe	0	71	2	18	11	1	0	0	0	1	0	104
Oakland	4	1,992	331	3	729	15	0	15	0	53	1	3,143
Ottawa	1	197	68	3	68	69	0	3	3	4	3	419
Pathways	1	194	64	11	94	20	0	2	0	1	0	387
Pines	3	155	0	15	42	13	0	5	0	5	0	238
Saginaw	1	312	55	4	171	92	0	6	4	47	5	697
Sanilac	0	76	19	1	39	24	0	2	0	1	0	162
Shiawassee	0	63	52	1	14	10	0	2	0	0	0	142
St. Clair	0	569	82	39	108	6	0	4	0	7	0	815
St. Joseph	0	71	34	8	35	23	0	1	4	3	0	179
Summit Pointe	2	330	0	10	82	73	1	9	1	31	15	554
Tuscola	0	79	27	0	71	31	0	0	0	8	0	216
Van Buren	0	185	0	0	61	14	2	9	0	3	0	274
Washtenaw	3	334	174	0	94	40	0	3	5	59	2	714
West Michigan	0	113	25	4	57	21	0	10	2	0	0	232
Woodlands	0	55	14	16	13	0	0	0	0	0	6	104
Total	47	15,314	3,713	523	5,871	1,498	34	378	92	641	1,405	29,516

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Dual Diagnosis
Fiscal Year 2008
State of Michigan

	Residence											
CMHSP	Homeless/ Shelter	Private - with Relatives	Private - Non-Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	Total
Allegan	1	57	86	0	14	23	0	4	0	0	0	185
AuSable	0	20	30	0	10	6	0	0	0	1	0	67
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	67	49	1	68	11	0	5	0	11	0	212
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	2	185	103	12	143	21	4	13	6	9	0	498
CMH for Central Michigan	1	131	122	15	95	17	1	10	0	4	0	396
Copper	0	9	15	2	30	0	0	0	0	0	0	56
Detroit	11	193	37	13	55	17	3	82	2	12	235	660
Genesee	0	13	10	0	16	12	0	0	0	0	0	51
Gogebic	0	24	14	5	14	0	1	0	0	0	0	58
Gratiot	0	36	11	1	10	4	0	4	0	12	0	78
Hiawatha	0	0	0	0	0	0	0	0	0	0	0	0
Huron	2	19	18	3	11	21	0	0	0	1	0	75
Ionia	0	56	18	1	28	19	0	2	1	2	0	127
Kalamazoo	1	52	72	7	37	8	0	2	0	11	20	210
Lapeer	0	8	4	0	12	5	0	0	0	1	0	30
Lenewee	0	14	1	0	2	4	0	1	0	1	0	23
Lifeways	2	210	65	23	112	64	5	11	7	9	1	509
Livingston	1	51	18	0	0	1	2	4	0	1	1	79
Macomb	10	957	209	17	401	49	1	29	21	39	26	1,759
Manistee-Benzie	2	36	38	1	9	9	1	4	1	2	0	103
Monroe	0	34	35	1	1	4	0	0	1	1	3	80
Montcalm	0	51	17	3	16	13	0	0	0	0	0	100
Muskegon	1	188	38	5	117	50	0	4	7	11	0	421
network180	1	200	148	5	195	120	3	23	2	20	0	717
Newaygo	0	39	28	4	17	14	0	1	0	0	0	103
North Country	1	82	37	6	52	18	3	2	0	12	1	214
Northeast	2	33	38	1	80	4	2	5	0	0	0	165
Northern Lakes	1	113	78	1	83	40	0	13	3	11	1	344
Northpointe	0	91	22	27	43	4	1	0	0	2	0	190
Oakland	0	200	171	0	433	9	0	5	3	46	0	867
Ottawa	0	42	36	1	59	37	1	0	0	5	4	185
Pathways	1	49	43	8	62	7	0	2	0	0	0	172
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	18	11	0	8	10	0	4	1	5	2	59
Sanilac	0	41	23	1	45	9	0	2	0	2	0	123
Shiawassee	1	38	25	0	6	3	0	0	0	0	0	73
St. Clair	1	94	45	15	99	3	0	4	2	3	0	266
St. Joseph	0	14	11	0	12	5	0	0	1	0	0	43
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	1	58	29	2	11	10	0	1	5	8	2	127
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	3	95	38	22	23	4	0	0	2	0	2	189
Total	46	3,618	1,793	203	2,429	655	28	237	65	242	298	9,614

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

CMHSP	Residence											
	Homeless/ Shelter	Private - with Relatives	Private - Non-Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	1	5	1	0	0	0	0	0	0	0	0	7
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	11	83	75	1	0	3	26	0	1	0	3	203
CMH for Central Michigan	0	2	5	0	0	0	0	0	0	0	1	8
Copper	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	0	3	1	0	1	0	17	3	1	0	390	416
Genesee	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	2	0	0	0	0	0	0	0	0	2
Gratiot	0	1	4	0	0	0	0	0	0	0	5	10
Hiawatha	1	3	18	0	0	0	3	0	0	0	0	25
Huron	0	0	1	0	0	0	0	0	0	0	0	1
Ionia	0	1	2	0	0	0	0	0	0	0	0	3
Kalamazoo	0	1	0	0	0	0	0	0	0	0	3	4
Lapeer	0	4	1	0	0	0	0	0	0	0	0	5
Lenewee	0	0	0	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0	0	0	0
Macomb	0	13	3	0	0	0	0	0	0	0	1	17
Manistee-Benzie	0	0	1	0	0	0	0	0	0	0	0	1
Monroe	0	1	0	0	0	0	0	0	0	0	0	1
Montcalm	0	0	1	0	0	0	1	0	0	0	0	2
Muskegon	0	1	0	0	0	0	0	0	0	1	0	2
network180	42	114	181	2	6	3	8	0	1	13	1	371
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	1	3	3	0	0	0	13	0	0	0	3	23
Northeast	1	1	6	0	2	0	5	0	1	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	3	12	0	0	0	3	0	0	0	0	18
Oakland	38	196	105	2	7	12	16	0	1	1	26	404
Ottawa	1	0	13	0	0	0	0	0	0	0	3	17
Pathways	1	7	10	0	0	0	1	0	0	0	0	19
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	1	0	0	0	0	0	1	0	0	1	3
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	1	0	0	0	0	0	0	0	0	1
St. Clair	0	2	7	0	1	0	1	0	0	0	0	11
St. Joseph	0	0	0	0	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	1	0	0	0	0	0	0	0	0	1
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	2	0	0	0	0	0	0	0	1	3
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	1	7	18	0	0	1	4	0	0	0	4	35
Total	98	452	474	5	17	19	98	4	5	15	442	1,629

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Residence
Persons with Unknown Disability
Fiscal Year 2008
State of Michigan

	Residence											
CMHSP	Homeless/ Shelter	Private - with Relatives	Private - Non-Relatives	Foster Family	Specialized Residential	General Residential	Prison/Jail/ Juvenile Detention	Nursing Care Facility	Other Institutional Setting	Supported Independence Program	Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	1	1	0	0	6	1	1	0	0	1	11
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	2	68	74	1	0	0	0	0	0	2	41	188
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	0	0	0
CMH for Central Michigan	3	173	48	1	2	0	30	0	0	0	67	324
Copper	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	1	12	8	0	3	2	4	29	0	4	1,293	1,356
Genesee	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	1	0	0	0	0	0	0	0	0	1
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	0	5	7	0	0	3	0	5	1	0	2	23
Huron	0	0	0	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0	0	6	6
Lapeer	0	0	0	0	0	0	0	0	0	0	0	0
Lenewee	4	30	8	0	0	0	0	0	0	0	51	93
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	4	74	22	2	0	0	1	0	2	1	47	153
Macomb	1	3	7	0	0	0	0	0	0	1	16	28
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	7	41	13	0	0	0	1	36	0	0	93	191
Montcalm	0	2	2	1	0	0	1	0	0	0	4	10
Muskegon	24	61	89	1	2	0	14	22	0	5	4	222
network180	0	6	0	0	0	0	0	1	1	0	0	8
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	1	22	10	1	2	0	5	0	0	0	0	41
Northeast	1	9	8	0	0	1	1	0	0	0	0	20
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	3	1	0	1	0	3	0	0	0	0	8
Oakland	10	66	16	1	2	2	1	13	0	0	1,012	1,123
Ottawa	3	90	57	1	0	1	0	0	1	0	21	174
Pathways	2	13	14	1	0	0	3	0	1	0	1	35
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	10	208	86	4	29	19	23	7	7	3	48	444
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	15	12	1	0	0	0	0	0	0	2	30
St. Clair	1	3	4	0	0	0	0	0	0	0	0	8
St. Joseph	0	4	23	1	0	0	3	0	0	0	1	32
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	9	0	0	0	0	0	0	0	0	0	9
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	128	228	120	0	2	0	3	1	2	1	339	824
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	9	5	1	0	0	2	1	0	0	30	48
Total	202	1,155	636	17	43	34	96	116	15	17	3,079	5,410

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below $10,000	Income $10,001 to $20,000	Income $20,001 to $30,000	Income $30,001 to $40,000	Income $40,001 to $60,000	Income Over $60,000	Income Unreported	Total
Allegan	754	275	87	34	20	3	0	1,173
AuSable	1,436	304	123	53	55	18	40	2,029
Barry	329	286	146	62	46	26	574	1,469
Bay Arenac	2,513	634	152	42	25	6	410	3,782
Berrien	336	369	102	53	50	205	2,318	3,433
Clinton Eaton Ingham	3,139	919	327	139	104	62	279	4,969
CMH for Central Michigan	4,020	7	1	0	0	0	1,859	5,887
Copper	292	132	57	28	23	7	277	816
Detroit	29,148	2,214	628	190	109	112	13,920	46,321
Genesee	8,297	624	113	49	46	30	0	9,159
Gogebic	247	72	24	9	7	1	0	360
Gratiot	411	99	31	5	5	4	287	842
Hiawatha	670	137	44	24	18	5	3	901
Huron	597	153	30	18	11	3	3	815
Ionia	1,122	310	164	84	64	24	0	1,768
Kalamazoo	1,561	680	198	91	61	73	2,017	4,681
Lapeer	696	207	61	37	20	5	6	1,032
Lenewee	102	110	36	15	9	15	1,155	1,442
Lifeways	2,316	346	84	25	18	7	3,728	6,524
Livingston	408	88	47	22	12	10	342	929
Macomb	5,529	1,132	260	83	48	17	1,898	8,967
Manistee-Benzie	45	24	6	0	3	1	1,048	1,127
Monroe	351	190	56	13	12	2	493	1,117
Montcalm	479	213	72	32	13	0	105	914
Muskegon	2,188	501	139	36	14	5	76	2,959
network180	6,614	1,788	528	173	111	25	5	9,244
Newaygo	707	224	70	27	21	4	11	1,064
North Country	1,639	693	246	122	79	23	432	3,234
Northeast	1,041	630	221	83	58	30	1	2,064
Northern Lakes	2,231	727	224	109	60	18	1,019	4,388
Northpointe	781	249	86	31	28	12	4	1,191
Oakland	10,129	440	106	47	29	19	0	10,770
Ottawa	1,115	369	80	21	10	2	441	2,038
Pathways	844	313	99	42	23	11	575	1,907
Pines	503	388	209	125	91	37	381	1,734
Saginaw	315	89	38	15	9	3	2,952	3,421
Sanilac	470	188	79	26	15	4	4	786
Shiawassee	433	262	90	52	38	15	106	996
St. Clair	2,285	342	60	24	18	5	22	2,756
St. Joseph	389	308	106	60	24	15	784	1,686
Summit Pointe	926	455	154	47	32	7	2,913	4,534
Tuscola	490	173	46	24	11	7	187	938
Van Buren	137	75	42	23	28	8	1,798	2,111
Washtenaw	431	156	45	18	12	6	1,376	2,044
West Michigan	379	1	2	0	0	0	1,619	2,001
Woodlands	398	138	57	27	21	34	71	746
Total	**99,243**	**18,034**	**5,576**	**2,240**	**1,511**	**926**	**45,539**	**173,069**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below $10,000	Income $10,001 to $20,000	Income $20,001 to $30,000	Income $30,001 to $40,000	Income $40,001 to $60,000	Income Over $60,000	Income Unreported	Total
Allegan	126	67	10	7	8	1	0	219
AuSable	100	51	3	2	2	1	7	166
Barry	94	33	8	2	5	5	23	170
Bay Arenac	330	82	7	3	4	3	36	465
Berrien	85	40	6	3	3	17	530	684
Clinton Eaton Ingham	605	257	35	17	35	33	2	984
CMH for Central Michigan	574	11	0	0	0	0	520	1,105
Copper	102	23	1	6	1	0	20	153
Detroit	5,905	1,161	79	42	52	53	732	8,024
Genesee	1,274	265	22	5	8	3	0	1,577
Gogebic	34	18	3	1	2	2	0	60
Gratiot	101	6	2	3	2	0	10	124
Hiawatha	203	35	5	9	11	3	1	267
Huron	90	26	0	2	0	0	0	118
Ionia	44	18	3	6	2	2	0	75
Kalamazoo	202	210	151	46	35	33	43	720
Lapeer	199	69	5	2	3	1	0	279
Lenewee	4	1	2	2	5	0	242	256
Lifeways	144	18	2	2	2	3	53	224
Livingston	155	26	14	7	19	2	120	343
Macomb	526	110	35	19	30	24	365	1,109
Manistee-Benzie	0	0	0	0	0	0	98	98
Monroe	143	68	7	6	5	3	154	386
Montcalm	60	22	3	0	2	1	3	91
Muskegon	330	77	12	4	3	2	118	546
network180	780	451	58	27	33	24	0	1,373
Newaygo	37	11	3	1	3	0	0	55
North Country	375	76	28	15	16	9	4	523
Northeast	130	97	8	5	1	1	0	242
Northern Lakes	406	146	43	31	32	11	31	700
Northpointe	53	31	4	5	8	3	0	104
Oakland	3,057	55	7	5	10	9	0	3,143
Ottawa	263	76	10	8	10	1	51	419
Pathways	229	112	13	11	12	6	4	387
Pines	116	63	13	6	6	2	32	238
Saginaw	272	18	2	2	4	0	399	697
Sanilac	86	57	10	4	5	0	0	162
Shiawassee	68	69	2	1	1	0	1	142
St. Clair	544	206	18	13	25	9	0	815
St. Joseph	108	22	9	0	3	4	33	179
Summit Pointe	302	41	13	4	11	4	179	554
Tuscola	123	84	3	2	2	2	0	216
Van Buren	1	0	1	1	1	1	269	274
Washtenaw	215	55	3	3	4	5	429	714
West Michigan	159	0	0	0	0	0	73	232
Woodlands	72	23	2	3	2	0	2	104
Total	**18,826**	**4,387**	**665**	**343**	**428**	**283**	**4,584**	**29,516**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Dual Diagnosis
Fiscal Year 2008
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below $10,000	Income $10,001 to $20,000	Income $20,001 to $30,000	Income $30,001 to $40,000	Income $40,001 to $60,000	Income Over $60,000	Income Unreported	Total
Allegan	122	45	8	5	3	2	0	185
AuSable	54	10	0	0	0	1	2	67
Barry	0	0	0	0	0	0	0	0
Bay Arenac	155	50	1	0	0	0	6	212
Berrien	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	335	118	16	8	10	9	2	498
CMH for Central Michigan	185	0	0	0	0	0	211	396
Copper	40	9	1	0	1	0	5	56
Detroit	470	31	9	5	1	2	142	660
Genesee	43	8	0	0	0	0	0	51
Gogebic	32	17	4	2	2	1	0	58
Gratiot	61	3	0	0	2	1	11	78
Hiawatha	0	0	0	0	0	0	0	0
Huron	57	15	1	1	1	0	0	75
Ionia	92	18	9	2	3	3	0	127
Kalamazoo	72	57	32	11	3	10	25	210
Lapeer	19	11	0	0	0	0	0	30
Lenewee	0	2	0	0	1	0	20	23
Lifeways	328	52	11	1	6	4	107	509
Livingston	32	4	5	4	2	4	28	79
Macomb	1,004	232	41	8	21	27	426	1,759
Manistee-Benzie	1	2	0	0	0	0	100	103
Monroe	31	23	3	1	0	0	22	80
Montcalm	61	23	8	6	1	0	1	100
Muskegon	283	64	2	2	3	0	67	421
network180	470	225	6	11	5	0	0	717
Newaygo	71	22	8	2	0	0	0	103
North Country	149	40	8	7	3	2	5	214
Northeast	72	82	6	3	1	1	0	165
Northern Lakes	244	55	12	5	3	2	23	344
Northpointe	109	61	6	6	1	7	0	190
Oakland	854	12	0	0	0	1	0	867
Ottawa	122	54	1	1	3	1	3	185
Pathways	101	56	7	3	3	1	1	172
Pines	0	0	0	0	0	0	0	0
Saginaw	19	2	0	1	0	0	37	59
Sanilac	76	37	5	2	2	1	0	123
Shiawassee	33	21	7	3	7	2	0	73
St. Clair	186	72	3	1	1	3	0	266
St. Joseph	20	10	0	1	0	0	12	43
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	43	11	4	1	0	0	68	127
West Michigan	0	0	0	0	0	0	0	0
Woodlands	119	41	13	4	2	1	9	189
Total	**6,165**	**1,595**	**237**	**107**	**91**	**86**	**1,333**	**9,614**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below $10,000	Income $10,001 to $20,000	Income $20,001 to $30,000	Income $30,001 to $40,000	Income $40,001 to $60,000	Income Over $60,000	Income Unreported	Total
Allegan	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0
Bay Arenac	6	1	0	0	0	0	0	7
Berrien	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	134	31	15	3	1	2	17	203
CMH for Central Michigan	7	0	0	0	0	0	1	8
Copper	0	0	0	0	0	0	0	0
Detroit	39	1	0	0	1	0	375	416
Genesee	0	0	0	0	0	0	0	0
Gogebic	2	0	0	0	0	0	0	2
Gratiot	0	0	0	0	0	0	10	10
Hiawatha	22	2	0	0	0	0	1	25
Huron	0	0	1	0	0	0	0	1
Ionia	2	1	0	0	0	0	0	3
Kalamazoo	1	0	0	0	0	0	3	4
Lapeer	5	0	0	0	0	0	0	5
Lenewee	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0
Macomb	10	2	1	0	0	0	4	17
Manistee-Benzie	0	0	0	0	0	0	1	1
Monroe	0	0	0	0	0	0	1	1
Montcalm	1	0	0	0	0	0	1	2
Muskegon	2	0	0	0	0	0	0	2
network180	307	49	8	4	2	1	0	371
Newaygo	0	0	0	0	0	0	0	0
North Country	9	1	0	0	0	0	13	23
Northeast	15	1	0	0	0	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	18	0	0	0	0	0	0	18
Oakland	359	16	3	0	0	0	26	404
Ottawa	12	0	0	0	0	0	5	17
Pathways	4	0	0	0	0	0	15	19
Pines	0	0	0	0	0	0	0	0
Saginaw	1	0	0	0	0	0	2	3
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	0	1	0	0	0	0	0	1
St. Clair	7	1	0	1	0	0	2	11
St. Joseph	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	0	0	1	0	0	0	0	1
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	3	0	0	0	0	0	0	3
West Michigan	0	0	0	0	0	0	0	0
Woodlands	21	2	3	0	0	0	9	35
Total	**987**	**109**	**32**	**8**	**4**	**3**	**486**	**1,629**

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Income
Persons with Unknown Diagnosis
Fiscal Year 2008
State of Michigan

CMHSP	Total Annual Household Income							
	Income Below $10,000	Income $10,001 to $20,000	Income $20,001 to $30,000	Income $30,001 to $40,000	Income $40,001 to $60,000	Income Over $60,000	Income Unreported	Total
Allegan	0	0	0	0	0	0	0	0
AuSable	2	0	0	0	0	0	9	11
Barry	0	0	0	0	0	0	0	0
Bay Arenac	171	8	5	0	1	0	3	188
Berrien	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0
CMH for Central Michigan	307	0	0	0	0	0	17	324
Copper	0	0	0	0	0	0	0	0
Detroit	152	2	0	0	1	0	1,201	1,356
Genesee	0	0	0	0	0	0	0	0
Gogebic	1	0	0	0	0	0	0	1
Gratiot	0	0	0	0	0	0	0	0
Hiawatha	15	3	2	0	2	0	1	23
Huron	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	6	6
Lapeer	0	0	0	0	0	0	0	0
Lenewee	1	2	0	0	0	0	90	93
Lifeways	0	0	0	0	0	0	0	0
Livingston	7	2	1	0	0	0	143	153
Macomb	2	0	0	0	0	0	26	28
Manistee-Benzie	0	0	0	0	0	0	0	0
Monroe	4	4	3	1	0	0	179	191
Montcalm	3	0	0	1	0	0	6	10
Muskegon	172	22	6	1	0	0	21	222
network180	4	1	2	0	0	1	0	8
Newaygo	0	0	0	0	0	0	0	0
North Country	24	7	2	0	1	1	6	41
Northeast	12	6	1	1	0	0	0	20
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	7	1	0	0	0	0	0	8
Oakland	518	7	1	5	3	1	588	1,123
Ottawa	82	13	10	1	7	0	61	174
Pathways	5	2	2	0	0	1	25	35
Pines	0	0	0	0	0	0	0	0
Saginaw	70	16	3	6	2	3	344	444
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	11	7	3	1	3	0	5	30
St. Clair	7	1	0	0	0	0	0	8
St. Joseph	3	6	1	2	0	0	20	32
Summit Pointe	0	0	0	0	0	0	0	0
Tuscola	2	3	1	1	2	0	0	9
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	112	7	4	1	1	0	699	824
West Michigan	0	0	0	0	0	0	0	0
Woodlands	1	0	0	1	0	0	46	48
Total	**1,695**	**120**	**47**	**22**	**23**	**7**	**3,496**	**5,410**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

CMHSP	Adoption Subsidy	Medicare	Medicaid	MIChild	Medicaid Children's Waiver	SDA, SSI, SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Adult Benefits Waiver	Unknown / Unreported	Total
Allegan	0	311	722	7	0	470	73	73	265	57	0	1,978
AuSable	5	343	1,141	15	10	367	322	194	287	79	1	2,764
Barry	11	225	724	6	0	232	315	0	0	60	0	1,573
Bay Arenac	12	718	2,447	55	17	982	589	744	590	122	0	6,276
Berrien	2	731	1,697	35	0	751	0	0	0	272	63	3,551
Clinton Eaton Ingham	0	1,131	3,042	36	11	1,034	542	893	842	232	0	7,763
CMH for Central Michigan	48	0	3,702	45	1	1,653	505	262	490	0	0	6,706
Copper	4	275	465	7	0	402	537	311	1	23	0	2,025
Detroit	0	0	10,467	52	0	8,241	11,677	25,129	0	1,155	0	56,721
Genesee	93	1,819	5,269	54	1	3,068	510	9,159	0	8	0	19,981
Gogebic	0	92	229	2	0	110	56	0	57	27	0	573
Gratiot	0	130	511	7	0	165	181	6	186	25	0	1,211
Hiawatha	1	194	313	3	0	0	85	895	5	27	0	1,523
Huron	0	212	473	11	0	133	213	43	164	25	0	1,274
Ionia	1	248	914	12	0	474	355	60	459	136	0	2,659
Kalamazoo	19	1,108	3,129	32	1	1,501	263	178	1,077	328	0	7,636
Lapeer	7	205	658	14	0	268	114	43	205	62	0	1,576
Lenewee	0	341	760	10	0	3	86	2	132	72	0	1,406
Lifeways	0	1,073	2,512	50	0	1,421	1,497	0	2,089	255	0	8,897
Livingston	1	257	501	14	0	222	116	0	0	32	0	1,143
Macomb	1	1,983	5,097	97	0	1	248	47	2,809	689	0	10,972
Manistee-Benzie	0	246	792	15	0	2	176	35	176	111	0	1,553
Monroe	1	278	652	8	0	335	31	0	0	64	0	1,369
Montcalm	3	108	524	9	0	261	50	10	300	15	0	1,280
Muskegon	26	545	1,760	23	1	865	45	4	758	318	24	4,369
network180	43	159	5,650	97	0	2,178	333	625	2,311	717	0	12,113
Newaygo	1	212	668	9	0	354	72	103	190	61	0	1,670
North Country	6	620	1,799	42	17	781	700	164	645	118	21	4,913
Northeast	18	603	1,265	12	0	1,020	296	17	343	137	0	3,711
Northern Lakes	8	957	2,591	34	0	1,174	498	272	1,000	208	0	6,742
Northpointe	0	347	706	13	0	467	510	0	173	74	0	2,290
Oakland	1	2,004	5,568	65	0	2,586	3,222	118	3,514	560	0	17,638
Ottawa	3	500	999	35	3	712	106	13	215	103	99	2,788
Pathways	4	450	1,078	20	0	501	812	0	481	128	0	3,474
Pines	10	243	940	20	0	290	390	0	0	69	0	1,962
Saginaw	0	499	1,831	16	0	0	159	0	0	146	0	2,651
Sanilac	0	172	493	5	0	214	84	9	173	62	0	1,212
Shiawassee	0	182	652	13	0	1	86	301	107	8	0	1,350
St. Clair	9	555	1,642	23	0	522	199	84	628	295	0	3,957
St. Joseph	12	345	997	12	10	370	204	357	422	91	0	2,820
Summit Pointe	7	1,095	2,031	14	0	201	607	0	0	324	0	4,279
Tuscola	7	188	581	23	0	358	81	26	224	16	0	1,504
Van Buren	6	405	1,037	16	0	199	443	0	0	79	0	2,185
Washtenaw	9	868	1,312	20	0	700	152	5	16	43	0	3,125
West Michigan	0	364	1,324	13	0	4	213	474	1	85	0	2,478
Woodlands	12	172	399	2	0	224	133	1	164	26	1	1,134
Total	391	23,513	82,064	1,123	72	35,817	27,886	40,657	21,499	7,544	209	

* Individuals can be counted in more that one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

CMHSP	Adoption Subsidy	Medicare	Medicaid	MIChild	Medicaid Children's Waiver	SDA, SSI, SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Adult Benefits Waiver	Unknown / Unreported	Total
Allegan	0	120	195	0	2	193	40	13	5	1	0	569
AuSable	0	87	143	2	2	142	19	1	6	2	0	404
Barry	2	81	138	1	0	132	35	0	0	1	0	390
Bay Arenac	3	190	420	2	6	363	78	21	11	0	0	1,094
Berrien	0	358	614	1	0	329	0	0	0	5	0	1,307
Clinton Eaton Ingham	0	442	840	3	3	538	250	1	28	1	0	2,106
CMH for Central Michigan	13	0	968	4	9	639	221	16	6	0	0	1,876
Copper	7	77	148	1	0	128	78	5	1	0	0	445
Detroit	0	0	2,272	1	2	5,373	1,637	1,853	0	5	0	11,143
Genesee	46	770	1,416	4	0	1,357	274	1,577	0	0	0	5,444
Gogebic	0	30	55	0	0	40	16	0	0	0	0	141
Gratiot	0	76	111	1	0	54	16	3	1	1	0	263
Hiawatha	0	102	216	0	5	0	48	266	1	0	0	638
Huron	0	68	110	0	0	86	18	2	1	1	0	286
Ionia	0	31	69	0	0	64	21	1	0	0	0	186
Kalamazoo	1	369	628	5	7	540	162	26	17	0	0	1,755
Lapeer	1	171	260	0	0	216	46	5	9	0	0	708
Lenewee	0	154	230	0	0	0	21	1	13	1	0	420
Lifeways	0	114	197	0	1	182	64	0	3	0	0	561
Livingston	15	129	282	2	1	125	49	0	0	1	0	604
Macomb	0	425	909	3	6	0	238	3	171	3	0	1,758
Manistee-Benzie	0	65	96	0	2	1	7	0	1	0	0	172
Monroe	0	206	322	0	0	168	24	0	0	1	0	721
Montcalm	0	41	82	0	0	78	15	0	2	1	0	219
Muskegon	10	206	485	4	4	400	89	11	28	0	2	1,239
network180	19	0	1,205	7	2	1,190	285	188	17	6	0	2,919
Newaygo	0	28	50	1	0	43	10	2	1	0	0	135
North Country	6	210	455	4	0	427	91	12	4	0	2	1,211
Northeast	0	165	228	0	0	221	31	1	1	2	0	649
Northern Lakes	6	255	592	6	1	417	162	42	22	0	0	1,503
Northpointe	0	56	88	1	0	86	42	0	1	0	0	274
Oakland	5	617	2,546	10	7	214	621	631	460	8	0	5,119
Ottawa	1	188	340	1	13	279	100	6	23	12	0	963
Pathways	4	168	353	2	2	236	201	0	5	0	0	971
Pines	1	107	200	3	2	156	29	0	0	0	0	498
Saginaw	0	328	620	1	0	0	113	0	0	1	0	1,063
Sanilac	0	88	146	0	0	128	30	0	12	0	0	404
Shiawassee	0	101	126	0	0	1	24	24	0	0	0	276
St. Clair	23	233	690	4	0	372	181	5	97	1	0	1,606
St. Joseph	0	109	149	0	1	85	24	9	6	0	0	383
Summit Pointe	9	235	476	1	0	202	62	0	0	4	0	989
Tuscola	0	131	204	0	0	205	117	0	0	0	0	657
Van Buren	2	115	249	1	2	24	38	0	0	3	0	434
Washtenaw	3	371	609	1	3	461	85	0	2	1	0	1,536
West Michigan	0	116	207	1	3	0	23	10	0	0	0	360
Woodlands	6	48	92	0	0	89	17	7	1	1	0	261
Total	183	7,981	20,831	78	86	15,984	5,752	4,742	956	63	4	

* Individuals can be counted in more that one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Dual Diagnosis
Fiscal Year 2008
State of Michigan

CMHSP	Adoption Subsidy	Medicare	Medicaid	MIChild	Medicaid Children's Waiver	SDA, SSI, SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Adult Benefits Waiver	Unknown / Unreported	Total
Allegan	1	99	174	1	0	166	15	14	1	0	0	471
AuSable	1	39	64	0	0	53	1	0	1	0	0	159
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	133	199	0	1	174	15	12	5	0	0	539
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	232	448	2	0	275	91	13	14	3	0	1,078
CMH for Central Michigan	5	0	356	2	1	277	30	14	10	0	0	695
Copper	1	37	55	0	0	48	36	2	0	0	0	179
Detroit	0	0	210	1	1	197	198	259	0	8	0	874
Genesee	1	25	47	0	0	46	3	51	0	0	0	173
Gogebic	0	23	54	0	0	41	8	0	2	0	0	128
Gratiot	0	35	64	0	1	28	17	1	5	0	0	151
Hiawatha	0	0	0	0	0	0	0	0	0	0	0	0
Huron	0	50	70	0	0	57	10	0	2	1	0	190
Ionia	0	52	111	2	1	92	21	2	10	1	0	292
Kalamazoo	0	90	189	1	1	159	29	5	5	1	0	480
Lapeer	0	17	27	1	0	23	1	0	0	0	0	69
Lenewee	0	10	19	0	0	1	7	0	1	0	0	38
Lifeways	0	216	446	5	3	395	177	0	11	1	0	1,254
Livingston	1	18	57	2	0	18	12	0	0	2	0	110
Macomb	1	912	1,525	7	10	0	282	5	154	11	0	2,907
Manistee-Benzie	0	58	98	0	1	0	9	1	2	3	0	172
Monroe	0	29	54	0	0	42	3	0	0	1	0	129
Montcalm	4	30	93	1	0	78	10	0	2	0	0	218
Muskegon	1	215	394	3	6	347	47	7	12	0	0	1,032
network180	6	0	669	1	1	667	82	44	5	11	0	1,486
Newaygo	0	39	96	0	0	85	15	7	1	1	0	244
North Country	3	89	191	0	0	169	30	5	4	3	0	494
Northeast	0	119	161	0	0	160	13	1	1	0	0	455
Northern Lakes	0	164	283	3	1	232	80	63	12	0	0	838
Northpointe	0	102	171	1	1	160	66	0	0	4	0	505
Oakland	0	455	787	0	0	38	80	357	39	0	0	1,756
Ottawa	2	115	168	0	2	158	22	2	3	13	1	486
Pathways	0	90	158	0	0	110	83	0	1	0	0	442
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	25	51	0	0	0	5	0	0	0	0	81
Sanilac	0	69	104	1	0	90	17	2	12	1	0	296
Shiawassee	0	38	67	0	1	2	17	10	0	0	0	135
St. Clair	0	149	237	0	0	175	34	12	19	3	0	629
St. Joseph	0	18	35	0	0	13	6	2	2	1	0	77
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	0	51	118	0	1	61	8	0	0	0	0	239
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	5	62	151	2	1	117	30	4	15	2	0	389
Total	32	3,905	8,201	36	34	4,754	1,610	895	351	71	1	

* Individuals can be counted in more that one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

CMHSP	Adoption Subsidy	Medicare	Medicaid	MIChild	Medicaid Children's Waiver	SDA, SSI, SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Adult Benefits Waiver	Unknown / Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	1	5	0	0	1	2	3	1	0	0	13
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	25	62	0	0	24	15	119	41	19	0	305
CMH for Central Michigan	0	0	1	0	0	1	1	1	1	0	0	5
Copper	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	5	24	387	0	4	0	420
Genesee	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	1	0	0	0	0	0	1	0	0	2
Gratiot	0	0	0	0	0	0	0	0	9	1	0	10
Hiawatha	0	2	5	0	0	0	0	25	0	1	0	33
Huron	0	1	1	0	0	1	0	0	0	0	0	3
Ionia	0	0	1	0	0	0	0	0	2	0	0	3
Kalamazoo	0	0	1	0	0	0	0	0	2	1	0	4
Lapeer	0	0	0	0	0	0	0	0	5	0	0	5
Lenewee	0	0	0	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0	0	0	0
Macomb	0	2	5	0	0	0	0	1	8	3	0	19
Manistee-Benzie	0	0	0	0	0	0	0	0	0	1	0	1
Monroe	0	0	1	0	0	0	0	0	0	0	0	1
Montcalm	0	0	0	0	0	0	0	0	2	0	0	2
Muskegon	0	1	2	0	0	1	0	0	0	0	0	4
network180	0	0	160	1	0	41	3	18	144	63	0	430
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	1	7	0	0	1	4	0	15	0	1	29
Northeast	0	0	4	0	0	1	1	0	10	2	0	18
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	0	6	0	0	0	9	0	6	1	0	22
Oakland	0	1	193	0	0	22	338	0	160	48	0	762
Ottawa	0	1	4	0	0	3	0	0	1	0	5	14
Pathways	0	1	3	0	0	0	2	0	14	2	0	22
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	1	2	0	0	0	0	0	0	0	0	3
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	1	0	0	0	0	0	0	0	0	1
St. Clair	0	0	5	0	0	0	0	0	4	2	0	11
St. Joseph	0	0	0	0	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	1	0	0	1
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	0	1	1	0	0	1	0	0	0	0	0	3
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	8	0	0	2	1	0	20	4	0	35
Total	0	38	479	1	0	104	400	554	447	152	6	

* Individuals can be counted in more that one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

*** The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Program Eligibility*
Persons with Unknown Disability
Fiscal Year 2008
State of Michigan

CMHSP	Adoption Subsidy	Medicare	Medicaid	MIChild	Medicaid Children's Waiver	SDA, SSI, SSDI	Commercial Health Insurance	Other Public Sources	Not Eligible for Program / Plan	Adult Benefits Waiver	Unknown / Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	2	2	0	0	2	0	0	8	0	0	14
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	2	27	130	1	0	35	64	60	23	7	0	349
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	0	0	0
CMH for Central Michigan	1	0	62	0	0	12	7	7	10	0	0	99
Copper	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	0	0	12	1	0	24	92	1,248	0	13	0	1,390
Genesee	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	1	0	0	1
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	0	7	6	0	0	0	3	0	0	0	0	16
Huron	0	0	0	0	0	0	0	22	0	0	0	22
Ionia	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	1	1	0	0	0	0	0	5	0	0	7
Lapeer	0	0	0	0	0	0	0	0	0	0	0	0
Lenewee	0	3	43	0	0	2	0	0	0	2	0	50
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	0	40	0	0	0	1	0	0	6	0	47
Macomb	0	9	11	0	0	0	0	0	8	9	0	37
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	0	0	71	0	0	1	1	0	0	6	0	79
Montcalm	0	2	8	0	0	0	2	2	2	0	0	16
Muskegon	0	17	78	0	0	24	1	0	99	20	17	256
network180	0	0	5	0	0	4	2	3	1	0	0	15
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	0	3	20	0	1	8	6	5	11	4	0	58
Northeast	0	3	9	2	0	6	4	0	7	0	0	31
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	0	0	4	0	0	2	2	0	4	0	0	12
Oakland	0	11	358	3	0	7	5	0	715	35	0	1,134
Ottawa	2	16	50	12	3	34	12	0	30	6	48	213
Pathways	0	3	10	2	0	2	7	0	19	2	0	45
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	91	303	5	0	0	43	0	0	34	0	476
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	8	18	0	0	2	5	4	6	0	0	43
St. Clair	0	0	3	0	0	0	0	1	1	3	0	8
St. Joseph	0	3	7	0	0	2	3	12	16	3	0	46
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	7	1	0	4	2	1	0	0	0	15
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	0	28	265	1	0	7	4	0	1	83	0	389
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	2	22	0	0	1	1	0	7	1	17	51
Total	5	236	1,545	28	4	179	267	1,365	974	234	82	

* Individuals can be counted in more that one eligibility group

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

	Employment Status											
CMHSP	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Not in Competitive Labor Force	Retired from Work	Sheltered Workshop	Not Applicable	In Supported Employment Only	In Supported & Competitive Employment	In Unpaid Work	Unknown/ Unreported	Total
Allegan	53	73	323	379	44	0	257	1	4	0	39	1,173
AuSable	141	110	325	405	90	0	920	9	6	0	23	2,029
Barry	151	110	377	349	31	3	319	0	0	2	127	1,469
Bay Arenac	211	399	738	1,660	79	18	598	14	5	4	56	3,782
Berrien	301	221	852	936	65	100	619	6	3	3	327	3,433
Clinton Eaton Ingham	257	304	1,305	1,502	116	6	1,334	24	3	12	106	4,969
CMH for Central Michigan	334	443	410	2,868	150	19	1,442	0	2	5	214	5,887
Copper	71	74	89	312	70	20	166	1	0	1	12	816
Detroit	858	1,897	22,816	10,534	588	141	6,721	0	0	0	2,766	46,321
Genesee	268	370	5,435	806	125	38	1,689	18	7	13	390	9,159
Gogebic	36	31	49	151	9	0	75	4	0	0	5	360
Gratiot	31	45	158	193	33	0	337	1	0	0	44	842
Hiawatha	71	84	67	400	47	8	217	3	3	1	0	901
Huron	54	65	149	316	53	8	121	0	0	0	49	815
Ionia	196	145	466	419	111	0	351	2	2	0	76	1,768
Kalamazoo	107	189	761	1,080	101	1,392	727	25	8	1	290	4,681
Lapeer	47	99	316	406	29	4	126	4	1	0	0	1,032
Lenewee	82	144	422	481	37	7	262	3	2	0	2	1,442
Lifeways	314	330	813	2,750	81	2	944	3	0	0	1,287	6,524
Livingston	43	109	194	331	20	5	218	5	0	0	4	929
Macomb	338	708	1,893	4,472	167	66	682	8	1	0	632	8,967
Manistee-Benzie	61	82	108	420	44	0	368	3	28	0	13	1,127
Monroe	35	78	253	496	16	5	228	1	1	0	4	1,117
Montcalm	42	40	29	567	6	0	218	3	1	0	8	914
Muskegon	105	201	417	1,378	4	10	558	6	1	0	279	2,959
network180	456	741	3,106	2,200	230	29	2,259	46	22	7	148	9,244
Newaygo	31	66	304	338	54	0	257	10	0	0	4	1,064
North Country	201	235	538	872	137	13	904	11	0	0	323	3,234
Northeast	108	129	271	946	216	1	379	4	4	0	6	2,064
Northern Lakes	272	289	1,102	1,151	200	7	1,079	1	1	0	286	4,388
Northpointe	79	92	294	311	97	22	250	13	6	1	26	1,191
Oakland	351	810	2,781	4,866	211	87	1,520	24	7	7	106	10,770
Ottawa	125	163	329	937	31	0	297	0	0	0	156	2,038
Pathways	180	198	876	309	29	33	263	11	0	0	8	1,907
Pines	204	139	487	316	81	8	478	2	2	0	17	1,734
Saginaw	111	150	325	1,257	380	13	548	28	0	1	608	3,421
Sanilac	32	79	175	335	28	3	127	5	1	0	1	786
Shiawassee	44	85	334	303	11	0	208	0	9	0	2	996
St. Clair	96	203	981	1,042	59	5	366	2	0	2	0	2,756
St. Joseph	116	89	377	559	50	8	475	1	0	0	11	1,686
Summit Pointe	299	352	1,077	950	420	4	983	1	2	6	440	4,534
Tuscola	46	43	181	458	5	5	194	2	0	0	4	938
Van Buren	226	127	353	708	71	7	404	11	15	0	189	2,111
Washtenaw	65	193	381	931	43	6	378	32	3	0	12	2,044
West Michigan	128	135	287	577	60	7	680	0	0	0	127	2,001
Woodlands	55	52	41	390	25	0	166	0	0	1	16	746
Total	7,432	10,721	53,365	53,367	4,554	2,110	31,712	348	150	67	9,243	173,069

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

	Employment Status											
CMHSP	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Not in Competitive Labor Force	Retired from Work	Sheltered Workshop	Not Applicable	In Supported Employment Only	In Supported & Competitive Employment	In Unpaid Work	Unknown/ Unreported	Total
Allegan	4	21	22	102	3	0	29	14	24	0	0	219
AuSable	1	4	12	80	3	1	15	38	10	0	2	166
Barry	2	10	17	92	1	12	32	1	0	1	2	170
Bay Arenac	3	14	9	189	8	114	68	31	3	19	7	465
Berrien	12	30	76	304	8	107	67	16	27	7	30	684
Clinton Eaton Ingham	12	81	46	469	14	90	241	21	6	0	4	984
CMH for Central Michigan	29	83	25	588	7	177	171	3	13	0	9	1,105
Copper	0	10	8	65	2	35	29	4	0	0	0	153
Detroit	109	55	3,003	1,545	113	1,976	995	0	0	0	228	8,024
Genesee	0	33	586	167	8	360	382	7	19	12	3	1,577
Gogebic	0	0	1	21	0	18	17	3	0	0	0	60
Gratiot	1	8	9	26	10	25	28	15	2	0	0	124
Hiawatha	2	20	13	99	19	47	61	5	1	0	0	267
Huron	1	19	7	59	4	20	2	0	1	0	5	118
Ionia	0	4	8	41	1	0	20	0	0	1	0	75
Kalamazoo	7	53	54	281	8	173	117	13	9	1	4	720
Lapeer	0	9	6	168	5	71	17	2	1	0	0	279
Lenewee	0	13	4	186	0	29	22	2	0	0	0	256
Lifeways	3	17	12	151	2	2	30	3	0	0	4	224
Livingston	1	24	22	145	10	34	78	24	3	0	2	343
Macomb	1	57	20	408	20	227	341	18	0	2	15	1,109
Manistee-Benzie	0	7	4	69	2	0	10	5	1	0	0	98
Monroe	4	37	17	212	7	49	54	5	1	0	0	386
Montcalm	1	3	0	63	0	0	14	5	5	0	0	91
Muskegon	3	33	14	223	1	55	204	7	2	0	4	546
network180	24	94	53	446	59	341	252	97	3	0	4	1,373
Newaygo	0	0	1	40	0	1	11	2	0	0	0	55
North Country	3	27	58	189	12	67	152	1	2	0	12	523
Northeast	0	13	17	106	11	5	22	50	17	0	1	242
Northern Lakes	7	58	53	172	5	63	318	6	0	0	18	700
Northpointe	1	4	11	23	1	30	31	3	0	0	0	104
Oakland	19	265	124	1,196	42	460	822	186	12	14	3	3,143
Ottawa	28	22	19	156	33	73	74	2	1	0	11	419
Pathways	1	19	20	134	1	85	109	16	0	0	2	387
Pines	2	15	20	86	3	53	44	8	6	0	1	238
Saginaw	3	57	38	377	18	84	95	18	1	2	4	697
Sanilac	1	6	7	46	6	73	22	1	0	0	0	162
Shiawassee	0	18	4	97	3	1	6	0	13	0	0	142
St. Clair	2	20	37	393	1	112	238	9	3	0	0	815
St. Joseph	1	11	2	113	5	33	11	2	1	0	0	179
Summit Pointe	7	53	43	320	3	5	108	3	0	0	12	554
Tuscola	1	7	2	129	0	54	18	3	2	0	0	216
Van Buren	0	3	9	100	1	31	69	28	33	0	0	274
Washtenaw	11	107	67	325	19	73	58	50	4	0	0	714
West Michigan	3	15	3	54	0	64	88	0	0	0	5	232
Woodlands	6	2	1	60	1	16	18	0	0	0	0	104
Total	316	1,461	4,584	10,315	480	5,346	5,610	727	226	59	392	29,516

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Dual Diagnosis
Fiscal Year 2008
State of Michigan

	Employment Status											
CMHSP	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Not in Competitive Labor Force	Retired from Work	Sheltered Workshop	Not Applicable	In Supported Employment Only	In Supported & Competitive Employment	In Unpaid Work	Unknown/ Unreported	Total
Allegan	1	11	37	92	4	0	21	6	13	0	0	185
AuSable	1	1	5	33	2	0	8	12	5	0	0	67
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	3	7	5	104	3	58	8	11	0	11	2	212
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	5	54	52	240	10	39	80	13	5	0	0	498
CMH for Central Michigan	11	23	14	242	4	32	65	0	2	0	3	396
Copper	1	4	2	34	0	6	7	0	0	0	2	56
Detroit	10	11	260	201	27	3	116	0	0	0	32	660
Genesee	0	0	22	2	1	18	5	0	1	2	0	51
Gogebic	0	2	2	29	0	4	16	5	0	0	0	58
Gratiot	2	2	14	14	3	12	22	8	1	0	0	78
Hiawatha	0	0	0	0	0	0	0	0	0	0	0	0
Huron	0	12	4	42	0	13	4	0	0	0	0	75
Ionia	2	5	12	74	4	1	28	1	0	0	0	127
Kalamazoo	8	16	35	79	2	33	14	7	4	0	12	210
Lapeer	0	0	4	15	1	4	6	0	0	0	0	30
Lenewee	0	1	0	14	1	0	7	0	0	0	0	23
Lifeways	5	28	25	329	7	15	85	4	0	0	11	509
Livingston	0	11	9	24	0	4	26	4	1	0	0	79
Macomb	5	72	56	695	23	569	285	32	3	1	18	1,759
Manistee-Benzie	6	14	7	54	6	0	9	5	1	0	1	103
Monroe	2	9	10	50	0	0	9	0	0	0	0	80
Montcalm	0	5	0	53	0	0	36	5	1	0	0	100
Muskegon	2	31	20	186	6	65	99	8	2	0	2	421
network180	25	38	38	243	43	187	47	87	6	0	3	717
Newaygo	0	4	9	63	0	0	26	1	0	0	0	103
North Country	3	10	21	81	2	37	52	3	1	0	4	214
Northeast	0	4	12	79	6	6	17	31	10	0	0	165
Northern Lakes	8	36	39	126	2	54	76	1	0	0	2	344
Northpointe	0	5	23	54	4	40	42	16	5	1	0	190
Oakland	3	61	50	347	28	221	48	102	5	2	0	867
Ottawa	12	13	12	69	20	44	13	1	0	0	1	185
Pathways	3	13	23	61	0	34	27	10	1	0	0	172
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	1	5	23	5	8	9	4	0	0	4	59
Sanilac	0	8	6	35	10	43	20	1	0	0	0	123
Shiawassee	0	5	2	35	1	1	23	0	6	0	0	73
St. Clair	0	7	20	142	1	63	27	5	1	0	0	266
St. Joseph	0	3	1	32	0	1	5	1	0	0	0	43
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	1	12	10	46	2	5	44	7	0	0	0	127
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	5	7	7	117	1	5	46	0	0	0	1	189
Total	124	546	873	4,159	229	1,625	1,478	391	74	17	98	9,614

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

	Employment Status											
CMHSP	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Not in Competitive Labor Force	Retired from Work	Sheltered Workshop	Not Applicable	In Supported Employment Only	In Supported & Competitive Employment	In Unpaid Work	Unknown/ Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	0	0	3	3	0	0	0	0	0	0	1	7
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	24	20	109	43	2	1	0	0	0	0	4	203
CMH for Central Michigan	3	0	0	3	0	0	0	0	0	0	2	8
Copper	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	1	1	402	4	1	0	2	0	0	0	5	416
Genesee	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	1	1	0	0	0	0	0	0	0	2
Gratiot	1	0	4	0	0	0	0	0	0	0	5	10
Hiawatha	1	3	4	11	1	0	5	0	0	0	0	25
Huron	0	0	0	1	0	0	0	0	0	0	0	1
Ionia	0	0	3	0	0	0	0	0	0	0	0	3
Kalamazoo	0	0	0	0	0	4	0	0	0	0	0	4
Lapeer	1	0	4	0	0	0	0	0	0	0	0	5
Lenewee	0	0	0	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0	0	0	0
Macomb	1	4	6	4	0	0	1	0	0	0	1	17
Manistee-Benzie	0	0	0	1	0	0	0	0	0	0	0	1
Monroe	0	0	1	0	0	0	0	0	0	0	0	1
Montcalm	0	0	0	2	0	0	0	0	0	0	0	2
Muskegon	0	0	0	2	0	0	0	0	0	0	0	2
network180	17	28	211	67	2	0	39	1	1	0	5	371
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	1	2	5	5	0	0	1	0	0	0	9	23
Northeast	2	2	1	11	0	0	0	0	0	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	2	0	11	2	0	0	2	0	0	0	1	18
Oakland	23	28	168	152	3	2	0	2	0	0	26	404
Ottawa	2	3	2	8	0	0	2	0	0	0	0	17
Pathways	1	7	10	0	0	0	1	0	0	0	0	19
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	1	1	0	0	0	0	0	1	3
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	1	0	0	0	0	0	0	0	0	0	0	1
St. Clair	2	2	5	2	0	0	0	0	0	0	0	11
St. Joseph	0	0	0	0	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	1	0	0	0	0	0	0	0	1
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	2	0	1	0	0	0	0	0	0	0	0	3
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	3	2	12	13	0	0	2	0	0	0	3	35
Total	88	102	963	337	10	7	55	3	1	0	63	1,629

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Employment Status
Persons with Unknown Disability
Fiscal Year 2008
State of Michigan

CMHSP	Employment Status											
	Employed Full Time	Employed Part Time	Unemployed - Looking for Work	Not in Competitive Labor Force	Retired from Work	Sheltered Workshop	Not Applicable	In Supported Employment Only	In Supported & Competitive Employment	In Unpaid Work	Unknown/ Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	2	0	1	0	8	11
Barry	0	0	0	0	0	0	0	0	0	0	0	0
Bay Arenac	12	19	33	59	3	0	14	1	0	0	47	188
Berrien	0	0	0	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	0	0	0	0	0	0	0	0	0	0	0	0
CMH for Central Michigan	14	12	8	47	2	0	132	0	0	0	109	324
Copper	0	0	0	0	0	0	0	0	0	0	0	0
Detroit	0	1	1,277	27	16	0	4	0	0	0	31	1,356
Genesee	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	1	0	0	0	0	0	0	0	0	0	0	1
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	2	1	0	9	3	1	4	1	0	0	2	23
Huron	0	0	0	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	6	0	0	0	0	0	6
Lapeer	0	0	0	0	0	0	0	0	0	0	0	0
Lenewee	2	1	19	16	1	0	4	0	0	0	50	93
Lifeways	0	0	0	0	0	0	0	0	0	0	0	0
Livingston	12	20	46	15	2	0	17	0	0	0	41	153
Macomb	0	1	2	10	0	0	0	0	0	0	15	28
Manistee-Benzie	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	6	9	31	32	7	0	15	0	0	0	91	191
Montcalm	0	0	0	2	0	0	2	0	0	0	6	10
Muskegon	13	18	45	82	0	0	15	0	0	0	49	222
network180	0	0	0	4	0	0	4	0	0	0	0	8
Newaygo	0	0	0	0	0	0	0	0	0	0	0	0
North Country	2	3	10	7	1	0	11	0	0	0	7	41
Northeast	1	1	5	5	1	0	7	0	0	0	0	20
Northern Lakes	0	0	0	0	0	0	0	0	0	0	0	0
Northpointe	2	1	0	1	0	0	4	0	0	0	0	8
Oakland	20	6	20	16	19	0	5	0	0	0	1,037	1,123
Ottawa	13	18	22	57	0	1	32	1	0	0	30	174
Pathways	4	2	20	3	0	0	4	0	0	0	2	35
Pines	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	9	17	44	217	14	7	97	2	0	0	37	444
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	1	2	5	10	2	0	8	0	0	0	2	30
St. Clair	0	1	6	1	0	0	0	0	0	0	0	8
St. Joseph	6	3	15	4	1	0	3	0	0	0	0	32
Summit Pointe	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	1	0	0	8	0	0	0	0	9
Van Buren	0	0	0	0	0	0	0	0	0	0	0	0
Washtenaw	34	54	327	87	2	0	18	0	0	0	302	824
West Michigan	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	3	3	3	12	5	0	15	0	0	0	7	48
Total	157	193	1,938	724	79	15	425	5	1	0	1,873	5,410

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Mental Illness
Fiscal Year 2008
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School - K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	204	330	251	0	219	69	3	97	1,173
AuSable	259	627	673	9	16	115	61	269	2,029
Barry	190	598	328	10	5	172	44	122	1,469
Bay Arenac	801	1,617	655	8	58	415	115	113	3,782
Berrien	684	1,071	740	9	31	492	148	258	3,433
Clinton Eaton Ingham	926	1,553	998	19	55	749	309	360	4,969
CMH for Central Michigan	4,204	0	1,363	11	0	0	213	96	5,887
Copper	119	421	146	0	26	27	51	26	816
Detroit	3,696	2,770	4,934	12	99	2,053	289	32,468	46,321
Genesee	2,320	3,537	1,581	7	85	911	169	549	9,159
Gogebic	49	194	79	0	0	27	8	3	360
Gratiot	89	257	301	1	2	99	10	83	842
Hiawatha	159	329	217	4	26	92	70	4	901
Huron	166	326	142	0	10	72	21	78	815
Ionia	329	729	266	7	8	244	83	102	1,768
Kalamazoo	661	1,087	998	9	313	347	185	1,081	4,681
Lapeer	175	390	170	10	58	178	49	2	1,032
Lenewee	232	721	304	3	9	129	39	5	1,442
Lifeways	1,192	1,607	1,064	12	29	1,056	0	1,564	6,524
Livingston	95	390	228	8	32	100	63	13	929
Macomb	1,958	3,408	1,172	44	263	1,013	409	700	8,967
Manistee-Benzie	154	245	330	2	16	150	36	194	1,127
Monroe	247	475	224	2	36	81	39	13	1,117
Montcalm	143	382	226	3	1	23	6	130	914
Muskegon	528	1,221	407	2	125	285	62	329	2,959
network180	1,697	3,785	1,883	25	159	879	406	410	9,244
Newaygo	205	470	244	1	1	107	14	22	1,064
North Country	346	1,211	951	5	23	250	126	322	3,234
Northeast	410	780	370	0	23	324	138	19	2,064
Northern Lakes	711	1,480	1,021	10	34	492	253	387	4,388
Northpointe	154	512	267	1	11	178	51	17	1,191
Oakland	1,982	3,871	1,087	19	321	1,692	796	1,002	10,770
Ottawa	363	921	299	20	19	104	83	229	2,038
Pathways	328	805	257	4	20	360	125	8	1,907
Pines	264	648	462	6	10	173	89	82	1,734
Saginaw	880	963	504	10	64	105	57	838	3,421
Sanilac	165	348	141	3	29	67	32	1	786
Shiawassee	182	326	224	4	7	206	33	14	996
St. Clair	608	1,193	460	3	105	296	81	10	2,756
St. Joseph	291	585	438	0	22	111	73	166	1,686
Summit Pointe	499	1,134	822	15	45	331	177	1,511	4,534
Tuscola	179	400	234	1	20	70	14	20	938
Van Buren	408	652	398	35	15	290	101	212	2,111
Washtenaw	295	702	364	20	61	383	183	36	2,044
West Michigan	312	636	507	1	42	226	110	167	2,001
Woodlands	142	285	167	3	13	68	30	38	746
Total	**30,001**	**45,992**	**28,897**	**378**	**2,566**	**15,611**	**5,454**	**44,170**	**173,069**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Developmental Disabilities
Fiscal Year 2008
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School - K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	62	86	15	3	2	0	48	3	219
AuSable	47	80	3	1	22	0	0	13	166
Barry	41	65	22	9	22	0	0	11	170
Bay Arenac	169	166	46	2	69	9	2	2	465
Berrien	100	329	142	3	59	18	4	29	684
Clinton Eaton Ingham	218	244	25	6	251	2	1	237	984
CMH for Central Michigan	985	0	103	12	2	0	1	2	1,105
Copper	58	54	4	0	37	0	0	0	153
Detroit	1,280	907	222	19	212	17	23	5,344	8,024
Genesee	654	435	276	9	162	5	1	35	1,577
Gogebic	25	8	6	2	15	0	0	4	60
Gratiot	14	57	15	5	20	0	0	13	124
Hiawatha	78	97	20	1	67	4	0	0	267
Huron	56	24	4	0	22	1	0	11	118
Ionia	16	23	7	0	23	0	0	6	75
Kalamazoo	303	170	28	4	199	1	0	15	720
Lapeer	69	136	15	3	55	1	0	0	279
Lenewee	22	172	8	0	54	0	0	0	256
Lifeways	75	52	21	27	32	3	0	14	224
Livingston	59	129	35	7	105	2	1	5	343
Macomb	195	366	44	33	428	12	2	29	1,109
Manistee-Benzie	45	35	4	0	13	0	0	1	98
Monroe	97	162	18	4	104	0	1	0	386
Montcalm	17	41	12	0	16	0	0	5	91
Muskegon	84	174	79	9	141	4	0	55	546
network180	103	601	22	200	370	2	1	74	1,373
Newaygo	11	28	8	0	7	0	0	1	55
North Country	155	133	35	3	178	1	0	18	523
Northeast	73	118	10	0	31	4	1	5	242
Northern Lakes	146	139	107	12	193	2	2	99	700
Northpointe	24	44	7	0	26	0	0	3	104
Oakland	168	1,314	51	22	1,309	31	16	232	3,143
Ottawa	58	176	18	7	120	6	1	33	419
Pathways	59	209	21	0	89	4	2	3	387
Pines	51	125	31	0	26	0	3	2	238
Saginaw	157	311	34	20	156	1	0	18	697
Sanilac	65	54	2	2	37	2	0	0	162
Shiawassee	46	55	12	5	22	1	0	1	142
St. Clair	214	271	34	1	293	2	0	0	815
St. Joseph	49	93	1	1	32	0	0	3	179
Summit Pointe	148	129	36	4	122	3	0	112	554
Tuscola	88	73	15	0	40	0	0	0	216
Van Buren	54	106	46	1	65	0	0	2	274
Washtenaw	68	423	36	4	164	9	10	0	714
West Michigan	71	81	18	1	47	0	0	14	232
Woodlands	37	35	0	0	28	1	0	3	104
Total	**6,614**	**8,530**	**1,718**	**442**	**5,487**	**148**	**120**	**6,457**	**29,516**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Dual Diagnosis
Fiscal Year 2008
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School - K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	46	91	13	3	6	0	24	2	185
AuSable	31	21	7	0	5	0	0	3	67
Barry	0	0	0	0	0	0	0	0	0
Bay Arenac	79	101	12	1	15	3	1	0	212
Berrien	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	129	172	36	1	70	4	2	84	498
CMH for Central Michigan	337	0	55	1	1	0	2	0	396
Copper	22	23	1	0	10	0	0	0	56
Detroit	65	23	63	0	2	8	4	495	660
Genesee	28	18	3	0	1	1	0	0	51
Gogebic	17	16	11	0	12	1	0	1	58
Gratiot	19	27	19	1	2	2	0	8	78
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	36	23	6	0	10	0	0	0	75
Ionia	30	56	20	1	16	2	0	2	127
Kalamazoo	73	55	10	1	48	6	0	17	210
Lapeer	7	16	2	0	5	0	0	0	30
Lenewee	5	10	2	0	6	0	0	0	23
Lifeways	151	149	74	25	76	10	0	24	509
Livingston	10	32	17	0	20	0	0	0	79
Macomb	393	799	84	40	383	23	5	32	1,759
Manistee-Benzie	43	40	4	0	5	6	0	5	103
Monroe	23	39	9	2	3	2	0	2	80
Montcalm	16	34	39	2	9	0	0	0	100
Muskegon	104	171	55	6	76	2	0	7	421
network180	98	175	9	216	121	6	1	91	717
Newaygo	22	43	20	0	18	0	0	0	103
North Country	62	70	27	4	44	2	0	5	214
Northeast	59	79	5	0	21	0	0	1	165
Northern Lakes	85	111	41	10	85	2	1	9	344
Northpointe	43	90	20	0	33	4	0	0	190
Oakland	103	526	9	1	99	17	4	108	867
Ottawa	36	108	10	0	23	0	0	8	185
Pathways	41	94	8	0	23	4	2	0	172
Pines	0	0	0	0	0	0	0	0	0
Saginaw	16	17	7	1	15	0	0	3	59
Sanilac	58	35	7	1	21	1	0	0	123
Shiawassee	15	24	26	1	7	0	0	0	73
St. Clair	44	166	10	0	43	3	0	0	266
St. Joseph	12	19	3	1	8	0	0	0	43
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	18	47	35	2	19	4	2	0	127
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	47	75	29	0	24	6	4	4	189
Total	**2,423**	**3,595**	**808**	**321**	**1,385**	**119**	**52**	**911**	**9,614**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Substance Abuse Disorder
Fiscal Year 2008
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School - K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0
AuSable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay Arenac	1	5	0	0	0	0	0	1	7
Berrien	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	38	107	0	0	0	36	4	18	203
CMH for Central Michigan	5	0	0	0	0	0	1	2	8
Copper	0	0	0	0	0	0	0	0	0
Detroit	6	4	150	2	0	22	1	231	416
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	1	1	0	0	0	0	0	0	2
Gratiot	1	4	0	0	0	0	0	5	10
Hiawatha	5	14	1	0	1	2	0	2	25
Huron	0	0	0	0	0	1	0	0	1
Ionia	1	1	0	0	0	0	0	1	3
Kalamazoo	0	0	1	0	0	0	0	3	4
Lapeer	1	3	0	1	0	0	0	0	5
Lenewee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	1	12	0	0	0	2	1	1	17
Manistee-Benzie	1	0	0	0	0	0	0	0	1
Monroe	1	0	0	0	0	0	0	0	1
Montcalm	0	0	0	0	0	0	0	2	2
Muskegon	0	1	0	0	0	1	0	0	2
network180	101	163	36	0	3	45	18	5	371
Newaygo	0	0	0	0	0	0	0	0	0
North Country	7	7	2	0	0	1	0	6	23
Northeast	5	8	0	0	0	3	0	0	16
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	2	10	2	0	0	4	0	0	18
Oakland	77	182	8	3	5	68	26	35	404
Ottawa	2	7	2	0	0	2	1	3	17
Pathways	2	10	0	0	0	7	0	0	19
Pines	0	0	0	0	0	0	0	0	0
Saginaw	1	1	0	0	0	0	0	1	3
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	1	0	0	1
St. Clair	1	5	0	0	0	5	0	0	11
St. Joseph	0	0	0	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0	0	0	0
Tuscola	1	0	0	0	0	0	0	0	1
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	2	0	0	0	1	0	0	3
West Michigan	0	0	0	0	0	0	0	0	0
Woodlands	9	16	1	0	2	1	0	6	35
Total	**270**	**563**	**203**	**6**	**11**	**202**	**52**	**322**	**1,629**

* The Substance Abuse Consumers in this report represent those consumers served by the Community Mental Health System who were identified by the CMHSP as having a substance abuse disorder, but neither a developmental disability nor a mental illness.

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

Number of Persons Receiving Services from CMHSPs
by CMHSP and Education
Persons with Unknown Disability
Fiscal Year 2008
State of Michigan

CMHSP	Education								
	Completed Less than High School	Completed High School or More	In School - K - 12	In Training Program	In Special Education	Attended or Attending Undergraduate College	College Graduate	Unreported	Total
Allegan	0	0	0	0	0	0	0	0	0
AuSable	1	0	1	0	0	0	0	9	11
Barry	0	0	0	0	0	0	0	0	0
Bay Arenac	45	58	14	1	4	11	5	50	188
Berrien	0	0	0	0	0	0	0	0	0
CMH for Central Michigan	0	0	0	0	0	0	0	0	0
Clinton Eaton Ingham	84	0	138	1	0	0	1	100	324
Copper	0	0	0	0	0	0	0	0	0
Detroit	24	13	286	0	0	47	8	978	1,356
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	1	0	0	0	0	0	0	1
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	3	7	2	0	0	2	1	8	23
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	6	6
Lapeer	0	0	0	0	0	0	0	0	0
Lenewee	9	19	7	0	0	6	3	49	93
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	13	45	25	1	0	14	8	47	153
Macomb	3	8	1	0	1	0	0	15	28
Manistee-Benzie	0	0	0	0	0	0	0	0	0
Monroe	18	34	17	0	1	7	2	112	191
Montcalm	0	2	2	0	0	0	0	6	10
Muskegon	35	64	9	0	2	52	6	54	222
Newaygo	0	1	0	0	6	0	0	1	8
North Country	0	0	0	0	0	0	0	0	0
Northeast	4	6	14	0	1	5	4	7	41
Northern Lakes	0	8	8	0	0	2	1	1	20
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	2	3	0	0	1	0	0	2	8
Ottawa	26	14	6	0	3	17	3	1,054	1,123
Pathways	25	45	30	0	8	21	11	34	174
Pines	7	15	5	0	0	5	1	2	35
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	125	138	76	8	19	13	6	59	444
Shiawassee	0	0	0	0	0	0	0	0	0
St. Clair	9	6	6	2	0	2	2	3	30
St. Joseph	1	4	0	0	0	2	1	0	8
Summit Pointe	6	13	1	0	0	4	0	8	32
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	9	0	0	0	0	0	9
Washtenaw	0	0	0	0	0	0	0	0	0
West Michigan	96	214	27	3	1	135	36	312	824
Woodlands	0	0	0	0	0	0	0	0	0
network180	5	8	16	0	0	1	0	18	48
Total	**541**	**726**	**700**	**16**	**47**	**346**	**99**	**2,935**	**5,410**

This information is taken from the Quality Improvement data submitted to the DCH data warehouse.

SECTION 404 (2) (a) (ii)
PRIMARY DIAGNOIS OF
CONSUMERS SERVED
FY 2008

Overview

This section shows the primary diagnoses for the 219,238 consumers served during FY08 as reported to the encounter data Warehouse. The most common diagnosis was major depression (15.2%), followed by bi-polar disorder (12.4%) and mental retardation (10.8%).

CMHSP Client Level Encounter Data
Primary Diagnosis Breakdown
Fiscal Year 2007-2008
State of Michigan

Primary Diagnosis	Total Served	Percentage
Major Depression	33,267	15.17%
Bipolar Disorder	27,192	12.40%
Mental Retardation	23,662	10.79%
Other Psychotic	17,711	8.08%
Attention Deficit and Disruptive Behavior	17,254	7.87%
Schizophrenia	14,162	6.46%
Deferred	12,358	5.64%
Depressive Disorder NOS	11,380	5.19%
Adjustment Disorders	11,313	5.16%
Mood disorder NOS	9,203	4.20%
Anxiety Disorder	8,469	3.86%
Substance-Abuse Related	5,420	2.47%
Pervasive Developmental Disorder	4,144	1.89%
Dysthymic Disorder	3,454	1.58%
Panic & Obessive Compulsive Disorder	2,252	1.03%
Personality Disorders Axis II	2,089	0.95%
Delirium, Dementia and Amnestic and Other Cognitive Disorder	1,911	0.87%
Impulse Control Disorders	1,674	0.76%
Other Disorders from Infancy/Childhood	1,538	0.70%
Unspecified Mental Disorder	607	0.28%
Motor Skills Disorder	247	0.11%
Mental Disroder due to a General Medical Condition	213	0.10%
Eating Disorder	98	0.04%
Sexual and Gender Identity Disorder	86	0.04%
Somatoform Disorder	74	0.03%
Communication Disorder	72	0.03%
Dissociative Disorder	71	0.03%
Learning Disorder	65	0.03%
Tic Disorders	57	0.03%
Elimination Disorders	55	0.03%
Sleep Disorders	29	0.01%
Feeding Eating Disorders of Infancy	26	0.01%
Factitious Disorder	10	0.00%
Other Conditions	5	0.00%
Missing	9,070	4.14%
Total	**219,238**	**100.00%**

SECTION 404 (2) (b)
PER CAPITA EXPENDITURES
FY 2008

Statewide & CMHSP Specific

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2008 MDCH/CMHSP contract. Expenditure data were collected for the reporting period October 1, 2007 to September 30, 2008 and submitted to MDCH by January 31, 2009. Expenditure data are presented for each of the three sub-populations (Adults with Mental Illness, Children with Mental Illness, and Persons with Developmental Disability) by CMHSP. In addition to the Summary Cost Data reported for each CMHSP, the per capita costs and average cost per consumer for adults and children with mental illness as well as persons with developmental disabilities are presented. Expenditures are also reported for Administrative costs as well as "Other" costs, which include expenditures for prevention. It should be noted that expenditures for individuals with mental illness include those costs for Direct Service Prevention Models and Community Inpatient and State Hospital Services. Expenditures for individuals with developmental disabilities include costs for Direct Service Prevention Models, Inpatient DD Centers, and Children's Waiver.

Per Capita and Per Person Served CMHSP Expenditures
by CMHSP
Adults with Mental Illness
Fiscal Year 2007-2008
State of Michigan

CMHSP	Cost	2006 Adult Population	Cost Per Capita	Total MI-A Served	Cost Per Person Served
Allegan	$4,691,496	84,412	$55.58	1,013	$4,631.29
AuSable Valley	$3,644,152	46,081	$79.08	1,694	$2,151.21
Barry	$2,266,230	45,553	$49.75	1,261	$1,797.17
Bay-Arenac	$13,535,273	97,410	$138.95	3,492	$3,876.08
Berrien	$10,219,103	121,952	$83.80	2,789	$3,664.07
Clinton Eaton Ingham	$22,072,470	349,845	$63.09	4,197	$5,259.11
CMH for Central Michigan	$18,245,781	214,318	$85.13	4,982	$3,662.34
Copper Country	$5,321,226	42,963	$123.86	676	$7,871.64
Detroit-Wayne	$247,358,493	1,431,181	$172.84	37,807	$6,542.66
Genesee	$41,780,053	327,136	$127.71	7,432	$5,621.64
Gogebic	$1,905,968	13,638	$139.75	302	$6,311.15
Gratiot	$1,842,153	32,965	$55.88	636	$2,896.47
Hiawatha	$5,646,567	47,067	$119.97	766	$7,371.50
Huron	$3,925,503	26,970	$145.55	815	$4,816.57
Ionia	$4,726,102	49,081	$96.29	1,593	$2,966.79
Kalamazoo	$21,445,900	184,779	$116.06	3,669	$5,845.16
Lapeer	$5,155,971	71,198	$72.42	860	$5,995.31
Lenawee	$5,105,213	78,261	$65.23	1,286	$3,969.84
Lifeways	$13,277,647	160,523	$82.71	5,582	$2,378.65
Livingston	$5,245,152	139,477	$37.61	901	$5,821.48
Macomb	$52,327,984	639,058	$81.88	7,685	$6,809.11
Manistee-Benzie	$3,734,047	33,944	$110.01	903	$4,135.16
Monroe	$7,107,777	117,862	$60.31	1,145	$6,207.67
Montcalm	$2,805,730	48,243	$58.16	796	$3,524.79
Muskegon	$14,979,798	130,840	$114.49	2,860	$5,237.69
Network180	$47,427,049	436,261	$108.71	7,524	$6,303.44
Newaygo	$3,802,847	36,977	$102.84	963	$3,948.96
North Country	$10,001,901	119,543	$83.67	2,796	$3,577.22
Northeast Michigan	$4,579,340	53,920	$84.93	1,823	$2,511.98
Northern Lakes	$13,655,104	153,137	$89.17	3,640	$3,751.40
Northpointe	$5,675,557	51,074	$111.12	977	$5,809.17
Oakland	$86,801,716	918,866	$94.47	11,223	$7,734.27
Ottawa	$9,161,093	190,405	$48.11	2,020	$4,535.19
Pathways	$9,701,246	95,995	$101.06	1,776	$5,462.41
Pines	$2,755,334	35,161	$78.36	1,275	$2,161.05
Saginaw	$17,993,366	154,951	$116.12	3,584	$5,020.47
Sanilac	$4,781,735	33,836	$141.32	676	$7,073.57
Shiawassee	$4,853,901	55,250	$87.85	851	$5,703.76
St. Clair	$13,161,465	130,480	$100.87	2,318	$5,677.94
St. Joseph	$4,600,384	46,353	$99.25	1,253	$3,671.50
Summit Pointe	$11,160,749	103,957	$107.36	3,472	$3,214.50
Tuscola	$3,186,012	44,181	$72.11	785	$4,058.61
Van Buren	$7,264,648	58,862	$123.42	1,713	$4,240.89
Washtenaw	$20,777,347	269,950	$76.97	4,353	$4,773.11
West Michigan	$6,508,395	53,649	$121.31	1,566	$4,156.06
Woodlands	$3,041,668	39,722	$76.57	746	$4,077.30
State Totals	$809,256,645	7,617,287	$106.24	150,476	$5,377.98

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2008.

2006 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 9/2008) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures
by CMHSP
Children with Mental Illness
Fiscal Year 2007-2008
State of Michigan

CMHSP	Cost	2006 Child Population	Cost Per Capita	Total MI-C Served	Cost Per Person Served
Allegan	$1,208,889	29,089	$41.56	295	$4,097.93
AuSable Valley	$911,191	11,555	$78.86	711	$1,281.56
Barry	$499,338	14,346	$34.81	309	$1,615.98
Bay-Arenac	$2,219,935	28,004	$79.27	743	$2,987.80
Berrien	$1,804,034	39,753	$45.38	600	$3,006.72
Clinton Eaton Ingham	$7,269,367	104,199	$69.76	1,445	$5,030.70
CMH for Central Michigan	$4,879,599	59,443	$82.09	1,975	$2,470.68
Copper Country	$776,592	10,498	$73.98	164	$4,735.32
Detroit-Wayne	$40,157,044	540,672	$74.27	11,495	$3,493.44
Genesee	$6,061,778	114,830	$52.79	1,512	$4,009.11
Gogebic	$432,235	2,886	$149.77	79	$5,471.32
Gratiot	$1,191,583	9,142	$130.34	342	$3,484.16
Hiawatha	$1,233,010	11,401	$108.15	208	$5,927.93
Huron	$473,425	7,173	$66.00	171	$2,768.57
Ionia	$1,135,276	15,740	$72.13	375	$3,027.40
Kalamazoo	$5,834,404	55,941	$104.30	1,319	$4,423.35
Lapeer	$1,050,260	22,563	$46.55	214	$4,907.76
Lenawee	$1,081,055	23,930	$45.18	308	$3,509.92
Lifeways	$1,995,095	50,534	$39.48	1,045	$1,909.18
Livingston	$1,914,654	45,034	$42.52	305	$6,277.55
Macomb	$7,116,372	193,803	$36.72	1,637	$4,347.20
Manistee-Benzie	$1,371,326	8,775	$156.28	381	$3,599.28
Monroe	$1,439,260	37,173	$38.72	283	$5,085.72
Montcalm	$1,128,669	15,734	$71.73	248	$4,551.08
Muskegon	$1,889,823	44,391	$42.57	611	$3,093.00
Network180	$8,126,052	163,263	$49.77	2,315	$3,510.17
Newaygo	$1,032,503	12,863	$80.27	237	$4,356.55
North Country	$2,247,477	34,272	$65.58	944	$2,380.80
Northeast Michigan	$782,458	12,528	$62.46	394	$1,985.93
Northern Lakes	$3,103,489	42,110	$73.70	1,094	$2,836.83
Northpointe	$1,088,135	13,446	$80.93	262	$4,153.19
Oakland	$9,989,054	295,389	$33.82	1,947	$5,130.48
Ottawa	$881,164	67,266	$13.10	386	$2,282.81
Pathways	$1,658,409	23,185	$71.53	380	$4,364.23
Pines	$598,991	10,714	$55.91	455	$1,316.46
Saginaw	$2,834,464	51,349	$55.20	918	$3,087.65
Sanilac	$1,120,882	10,612	$105.62	170	$6,593.42
Shiawassee	$1,112,668	17,662	$63.00	235	$4,734.76
St. Clair	$4,220,165	41,245	$102.32	536	$7,873.44
St. Joseph	$1,249,993	16,424	$76.11	494	$2,530.35
Summit Pointe	$2,331,166	34,034	$68.50	1,029	$2,265.47
Tuscola	$997,338	13,697	$72.81	241	$4,138.33
Van Buren	$1,337,110	20,156	$66.34	414	$3,229.73
Washtenaw	$2,495,052	74,097	$33.67	537	$4,646.28
West Michigan	$2,048,208	15,828	$129.40	501	$4,088.24
Woodlands	$601,629	11,607	$51.83	251	$2,396.93
State Totals	$144,930,621	2,478,356	$58.48	40,515	$3,577.21

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2008.

2006 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 9/2008) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures
by CMHSP
Persons with Developmental Disabilities
Fiscal Year 2007-2008
State of Michigan

CMHSP	Cost	2006 Total Population	Cost Per Capita	Total DD Served	Cost Per Person Served
Allegan	$8,472,838	113,501	$74.65	398	$21,288.54
AuSable Valley	$6,540,518	57,636	$113.48	229	$28,561.21
Barry	$2,256,669	59,899	$37.67	187	$12,067.75
Bay-Arenac	$17,103,791	125,414	$136.38	712	$24,022.18
Berrien	$15,794,175	161,705	$97.67	777	$20,327.12
Clinton Eaton Ingham	$40,899,980	454,044	$90.08	1462	$27,975.36
CMH for Central Michigan	$37,053,737	273,761	$135.35	1,148	$32,276.77
Copper Country	$6,864,570	53,461	$128.40	198	$34,669.55
Detroit-Wayne	$206,739,333	1,971,853	$104.85	8,044	$25,701.06
Genesee	$44,934,176	441,966	$101.67	1,573	$28,565.91
Gogebic	$3,114,798	16,524	$188.50	102	$30,537.24
Gratiot	$6,367,514	42,107	$151.22	208	$30,613.05
Hiawatha	$7,382,340	58,468	$126.26	278	$26,555.18
Huron	$4,445,565	34,143	$130.20	201	$22,117.24
Ionia	$3,741,986	64,821	$57.73	241	$15,526.91
Kalamazoo	$23,478,060	240,720	$97.53	876	$26,801.44
Lapeer	$7,660,132	93,761	$81.70	312	$24,551.71
Lenawee	$6,566,470	102,191	$64.26	258	$25,451.43
Lifeways	$16,176,693	211,057	$76.65	741	$21,830.89
Livingston	$8,024,180	184,511	$43.49	353	$22,731.39
Macomb	$90,297,811	832,861	$108.42	2,983	$30,270.80
Manistee-Benzie	$6,381,951	42,719	$149.39	192	$33,239.33
Monroe	$12,992,588	155,035	$83.80	394	$32,976.11
Montcalm	$3,591,981	63,977	$56.14	174	$20,643.57
Muskegon	$23,930,064	175,231	$136.56	996	$24,026.17
Network180	$45,424,310	599,524	$75.77	2,174	$20,894.35
Newaygo	$3,204,594	49,840	$64.30	167	$19,189.19
North Country	$17,779,685	153,815	$115.59	753	$23,611.80
Northeast Michigan	$14,660,821	66,448	$220.64	402	$36,469.70
Northern Lakes	$18,663,368	195,247	$95.59	1,036	$18,014.83
Northpointe	$7,144,864	64,520	$110.74	296	$24,138.05
Oakland	$133,257,530	1,214,255	$109.74	4,047	$32,927.48
Ottawa	$18,496,790	257,671	$71.78	657	$28,153.41
Pathways	$19,403,197	119,180	$162.81	555	$34,960.72
Pines	$4,188,298	45,875	$91.30	274	$15,285.76
Saginaw	$20,196,455	206,300	$97.90	851	$23,732.61
Sanilac	$11,365,166	44,448	$255.70	293	$38,788.96
Shiawassee	$6,489,635	72,912	$89.01	223	$29,101.50
St. Clair	$24,854,831	171,725	$144.74	1,102	$22,554.29
St. Joseph	$4,804,153	62,777	$76.53	238	$20,185.52
Summit Pointe	$12,202,862	137,991	$88.43	665	$18,350.17
Tuscola	$8,444,075	57,878	$145.89	234	$36,085.79
Van Buren	$4,761,509	79,018	$60.26	303	$15,714.55
Washtenaw	$21,653,706	344,047	$62.94	748	$28,948.80
West Michigan	$7,283,794	69,477	$104.84	238	$30,604.18
Woodlands	$4,317,816	51,329	$84.12	178	$24,257.40
State Totals	$1,019,409,381	10,095,643	$100.98	38,471	$26,498.13

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2008.

2006 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (latest update 9/2008) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Administrative Costs

Fiscal Year 2007-2008

State of Michigan

CMHSP	Cost	2006 Total Population	Cost Per Capita	Total Served	Administrative Cost Per Person Served
Allegan	$1,900,554	113,501	$16.74	1,706	$1,114.04
AuSable Valley	$387,788	57,636	$6.73	2,634	$147.22
Barry	$112,483	59,899	$1.88	1,757	$64.02
Bay-Arenac	$3,504,498	125,414	$27.94	4,947	$708.41
Berrien	$565,803	161,705	$3.50	4,166	$135.81
Clinton Eaton Ingham	$8,266,972	454,044	$18.21	7,104	$1,163.71
CMH for Central Michigan	$4,969,957	273,761	$18.15	8,105	$613.20
Copper Country	$425,384	53,461	$7.96	1,038	$409.81
Detroit-Wayne	$48,601,837	1,971,853	$24.65	57,346	$847.52
Genesee	$7,854,357	441,966	$17.77	10,517	$746.82
Gogebic	$156,036	16,524	$9.44	483	$323.06
Gratiot	$515,997	42,107	$12.25	1,186	$435.07
Hiawatha	$248,516	58,468	$4.25	1,252	$198.49
Huron	$405,802	34,143	$11.89	1,187	$341.87
Ionia	$591,825	64,821	$9.13	2,209	$267.92
Kalamazoo	$7,675,322	240,720	$31.88	5,864	$1,308.89
Lapeer	$134,143	93,761	$1.43	1,386	$96.78
Lenawee	$1,642,655	102,191	$16.07	1,852	$886.96
Lifeways	$4,447,255	211,057	$21.07	7,368	$603.59
Livingston	$2,412,625	184,511	$13.08	1,559	$1,547.55
Macomb	$11,221,992	832,861	$13.47	12,305	$911.99
Manistee-Benzie	$523,209	42,719	$12.25	1,476	$354.48
Monroe	$3,033,726	155,035	$19.57	1,822	$1,665.05
Montcalm	$217,399	63,977	$3.40	1,218	$178.49
Muskegon	$3,008,528	175,231	$17.17	4,467	$673.50
Network180	$5,608,993	599,524	$9.36	12,013	$466.91
Newaygo	$626,100	49,840	$12.56	1,367	$458.01
North Country	$2,755,974	153,815	$17.92	4,493	$613.39
Northeast Michigan	$757,907	66,448	$11.41	2,619	$289.39
Northern Lakes	$2,937,624	195,247	$15.05	5,770	$509.12
Northpointe	$746,885	64,520	$11.58	1,535	$486.57
Oakland	$13,951,419	1,214,255	$11.49	17,217	$810.33
Ottawa	$1,732,482	257,671	$6.72	3,063	$565.62
Pathways	$1,111,590	119,180	$9.33	2,711	$410.03
Pines	$316,831	45,875	$6.91	2,004	$158.10
Saginaw	$3,316,270	206,300	$16.07	5,353	$619.52
Sanilac	$327,483	44,448	$7.37	1,139	$287.52
Shiawassee	$608,467	72,912	$8.35	1,309	$464.83
St. Clair	$4,033,632	171,725	$23.49	3,956	$1,019.62
St. Joseph	$1,033,957	62,777	$16.47	1,985	$520.89
Summit Pointe	$2,979,523	137,991	$21.59	5,166	$576.76
Tuscola	$347,761	57,878	$6.01	1,260	$276.00
Van Buren	$480,955	79,018	$6.09	2,430	$197.92
Washtenaw	$6,187,405	344,047	$17.98	5,638	$1,097.45
West Michigan	$888,725	69,477	$12.79	2,305	$385.56
Woodlands	$1,137,411	51,329	$22.16	1,175	$968.01
State Totals	$164,712,058	10,095,643	$16.32	229,462	$717.82

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2007.
2005 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (lates update 8/2006) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Note: Administrative Costs includes the costs reported in MH/DD Administration by CMHSP and MH/DD Medicaid Administration by PIHP Hub for its Affiliate CMHSP:

Per Capita and Per Person Served CMHSP Expenditures by CMHSP

Other Costs

Fiscal Year 2007-2008

State of Michigan

CMHSP	Cost	2006 Total Population	Cost Per Capita	Total Served	Other Costs Per Person Served
Allegan	$1,130,770	113,501	$9.96	1,706	$662.82
AuSable Valley	$1,956,811	57,636	$33.95	2,634	$742.90
Barry	$884,389	59,899	$14.76	1,757	$503.35
Bay-Arenac	$863,248	125,414	$6.88	4,947	$174.50
Berrien	$74,061	161,705	$0.46	4,166	$17.78
Clinton Eaton Ingham	$2,654,338	454,044	$5.85	7,104	$373.64
CMH for Central Michigan	$272,163	273,761	$0.99	8,105	$33.58
Copper Country	$975,252	53,461	$18.24	1,038	$939.55
Detroit-Wayne	$52,871,295	1,971,853	$26.81	57,346	$921.97
Genesee	$3,091,584	441,966	$7.00	10,517	$293.96
Gogebic	$426,799	16,524	$25.83	483	$883.64
Gratiot	$20,945	42,107	$0.50	1,186	$17.66
Hiawatha	$822,792	58,468	$14.07	1,252	$657.18
Huron	$192,371	34,143	$5.63	1,187	$162.07
Ionia	$103,607	64,821	$1.60	2,209	$46.90
Kalamazoo	$2,869,258	240,720	$11.92	5,864	$489.30
Lapeer	$46,752	93,761	$0.50	1,386	$33.73
Lenawee	$0	102,191	$0.00	1,852	$0.00
Lifeways	$4,518,740	211,057	$21.41	7,368	$613.29
Livingston	$540,570	184,511	$2.93	1,559	$346.74
Macomb	$13,264,898	832,861	$15.93	12,305	$1,078.01
Manistee-Benzie	$58,175	42,719	$1.36	1,476	$39.41
Monroe	$1,317,564	155,035	$8.50	1,822	$723.14
Montcalm	$107,333	63,977	$1.68	1,218	$88.12
Muskegon	$575,600	175,231	$3.28	4,467	$128.86
Network180	$1,746,401	599,524	$2.91	12,013	$145.38
Newaygo	$118,701	49,840	$2.38	1,367	$86.83
North Country	$846,866	153,815	$5.51	4,493	$188.49
Northeast Michigan	$450,805	66,448	$6.78	2,619	$172.13
Northern Lakes	$346,938	195,247	$1.78	5,770	$60.13
Northpointe	$1,058,397	64,520	$16.40	1,535	$689.51
Oakland	$5,181,264	1,214,255	$4.27	17,217	$300.94
Ottawa	$1,631,332	257,671	$6.33	3,063	$532.59
Pathways	$6,141,393	119,180	$51.53	2,711	$2,265.36
Pines	$81,265	45,875	$1.77	2,004	$40.55
Saginaw	$0	206,300	$0.00	5,353	$0.00
Sanilac	$183,386	44,448	$4.13	1,139	$161.01
Shiawassee	$437,235	72,912	$6.00	1,309	$334.02
St. Clair	$662,020	171,725	$3.86	3,956	$167.35
St. Joseph	$147,513	62,777	$2.35	1,985	$74.31
Summit Pointe	$2,548,221	137,991	$18.47	5,166	$493.27
Tuscola	$52,603	57,878	$0.91	1,260	$41.75
Van Buren	$244,514	79,018	$3.09	2,430	$100.62
Washtenaw	$15,209,213	344,047	$44.21	5,638	$2,697.63
West Michigan	$232,163	69,477	$3.34	2,305	$100.72
Woodlands	$266,873	51,329	$5.20	1,175	$227.13
State Totals	$127,226,419	10,095,643	$12.60	229,462	$554.46

Source: Service costs and consumer counts were obtained from the annual sub-element cost report submitted by the 46 CMHSPs for FY 2007.
2005 Population figures prepared by the Division for Vital Records and Health Statistics, Michigan Department of Community Health using Population Estimates (lates update 8/2006) released by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Note: Other costs include expenses not reported in the sub-element services such as room and board, MRS match, grant funded services, lab and pharmacy services

CMHSP Expenditures

Fiscal Year 2007-2008

State of Michigan

CMHSP	MI-Adult Cost	%	MI-Child Cost	%	DD Cost	%	Administrative Cost	%	Other Costs	%	Total Cost
Allegan	$4,691,496	26.96%	$1,208,889	6.95%	$8,472,838	48.68%	$1,900,554	10.92%	$1,130,770	6.50%	$17,404,547
AuSable Valley	$3,644,152	26.54%	$911,191	6.64%	$6,540,518	47.64%	$675,605	4.92%	$1,956,811	14.25%	$13,728,277
Barry	$2,266,230	37.65%	$499,338	8.30%	$2,256,669	37.49%	$112,483	1.87%	$884,389	14.69%	$6,019,108
Bay-Arenac	$13,535,273	38.26%	$2,219,935	6.27%	$17,103,791	48.34%	$1,657,875	4.69%	$863,248	2.44%	$35,380,122
Berrien	$10,219,103	35.91%	$1,804,034	6.34%	$15,794,175	55.50%	$565,803	1.99%	$74,061	0.26%	$28,457,177
Clinton Eaton Ingham	$22,072,470	27.45%	$7,269,367	9.04%	$40,899,980	50.87%	$7,504,454	9.33%	$2,654,338	3.30%	$80,400,609
CMH for Central Michigan	$18,245,781	29.36%	$4,879,599	7.85%	$37,053,737	59.62%	$1,695,125	2.73%	$272,163	0.44%	$62,146,405
Copper Country	$5,321,226	37.05%	$776,592	5.41%	$6,864,570	47.79%	$425,384	2.96%	$975,252	6.79%	$14,363,023
Detroit-Wayne	$247,358,493	40.72%	$40,157,044	6.61%	$206,739,333	34.03%	$60,328,589	9.93%	$52,871,295	8.70%	$607,454,754
Genesee	$41,780,053	38.23%	$6,061,778	5.55%	$44,934,176	41.12%	$13,407,974	12.27%	$3,091,584	2.83%	$109,275,565
Gogebic	$1,905,968	31.58%	$432,235	7.16%	$3,114,798	51.61%	$156,036	2.59%	$426,799	7.07%	$6,035,837
Gratiot	$1,842,153	18.54%	$1,191,583	11.99%	$6,367,514	64.07%	$515,997	5.19%	$20,945	0.21%	$9,938,192
Hiawatha	$5,646,567	36.83%	$1,233,010	8.04%	$7,382,340	48.15%	$248,516	1.62%	$822,792	5.37%	$15,333,225
Huron	$3,925,503	41.57%	$473,425	5.01%	$4,445,565	47.08%	$405,802	4.30%	$192,371	2.04%	$9,442,667
Ionia	$4,726,102	45.89%	$1,135,276	11.02%	$3,741,986	36.33%	$591,825	5.75%	$103,607	1.01%	$10,298,797
Kalamazoo	$21,445,900	32.44%	$5,834,404	8.83%	$23,478,060	35.52%	$12,477,996	18.88%	$2,869,258	4.34%	$66,105,618
Lapeer	$5,155,971	36.70%	$1,050,260	7.48%	$7,660,132	54.53%	$134,143	0.95%	$46,752	0.33%	$14,047,258
Lenawee	$5,105,213	35.46%	$1,081,055	7.51%	$6,566,470	45.62%	$1,642,655	11.41%	$0	0.00%	$14,395,393
Lifeways	$13,277,647	34.77%	$1,995,095	5.22%	$16,176,693	42.36%	$2,222,209	5.82%	$4,518,740	11.83%	$38,190,384
Livingston	$5,245,152	28.92%	$1,914,654	10.56%	$8,024,180	44.24%	$2,412,625	13.30%	$540,570	2.98%	$18,137,181
Macomb	$52,327,984	28.85%	$7,116,372	3.92%	$90,297,811	49.78%	$18,394,988	10.14%	$13,264,898	7.31%	$181,402,053
Manistee-Benzie	$3,734,047	30.94%	$1,371,326	11.36%	$6,381,951	52.88%	$523,209	4.34%	$58,175	0.48%	$12,068,707
Monroe	$7,107,777	27.45%	$1,439,260	5.56%	$12,992,588	50.18%	$3,033,726	11.72%	$1,317,564	5.09%	$25,890,915
Montcalm	$2,805,730	35.74%	$1,128,669	14.38%	$3,591,981	45.75%	$217,399	2.77%	$107,333	1.37%	$7,851,112
Muskegon	$14,979,798	33.02%	$1,889,823	4.17%	$23,930,064	52.75%	$3,993,115	8.80%	$575,600	1.27%	$45,368,399
Network180	$47,427,049	42.99%	$8,126,052	7.37%	$45,424,310	41.18%	$7,587,566	6.88%	$1,746,401	1.58%	$110,311,378
Newaygo	$3,802,847	22.60%	$1,032,503	6.14%	$3,204,594	19.05%	$8,666,044	51.51%	$118,701	0.71%	$16,824,689
North Country	$10,001,901	31.94%	$2,247,477	7.18%	$17,779,685	56.79%	$434,414	1.39%	$846,866	2.70%	$31,310,343
Northeast Michigan	$4,579,340	21.57%	$782,458	3.69%	$14,660,821	69.05%	$757,907	3.57%	$450,805	2.12%	$21,231,330
Northern Lakes	$13,655,104	35.28%	$3,103,489	8.02%	$18,663,368	48.22%	$2,937,624	7.59%	$346,938	0.90%	$38,706,523

CMHSP Expenditures

Fiscal Year 2007-2008

State of Michigan

CMHSP	MI-Adult Cost	%	MI-Child Cost	%	DD Cost	%	Administrative Cost	%	Other Costs	%	Total Cost
Northpointe	$5,675,557	36.12%	$1,088,135	6.92%	$7,144,864	45.47%	$746,885	4.75%	$1,058,397	6.74%	$15,713,837
Oakland	$86,801,716	36.61%	$9,989,054	4.21%	$133,257,530	56.21%	$1,856,838	0.78%	$5,181,264	2.19%	$237,086,402
Ottawa	$9,161,093	28.72%	$881,164	2.76%	$18,496,790	57.98%	$1,732,482	5.43%	$1,631,332	5.11%	$31,902,862
Pathways	$9,701,246	26.19%	$1,658,409	4.48%	$19,403,197	52.39%	$131,348	0.35%	$6,141,393	16.58%	$37,035,593
Pines	$2,755,334	34.70%	$598,991	7.54%	$4,188,298	52.74%	$316,831	3.99%	$81,265	1.02%	$7,940,719
Saginaw	$17,993,366	40.58%	$2,834,464	6.39%	$20,196,455	45.55%	$3,316,270	7.48%	$0	0.00%	$44,340,555
Sanilac	$4,781,735	26.90%	$1,120,882	6.30%	$11,365,166	63.93%	$327,483	1.84%	$183,386	1.03%	$17,778,652
Shiawassee	$4,853,901	35.95%	$1,112,668	8.24%	$6,489,635	48.06%	$608,467	4.51%	$437,235	3.24%	$13,501,906
St. Clair	$13,161,465	28.86%	$4,220,165	9.25%	$24,854,831	54.49%	$2,711,603	5.95%	$662,020	1.45%	$45,610,084
St. Joseph	$4,600,384	38.87%	$1,249,993	10.56%	$4,804,153	40.59%	$1,033,957	8.74%	$147,513	1.25%	$11,836,001
Summit Pointe	$11,160,749	38.99%	$2,331,166	8.14%	$12,202,862	42.63%	$385,131	1.35%	$2,548,221	8.90%	$28,628,128
Tuscola	$3,186,012	24.46%	$997,338	7.66%	$8,444,075	64.82%	$347,761	2.67%	$52,603	0.40%	$13,027,789
Van Buren	$7,264,648	51.56%	$1,337,110	9.49%	$4,761,509	33.80%	$480,955	3.41%	$244,514	1.74%	$14,088,736
Washtenaw	$20,777,347	33.51%	$2,495,052	4.02%	$21,653,706	34.92%	$1,877,198	3.03%	$15,209,213	24.53%	$62,012,516
West Michigan	$6,508,395	38.37%	$2,048,208	12.08%	$7,283,794	42.94%	$888,725	5.24%	$232,163	1.37%	$16,961,286
Woodlands	$3,041,668	30.85%	$601,629	6.10%	$4,317,816	43.79%	$1,631,902	16.55%	$266,873	2.71%	$9,859,889
Total	$809,256,645	35.57%	$144,930,621	6.37%	1,019,409,381	44.81%	$174,021,478	7.65%	$127,226,419	5.59%	$2,274,844,544

Note: Administrative Costs includes the costs reported in MH/DD Medicaid Administration by PIHP Hub for its Affiliate CMHSPs, MH/DD Administration by CMHSP, and Substance Abuse Service and Administrative Costs.

SECTION 404 (2) (c) Part 1
TOTAL CMHSP COSTS BY SERVICE CATEGORY
FY 2008

Statewide Summary

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2008 MDCH/CMHSP contract. Cost data were collected for the reporting period October 1, 2007 to September 30, 2008 and submitted to MDCH by January 31, 2009. The data in this section represent 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	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1,100	157,893	$61,503,077	$55,912	$390	144
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	5	1,222	$584,845	$116,969	$479	244
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6,038	71,285	$34,639,493	$5,737	$486	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13,009	119,006	$79,374,035	$6,101	$667	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				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	3,472	5,189	$1,636,730	$471	$315	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
Crisis Observation Care	0762			Hour	1	1	$710	$710	$710	1
Additional Codes-ECT Facility Charge	0901			Encounter	37	357	$235,137	$6,355	$659	10
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	1,614	11,602	$3,120,826	$1,934	$269	7
Outpatient Partial Hospitalization	0913			Days	32	199	$121,572	$3,799	$611	6
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	7	786	$8,453	$1,208	$11	112
Drug Screen for Methadone Clients Only		80100		Per Screen	513	674	$21,694	$42	$32	1
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	320	397	$5,085	$16	$13	1
Medication Administration		90772		Encounter	6,651	60,777	$4,076,043	$613	$67	9
Assessment-Psychiatric Assessment		90801		Encounter	46,912	60,341	$14,681,106	$313	$243	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	13	13	$2,337	$180	$180	1
Assessment-Psychiatric Assessment		90802		Encounter	85	98	$18,342	$216	$187	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	18,423	59,450	$4,348,427	$236	$73	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	376	1,549	$130,583	$347	$84	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	704	2,084	$164,019	$233	$79	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	41,963	264,329	$32,208,658	$768	$122	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	1,970	11,277	$975,072	$495	$86	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	550	1,985	$305,189	$555	$154	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	48	91	$5,247	$109	$58	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2,915	6,534	$1,358,252	$466	$208	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	167	341	$53,763	$322	$158	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	10	11	$5,073	$507	$461	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	2	2	$197	$98	$98	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	23	79	$9,816	$427	$124	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	146	1,077	$62,606	$429	$58	7
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	6	7	$1,868	$311	$267	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	7	25	$1,000	$143	$40	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	8	22	$1,625	$203	$74	3
Therapy-Individual Therapy		90817		Encounter 20-30 Min	21	206	$13,201	$629	$64	10

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90818		Encounter 45-50 Min	26	185	$15,624	$601	$84	7
Therapy-Individual Therapy		90819		Encounter 45-50 Min	1	24	$1,680	$1,680	$70	24
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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	215	375	$35,733	$166	$95	2
Therapy-Family Therapy		90847		Encounter	1,376	3,340	$476,830	$347	$143	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	106	431	$45,146	$426	$105	4
Therapy-Family Therapy		90849		Encounter	28	72	$10,217	$365	$142	3
Therapy-Family Therapy		90849	HS	Encounter	6	9	$1,367	$228	$152	2
Therapy-Group Therapy		90853		Encounter	10,491	93,729	$6,809,904	$649	$73	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	825	7,209	$286,368	$347	$40	9
Therapy-Group Therapy		90857		Encounter	242	1,899	$86,695	$358	$46	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	75,305	324,297	$35,592,454	$473	$110	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	402	1,087	$62,022	$154	$57	3
Additional Codes-ECT Physician		90870		Encounter	16	148	$50,835	$3,177	$343	9
Assessments-Other		90887		Encounter	2,702	5,829	$196,536	$73	$34	2
Speech & Language Therapy		92506		Encounter	2	3	$339	$170	$113	2
Speech & Language Therapy		92507		Encounter	5	28	$3,308	$662	$118	6
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	6	11	$3,440	$573	$313	2
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	534	1,920	$360,757	$676	$188	4
Psychological Testing by Technician		96102		Per Hour	25	68	$9,255	$370	$136	3
Psychological Testing by Comp		96103		Per Hour	1	3	$403	$403	$134	3
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,527	34,649	$2,210,281	$1,447	$64	23
Assessments-Other		96111		Encounter	285	808	$67,803	$238	$84	3

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	19	52	$6,259	$329	$120	3
Neuropsych test by Psych/Phys		96118		Per Hour	6	21	$1,273	$212	$61	4
Neuropsych test by Tech		96119		Per Hour	14	14	$2,201	$157	$157	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	13	16	$3,926	$302	$245	1
Physical Therapy		97002		Encounter	6	13	$3,859	$643	$297	2
Occupational Therapy		97003		Encounter	405	419	$128,226	$317	$306	1
Occupational Therapy		97004		Encounter	98	206	$163,474	$1,668	$794	2
Occupational or Physical Therapy		97110		15 Minutes	77	1,172	$45,600	$592	$39	15
Occupational or Physical Therapy		97112		15 Minutes	1	16	$849	$849	$53	16
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	2	6	$350	$175	$58	3
Occupational or Physical Therapy		97124		15 Minutes	3	5	$55	$18	$11	2
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	875	14,318	$298,848	$342	$21	16
Occupational or Physical Therapy		97530		15 Minutes	30	608	$23,866	$796	$39	20
Occupational or Physical Therapy		97532		15 Minutes	18	264	$24,444	$1,358	$93	15
Occupational or Physical Therapy		97533		15 Minutes	3	6	$218	$73	$36	2
Occupational or Physical Therapy		97535		15 Minutes	38	1,493	$188,628	$4,964	$126	39
Occupational or Physical Therapy		97537		15 Minutes	76	1,499	$70,744	$931	$47	20
Occupational or Physical Therapy		97542		15 Minutes	1	24	$2,018	$2,018	$84	24
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	2	6	$443	$222	$74	3
Occupational Therapy		97760		15 Minutes	1	21	$1,232	$1,232	$59	21
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	220	948	$67,994	$309	$72	4
Assessment or Health Services		97803		15 Minutes	264	1,995	$150,999	$572	$76	8
Health Services		97804		30 Minutes	3	21	$950	$317	$45	7
Additional Codes-Physician Services		99201		Encounter	15	15	$1,403	$94	$94	1
Additional Codes-Physician Services		99202		Encounter	28	28	$4,658	$166	$166	1
Additional Codes-Physician Services		99203		Encounter	29	29	$7,977	$275	$275	1
Additional Codes-Physician Services		99204		Encounter	24	24	$6,543	$273	$273	1
Additional Codes-Physician Services		99205		Encounter	51	51	$26,822	$526	$526	1
Additional Codes-Physician Services		99211		Encounter	893	6,278	$696,400	$780	$111	7
Additional Codes-Physician Services		99212		Encounter	139	150	$8,507	$61	$57	1
Additional Codes-Physician Services		99213		Encounter	777	1,424	$92,763	$119	$65	2
Additional Codes-Physician Services		99214		Encounter	900	1,872	$404,405	$449	$216	2
Additional Codes-Physician Services		99215		Encounter	154	163	$45,778	$297	$281	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99221			620	752	$88,390	$143	$118	1
Additional Codes-Physician Services		99222			1,665	2,129	$200,606	$120	$94	1
Additional Codes-Physician Services		99223			359	438	$65,426	$182	$149	1
Additional Codes-Physician Services		99231			1,798	11,348	$604,405	$336	$53	6
Additional Codes-Physician Services		99232			1,503	7,072	$413,726	$275	$59	5
Additional Codes-Physician Services		99233			374	687	$51,937	$139	$76	2
Additional Codes-Physician Services		99238		30 Minutes or less	732	872	$79,309	$108	$91	1
Additional Codes-Physician Services		99241		Encounter	86	162	$8,342	$97	$51	2
Additional Codes-Physician Services		99242		Encounter	363	388	$33,992	$94	$88	1
Additional Codes-Physician Services		99243		Encounter	53	55	$7,627	$144	$139	1
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	71	74	$4,124	$58	$56	1
Additional Codes-Physician Services		99252		Encounter	183	200	$30,942	$169	$155	1
Additional Codes-Physician Services		99253		Encounter	440	479	$69,161	$157	$144	1
Additional Codes-Physician Services		99254		Encounter	161	180	$22,658	$141	$126	1
Additional Codes-Physician Services		99255		Encounter	53	54	$5,437	$103	$101	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	170	1,081	$82,684	$486	$76	6
Transportation		A0080		Per mile	6	1,811	$1,665	$277	$1	302
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	94	182	$12,962	$138	$71	2
Transportation		A0110		Per one-way trip	4	4	$1,004	$251	$251	1
Transportation		A0120		Per one-way trip	25	1,332	$13,603	$544	$10	53
Transportation		A0130		Per one-way trip	8	278	$15,051	$1,881	$54	35
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	3	144	$230	$77	$2	48
Transportation		A0170			1	1	$49	$49	$49	1
Additional Codes-Transportation		A0425		Per Mile	1,490	45,044	$279,203	$187	$6	30
Additional Codes-Transportation		A0427		Refer to code descriptions.	953	1,082	$258,706	$271	$239	1
Additional codes - Transportation		A0428			621	815	$43,085	$69	$53	1
Enhanced Medical Equipment-Supplies		E1399		Items	5	5	$6,888	$1,378	$1,378	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Family Training/Support EBP only		G0177		Encounter	733	6,206	$888,805	$1,213	$143	8
Substance Abuse: Individual Assessment		H0001		Encounter	3,502	14,539	$729,055	$208	$50	4
Assessment		H0002		Encounter	14,833	18,507	$3,675,228	$248	$199	1
Substance Abuse: Individual Assessment		H0002		Encounter	670	779	$332,083	$496	$426	1
Substance Abuse:Laboratory		H0003		Encounter	1	23	$414	$414	$18	23
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	221	1,005	$62,586	$283	$62	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	432	3,351	$144,606	$335	$43	8
Substance Abuse: Case Management		H0006		Encounter	213	2,647	$493,709	$2,318	$187	12
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	351	1,610	$464,619	$1,324	$289	5
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	931	4,797	$618,600	$664	$129	5
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	1,074	16,071	$1,451,683	$1,352	$90	15
Crisis Residential Services		H0018		Days	3,550	32,710	$10,045,024	$2,830	$307	9
Substance Abuse: Residential	1002	H0018		Days	504	7,325	$1,149,271	$2,280	$157	15
Substance Abuse: Residential	1002	H0019		Days	504	19,479	$1,602,456	$3,179	$82	39
Substance Abuse: Methadone		H0020		Encounter	387	65,627	$402,726	$1,041	$6	170
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1,389	40,113	$1,713,391	$1,234	$43	29
Prevention Services - Direct Model		H0025		Face to Face Contact	355	1,944	$356,684	$1,005	$183	5
Assessment		H0031		Encounter	49,742	68,326	$11,932,474	$240	$175	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	33,148	60,129	$8,051,123	$243	$134	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	1,437	1,683	$273,676	$190	$163	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	9	398	$2,930	$326	$7	44
Health Services		H0034		15 Minutes	3,154	13,124	$988,523	$313	$75	4
Home Based Services		H0036		15 Minutes	879	90,949	$4,552,812	$5,180	$50	103
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4,330	149,460	$3,349,379	$774	$22	35
Peer Directed and Operated Support Services		NA			1,431	93,733	$2,991,694	$2,091	$32	66
Assertive Community Treatment (ACT)		H0039		15 Minutes	6,418	1,171,674	$57,093,234	$8,896	$49	183
Community Living Supports in Independent living/own home		H0043		Per diem	1,156	162,556	$9,588,330	$8,294	$59	141
Community Living Supports in Independent living/own home		H0043	TT	Per diem	60	10,121	$872,042	$14,534	$86	169
Respite		H0045		Per Diem	67	2,788	$607,110	$9,061	$218	42
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	363	754	$114,688	$316	$152	2
Monitoring Activities		H2000	TS	Encounter	23	43	$5,757	$250	$134	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	25,256	224,500	$10,307,868	$408	$46	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5,261	4,082,004	$13,992,491	$2,660	$3	776
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	545	559,945	$2,478,645	$4,548	$4	1,027
Community Living Supports (15 Minutes)		H2015		15 Minutes	4,958	5,762,857	$19,941,647	$4,022	$3	1,162
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	464	347,862	$1,358,876	$2,929	$4	750
Community Living Supports (Daily)		H2016		Per Diem	4,199	830,994	$51,574,491	$12,283	$62	198
Community Living Supports (Daily)		H2016	TF	Per Diem	838	137,008	$7,862,359	$9,382	$57	163
Community Living Supports (Daily)		H2016	TG	Per Diem	2,681	487,668	$61,753,418	$23,034	$127	182
Behavior Services		H2019		15 Minutes	45	549	$14,184	$315	$26	12
Wraparound		H2021		15 Minutes	32	1,234	$77,571	$2,424	$63	39
Wraparound		H2022		Days	3	3	$371	$124	$124	1
Supported Employment Services		H2023		15 minutes	2,567	535,203	$6,022,770	$2,346	$11	208
Supported Employment Services		H2023	TT	15 Minutes	298	217,353	$863,168	$2,897	$4	729
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4,040	5,000,450	$22,919,522	$5,673	$5	1,238
Substance Abuse: Outpatient Care		H2035		Hour	203	1,382	$165,840	$817	$120	7
Substance Abuse: Outpatient Care		H2036		Days	74	295	$78,175	$1,056	$265	4
Medication Review		M0064		Encounter Face-to-Face	6,983	15,887	$1,681,536	$241	$106	2
Transportation		S0209		Per Mile	1	150	$1,061	$1,061	$7	150
Transportation		S0215		Per Mile	457	51,784	$17,457	$38	$0	113
Family Training		S5110		15 Minutes	188	3,292	$181,928	$968	$55	18
Family Training		S5111		Encounter	204	1,229	$100,025	$490	$81	6
Foster Care		S5140		Days	29	9,120	$364,507	$12,569	$40	314
Foster Care		S5145		Days	10	1,258	$338,737	$33,874	$269	126
Respite		S5150		15 Minutes	21	5,234	$21,159	$1,008	$4	249
Respite		S5151		Per Diem	4	95	$9,315	$2,329	$98	24
Personal Emergency Response System (PERS)		S5160		Encounter	9	9	$5,512	$612	$612	1
Personal Emergency Response System (PERS)		S5161		Month	30	273	$158,067	$5,269	$579	9
Environmental Modification		S5165		Service	3	4	$8,686	$2,895	$2,172	1
Enhanced Medical Equipment-Supplies		S5199		Items	5	14	$2,560	$512	$183	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	12,111	47,603	$2,513,350	$208	$53	4
Health Services		S9446		Encounter	756	6,980	$270,998	$358	$39	9

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	276	967	$151,190	$548	$156	4
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	2,126	10,609	$2,130,821	$1,002	$201	5
Reidential Room and Board		S9976		Days	1,595	31,069	$1,165,130	$730	$38	19
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	1	3,272	$22,351	$22,351	$7	3,272
Assessment		T1001		Encounter	12,106	21,708	$2,134,907	$176	$98	2
Health Services		T1002		Up to 15 min	17,044	83,034	$5,744,625	$337	$69	5
Respite Care		T1005		15 Minutes	228	292,415	$1,269,727	$5,569	$4	1,283
Respite Care		T1005	TD	15 Minutes	1	380	$1,999	$1,999	$5	380
Respite Care		T1005	TE	15 Minutes	3	3,471	$18,029	$6,010	$5	1,157
Substance Abuse: Recovery Support Services		T1012		Encounter	19	67	$2,010	$106	$30	4
Family Psycho-Education		T1015		Encounter	278	663	$123,688	$445	$187	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6,033	153,252	$11,497,890	$1,906	$75	25
Targeted Case Management		T1017		15 minutes	49,124	1,582,909	$92,124,278	$1,875	$58	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1,235	27,283	$1,819,487	$1,473	$67	22
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5,228	1,020,767	$33,742,991	$6,454	$33	195
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1,107	146,083	$7,886,047	$7,124	$54	132
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	737	103,880	$9,553,785	$12,963	$92	141
Assessments		T1023		Encounter	15,313	22,257	$6,576,625	$429	$295	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	803	3,866	$184,860	$230	$48	5
Transportation		T2001		Encounter	18	22	$12,005	$667	$546	1
Transportation		T2002		Per Diem	251	100,546	$195,800	$780	$2	401
Transportation		T2003		Encounter / Trip	2,002	29,725	$849,049	$424	$29	15
Transportation		T2004		Encounter	10	2,171	$2,416	$242	$1	217
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	103	798	$66,825	$649	$84	8
Enhanced Medical Equipment-Supplies		T2028		Items	4	9	$163	$41	$18	2
Enhanced Medical Equipment-Supplies		T2029		Items	4	4	$651	$163	$163	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	3	5	$1,123	$374	$225	2
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1,680	5,730	$3,163,749	$1,883	$552	3
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					4,617	0	$3,636,006	$788	$0	0
Other					979	0	$2,303,608	$2,353	$0	0
Aggregate for 'J' Codes		ALL			1,017	0	$2,349,801	$2,311	$0	0
Total Population and Cost					**150,476**		**$809,256,645**			

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	462	17,898	$4,157,225	$8,998	$232	39
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,546	12,822	$7,291,209	$4,716	$569	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	782	6,202	$4,171,442	$5,334	$673	8
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	3	3	$504	$168	$168	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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	23	$21,673	$21,673	$942	23
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	814	7,218	$1,912,767	$2,350	$265	9
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	38	122	$8,079	$213	$66	3
Assessment-Psychiatric Assessment		90801		Encounter	10,699	12,867	$3,534,612	$330	$275	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	9	9	$2,499	$278	$278	1
Assessment-Psychiatric Assessment		90802		Encounter	536	653	$95,957	$179	$147	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4,644	15,076	$1,442,723	$311	$96	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	23	32	$7,546	$328	$236	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	72	155	$12,683	$176	$82	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	12,690	71,842	$9,334,946	$736	$130	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	113	861	$132,254	$1,170	$154	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	30	50	$9,694	$323	$194	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	3	3	$173	$58	$58	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1,009	2,834	$1,528,156	$1,515	$539	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	55	336	$82,899	$1,507	$247	6
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	105	169	$13,793	$131	$82	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	343	1,541	$198,717	$579	$129	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	1	1	$54	$54	$54	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	93	156	$46,547	$501	$298	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	114	531	$21,200	$186	$40	5

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	1	$82	$82	$82	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	14	124	$8,060	$576	$65	9
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	13	$1,690	$1,690	$130	13
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	2	3	$352	$176	$117	2
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2,738	8,728	$1,103,179	$403	$126	3
Therapy-Family Therapy		90847		Encounter	8,833	44,065	$6,618,819	$749	$150	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	10	16	$2,173	$217	$136	2
Therapy-Family Therapy		90849		Encounter	10	221	$11,609	$1,161	$53	22
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1,421	10,501	$830,213	$584	$79	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	10	44	$2,778	$278	$63	4
Therapy-Group Therapy		90857		Encounter	218	1,920	$88,462	$406	$46	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	12,586	52,863	$6,094,561	$484	$115	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	4	4	$200	$50	$50	1
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	627	1,037	$96,964	$155	$94	2
Speech & Language Therapy		92506		Encounter	10	10	$2,139	$214	$214	1
Speech & Language Therapy		92507		Encounter	11	569	$46,659	$4,242	$82	52
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	432	3,088	$176,442	$408	$57	7
Psychological Testing by Technician		96102		Per Hour	8	23	$4,567	$571	$199	3
Psychological Testing by Comp		96103		Per Hour	1	1	$142	$142	$142	1

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,874	25,881	$2,484,163	$1,326	$96	14
Assessments-Other		96111		Encounter	148	374	$35,211	$238	$94	3
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	3	6	$475	$158	$79	2
Neuropsych test by Psych/Phys		96118		Per Hour	20	129	$14,499	$725	$112	6
Neuropsych test by Tech		96119		Per Hour	70	76	$12,176	$174	$160	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	3	3	$563	$188	$188	1
Physical Therapy		97002		Encounter	3	3	$67	$22	$22	1
Occupational Therapy		97003		Encounter	62	63	$23,861	$385	$379	1
Occupational Therapy		97004		Encounter	11	27	$10,455	$950	$387	2
Occupational or Physical Therapy		97110		15 Minutes	5	176	$4,442	$888	$25	35
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	3	138	$1,554	$518	$11	46
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	9	43	$6,954	$773	$162	5
Occupational or Physical Therapy		97530		15 Minutes	57	3,728	$73,966	$1,298	$20	65
Occupational or Physical Therapy		97532		15 Minutes	2	35	$2,811	$1,405	$80	18
Occupational or Physical Therapy		97533		15 Minutes	2	4	$371	$186	$93	2
Occupational or Physical Therapy		97535		15 Minutes	3	14	$410	$137	$29	5
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	3	16	$2,199	$733	$137	5
Assessment or Health Services		97803		15 Minutes	1	4	$1,251	$1,251	$313	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	2	2	$175	$88	$88	1
Additional Codes-Physician Services		99202		Encounter	4	4	$665	$166	$166	1
Additional Codes-Physician Services		99203		Encounter	3	3	$841	$280	$280	1
Additional Codes-Physician Services		99204		Encounter	1	1	$248	$248	$248	1
Additional Codes-Physician Services		99205		Encounter	14	14	$7,828	$559	$559	1
Additional Codes-Physician Services		99211		Encounter	33	50	$2,440	$74	$49	2

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99212		Encounter	16	19	$1,880	$117	$99	1
Additional Codes-Physician Services		99213		Encounter	50	79	$5,023	$100	$64	2
Additional Codes-Physician Services		99214		Encounter	101	354	$95,074	$941	$269	4
Additional Codes-Physician Services		99215		Encounter	46	90	$23,350	$508	$259	2
Additional Codes-Physician Services		99221			39	42	$3,324	$85	$79	1
Additional Codes-Physician Services		99222			200	275	$24,101	$121	$88	1
Additional Codes-Physician Services		99223			9	9	$1,127	$125	$125	1
Additional Codes-Physician Services		99231			179	747	$30,700	$172	$41	4
Additional Codes-Physician Services		99232			180	866	$37,792	$210	$44	5
Additional Codes-Physician Services		99233			15	23	$2,236	$149	$97	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	2	5	$254	$127	$51	3
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	6	6	$2,316	$386	$386	1
Additional Codes-Physician Services		99251		Encounter	1	1	$22	$22	$22	1
Additional Codes-Physician Services		99252		Encounter	5	5	$583	$117	$117	1
Additional Codes-Physician Services		99253		Encounter	12	12	$1,755	$146	$146	1
Additional Codes-Physician Services		99254		Encounter	4	4	$339	$85	$85	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	5	5	$464	$93	$93	1
Transportation		A0080		Per mile	1	1,866	$1,014	$1,014	$1	1,866
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	1	1	$0	$0	$0	1
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	4	5	$261	$65	$52	1
Transportation		A0130		Per one-way trip	2	2	$68	$34	$34	1
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	1	1	$203	$203	$203	1

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	48	1,936	$10,786	$225	$6	40
Additional Codes-Transportation		A0427		Refer to code descriptions.	37	41	$20,904	$565	$510	1
Additional codes - Transportation		A0428			27	31	$3,315	$123	$107	1
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$724	$724	$724	1
Family Training/Support EBP only		G0177		Encounter	41	272	$126,060	$3,075	$463	7
Substance Abuse: Individual Assessment		H0001		Encounter	1,681	7,965	$251,539	$150	$32	5
Assessment		H0002		Encounter	4,804	5,079	$1,229,675	$256	$242	1
Substance Abuse: Individual Assessment		H0002		Encounter	85	93	$39,824	$469	$428	1
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	57	192	$10,976	$193	$57	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	10	87	$6,998	$700	$80	9
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	10	29	$3,621	$362	$125	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	62	962	$103,896	$1,676	$108	16
Crisis Residential Services		H0018		Days	85	843	$213,543	$2,512	$253	10
Substance Abuse: Residential	1002	H0018		Days	21	497	$91,894	$4,376	$185	24
Substance Abuse: Residential	1002	H0019		Days	13	509	$103,905	$7,993	$204	39
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1,482	14,870	$2,173,949	$1,467	$146	10
Assessment		H0031		Encounter	16,206	53,484	$5,775,257	$356	$108	3
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	10,456	21,781	$3,178,333	$304	$146	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	563	1,142	$120,679	$214	$106	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	238	686	$37,386	$157	$54	3
Home Based Services		H0036		15 Minutes	5,877	792,051	$36,725,122	$6,249	$46	135
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	11	762	$4,386	$399	$6	69
Peer Directed and Operated Support Services		NA			0	0	$52,620	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	6	234	$8,947	$1,491	$38	39
Community Living Supports in Independent living/own home		H0043		Per diem	32	251	$13,843	$433	$55	8
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	368	7,776	$664,493	$1,806	$85	21

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	32	70	$8,104	$253	$116	2
Monitoring Activities		H2000	TS	Encounter	6	13	$1,190	$198	$92	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4,984	37,599	$2,081,863	$418	$55	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	377	57,003	$354,602	$941	$6	151
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	18	1,251	$12,410	$689	$10	70
Community Living Supports (15 Minutes)		H2015		15 Minutes	922	534,207	$2,467,172	$2,676	$5	579
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	205	114,862	$602,371	$2,938	$5	560
Community Living Supports (Daily)		H2016		Per Diem	33	3,925	$264,033	$8,001	$67	119
Community Living Supports (Daily)		H2016	TF	Per Diem	11	2,282	$145,939	$13,267	$64	207
Community Living Supports (Daily)		H2016	TG	Per Diem	73	10,807	$1,731,265	$23,716	$160	148
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1,075	57,735	$4,157,476	$3,867	$72	54
Wraparound		H2022		Days	200	1,455	$488,821	$2,444	$336	7
Supported Employment Services		H2023		15 minutes	33	3,685	$131,446	$3,983	$36	112
Supported Employment Services		H2023	TT	15 Minutes	71	14,374	$60,691	$855	$4	202
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	13	2,025	$10,490	$807	$5	156
Substance Abuse: Outpatient Care		H2035		Hour	43	73	$8,760	$204	$120	2
Substance Abuse: Outpatient Care		H2036		Days	1	6	$1,590	$1,590	$265	6
Medication Review		M0064		Encounter Face-to-Face	534	818	$72,413	$136	$89	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	4	338	$412	$103	$1	85
Family Training		S5110		15 Minutes	1	8	$390	$390	$49	8
Family Training		S5111		Encounter	1,357	9,031	$1,054,400	$777	$117	7
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	122	8,573	$2,263,482	$18,553	$264	70
Respite		S5150		15 Minutes	372	223,254	$763,344	$2,052	$3	600
Respite		S5151		Per Diem	30	704	$35,254	$1,175	$50	23
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$2,502	$2,502	$2,502	1
Enhanced Medical Equipment-Supplies		S5199		Items	8	8	$1,008	$126	$126	1
Occupational or Physical Therapy		S8990		Encounter	7	422	$26,903	$3,843	$64	60

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9445		Encounter	468	1,468	$56,559	$121	$39	3
Health Services		S9446		Encounter	49	81	$2,737	$56	$34	2
Health Services		S9470		Encounter	3	3	$1,046	$349	$349	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	360	1,672	$244,870	$680	$146	5
Reidential Room and Board		S9976		Days	67	2,381	$70,647	$1,054	$30	36
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	882	1,539	$118,797	$135	$77	2
Health Services		T1002		Up to 15 min	3,101	10,363	$774,955	$250	$75	3
Respite Care		T1005		15 Minutes	1,638	1,093,317	$3,242,057	$1,979	$3	667
Respite Care		T1005	TD	15 Minutes	2	1,514	$8,488	$4,244	$6	757
Respite Care		T1005	TE	15 Minutes	7	10,901	$49,350	$7,050	$5	1,557
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	1	2	$333	$333	$166	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,206	36,458	$3,318,768	$2,752	$91	30
Targeted Case Management		T1017		15 minutes	7,576	237,459	$14,877,737	$1,964	$63	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	20	113	$7,844	$392	$69	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	73	8,111	$303,108	$4,152	$37	111
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	29	4,818	$269,667	$9,299	$56	166
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	18	2,395	$301,001	$16,722	$126	133
Assessments		T1023		Encounter	2,783	3,718	$1,163,436	$418	$313	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	4	8	$1,266	$316	$158	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	43	36,744	$68,711	$1,598	$2	855
Transportation		T2003		Encounter / Trip	13	24	$1,313	$101	$55	2
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	87	581	$42,272	$486	$73	7
Enhanced Medical Equipment-Supplies		T2028		Items	8	25	$1,324	$166	$53	3
Enhanced Medical Equipment-Supplies		T2029		Items	4	5	$1,297	$324	$259	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	163	687	$76,247	$468	$111	4
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	77	660	$85,570	$1,111	$130	9
Housing Assistance		T2038		Month	13	28	$15,030	$1,156	$537	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					14	0	$34,313	$2,451	$0	0
Other					14	0	$32,955	$2,354	$0	0
Aggregate for 'J' Codes		ALL			2	0	$1,963	$982	$0	0

Statewide summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**40,515**		**$144,930,621**			

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	58	8,706	$3,743,770	$64,548	$430	150
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	123	32,519	$8,697,830	$70,714	$267	264
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	323	8,588	$3,570,924	$11,055	$416	27
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,140	12,572	$2,382,395	$2,090	$190	11
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	43	56	$6,910	$161	$123	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
Crisis Observation Care	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	62	589	$156,777	$2,529	$266	10
Outpatient Partial Hospitalization	0913			Days	4	41	$15,362	$3,840	$375	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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	204	2,452	$178,675	$876	$73	12
Assessment-Psychiatric Assessment		90801		Encounter	4,216	4,804	$1,372,397	$326	$286	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	21	29	$4,254	$203	$147	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1,674	7,903	$636,946	$380	$81	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	183	293	$17,370	$95	$59	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,967	23,622	$2,755,428	$929	$117	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	407	621	$52,123	$128	$84	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	341	1,201	$292,343	$857	$243	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	14	15	$2,887	$206	$192	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	19	27	$3,200	$168	$119	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	35	154	$19,312	$552	$125	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	11	27	$1,040	$95	$39	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	3	7	$642	$214	$92	2
Therapy-Individual Therapy		90817		Encounter 20-30 Min	3	42	$3,075	$1,025	$73	14

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90818		Encounter 45-50 Min	5	93	$10,011	$2,002	$108	19
Therapy-Individual Therapy		90819		Encounter 45-50 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90821		Encounter 75-80 Min	2	2	$258	$129	$129	1
Therapy-Individual Therapy		90822		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90823		Encounter 20-30 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90824		Encounter 20-30 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90826		Encounter 45-50 Min	1	1	$0	$0	$0	1
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90828		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90829		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Family Therapy		90846		Encounter	280	870	$92,049	$329	$106	3
Therapy-Family Therapy		90847		Encounter	1,181	5,272	$852,791	$722	$162	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	5	19	$3,368	$674	$177	4
Therapy-Group Therapy		90853		Encounter	719	7,368	$491,892	$684	$67	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	18	130	$11,934	$663	$92	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	10,447	39,750	$5,159,466	$494	$130	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1,544	3,005	$281,196	$182	$94	2
Speech & Language Therapy		92506		Encounter	746	1,079	$301,151	$404	$279	1
Speech & Language Therapy		92507		Encounter	962	14,027	$1,256,662	$1,306	$90	15
Speech & Language Therapy		92508		Encounter	33	566	$45,513	$1,379	$80	17
Speech & Language Therapy		92526		Encounter	639	1,111	$180,720	$283	$163	2
Speech & Language Therapy		92610		Encounter	220	315	$119,575	$544	$380	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2,043	7,068	$1,391,350	$681	$197	3

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Psychological Testing by Technician		96102		Per Hour	17	58	$3,271	$192	$56	3
Psychological Testing by Comp		96103		Per Hour	2	5	$790	$395	$158	3
Assessments-Other		96105		Encounter	7	7	$0	$0	$0	1
Assessments-Other		96110		Encounter	1,551	7,313	$699,892	$451	$96	5
Assessments-Other		96111		Encounter	212	328	$68,940	$325	$210	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1,565	5,479	$903,445	$577	$165	4
Neuropsych test by Psych/Phys		96118		Per Hour	1	5	$373	$373	$75	5
Neuropsych test by Tech		96119		Per Hour	3	3	$513	$171	$171	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	448	473	$69,998	$156	$148	1
Physical Therapy		97002		Encounter	228	358	$82,234	$361	$230	2
Occupational Therapy		97003		Encounter	2,127	2,269	$841,336	$396	$371	1
Occupational Therapy		97004		Encounter	1,984	3,983	$927,485	$467	$233	2
Occupational or Physical Therapy		97110		15 Minutes	963	47,897	$1,279,939	$1,329	$27	50
Occupational or Physical Therapy		97112		15 Minutes	7	129	$13,796	$1,971	$107	18
Occupational or Physical Therapy		97113		15 Minutes	2	44	$2,312	$1,156	$53	22
Occupational or Physical Therapy		97116		15 Minutes	60	294	$29,650	$494	$101	5
Occupational or Physical Therapy		97124		15 Minutes	23	2,643	$67,728	$2,945	$26	115
Occupational or Physical Therapy		97140		15 Minutes	28	476	$20,433	$730	$43	17
Occupational or Physical Therapy		97150		Encounter	40	271	$23,207	$580	$86	7
Occupational or Physical Therapy		97530		15 Minutes	572	27,972	$847,321	$1,481	$30	49
Occupational or Physical Therapy		97532		15 Minutes	42	449	$28,106	$669	$63	11
Occupational or Physical Therapy		97533		15 Minutes	266	3,457	$156,022	$587	$45	13
Occupational or Physical Therapy		97535		15 Minutes	267	1,377	$101,124	$379	$73	5
Occupational or Physical Therapy		97537		15 Minutes	5	122	$4,500	$900	$37	24
Occupational or Physical Therapy		97542		15 Minutes	411	2,388	$216,067	$526	$90	6
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97750		15 Minutes	5	39	$2,032	$406	$52	8
Occupational Therapy		97755		15 Minutes	181	1,199	$84,411	$466	$70	7
Occupational Therapy		97760		15 Minutes	78	448	$32,543	$417	$73	6
Prosthetic Training (Children's Waiver)		97761		15 Minutes	3	19	$633	$211	$33	6
C/O for Orthotic/Prosth Use		97762		15 minutes	14	88	$4,020	$287	$46	6
Assessment or Health Services		97802		15 Minutes	831	3,737	$202,695	$244	$54	4
Assessment or Health Services		97803		15 Minutes	2,312	14,822	$910,106	$394	$61	6
Health Services		97804		30 Minutes	76	1,602	$24,445	$322	$15	21
Additional Codes-Physician Services		99201		Encounter	1	1	$88	$88	$88	1
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	3	3	$741	$247	$247	1
Additional Codes-Physician Services		99204		Encounter	5	5	$1,570	$314	$314	1

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	3	3	$1,803	$601	$601	1
Additional Codes-Physician Services		99211		Encounter	75	800	$74,505	$993	$93	11
Additional Codes-Physician Services		99212		Encounter	52	56	$6,708	$129	$120	1
Additional Codes-Physician Services		99213		Encounter	247	510	$55,011	$223	$108	2
Additional Codes-Physician Services		99214		Encounter	222	319	$63,631	$287	$199	1
Additional Codes-Physician Services		99215		Encounter	19	28	$7,037	$370	$251	1
Additional Codes-Physician Services		99221			25	41	$5,877	$235	$143	2
Additional Codes-Physician Services		99222			45	52	$6,742	$150	$130	1
Additional Codes-Physician Services		99223			2	2	$339	$170	$170	1
Additional Codes-Physician Services		99231			73	659	$35,343	$484	$54	9
Additional Codes-Physician Services		99232			35	110	$10,536	$301	$96	3
Additional Codes-Physician Services		99233			7	12	$1,465	$209	$122	2
Additional Codes-Physician Services		99238		30 Minutes or less	50	61	$6,215	$124	$102	1
Additional Codes-Physician Services		99241		Encounter	1	1	$51	$51	$51	1
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	9	10	$2,520	$280	$252	1
Additional Codes-Physician Services		99253		Encounter	7	7	$1,981	$283	$283	1
Additional Codes-Physician Services		99254		Encounter	1	3	$255	$255	$85	3
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	29	162	$27,839	$960	$172	6
Transportation		A0080		Per mile	9	4,918	$2,187	$243	$0	546
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	4	4	$323	$81	$81	1
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	2	71	$719	$360	$10	36
Transportation		A0130		Per one-way trip	3	1,122	$37,941	$12,647	$34	374
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	2	2	$157	$78	$78	1
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	342	532	$251,797	$736	$473	2
Activity Therapy (Children's Waiver)		G0176		Encounter	104	3,028	$172,897	$1,662	$57	29
Family Training/Support EBP only		G0177		Encounter	8	54	$14,294	$1,787	$265	7
Substance Abuse: Individual Assessment		H0001		Encounter	171	1,024	$38,927	$228	$38	6
Assessment		H0002		Encounter	1,248	1,317	$331,893	$266	$252	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	1	10	$246	$246	$25	10
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	2	9	$1,124	$562	$125	5
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	1	24	$3,078	$3,078	$128	24
Crisis Residential Services		H0018		Days	80	685	$201,663	$2,521	$294	9
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	52	5,866	$33,371	$642	$6	113
Prevention Services - Direct Model		H0025		Face to Face Contact	81	442	$67,224	$830	$152	5
Assessment		H0031		Encounter	8,857	15,966	$2,609,094	$295	$163	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	10,114	33,903	$6,641,437	$657	$196	3
Monitoring of Treatment - Physician		H0032	TS	Encounter	1,212	5,246	$904,863	$747	$172	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	413	3,204	$164,791	$399	$51	8
Home Based Services		H0036		15 Minutes	209	30,010	$1,384,668	$6,625	$46	144
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	116	12,198	$145,987	$1,259	$12	105
Peer Directed and Operated Support Services		NA			10	4,626	$563,859	$56,386	$122	463

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Assertive Community Treatment (ACT)		H0039		15 Minutes	75	15,780	$783,871	$10,452	$50	210
Community Living Supports in Independent living/own home		H0043		Per diem	1,845	500,761	$65,502,024	$35,502	$131	271
Community Living Supports in Independent living/own home		H0043	TT	Per diem	647	164,131	$23,361,064	$36,107	$142	254
Respite		H0045		Per Diem	899	14,090	$2,781,000	$3,093	$197	16
Respite (Children's Waiver)		H0045	TD	Per Diem	4	13,077	$58,637	$14,659	$4	3,269
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	4,222	7,940	$1,175,894	$279	$148	2
Monitoring Activities		H2000	TS	Encounter	426	1,118	$149,989	$352	$134	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,080	7,598	$428,522	$397	$56	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11,897	27,727,540	$94,380,095	$7,933	$3	2,331
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	4,043	11,156,800	$38,596,754	$9,547	$3	2,760
Community Living Supports (15 Minutes)		H2015		15 Minutes	10,128	36,016,591	$137,744,601	$13,600	$4	3,556
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	2,196	4,111,175	$16,425,948	$7,480	$4	1,872
Community Living Supports (Daily)		H2016		Per Diem	2,824	841,532	$48,906,540	$17,318	$58	298
Community Living Supports (Daily)		H2016	TF	Per Diem	2,256	608,697	$35,100,465	$15,559	$58	270
Community Living Supports (Daily)		H2016	TG	Per Diem	5,246	1,477,143	$171,217,894	$32,638	$116	282
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	30	1,359	$112,604	$3,753	$83	45
Wraparound		H2022		Days	9	77	$16,577	$1,842	$215	9
Supported Employment Services		H2023		15 minutes	4,102	3,637,832	$21,065,737	$5,135	$6	887
Supported Employment Services		H2023	TT	15 Minutes	1,147	1,066,968	$5,109,655	$4,455	$5	930
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	321	524,029	$2,427,352	$7,562	$5	1,632
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1,756	5,763	$598,892	$341	$104	3
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	6	756	$242	$40	$0	126
Family Training		S5110		15 Minutes	3	60	$871	$290	$15	20
Family Training		S5111		Encounter	1,120	6,350	$820,685	$733	$129	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	246	2,071	$203,302	$826	$98	8
Chore Services		S5120		15 Minutes	3	320	$2,913	$971	$9	107
Foster Care		S5140		Days	11	1,623	$83,328	$7,575	$51	148
Foster Care		S5145		Days	28	8,282	$1,805,559	$64,484	$218	296
Respite		S5150		15 Minutes	2,807	3,265,488	$5,673,308	$2,021	$2	1,163
Respite		S5151		Per Diem	538	15,830	$1,194,758	$2,221	$75	29

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Personal Emergency Response System (PERS)		S5160		Encounter	40	42	$25,384	$635	$604	1
Personal Emergency Response System (PERS)		S5161		Month	262	2,679	$1,460,712	$5,575	$545	10
Environmental Modification		S5165		Service	127	165	$427,956	$3,370	$2,594	1
Enhanced Medical Equipment-Supplies		S5199		Items	757	2,029	$442,512	$585	$218	3
Occupational or Physical Therapy		S8990		Encounter	141	88,139	$538,154	$3,817	$6	625
Private Duty Nursing	0582	S9123		Hour	7	6,072	$262,412	$37,487	$43	867
Private Duty Nursing		S9123		Hour	10	10,195	$394,811	$39,481	$39	1,020
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	14	29,034	$997,653	$71,261	$34	2,074
Private Duty Nursing		S9124		Hour	17	37,860	$1,099,007	$64,647	$29	2,227
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	TD	Per Diem	4	37	$27,917	$6,979	$755	9
Respite Care in the Home (LPN) (Children's Waiver)		S9125	TE	Per Diem	2	11	$6,214	$3,107	$565	6
Health Services		S9445		Encounter	1,864	4,751	$676,106	$363	$142	3
Health Services		S9446		Encounter	141	1,155	$47,695	$338	$41	8
Health Services		S9470		Encounter	463	754	$99,373	$215	$132	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	55	421	$54,780	$996	$130	8
Reidential Room and Board		S9976		Days	223	49,413	$1,788,858	$8,022	$36	222
Private Duty Nursing		T1000		Up to 15 min	16	88,894	$752,321	$47,020	$8	5,556
Private Duty Nursing		T1000	TD	Up to 15 min	7	40,754	$374,259	$53,466	$9	5,822
Private Duty Nursing		T1000	TE	Up to 15 min	14	96,769	$772,526	$55,180	$8	6,912
Assessment		T1001		Encounter	5,711	11,115	$2,550,596	$447	$229	2
Health Services		T1002		Up to 15 min	6,360	75,794	$4,966,917	$781	$66	12
Respite Care		T1005		15 Minutes	4,894	5,065,768	$18,712,052	$3,823	$4	1,035
Respite Care		T1005	TD	15 Minutes	26	48,713	$341,484	$13,134	$7	1,874
Respite Care		T1005	TE	15 Minutes	113	141,680	$604,925	$5,353	$4	1,254
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	6	21	$8,611	$1,435	$410	4
Supports Coordination/Wrap Facilitation		T1016		15 minutes	28,005	906,796	$75,703,770	$2,703	$83	32
Targeted Case Management		T1017		15 minutes	6,688	208,457	$13,791,545	$2,062	$66	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	194	3,294	$232,945	$1,201	$71	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4,738	1,349,243	$26,588,746	$5,612	$20	285
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2,376	631,710	$32,355,987	$13,618	$51	266
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3,060	868,049	$78,182,831	$25,550	$90	284
Assessments		T1023		Encounter	1,065	1,636	$698,938	$656	$427	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1,291	12,040	$349,724	$271	$29	9
Transportation		T2001		Encounter	2	25	$153	$77	$6	13
Transportation		T2002		Per Diem	809	491,037	$1,098,714	$1,358	$2	607
Transportation		T2003		Encounter / Trip	1,285	294,073	$3,590,766	$2,794	$12	229

Statewide Summary

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		T2004		Encounter	16	4,000	$4,445	$278	$1	250
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	959	727,520	$10,995,377	$11,465	$15	759
Targeted Case Management (Children's Waiver)		T2023		Month	403	3,926	$1,598,528	$3,967	$407	10
Fiscal Intermediary Services		T2025		Month	2,335	21,052	$2,253,508	$965	$107	9
Enhanced Medical Equipment-Supplies		T2028		Items	66	189	$18,292	$277	$97	3
Enhanced Medical Equipment-Supplies		T2029		Items	85	109	$83,883	$987	$770	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	115	1,074	$99,857	$868	$93	9
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	32	65	$13,639	$426	$210	2
Housing Assistance		T2038		Month	680	5,908	$1,441,442	$2,120	$244	9
Enhanced Medical Equipment-Supplies		T2039		Items	23	23	$64,465	$2,803	$2,803	1
Pharmacy (Drugs and Other Biologicals)					1,032	0	$199,948	$194	$0	0
Other					395	0	$1,093,399	$2,768	$0	0
Aggregate for 'J' Codes		ALL			55	0	$142,400	$2,589	$0	0
Total Population and Cost					**38,471**		**$1,019,409,381**			

Prevention Indirect Service Model

Fiscal Year 2007-2008

State of Michigan

CMH Name	Prevention Indirect Cost	Total Service Expenditures	Percentage
Allegan	$10,154	$17,404,547	0.06%
AuSable Valley	$881,606	$13,728,277	6.42%
Barry	$0	$6,019,108	0.00%
Bay-Arenac	$64,587	$35,380,122	0.18%
Berrien	$0	$28,457,177	0.00%
Clinton Eaton Ingham	$0	$80,400,609	0.00%
CMH for Central Michigan	$272,163	$62,146,405	0.44%
Copper Country	$0	$14,363,023	0.00%
Detroit-Wayne	$0	$607,454,754	0.00%
Genesee	$3,091,584	$109,275,565	2.83%
Gogebic	$0	$6,035,837	0.00%
Gratiot	$0	$9,938,192	0.00%
Hiawatha	$0	$15,333,225	0.00%
Huron	$0	$9,442,667	0.00%
Ionia	$21,899	$10,298,797	0.21%
Kalamazoo	$1,936,498	$66,105,618	2.93%
Lapeer	$46,752	$14,047,258	0.33%
Lenawee	$0	$14,395,393	0.00%
Lifeways	$55,000	$38,190,384	0.14%
Livingston	$0	$18,137,181	0.00%
Macomb	$257,551	$181,402,053	0.14%
Manistee-Benzie	$0	$12,068,707	0.00%
Monroe	$0	$25,890,915	0.00%
Montcalm	$0	$7,851,112	0.00%
Muskegon	$0	$45,368,399	0.00%
Network180	$1,573,376	$110,311,378	1.43%
Newaygo	$0	$16,824,689	0.00%
North Country	$56,709	$31,310,343	0.18%
Northeast Michigan	$0	$21,231,330	0.00%
Northern Lakes	$0	$38,706,523	0.00%
Northpointe	$72,072	$15,713,837	0.46%
Oakland	$639,084	$237,086,402	0.27%
Ottawa	$0	$31,902,862	0.00%
Pathways	$0	$37,035,593	0.00%
Pines	$0	$7,940,719	0.00%
Saginaw	$0	$44,340,555	0.00%
Sanilac	$13,195	$17,778,652	0.07%
Shiawassee	$59,186	$13,501,906	0.44%
St. Clair	$0	$45,610,084	0.00%
St. Joseph	$0	$11,836,001	0.00%
Summit Pointe	$0	$28,628,128	0.00%
Tuscola	$21,900	$13,027,789	0.17%
Van Buren	$41,303	$14,088,736	0.29%
Washtenaw	$173,689	$62,012,516	0.28%
West Michigan	$232,163	$16,961,286	1.37%
Woodlands	$71,131	$9,859,889	0.72%
State Totals	$9,591,603	$2,274,844,544	0.42%

SECTION 404 (2) (c) Part 2
TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP
FY 2008

Adults with Mental Illness
(Adult MI)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2008 MDCH/CMHSP contract. Cost data were collected from October 1, 2007 to September 30, 2008 and submitted to MDCH by January 31, 2009. The data in this section represent the total costs associated with providing mental health services to adults with mental illness (adult 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).

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	9	1,046	$421,649	$46,850	$403	116
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	120	$44,032	$3,669	$367	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	152	1,017	$503,860	$3,315	$495	7
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	9	$745	$745	$83	9
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	7	$355	$355	$51	7
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	22	292	$19,593	$891	$67	13
Assessment-Psychiatric Assessment		90801		Encounter	222	222	$45,958	$207	$207	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	254	478	$37,717	$148	$79	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	483	4,196	$600,999	$1,244	$143	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	39	102	$23,846	$611	$234	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	7	$888	$296	$127	2
Therapy-Family Therapy		90847		Encounter	6	19	$2,391	$399	$126	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	38	404	$63,209	$1,663	$156	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	359	1,120	$120,094	$335	$107	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	13	34	$6,178	$475	$182	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1	3	$443	$443	$148	3
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	61	61	$4,140	$68	$68	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Allegan

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	535	582	$104,036	$194	$179	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	592	1,338	$141,348	$239	$106	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	25	$1,071	$536	$43	13
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	9	840	$55,167	$6,130	$66	93
Peer Directed and Operated Support Services		NA			24	0	$128,225	$5,343	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	61	8,231	$477,418	$7,827	$58	135
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	2	663	$59,628	$29,814	$90	332
Respite		H0045		Per Diem	1	4	$125	$125	$31	4
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	7	$1,782	$356	$255	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	18	81	$7,548	$419	$93	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	4	671	$6,485	$1,621	$10	168
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	37,269	$126,090	$21,015	$3	6,212
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	1	3,419	$9,679	$9,679	$3	3,419
Community Living Supports (Daily)		H2016		Per Diem	11	2,915	$64,536	$5,867	$22	265
Community Living Supports (Daily)		H2016	TF	Per Diem	7	1,532	$106,380	$15,197	$69	219
Community Living Supports (Daily)		H2016	TG	Per Diem	13	2,603	$486,359	$37,412	$187	200
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	39	2,395	$73,088	$1,874	$31	61
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	1,648	$3,795	$3,795	$2	1,648
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	262	707	$57,047	$218	$81	3
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	65	2,747	$170,701	$2,626	$62	42
Targeted Case Management		T1017		15 minutes	131	7,186	$496,564	$3,791	$69	55
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	21	385	$20,929	$997	$54	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	25	6,366	$47,256	$1,890	$7	255
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	366	$5,938	$5,938	$16	366
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	337	$59,852	$59,852	$178	337
Assessments		T1023		Encounter	188	235	$38,998	$207	$166	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			44	0	$45,354	$1,031	$0	0
Total Population and Cost					**1,013**		**$4,691,496**			

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	237	$75,542	$37,771	$319	119
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	10	$7,886	$7,886	$789	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	23	147	$106,593	$4,634	$725	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	5	6	$89	$18	$15	1
Assessment-Psychiatric Assessment		90801		Encounter	395	400	$71,272	$180	$178	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	244	429	$27,596	$113	$64	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

AuSable Valley

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	500	1,537	$164,905	$330	$107	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	5	8	$1,048	$210	$131	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	4	5	$655	$164	$131	1
Therapy-Family Therapy		90847		Encounter	32	89	$11,660	$364	$131	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	113	540	$35,369	$313	$65	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

AuSable Valley

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	376	974	$85,356	$227	$88	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	2	$168	$168	$84	2
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	47	71	$9,302	$198	$131	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	3	3	$393	$131	$131	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

AuSable Valley

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	17	49	$724	$43	$15	3
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			3	20	$546	$182	$27	7
Additional Codes-Physician Services		99222			7	29	$2,104	$301	$73	4
Additional Codes-Physician Services		99223			5	24	$1,242	$248	$52	5
Additional Codes-Physician Services		99231			14	273	$13,338	$953	$49	20
Additional Codes-Physician Services		99232			10	78	$3,747	$375	$48	8
Additional Codes-Physician Services		99233			3	33	$1,880	$627	$57	11
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	12	101	$7,543	$629	$75	8
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	111	119	$15,578	$140	$131	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

AuSable Valley

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	18	110	$36,746	$2,041	$334	6
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	145	427	$75,411	$520	$177	3
Assessment		H0031		Encounter	709	382	$117,554	$166	$308	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	399	213	$27,905	$70	$131	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	690	468	$106,151	$154	$227	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	19	1,354	$44,456	$2,340	$33	71
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	73	9,719	$903,728	$12,380	$93	133
Community Living Supports in Independent living/own home		H0043		Per diem	8	213	$24,866	$3,108	$117	27
Community Living Supports in Independent living/own home		H0043	TT	Per diem	8	2,391	$280,151	$35,019	$117	299
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	6	6	$850	$142	$142	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	272	2,999	$97,518	$359	$33	11
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3	26	$132	$44	$5	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	3	174	$886	$295	$5	58
Community Living Supports (15 Minutes)		H2015		15 Minutes	22	575	$2,717	$124	$5	26
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	22	1,969	$9,302	$423	$5	90
Community Living Supports (Daily)		H2016		Per Diem	5	673	$107,880	$21,576	$160	135
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	18	2,391	$466,336	$25,908	$195	133
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	3	55	$1,455	$485	$26	18
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	27	4,957	$25,252	$935	$5	184
Supported Employment Services		H2023	TT	15 Minutes	31	14,959	$76,205	$2,458	$5	483
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	3	60	$1,494	$498	$25	20
Family Training		S5111		Encounter	1	1	$202	$202	$202	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	1,592	$1,424	$1,424	$1	1,592
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	35	38	$2,245	$64	$59	1
Health Services		T1002		Up to 15 min	88	149	$2,201	$25	$15	2
Respite Care		T1005		15 Minutes	1	288	$1,313	$1,313	$5	288
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	3	4	$398	$133	$100	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	117	4,924	$469,962	$4,017	$95	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	19	2,762	$29,788	$1,568	$11	145
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	302	$18,238	$18,238	$60	302
Assessments		T1023		Encounter	138	170	$22,271	$161	$131	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			25	0	$44,579	$1,783	$0	0
Total Population and Cost					**1,694**		**$3,644,152**			

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	107	$39,055	$13,018	$365	36
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	57	332	$228,972	$4,017	$690	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	1	7	$686	$686	$98	7
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	97	98	$13,383	$138	$137	1
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	237	374	$24,932	$105	$67	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	761	3,820	$535,557	$704	$140	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	76	81	$15,673	$206	$193	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	121	266	$31,623	$261	$119	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	224	1,423	$59,467	$265	$42	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	238	947	$41,004	$172	$43	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	24	66	$8,616	$359	$131	3
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			2	3	$165	$83	$55	2
Additional Codes-Physician Services		99222			2	2	$150	$75	$75	1
Additional Codes-Physician Services		99223			1	1	$100	$100	$100	1
Additional Codes-Physician Services		99231			5	26	$1,270	$254	$49	5
Additional Codes-Physician Services		99232			2	2	$90	$45	$45	1
Additional Codes-Physician Services		99233			2	4	$280	$140	$70	2
Additional Codes-Physician Services		99238		30 Minutes or less	5	6	$375	$75	$63	1
Additional Codes-Physician Services		99241		Encounter	83	159	$8,040	$97	$51	2
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	3	144	$576	$192	$4	48
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			3	3	$540	$180	$180	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	17	121	$4,834	$284	$40	7
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	372	375	$71,222	$191	$190	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	10	51	$13,900	$1,390	$273	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	41	964	$39,990	$975	$41	24
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	387	417	$58,641	$152	$141	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	245	259	$33,991	$139	$131	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	177	$12,666	$6,333	$72	89
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	6	218	$44,825	$7,471	$206	36
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	6	30	$2,916	$486	$97	5
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	145	705	$46,138	$318	$65	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	15	8,154	$170,823	$11,388	$21	544
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	2	730	$117,719	$58,860	$161	365
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	4	2,163	$147,096	$36,774	$68	541
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	8	174	$1,771	$221	$10	22
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	12	3,119	$18,714	$1,560	$6	260
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	118	321	$12,887	$109	$40	3
Health Services		S9446		Encounter	4	131	$3,745	$936	$29	33
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	35	101	$49,189	$1,405	$487	3
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	6	6	$1,629	$272	$272	1
Health Services		T1002		Up to 15 min	76	154	$3,489	$46	$23	2
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	16	16	$5,527	$345	$345	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	34	854	$102,468	$3,014	$120	25
Targeted Case Management		T1017		15 minutes	44	1,258	$130,414	$2,964	$104	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	8	$708	$708	$89	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2	730	$13,327	$6,664	$18	365
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	2,163	$58,824	$14,706	$27	541
Assessments		T1023		Encounter	78	96	$80,228	$1,029	$836	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	6	381	$7,026	$1,171	$18	64
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$969	$969	$0	0
Total Population and Cost					**1,261**		**$2,266,230**			

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	6	1,329	$627,436	$104,573	$472	222
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	7	$4,731	$4,731	$676	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	328	2,195	$1,324,723	$4,039	$604	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	140	1,062	$37,956	$271	$36	8
Assessment-Psychiatric Assessment		90801		Encounter	1,116	1,189	$187,708	$168	$158	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$155	$155	$155	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	361	598	$26,283	$73	$44	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,554	14,856	$1,092,190	$703	$74	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	124	232	$29,889	$241	$129	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	2	2	$0	$0	$0	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	13	94	$2,202	$169	$23	7
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$75	$75	$75	1
Therapy-Family Therapy		90847		Encounter	15	25	$1,816	$121	$73	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	166	2,146	$107,083	$645	$50	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	10	46	$1,476	$148	$32	5

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	2,102	11,229	$572,573	$272	$51	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	30	$7,520	$940	$251	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	5	6	$511	$102	$85	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$85	$43	$43	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	3	54	$1,224	$408	$23	18
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	11	$214	$107	$19	6
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	27	548	$9,063	$336	$17	20
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	120	150	$1,109	$9	$7	1
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			21	22	$1,753	$83	$80	1
Additional Codes-Physician Services		99222			262	300	$40,934	$156	$136	1
Additional Codes-Physician Services		99223			15	15	$2,893	$193	$193	1
Additional Codes-Physician Services		99231			298	1,468	$50,970	$171	$35	5
Additional Codes-Physician Services		99232			76	218	$5,618	$74	$26	3
Additional Codes-Physician Services		99233			5	12	$1,249	$250	$104	2
Additional Codes-Physician Services		99238		30 Minutes or less	262	314	$22,028	$84	$70	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	6	6	$258	$43	$43	1
Additional Codes-Physician Services		99252		Encounter	31	34	$2,382	$77	$70	1
Additional Codes-Physician Services		99253		Encounter	53	57	$7,828	$148	$137	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	3	994	$553	$184	$1	331
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	20	$94	$94	$5	20
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$127	$127	$127	1
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$3,271	$3,271	$3,271	1
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	31	119	$40,879	$1,319	$344	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	657	672	$85,284	$130	$127	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	644	789	$51,133	$79	$65	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	75	7,792	$422,303	$5,631	$54	104
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	104	15,146	$122,735	$1,180	$8	146
Peer Directed and Operated Support Services		NA			136	0	$138,629	$1,019	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	109	12,189	$1,363,871	$12,513	$112	112
Community Living Supports in Independent living/own home		H0043		Per diem	12	2,105	$322,693	$26,891	$153	175
Community Living Supports in Independent living/own home		H0043	TT	Per diem	7	214	$26,036	$3,719	$122	31
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	3	$581	$194	$194	1
Monitoring Activities		H2000	TS	Encounter	7	7	$1,451	$207	$207	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	296	1,543	$70,433	$238	$46	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	47	103,622	$150,705	$3,206	$1	2,205
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	1	1,638	$8,769	$8,769	$5	1,638
Community Living Supports (15 Minutes)		H2015		15 Minutes	52	52,130	$432,092	$8,309	$8	1,003
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	26	1,991	$29,444	$1,132	$15	77
Community Living Supports (Daily)		H2016		Per Diem	5	1,556	$48,927	$9,785	$31	311
Community Living Supports (Daily)		H2016	TF	Per Diem	15	2,783	$203,435	$13,562	$73	186
Community Living Supports (Daily)		H2016	TG	Per Diem	39	9,579	$1,197,751	$30,712	$125	246
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	54	10,511	$58,883	$1,090	$6	195
Supported Employment Services		H2023	TT	15 Minutes	59	51,745	$120,136	$2,036	$2	877
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	148	150,982	$369,145	$2,494	$2	1,020
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	10	11	$558	$56	$51	1
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	2	8	$550	$275	$69	4
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	23	23	$2,562	$111	$111	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	63	295	$36,299	$576	$123	5
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	202	204	$33,800	$167	$166	1
Health Services		T1002		Up to 15 min	71	3,337	$70,645	$995	$21	47
Respite Care		T1005		15 Minutes	28	38,224	$94,260	$3,366	$2	1,365
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	29	730	$64,633	$2,229	$89	25
Targeted Case Management		T1017		15 minutes	1,150	37,694	$2,210,160	$1,922	$59	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	47	1,503	$105,398	$2,243	$70	32
Personal Care in Licensed Specialized Residential Setting		T1020		Days	44	10,856	$131,015	$2,978	$12	247
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	7	1,772	$103,892	$14,842	$59	253
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	685	909	$708,463	$1,034	$779	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	8	$179	$60	$22	3
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	38	8,457	$38,269	$1,007	$5	223
Transportation		T2004		Encounter	9	2,170	$2,412	$268	$1	241
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	139	41	$212,791	$1,531	$5,190	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					706	0	$277,769	$393	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			22	0	$323	$15	$0	0
Total Population and Cost					**3,492**		**$13,535,273**			

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	18	2,480	$905,200	$50,289	$365	138
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	6	$3,966	$3,966	$661	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	106	1,447	$870,788	$8,215	$602	14
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	124	1,665	$145,770	$1,176	$88	13
Assessment-Psychiatric Assessment		90801		Encounter	1,392	1,812	$663,368	$477	$366	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	189	252	$39,774	$210	$158	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,083	5,964	$1,246,343	$1,151	$209	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	30	87	$20,416	$681	$235	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	3	$1,051	$350	$350	1
Therapy-Family Therapy		90847		Encounter	24	62	$13,082	$545	$211	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	1	10	$525	$525	$53	10
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	20	172	$26,331	$1,317	$153	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,660	6,709	$1,118,897	$674	$167	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	9	28	$4,412	$490	$158	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	2	18	$1,188	$594	$66	9
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	90	96	$5,148	$57	$54	1
Additional Codes-Physician Services		99212		Encounter	3	3	$341	$114	$114	1
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	267	278	$73,016	$273	$263	1
Additional Codes-Physician Services		99215		Encounter	12	12	$4,728	$394	$394	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			136	158	$16,590	$122	$105	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			147	1,362	$57,415	$391	$42	9
Additional Codes-Physician Services		99232			4	5	$570	$143	$114	1
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	141	163	$5,705	$40	$35	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	7	372	$19,541	$2,792	$53	53
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	4	4	$350	$88	$88	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	10	85	$22,420	$2,242	$264	9
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	7	7	$2,451	$350	$350	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	5	534	$46,751	$9,350	$88	107
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	20	349	$9,166	$458	$26	17
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	46	6,691	$644,371	$14,008	$96	145
Community Living Supports in Independent living/own home		H0043		Per diem	1	291	$61,802	$61,802	$212	291
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	12	38	$4,458	$372	$117	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	21	78	$3,005	$143	$39	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	31,136	$72,847	$8,094	$2	3,460
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	43	40,642	$155,899	$3,626	$4	945
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	19	3,565	$736,476	$38,762	$207	188
Community Living Supports (Daily)		H2016	TF	Per Diem	13	1,992	$98,424	$7,571	$49	153
Community Living Supports (Daily)		H2016	TG	Per Diem	36	8,282	$1,112,495	$30,903	$134	230
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	21	5,534	$30,645	$1,459	$6	264
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	38	55,885	$803,380	$21,142	$14	1,471
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	3	72	$3,782	$1,261	$53	24
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$242	$242	$242	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	15	$3,940	$1,970	$263	8
Health Services		T1002		Up to 15 min	2	7	$276	$138	$39	4
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	7	100	$5,253	$750	$53	14
Supports Coordination/Wrap Facilitation		T1016		15 minutes	81	1,111	$87,015	$1,074	$78	14
Targeted Case Management		T1017		15 minutes	246	4,880	$469,965	$1,910	$96	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	54	12,858	$166,430	$3,082	$13	238
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	707	$29,545	$5,909	$42	141
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	144	$12,207	$4,069	$85	48
Assessments		T1023		Encounter	461	631	$165,731	$360	$263	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	7	53	$5,300	$757	$100	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$350	$350	$350	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			83	0	$219,961	$2,650	$0	0
Total Population and Cost					**2,789**		**$10,219,103**			

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	80	7,963	$2,548,333	$31,854	$320	100
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	43	471	$299,399	$6,963	$636	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	552	6,890	$2,796,420	$5,066	$406	12
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	323	5,146	$337,190	$1,044	$66	16
Assessment-Psychiatric Assessment		90801		Encounter	814	1,027	$466,901	$574	$455	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	17	17	$7,124	$419	$419	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	196	405	$79,518	$406	$196	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	3	3	$350	$117	$117	1

Clinton Eaton Ingham

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	435	2,340	$585,773	$1,347	$250	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	4	14	$2,762	$691	$197	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	30	53	$17,068	$569	$322	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	2	$2,975	$2,975	$1,488	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	3	4	$736	$245	$184	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	4	5	$2,662	$666	$532	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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	3	$982	$491	$327	2
Therapy-Family Therapy		90847		Encounter	19	65	$15,349	$808	$236	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	39	524	$66,506	$1,705	$127	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Clinton Eaton Ingham

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,814	9,104	$1,420,475	$783	$156	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	1	2	$11	$11	$6	2
Assessments-Other		90887		Encounter	17	34	$12,192	$717	$359	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97537		15 Minutes	1	4	$189	$189	$47	4
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Clinton Eaton Ingham

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			1	1	$49	$49	$49	1
Additional Codes-Transportation		A0425		Per Mile	247	11,583	$117,546	$476	$10	47
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			257	402	$4,080	$16	$10	2
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	9	9	$2,006	$223	$223	1
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Clinton Eaton Ingham

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	1	3	$120	$120	$40	3
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	361	4,566	$1,318,715	$3,653	$289	13
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	6	36	$10,089	$1,682	$280	6
Assessment		H0031		Encounter	1,508	1,769	$718,373	$476	$406	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	213	230	$240,938	$1,131	$1,048	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	177	2,397	$268,168	$1,515	$112	14
Home Based Services		H0036		15 Minutes	108	6,631	$415,683	$3,849	$63	61
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	124	3,102	$108,876	$878	$35	25
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	84	11,179	$699,548	$8,328	$63	133
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	1	$237	$237	$237	1
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,578	7,891	$808,730	$513	$102	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	39	1,249	$7,337	$188	$6	32
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	455	82,808	$502,584	$1,105	$6	182
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	38	11,317	$137,262	$3,612	$12	298
Community Living Supports (Daily)		H2016	TF	Per Diem	24	7,378	$201,757	$8,407	$27	307
Community Living Supports (Daily)		H2016	TG	Per Diem	87	23,534	$1,493,682	$17,169	$63	271
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	36	$2,637	$2,637	$73	36
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	138	6,575	$444,980	$3,224	$68	48
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	124	79,497	$560,761	$4,522	$7	641
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	133	449	$51,379	$386	$114	3
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	1	3	$289	$289	$96	3
Family Training		S5110		15 Minutes	10	218	$7,388	$739	$34	22
Family Training		S5111		Encounter	7	13	$399	$57	$31	2
Foster Care		S5140		Days	27	8,859	$221,020	$8,186	$25	328
Foster Care		S5145		Days	3	3	$2,405	$802	$802	1
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	336	1,172	$116,015	$345	$99	3
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	404	544	$374,031	$926	$688	1
Reidential Room and Board		S9976		Days	361	4,566	$157,141	$435	$34	13
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	148	166	$24,978	$169	$150	1
Health Services		T1002		Up to 15 min	834	2,769	$158,752	$190	$57	3
Respite Care		T1005		15 Minutes	6	87	$505	$84	$6	15
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	10	15	$1,737	$174	$116	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	10	24	$4,403	$440	$183	2
Targeted Case Management		T1017		15 minutes	1,356	45,866	$3,767,193	$2,778	$82	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	77	2,765	$184,507	$2,396	$67	36
Personal Care in Licensed Specialized Residential Setting		T1020		Days	136	40,352	$179,258	$1,318	$4	297
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	7	1,455	$39,548	$5,650	$27	208
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	434	$28,024	$7,006	$65	109
Assessments		T1023		Encounter	34	35	$20,370	$599	$582	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	2	5	$6,055	$3,028	$1,211	3
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**4,197**		**$22,072,470**			

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	168	3,663	$1,540,094	$9,167	$420	22
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	205	1,293	$846,047	$4,127	$654	6
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
Crisis Observation Care	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	1	1	$164	$164	$164	1
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	162	2,216	$56,641	$350	$26	14
Assessment-Psychiatric Assessment		90801		Encounter	891	1,014	$203,064	$228	$200	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	2	$360	$360	$180	2
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	625	1,222	$62,080	$99	$51	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	253	664	$78,158	$309	$118	3

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,612	17,720	$1,664,013	$637	$94	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	26	32	$5,664	$218	$177	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	227	341	$51,657	$228	$151	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	7	7	$1,769	$253	$253	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	1	1	$41	$41	$41	1
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	6	7	$844	$141	$121	1
Therapy-Family Therapy		90847		Encounter	56	126	$14,154	$253	$112	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	371	3,868	$170,456	$459	$44	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,946	7,390	$797,162	$410	$108	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	33	336	$51,364	$1,556	$153	10
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	6	6	$938	$156	$156	1
Occupational Therapy		97004		Encounter	5	5	$601	$120	$120	1
Occupational or Physical Therapy		97110		15 Minutes	2	3	$99	$50	$33	2
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	4	$112	$56	$28	2
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	4	$99	$99	$25	4
Assessment or Health Services		97803		15 Minutes	1	4	$119	$119	$30	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

CMH for Central Michigan

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			18	19	$1,610	$89	$85	1
Additional Codes-Physician Services		99222			39	42	$4,670	$120	$111	1
Additional Codes-Physician Services		99223			129	145	$24,308	$188	$168	1
Additional Codes-Physician Services		99231			41	136	$4,438	$108	$33	3
Additional Codes-Physician Services		99232			116	390	$23,505	$203	$60	3
Additional Codes-Physician Services		99233			73	120	$10,397	$142	$87	2
Additional Codes-Physician Services		99238		30 Minutes or less	2	3	$158	$79	$53	2
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	5	5	$438	$88	$88	1
Additional Codes-Physician Services		99253		Encounter	24	24	$2,487	$104	$104	1
Additional Codes-Physician Services		99254		Encounter	2	2	$284	$142	$142	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	6	12	$456	$76	$38	2
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	32	261	$15,660	$489	$60	8
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	56	75	$21,154	$378	$282	1
Assessment		H0031		Encounter	1,823	2,046	$255,924	$140	$125	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1,336	1,822	$317,537	$238	$174	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	160	323	$12,746	$80	$39	2
Home Based Services		H0036		15 Minutes	43	5,698	$249,459	$5,801	$44	133
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	32	1,357	$4,926	$154	$4	42
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	93	11,471	$747,795	$8,041	$65	123
Community Living Supports in Independent living/own home		H0043		Per diem	9	2,435	$133,389	$14,821	$55	271
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	513	2,564	$84,509	$165	$33	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	459	163,310	$356,016	$776	$2	356
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	409	374,204	$1,115,128	$2,726	$3	915
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	14	1,636	$34,749	$2,482	$21	117
Community Living Supports (Daily)		H2016	TF	Per Diem	38	7,476	$362,960	$9,552	$49	197
Community Living Supports (Daily)		H2016	TG	Per Diem	74	15,422	$1,707,524	$23,075	$111	208
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	33	$3,304	$1,652	$100	17
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	51	54,282	$124,849	$2,448	$2	1,064
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	167	194,061	$601,589	$3,602	$3	1,162
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	406	670	$56,525	$139	$84	2
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	212	$38,637	$38,637	$182	212
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	8	83	$36,679	$4,585	$442	10
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	2	$2	$1	$1	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	8	21	$1,734	$217	$83	3
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	1	4	$300	$300	$75	4
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	4	4	$900	$225	$225	1
Health Services		T1002		Up to 15 min	2,177	8,259	$450,694	$207	$55	4
Respite Care		T1005		15 Minutes	18	12,167	$14,114	$784	$1	676
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	2	3	$276	$138	$92	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	266	13,742	$1,030,787	$3,875	$75	52
Targeted Case Management		T1017		15 minutes	960	43,281	$3,245,642	$3,381	$75	45
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	113	17,853	$281,720	$2,493	$16	158
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	12	3,096	$144,645	$12,054	$47	258
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	88	4,473	$458,751	$5,213	$103	51
Assessments		T1023		Encounter	443	949	$152,590	$344	$161	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	30	34	$3,705	$124	$109	1
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	243	99,993	$186,987	$769	$2	411
Transportation		T2003		Encounter / Trip	35	88	$1,511	$43	$17	3
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	11	111	$9,504	$864	$86	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	3	3	$402	$134	$134	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	1	$451	$451	$451	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	52	128	$47,683	$917	$373	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

CMH for Central Michigan

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Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					287	0	$143,697	$501	$0	0
Aggregate for 'J' Codes		ALL			107	0	$170,176	$1,590	$0	0
Total Population and Cost					**4,982**		**$18,245,781**			

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	235	$112,845	$28,211	$480	59
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	42	472	$294,674	$7,016	$624	11
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	19	$11,325	$11,325	$596	19
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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	28	352	$32,465	$1,159	$92	13
Assessment-Psychiatric Assessment		90801		Encounter	86	102	$40,105	$466	$393	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	107	327	$31,922	$298	$98	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	233	1,730	$246,243	$1,057	$142	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	13	22	$7,086	$545	$322	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	8	9	$1,768	$221	$196	1
Therapy-Family Therapy		90847		Encounter	22	48	$8,810	$400	$184	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	5	14	$2,998	$600	$214	3
Therapy-Family Therapy		90849	HS	Encounter	1	3	$700	$700	$233	3
Therapy-Group Therapy		90853		Encounter	27	332	$85,853	$3,180	$259	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	321	1,640	$293,736	$915	$179	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	5	$799	$399	$160	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	14	197	$38,207	$2,729	$194	14
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	15	211	$20,268	$1,351	$96	14
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	20	196	$42,445	$2,122	$217	10
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	8	115	$31,645	$3,956	$275	14
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	79	92	$23,309	$295	$253	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	147	167	$43,747	$298	$262	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	5	595	$43,753	$8,751	$74	119
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$66,696	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	32	14,422	$555,723	$17,366	$39	451
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	9	36	$2,553	$284	$71	4
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	174	855	$195,701	$1,125	$229	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	19	2,580	$44,336	$2,333	$17	136
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	29	41,417	$193,782	$6,682	$5	1,428
Community Living Supports (15 Minutes)		H2015		15 Minutes	163	34,803	$373,208	$2,290	$11	214
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	55	4,034	$39,936	$726	$10	73
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	4	292	$15,801	$3,950	$54	73
Community Living Supports (Daily)		H2016	TG	Per Diem	41	5,513	$964,669	$23,529	$175	134
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	52	8,120	$115,639	$2,224	$14	156
Supported Employment Services		H2023	TT	15 Minutes	6	432	$6,152	$1,025	$14	72
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	36	48,096	$283,936	$7,887	$6	1,336
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	183	894	$180,280	$985	$202	5
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	8	134	$5,353	$669	$40	17
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	64	$71	$71	$1	64
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	2	23	$1,066	$533	$46	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	16	48	$4,032	$252	$84	3
Health Services		T1002		Up to 15 min	69	686	$129,349	$1,875	$189	10
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	7	14	$2,138	$305	$153	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	128	981	$103,709	$810	$106	8
Targeted Case Management		T1017		15 minutes	122	3,249	$361,744	$2,965	$111	27
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	53	$7,994	$1,999	$151	13
Personal Care in Licensed Specialized Residential Setting		T1020		Days	43	4,863	$59,754	$1,390	$12	113
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	233	$9,441	$4,720	$41	117
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	224	290	$114,398	$511	$394	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	16	131	$2,601	$163	$20	8
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	2	3	$45	$23	$15	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			28	0	$66,419	$2,372	$0	0
Total Population and Cost					**676**		**$5,321,226**			

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	334	66,779	$22,355,217	$66,932	$335	200
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	3	854	$426,732	$142,244	$500	285
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2,754	26,873	$15,568,229	$5,653	$579	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4,041	32,138	$29,230,577	$7,234	$910	8
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	2,224	3,396	$1,417,716	$637	$417	2
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
Crisis Observation Care	0762			Hour	1	1	$710	$710	$710	1
Additional Codes-ECT Facility Charge	0901			Encounter	2	3	$1,300	$650	$433	2
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	381	4,429	$1,389,800	$3,648	$314	12
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	513	674	$21,694	$42	$32	1
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	320	397	$5,085	$16	$13	1
Medication Administration		90772		Encounter	2,739	16,011	$395,319	$144	$25	6
Assessment-Psychiatric Assessment		90801		Encounter	19,113	28,110	$5,021,516	$263	$179	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	64	76	$10,354	$162	$136	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	9,969	38,305	$2,535,834	$254	$66	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	434	1,395	$82,784	$191	$59	3

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	10,201	51,780	$6,500,144	$637	$126	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	334	867	$60,189	$180	$69	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1,152	2,667	$492,934	$428	$185	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	2	2	$329	$165	$165	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$80	$80	$80	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	4	10	$1,594	$399	$159	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	4	5	$1,594	$399	$319	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	7	25	$1,000	$143	$40	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	1	5	$160	$160	$32	5
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	131	257	$14,499	$111	$56	2
Therapy-Family Therapy		90847		Encounter	439	1,007	$131,616	$300	$131	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	19	45	$6,151	$324	$137	2
Therapy-Family Therapy		90849	HS	Encounter	5	6	$667	$133	$111	1
Therapy-Group Therapy		90853		Encounter	4,453	32,972	$1,423,990	$320	$43	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	133	1,503	$66,445	$500	$44	11

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	23,768	119,441	$9,334,448	$393	$78	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	2,585	5,668	$162,544	$63	$29	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	70	225	$26,301	$376	$117	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,520	34,641	$2,208,753	$1,453	$64	23
Assessments-Other		96111		Encounter	278	794	$54,074	$195	$68	3
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	199	206	$43,386	$218	$211	1
Occupational Therapy		97004		Encounter	42	46	$7,892	$188	$172	1
Occupational or Physical Therapy		97110		15 Minutes	61	467	$14,625	$240	$31	8
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	3	5	$55	$18	$11	2
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	849	14,089	$255,340	$301	$18	17
Occupational or Physical Therapy		97530		15 Minutes	14	55	$9,325	$666	$170	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	1	$10	$10	$10	1
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			772	1,038	$64,213	$83	$62	1
Additional Codes-Physician Services		99223			1	1	$50	$50	$50	1
Additional Codes-Physician Services		99231			162	742	$39,576	$244	$53	5
Additional Codes-Physician Services		99232			625	4,332	$226,462	$362	$52	7
Additional Codes-Physician Services		99233			174	275	$16,594	$95	$60	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99242		Encounter	50	51	$2,805	$56	$55	1
Additional Codes-Physician Services		99243		Encounter	3	3	$195	$65	$65	1
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	59	62	$2,063	$35	$33	1
Additional Codes-Physician Services		99252		Encounter	75	84	$4,446	$59	$53	1
Additional Codes-Physician Services		99253		Encounter	104	123	$7,626	$73	$62	1
Additional Codes-Physician Services		99254		Encounter	73	88	$6,649	$91	$76	1
Additional Codes-Physician Services		99255		Encounter	45	46	$4,502	$100	$98	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	78	242	$24,821	$318	$103	3
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	1	1	$119	$119	$119	1
Transportation		A0130		Per one-way trip	1	1	$28	$28	$28	1
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	843	21,725	$87,777	$104	$4	26
Additional Codes-Transportation		A0427		Refer to code descriptions.	484	560	$69,945	$145	$125	1
Additional codes - Transportation		A0428			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	75	1,316	$86,209	$1,149	$66	18
Substance Abuse: Individual Assessment		H0001		Encounter	1,369	12,092	$522,142	$381	$43	9
Assessment		H0002		Encounter	3,841	6,070	$374,891	$98	$62	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	170	1,530	$504,900	$2,970	$330	9
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	715	20,718	$738,483	$1,033	$36	29
Prevention Services - Direct Model		H0025		Face to Face Contact	22	237	$39,880	$1,813	$168	11
Assessment		H0031		Encounter	16,307	29,244	$3,835,292	$235	$131	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	14,153	30,840	$3,373,651	$238	$109	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1,197	3,470	$68,310	$57	$20	3
Home Based Services		H0036		15 Minutes	160	19,985	$953,489	$5,959	$48	125
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1,132	25,350	$190,351	$168	$8	22
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1,713	319,078	$10,493,189	$6,126	$33	186
Community Living Supports in Independent living/own home		H0043		Per diem	798	83,123	$4,959,726	$6,215	$60	104
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	2	73	$4,380	$2,190	$60	37
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	64	202	$13,380	$209	$66	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3,929	94,574	$1,349,397	$343	$14	24
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2,294	2,542,348	$8,624,874	$3,760	$3	1,108
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	447	619,358	$859,196	$1,922	$1	1,386
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	3,665	711,742	$46,359,617	$12,649	$65	194
Community Living Supports (Daily)		H2016	TF	Per Diem	244	11,849	$575,207	$2,357	$49	49
Community Living Supports (Daily)		H2016	TG	Per Diem	253	30,169	$2,753,003	$10,881	$91	119
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	3	342	$10,908	$3,636	$32	114
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	427	44,103	$241,407	$565	$5	103
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	955	1,518,305	$7,145,962	$7,483	$5	1,590
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	652	1,403	$36,065	$55	$26	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	91	4,317	$1,910	$21	$0	47
Family Training		S5110		15 Minutes	15	390	$9,287	$619	$24	26
Family Training		S5111		Encounter	64	200	$6,547	$102	$33	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	8,058	31,614	$1,425,075	$177	$45	4
Health Services		S9446		Encounter	596	6,485	$196,747	$330	$30	11
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	682	1,465	$664,765	$975	$454	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	8,251	17,457	$1,249,871	$151	$72	2
Health Services		T1002		Up to 15 min	3,472	11,921	$556,292	$160	$47	3
Respite Care		T1005		15 Minutes	3	578	$1,829	$610	$3	193
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	21	43	$4,824	$230	$112	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	218	7,533	$533,433	$2,447	$71	35
Targeted Case Management		T1017		15 minutes	16,772	383,973	$19,870,548	$1,185	$52	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3,414	627,725	$24,836,675	$7,275	$40	184
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	344	22,583	$1,015,885	$2,953	$45	66
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	231	26,233	$2,574,627	$11,146	$98	114
Assessments		T1023		Encounter	94	104	$5,728	$61	$55	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	38	59	$38,898	$1,024	$659	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1,690	3,716	$369,795	$219	$100	2
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	28	63	$42,962	$1,534	$682	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**37,807**		**$247,358,493**			

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	45	9,729	$4,371,173	$97,137	$449	216
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1,056	10,523	$5,926,817	$5,613	$563	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	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
Crisis Observation Care	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	123	1,046	$242,846	$1,974	$232	9
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	322	4,024	$122,007	$379	$30	12
Assessment-Psychiatric Assessment		90801		Encounter	2,431	2,626	$478,098	$197	$182	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	42	48	$1,721	$41	$36	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	865	4,029	$227,626	$263	$56	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	1	$65	$65	$65	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	23	24	$2,329	$101	$97	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	1	$65	$65	$65	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	19	200	$13,000	$684	$65	11
Therapy-Individual Therapy		90818		Encounter 45-50 Min	5	6	$390	$78	$65	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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	5	$706	$353	$141	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	13	116	$2,900	$223	$25	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	3	6	$150	$50	$25	2

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	2,863	10,319	$1,390,681	$486	$135	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	6	11	$3,440	$573	$313	2
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	$317	$317	$317	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$313	$313	$313	1
Physical Therapy		97002		Encounter	5	12	$3,753	$751	$313	2
Occupational Therapy		97003		Encounter	10	10	$3,146	$315	$315	1
Occupational Therapy		97004		Encounter	6	7	$2,189	$365	$313	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	11	47	$14,698	$1,336	$313	4
Assessment or Health Services		97803		15 Minutes	45	173	$54,101	$1,202	$313	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			15	15	$579	$39	$39	1
Additional Codes-Physician Services		99222			16	16	$981	$61	$61	1
Additional Codes-Physician Services		99223			9	9	$695	$77	$77	1
Additional Codes-Physician Services		99231			33	261	$5,317	$161	$20	8
Additional Codes-Physician Services		99232			24	72	$2,109	$88	$29	3
Additional Codes-Physician Services		99233			1	3	$118	$118	$39	3
Additional Codes-Physician Services		99238		30 Minutes or less	2	2	$59	$29	$29	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	1	1	$42	$42	$42	1
Additional Codes-Physician Services		99253		Encounter	88	97	$5,251	$60	$54	1
Additional Codes-Physician Services		99254		Encounter	21	21	$1,568	$75	$75	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	64	600	$43,752	$684	$73	9
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	21	611	$2,597	$124	$4	29
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			21	21	$2,504	$119	$119	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	5	70	$0	$0	$0	14
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3,013	3,279	$1,110,269	$368	$339	1
Substance Abuse: Individual Assessment		H0002		Encounter	4	4	$220	$55	$55	1
Substance Abuse:Laboratory		H0003		Encounter	1	23	$414	$414	$18	23
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	3	114	$1,950	$650	$17	38

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	2	41	$1,003	$502	$24	21
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	547	4,372	$1,079,622	$1,974	$247	8
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	1	348	$1,159	$1,159	$3	348
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,886	2,128	$224,729	$119	$106	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	262	688	$192,019	$733	$279	3
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	129	2,056	$98,969	$767	$48	16
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	378	81,665	$4,385,184	$11,601	$54	216
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	67	95	$29,708	$443	$313	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	2,016	20,293	$923,052	$458	$45	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	134	323,865	$877,874	$6,551	$3	2,417
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	93	91,943	$352,579	$3,791	$4	989
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	32	5,855	$259,956	$8,124	$44	183
Community Living Supports (Daily)		H2016	TF	Per Diem	53	11,303	$556,308	$10,496	$49	213
Community Living Supports (Daily)		H2016	TG	Per Diem	188	47,170	$5,289,270	$28,134	$112	251
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	41	9,267	$57,919	$1,413	$6	226
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	147	216,926	$1,200,584	$8,167	$6	1,476
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	404	711	$74,912	$185	$105	2
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	1	$136	$136	$136	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	37	67	$19,589	$529	$292	2
Health Services		S9446		Encounter	3	4	$902	$301	$226	1
Health Services		S9470		Encounter	57	100	$31,272	$549	$313	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	702	5,702	$798,158	$1,137	$140	8
Reidential Room and Board		S9976		Days	1	31	$755	$755	$24	31
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	267	278	$23,610	$88	$85	1
Health Services		T1002		Up to 15 min	419	2,914	$331,636	$791	$114	7
Respite Care		T1005		15 Minutes	18	23,358	$72,456	$4,025	$3	1,298
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	1	102	$314	$314	$3	102
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	38	936	$56,232	$1,480	$60	25
Targeted Case Management		T1017		15 minutes	3,610	155,911	$7,855,386	$2,176	$50	43
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	5	$2,288	$1,144	$458	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	49	10,647	$307,098	$6,267	$29	217
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	40	8,690	$418,120	$10,453	$48	217
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	74	6,206	$506,309	$6,842	$82	84
Assessments		T1023		Encounter	2,190	3,643	$525,794	$240	$144	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	1	127	$1,690	$1,690	$13	127
Transportation		T2003		Encounter / Trip	101	13,103	$345,672	$3,422	$26	130
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	7	66	$7,455	$1,065	$113	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	144	634	$336,768	$2,339	$531	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					115	0	$56,980	$495	$0	0
Aggregate for 'J' Codes		ALL			266	0	$435,633	$1,638	$0	0
Total Population and Cost					**7,432**		**$41,780,053**			

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	363	$192,695	$192,695	$531	363
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	21	149	$118,635	$5,649	$796	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	13	152	$17,103	$1,316	$113	12
Assessment-Psychiatric Assessment		90801		Encounter	31	33	$14,915	$481	$452	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	6	874	$0	$0	$0	146
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	$188	$188	$188	1

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	32	240	$60,857	$1,902	$254	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$397	$397	$397	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$262	$262	$262	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	22	297	$25,744	$1,170	$87	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	126	494	$89,844	$713	$182	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	2	2	$691	$345	$345	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	6	$1,468	$1,468	$245	6
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$638	$638	$638	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			10	12	$910	$91	$76	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			10	30	$2,275	$227	$76	3
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	7	76	$5,982	$855	$79	11
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3	3	$834	$278	$278	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	89	117	$64,000	$719	$547	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	28	42	$17,247	$616	$411	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	5	814	$37,770	$7,554	$46	163
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	4	$156	$78	$39	2
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	32	6,631	$381,408	$11,919	$58	207
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	117	723	$43,243	$370	$60	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3	97	$2,923	$974	$30	32
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	41	2,290	$37,350	$911	$16	56
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	25	2,858	$11,661	$466	$4	114
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	5	$870	$870	$174	5
Community Living Supports (Daily)		H2016	TG	Per Diem	8	1,530	$260,452	$32,556	$170	191
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	24	2,662	$80,073	$3,336	$30	111
Supported Employment Services		H2023	TT	15 Minutes	5	224	$6,738	$1,348	$30	45
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	$23	$23	$23	1
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	15	101	$27,537	$1,836	$273	7
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	1	$65	$65	$65	1
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	3	3	$190	$63	$63	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	133	6,026	$310,640	$2,336	$52	45
Targeted Case Management		T1017		15 minutes	12	504	$26,379	$2,198	$52	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	20	$1,047	$523	$52	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	1,535	$19,433	$2,159	$13	171
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	42	53	$22,552	$537	$426	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			4	0	$20,776	$5,194	$0	0
Total Population and Cost					**302**		**$1,905,968**			

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	364	$113,874	$113,874	$313	364
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	45	316	$316,777	$7,039	$1,002	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	29	193	$117,767	$4,061	$610	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	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	94	95	$34,777	$370	$366	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	40	62	$3,224	$81	$52	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	158	1,230	$180,084	$1,140	$146	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	27	69	$17,500	$648	$254	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	5	$720	$720	$144	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	11	164	$11,428	$1,039	$70	15
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	240	970	$169,702	$707	$175	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	257	299	$9,203	$36	$31	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	264	279	$60,895	$231	$218	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	54	55	$6,867	$127	$125	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	44	3,730	$129,991	$2,954	$35	85
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	45	2,188	$41,747	$928	$19	49
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	107	521	$54,679	$511	$105	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	9	3,466	$20,761	$2,307	$6	385
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	44	2,324	$12,247	$278	$5	53
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	31	28,359	$130,465	$4,209	$5	915
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	5	6	$723	$145	$121	1
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	1	4	$753	$753	$188	4
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$194	$194	$194	1
Health Services		T1002		Up to 15 min	142	1,555	$68,918	$485	$44	11
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	24	$1,380	$690	$57	12
Targeted Case Management		T1017		15 minutes	206	7,989	$286,805	$1,392	$36	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	24	73	$2,621	$109	$36	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	50	61	$48,052	$961	$788	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**636**		**$1,842,153**			

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	15	935	$542,736	$36,182	$580	62
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	99	589	$404,864	$4,090	$687	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	152	672	$124,730	$821	$186	4
Assessment-Psychiatric Assessment		90801		Encounter	91	94	$107,432	$1,181	$1,143	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	296	935	$203,272	$687	$217	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$271	$271	$271	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	3	3	$543	$181	$181	1
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	134	730	$200,112	$1,493	$274	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,087	1,716	$687,024	$632	$400	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	4	62	$30,741	$7,685	$496	16
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	2	2	$1,298	$649	$649	1
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	$1,742	$581	$581	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	3	$2,226	$2,226	$742	3
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	2	8	$1,484	$742	$185	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	16	41	$23,984	$1,499	$585	3
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	8	8	$4,389	$549	$549	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	162	4,159	$111,589	$689	$27	26
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	138	181	$99,405	$720	$549	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	39	39	$9,503	$244	$244	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	11	95	$10,448	$950	$110	9
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	37	1,506	$24,782	$670	$16	41
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	140	7,521	$414,244	$2,959	$55	54
Community Living Supports in Independent living/own home		H0043		Per diem	1	3	$12,499	$12,499	$4,166	3
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	14	14	$768	$55	$55	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	399	2,866	$208,313	$522	$73	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	113	30,355	$120,058	$1,062	$4	269
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	93	7,753	$150,896	$1,623	$19	83
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	27	$1,253	$1,253	$46	27
Community Living Supports (Daily)		H2016	TG	Per Diem	51	3,921	$912,398	$17,890	$233	77
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	30	935	$46,208	$1,540	$49	31
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	257	281	$65,815	$256	$234	1
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	12	161	$37,730	$3,144	$234	13
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	15	15	$7,657	$510	$510	1
Health Services		T1002		Up to 15 min	9	23	$4,103	$456	$178	3
Respite Care		T1005		15 Minutes	12	3,228	$105,092	$8,758	$33	269
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	565	3,001	$280,156	$496	$93	5
Targeted Case Management		T1017		15 minutes	269	2,784	$395,078	$1,469	$142	10
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	51	3,921	$41,335	$810	$11	77
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	231	389	$145,604	$630	$374	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	24	49	$773	$32	$16	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					58	0	$104,010	$1,793	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**766**		**$5,646,567**			

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	58	507	$271,885	$4,688	$536	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	14	151	$3,252	$232	$22	11
Assessment-Psychiatric Assessment		90801		Encounter	71	71	$29,314	$413	$413	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	38	51	$4,197	$110	$82	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	247	1,267	$234,136	$948	$185	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	50	60	$12,533	$251	$209	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	5	5	$1,196	$239	$239	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	49	393	$17,422	$356	$44	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	86	180	$14,300	$166	$79	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	25	132	$26,908	$1,076	$204	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	43	43	$24,693	$574	$574	1
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	325	1,240	$284,261	$875	$229	4
Additional Codes-Physician Services		99215		Encounter	63	72	$25,372	$403	$352	1
Additional Codes-Physician Services		99221			13	14	$797	$61	$57	1
Additional Codes-Physician Services		99222			43	48	$4,916	$114	$102	1
Additional Codes-Physician Services		99223			7	10	$844	$121	$84	1
Additional Codes-Physician Services		99231			60	362	$11,497	$192	$32	6
Additional Codes-Physician Services		99232			27	109	$2,846	$105	$26	4
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	29	31	$1,718	$59	$55	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	2	2	$281	$141	$141	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	60	901	$562,860	$9,381	$625	15
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	226	234	$69,359	$307	$296	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	18	18	$3,687	$205	$205	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	19	1,601	$7,117	$375	$4	84
Peer Directed and Operated Support Services		NA			349	0	$157,670	$452	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	58	11,989	$862,584	$14,872	$72	207
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	3	$364	$364	$121	3
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	4	$913	$304	$228	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	210	1,308	$107,683	$513	$82	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	1,383	$8,393	$763	$6	126
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	3	135	$819	$273	$6	45
Community Living Supports (15 Minutes)		H2015		15 Minutes	35	41,713	$196,066	$5,602	$5	1,192
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	27	7,066	$40,850	$1,513	$6	262
Community Living Supports (Daily)		H2016		Per Diem	3	949	$18,768	$6,256	$20	316
Community Living Supports (Daily)		H2016	TF	Per Diem	1	74	$2,821	$2,821	$38	74
Community Living Supports (Daily)		H2016	TG	Per Diem	4	21	$5,466	$1,367	$260	5
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	30	17,644	$151,774	$5,059	$9	588
Supported Employment Services		H2023	TT	15 Minutes	24	22,011	$90,042	$3,752	$4	917
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$263	$263	$263	1
Health Services		T1002		Up to 15 min	3	63	$2,213	$738	$35	21
Respite Care		T1005		15 Minutes	1	376	$514	$514	$1	376
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	37	$4,324	$2,162	$117	19
Targeted Case Management		T1017		15 minutes	180	7,522	$538,648	$2,992	$72	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	31	458	$32,806	$1,058	$72	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	1,023	$2,122	$531	$2	256
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	4	21	$2,323	$581	$111	5
Assessments		T1023		Encounter	125	210	$73,887	$591	$352	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	6	6	$2,216	$369	$369	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					7	0	$791	$113	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			15	0	$5,791	$386	$0	0
Total Population and Cost					**815**		**$3,925,503**			

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	8	86	$47,881	$5,985	$557	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	50	446	$248,311	$4,966	$557	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	201	206	$123,216	$613	$598	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	113	150	$6,264	$55	$42	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	653	4,069	$339,816	$520	$84	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	24	38	$4,760	$198	$125	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	25	81	$6,765	$271	$84	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	278	1,952	$74,900	$269	$38	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	52	124	$4,618	$89	$37	2

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	478	2,138	$453,618	$949	$212	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Ionia

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	27	28	$3,855	$143	$138	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	9	24	$6,175	$686	$257	3
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	696	726	$61,450	$88	$85	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	559	630	$61,856	$111	$98	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	65	6,724	$371,833	$5,721	$55	103
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	75	1,650	$87,520	$1,167	$53	22
Peer Directed and Operated Support Services		NA			0	0	$78,480	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	27	6,759	$603,703	$22,359	$89	250
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	4	6	$352	$88	$59	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	280	2,130	$163,460	$584	$77	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	58	8,650	$50,159	$865	$6	149
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	7	2,278	$52,969	$7,567	$23	325
Community Living Supports (Daily)		H2016	TF	Per Diem	2	732	$18,290	$9,145	$25	366
Community Living Supports (Daily)		H2016	TG	Per Diem	4	1,398	$152,929	$38,232	$109	350
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	136	3,383	$145,081	$1,067	$43	25
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	53	133	$25,217	$476	$190	3
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	3	3	$677	$226	$226	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	3	3	$418	$139	$139	1
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	3	$1,419	$473	$473	1
Health Services		T1002		Up to 15 min	15	311	$21,059	$1,404	$68	21
Respite Care		T1005		15 Minutes	6	602	$3,737	$623	$6	100
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	322	4,354	$229,133	$712	$53	14
Targeted Case Management		T1017		15 minutes	410	17,096	$887,517	$2,165	$52	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	16	$831	$415	$52	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,504	$23,169	$4,634	$15	301
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	708	$47,526	$23,763	$67	354
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	6	2,196	$313,755	$52,292	$143	366
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	16	$2,257	$1,129	$141	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	2	4	$1,129	$564	$282	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,593**		**$4,726,102**			

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	36	2,730	$1,193,841	$33,162	$437	76
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	15	$9,913	$4,957	$661	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	211	2,591	$1,588,781	$7,530	$613	12
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	1	$878	$878	$878	1
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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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	1	20	$56	$56	$3	20
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	40	74	$14,003	$350	$189	2
Assessment-Psychiatric Assessment		90801		Encounter	1,166	1,246	$414,957	$356	$333	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	614	6,909	$445,556	$726	$64	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	6	41	$4,510	$752	$110	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	3	7	$735	$245	$105	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	90	1,112	$59,336	$659	$53	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,556	4,980	$652,277	$419	$131	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	14	$910	$182	$65	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	1	1	$84	$84	$84	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	6	21	$1,273	$212	$61	4
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	31	$507	$254	$16	16
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Kalamazoo

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	58	495	$93,999	$1,621	$190	9
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			39	47	$3,750	$96	$80	1
Additional Codes-Physician Services		99222			80	87	$6,296	$79	$72	1
Additional Codes-Physician Services		99223			40	40	$2,173	$54	$54	1
Additional Codes-Physician Services		99231			150	1,146	$84,283	$562	$74	8
Additional Codes-Physician Services		99232			99	266	$17,175	$173	$65	3
Additional Codes-Physician Services		99233			62	122	$8,021	$129	$66	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	1	1	$121	$121	$121	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	2	2	$363	$182	$182	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	3	3	$70	$23	$23	1
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	3	144	$230	$77	$2	48
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	8	$48	$48	$6	8
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$225	$225	$225	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	5	24	$29,398	$5,880	$1,225	5
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	17	18	$792	$47	$44	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Kalamazoo

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	213	2,963	$843,455	$3,960	$285	14
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	312	316	$36,961	$118	$117	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	512	1,019	$125,517	$245	$123	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	57	632	$317,513	$5,570	$502	11
Peer Directed and Operated Support Services		NA			0	0	$216,981	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	310	70,962	$2,421,052	$7,810	$34	229
Community Living Supports in Independent living/own home		H0043		Per diem	95	25,126	$932,112	$9,812	$37	264
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	14	25	$7,267	$519	$291	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,544	9,130	$344,899	$223	$38	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	290	18,230	$72,920	$251	$4	63
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	11	10,484	$186,068	$16,915	$18	953
Community Living Supports (15 Minutes)		H2015		15 Minutes	81	42,392	$132,125	$1,631	$3	523
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	3	18,168	$30,698	$10,233	$2	6,056
Community Living Supports (Daily)		H2016		Per Diem	6	754	$70,948	$11,825	$94	126
Community Living Supports (Daily)		H2016	TF	Per Diem	78	14,668	$887,227	$11,375	$60	188
Community Living Supports (Daily)		H2016	TG	Per Diem	118	21,968	$2,232,158	$18,917	$102	186
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$18,770	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	263	27,798	$464,379	$1,766	$17	106
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	156	143,266	$641,311	$4,111	$4	918
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Kalamazoo

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Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	253	574	$127,727	$505	$223	2
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	4	66	$26,948	$6,737	$408	17
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	159	$56,504	$56,504	$355	159
Respite		S5150		15 Minutes	3	146	$365	$122	$3	49
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	1	12	$107	$107	$9	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1,355	7,589	$513,288	$379	$68	6
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	5	8	$9,800	$1,960	$1,225	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	112	4,481	$151,505	$1,353	$34	40
Targeted Case Management		T1017		15 minutes	1,305	106,541	$3,364,492	$2,578	$32	82
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	29	420	$69,504	$2,397	$165	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	45	6,176	$115,465	$2,566	$19	137
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	100	21,617	$1,024,414	$10,244	$47	216
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	52	8,560	$752,589	$14,473	$88	165
Assessments		T1023		Encounter	505	630	$19,701	$39	$31	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	11	105	$6,605	$600	$63	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	53	287	$213,871	$4,035	$745	5
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Kalamazoo

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Pharmacy (Drugs and Other Biologicals)					466	0	$312,818	$671	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			56	0	$63,275	$1,130	$0	0
Total Population and Cost					**3,669**		**$21,445,900**			

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	1,446	$561,839	$112,368	$389	289
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	140	$80,065	$6,672	$572	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	116	1,134	$648,525	$5,591	$572	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	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
Crisis Observation Care	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	1	14	$2,669	$2,669	$191	14
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	5	8	$1,797	$359	$225	2
Assessment-Psychiatric Assessment		90801		Encounter	211	212	$54,420	$258	$257	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	140	318	$21,876	$156	$69	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	430	4,577	$509,688	$1,185	$111	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	30	98	$17,184	$573	$175	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	4	12	$1,424	$356	$119	3
Therapy-Family Therapy		90847		Encounter	29	89	$10,733	$370	$121	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	50	590	$70,184	$1,404	$119	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	425	1,441	$176,250	$415	$122	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Lapeer

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	15	155	$39,167	$2,611	$253	10
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	$1,582	$1,582	$1,582	1
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	8	8	$443	$55	$55	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	7	111	$20,778	$2,968	$187	16
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	8	86	$15,300	$1,912	$178	11
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	40	0	$60,231	$1,506	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	515	549	$95,492	$185	$174	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	362	558	$121,660	$336	$218	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	10	116	$3,737	$374	$32	12
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	36	8,928	$480,687	$13,352	$54	248
Community Living Supports in Independent living/own home		H0043		Per diem	15	4,459	$194,748	$12,983	$44	297
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	6	11	$6,120	$1,020	$556	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	99	430	$13,905	$140	$32	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	72	29,777	$100,847	$1,401	$3	414
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	4,727	$17,679	$3,536	$4	945
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	30	6,074	$327,732	$10,924	$54	202
Community Living Supports (Daily)		H2016	TF	Per Diem	15	1,374	$56,110	$3,741	$41	92
Community Living Supports (Daily)		H2016	TG	Per Diem	13	1,841	$202,971	$15,613	$110	142
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	4	31	$125,958	$31,489	$4,063	8
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	43	85,641	$476,902	$11,091	$6	1,992
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	29	132	$24,114	$832	$183	5
Respite Care		T1005		15 Minutes	1	832	$2,836	$2,836	$3	832
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	2	3	$253	$127	$84	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	225	5,470	$477,099	$2,120	$87	24
Targeted Case Management		T1017		15 minutes	12	73	$5,197	$433	$71	6
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	1	6	$432	$432	$72	6
Personal Care in Licensed Specialized Residential Setting		T1020		Days	39	9,283	$103,709	$2,659	$11	238
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	125	168	$23,629	$189	$141	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**860**		**$5,155,971**			

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	6	678	$239,828	$39,971	$354	113
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	127	828	$506,196	$3,986	$611	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	71	1,012	$102,164	$1,439	$101	14
Assessment-Psychiatric Assessment		90801		Encounter	200	205	$48,206	$241	$235	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	95	581	$43,081	$453	$74	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	24	231	$90,685	$3,779	$393	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	857	4,600	$559,872	$653	$122	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	$176	$176	$176	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			3	3	$378	$126	$126	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			3	5	$325	$108	$65	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	8	23	$1,585	$198	$69	3
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	4	7	$3,859	$965	$551	2
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	4	$1,040	$1,040	$260	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	26	3,186	$49,966	$1,922	$16	123
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	850	1,791	$319,150	$375	$178	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	459	660	$60,693	$132	$92	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	169	556	$24,499	$145	$44	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	41	41,042	$105,324	$2,569	$3	1,001
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	29	121,938	$452,820	$15,614	$4	4,205
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	3	732	$22,916	$7,639	$31	244
Community Living Supports (Daily)		H2016	TF	Per Diem	6	710	$42,231	$7,039	$59	118
Community Living Supports (Daily)		H2016	TG	Per Diem	29	5,739	$692,946	$23,895	$121	198
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	2	66	$327	$164	$5	33
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	72	60,804	$325,289	$4,518	$5	845
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	4	4	$1,923	$481	$481	1
Personal Emergency Response System (PERS)		S5161		Month	4	18	$8,545	$2,136	$475	5
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	25	25	$20,242	$810	$810	1
Health Services		T1002		Up to 15 min	517	1,562	$153,427	$297	$98	3
Respite Care		T1005		15 Minutes	1	312	$1,655	$1,655	$5	312
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	328	11,212	$842,963	$2,570	$75	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	31	2,083	$52,075	$1,680	$25	67
Personal Care in Licensed Specialized Residential Setting		T1020		Days	22	3,828	$71,520	$3,251	$19	174
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	1,367	$74,317	$14,863	$54	273
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	629	$70,922	$23,641	$113	210
Assessments		T1023		Encounter	182	215	$114,068	$627	$531	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,286**		**$5,105,213**			

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	543	6,731	$2,963,475	$5,458	$440	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	47	362	$109,141	$2,322	$301	8
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	56	734	$17,414	$311	$24	13
Assessment-Psychiatric Assessment		90801		Encounter	1,012	1,037	$108,881	$108	$105	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	305	377	$20,281	$66	$54	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,238	5,639	$438,438	$354	$78	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	6	$441	$441	$74	6
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	41	$6,010	$6,010	$147	41
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	3	16	$1,528	$509	$96	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	79	882	$34,679	$439	$39	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,668	6,360	$541,210	$324	$85	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	15	44	$4,528	$302	$103	3
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$187	$187	$187	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	2	8	$266	$133	$33	4
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$215	$215	$215	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	5	$420	$420	$84	5
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	5	384	$1,632	$326	$4	77
Additional Codes-Transportation		A0427		Refer to code descriptions.	5	6	$1,157	$231	$193	1
Additional codes - Transportation		A0428			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	125	$10,625	$966	$85	11
Substance Abuse: Individual Assessment		H0001		Encounter	3	3	$326	$109	$109	1
Assessment		H0002		Encounter	2,250	2,496	$412,419	$183	$165	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	216	1,211	$360,865	$1,671	$298	6
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	790	869	$119,980	$152	$138	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	127	947	$59,804	$471	$63	7
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	18	2,745	$121,583	$6,755	$44	153
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	15	$323	$323	$22	15
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	342	125,268	$3,489,872	$10,204	$28	366
Community Living Supports in Independent living/own home		H0043		Per diem	39	6,849	$496,895	$12,741	$73	176
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	49	53	$2,956	$60	$56	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,614	8,215	$157,393	$98	$19	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	80	46,714	$198,822	$2,485	$4	584
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	39	3,714	$19,634	$503	$5	95
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	10	2,911	$385,613	$38,561	$132	291
Community Living Supports (Daily)		H2016	TF	Per Diem	5	1,480	$72,688	$14,538	$49	296
Community Living Supports (Daily)		H2016	TG	Per Diem	23	7,223	$894,956	$38,911	$124	314
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	6	249	$3,010	$502	$12	42
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	63	108,139	$356,859	$5,664	$3	1,716
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	319	485	$33,502	$105	$69	2
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	365	47,464	$15,258	$42	$0	130
Family Training		S5110		15 Minutes	4	96	$9,999	$2,500	$104	24
Family Training		S5111		Encounter	2	17	$1,275	$638	$75	9
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	3	$510	$510	$170	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	184	2,250	$146,978	$799	$65	12
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	229	229	$19,331	$84	$84	1
Health Services		T1002		Up to 15 min	24	183	$6,079	$253	$33	8
Respite Care		T1005		15 Minutes	1	476	$1,040	$1,040	$2	476
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	5	10	$1,080	$216	$108	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	121	8,860	$249,822	$2,065	$28	73
Targeted Case Management		T1017		15 minutes	709	37,949	$1,063,474	$1,500	$28	54
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	189	$3,402	$425	$18	24
Personal Care in Licensed Specialized Residential Setting		T1020		Days	14	4,437	$76,392	$5,457	$17	317
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	709	$30,486	$10,162	$43	236
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	820	$73,441	$24,480	$90	273
Assessments		T1023		Encounter	180	182	$29,914	$166	$164	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	566	3,252	$75,850	$134	$23	6
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	42	290	$21,535	$513	$74	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	5	$3,753	$3,753	$751	5
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**5,582**		**$13,277,647**			

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	1	131	$26,495	$26,495	$202	131
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	26	207	$133,511	$5,135	$645	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	118	1,074	$692,709	$5,870	$645	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	60	575	$26,433	$441	$46	10
Assessment-Psychiatric Assessment		90801		Encounter	142	144	$41,633	$293	$289	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	145	418	$37,612	$259	$90	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	300	3,294	$597,268	$1,991	$181	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	47	97	$34,419	$732	$355	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$189	$189	$189	1
Therapy-Family Therapy		90847		Encounter	12	17	$3,079	$257	$181	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	94	1,121	$82,416	$877	$74	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	505	2,590	$261,927	$519	$101	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	8	$5,346	$891	$668	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$70	$70	$70	1
Occupational Therapy		97004		Encounter	1	1	$74	$74	$74	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	2	3	$93	$47	$31	2
Assessment or Health Services		97803		15 Minutes	2	9	$278	$139	$31	5
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	12	70	$5,821	$485	$83	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	236	242	$92,638	$393	$383	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	88	143	$7,071	$80	$49	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	42	2,476	$154,525	$3,679	$62	59
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	39	1,885	$44,467	$1,140	$24	48
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	69	22,577	$735,107	$10,654	$33	327
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	6	14	$3,534	$589	$252	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	128	509	$54,448	$425	$107	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	11,815	$41,352	$3,759	$3	1,074
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	37	256,693	$659,701	$17,830	$3	6,938
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	5	780	$134,059	$26,812	$172	156
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	19	$2,127	$2,127	$112	19
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	10	6,384	$18,833	$1,883	$3	638
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	68	64,109	$383,372	$5,638	$6	943
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	20	$19	$19	$1	20
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	$970	$970	$970	1
Personal Emergency Response System (PERS)		S5161		Month	11	107	$95,193	$8,654	$890	10
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	7	18	$1,432	$205	$80	3
Health Services		S9470		Encounter	1	4	$124	$124	$31	4
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	116	317	$52,872	$456	$167	3
Respite Care		T1005		15 Minutes	9	2,206	$20,053	$2,228	$9	245
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	31	776	$90,924	$2,933	$117	25
Targeted Case Management		T1017		15 minutes	370	9,771	$613,912	$1,659	$63	26
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	19	213	$13,383	$704	$63	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	365	$10,512	$3,504	$29	122
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	134	164	$60,250	$450	$367	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	12	66	$4,889	$407	$74	6
Enhanced Medical Equipment-Supplies		T2028		Items	1	4	$12	$12	$3	4
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**901**		**$5,245,152**			

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	44	11,291	$4,883,641	$110,992	$433	257
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1,313	20,309	$7,247,817	$5,520	$357	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	476	4,043	$1,861,032	$3,910	$460	8
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	1,248	1,793	$219,014	$175	$122	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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	9	43	$21,014	$2,335	$489	5
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	590	3,450	$769,809	$1,305	$223	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	381	3,762	$498,144	$1,307	$132	10
Assessment-Psychiatric Assessment		90801		Encounter	2,708	3,543	$606,427	$224	$171	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	945	1,946	$181,193	$192	$93	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	3,665	31,216	$3,382,575	$923	$108	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	88	147	$61,733	$702	$420	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	10	11	$2,869	$287	$261	1
Therapy-Family Therapy		90847		Encounter	114	285	$57,105	$501	$200	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	258	2,741	$161,487	$626	$59	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	4,902	27,842	$2,809,031	$573	$101	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	6	$420	$420	$70	6
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	52	149	$21,313	$410	$143	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	2	2	$739	$370	$370	1
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$115	$115	$115	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	6	7	$1,802	$300	$257	1
Occupational Therapy		97004		Encounter	1	1	$136	$136	$136	1
Occupational or Physical Therapy		97110		15 Minutes	2	412	$7,332	$3,666	$18	206
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	1	$84	$84	$84	1
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	3	376	$6,964	$2,321	$19	125
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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	1	24	$2,018	$2,018	$84	24
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	2	6	$443	$222	$74	3
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	49	181	$23,135	$472	$128	4
Assessment or Health Services		97803		15 Minutes	61	492	$63,459	$1,040	$129	8
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	1	5	$196	$196	$39	5
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	24	1,331	$13,484	$562	$10	55
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	141	1,699	$591,368	$4,194	$348	12
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	4,496	5,025	$1,081,910	$241	$215	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	2,625	4,333	$590,565	$225	$136	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	683	1,120	$153,746	$225	$137	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	712	3,538	$352,060	$494	$100	5
Home Based Services		H0036		15 Minutes	26	4,185	$314,758	$12,106	$75	161
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			650	67,600	$190,475	$293	$3	104
Assertive Community Treatment (ACT)		H0039		15 Minutes	211	18,709	$1,768,778	$8,383	$95	89
Community Living Supports in Independent living/own home		H0043		Per diem	92	21,515	$1,238,211	$13,459	$58	234
Community Living Supports in Independent living/own home		H0043	TT	Per diem	17	3,894	$224,140	$13,185	$58	229
Respite		H0045		Per Diem	5	52	$10,260	$2,052	$197	10
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	2	2	$193	$97	$97	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	297	1,490	$175,155	$590	$118	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	133	292,280	$723,154	$5,437	$2	2,198
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	4	9,905	$24,505	$6,126	$2	2,476
Community Living Supports (15 Minutes)		H2015		15 Minutes	78	300,742	$982,310	$12,594	$3	3,856
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	14	55,968	$182,811	$13,058	$3	3,998
Community Living Supports (Daily)		H2016		Per Diem	24	6,370	$209,999	$8,750	$33	265
Community Living Supports (Daily)		H2016	TF	Per Diem	139	31,919	$2,178,572	$15,673	$68	230
Community Living Supports (Daily)		H2016	TG	Per Diem	236	56,460	$6,360,559	$26,952	$113	239
Behavior Services		H2019		15 Minutes	5	92	$2,115	$423	$23	18
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	14	13,428	$26,873	$1,920	$2	959
Supported Employment Services		H2023	TT	15 Minutes	2	1,992	$3,988	$1,994	$2	996
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	159	193,581	$835,330	$5,254	$4	1,217
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	6	51	$4,907	$818	$96	9
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	240	$482	$482	$2	240
Respite		S5151		Per Diem	2	83	$7,250	$3,625	$87	42
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	3	4	$8,686	$2,895	$2,172	1
Enhanced Medical Equipment-Supplies		S5199		Items	2	11	$2,316	$1,158	$211	6
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	15	32	$3,309	$221	$103	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	38	85	$22,778	$599	$268	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	1	3,272	$22,351	$22,351	$7	3,272
Assessment		T1001		Encounter	439	462	$127,170	$290	$275	1
Health Services		T1002		Up to 15 min	641	9,139	$787,436	$1,228	$86	14
Respite Care		T1005		15 Minutes	19	44,121	$232,010	$12,211	$5	2,322
Respite Care		T1005	TD	15 Minutes	1	380	$1,999	$1,999	$5	380
Respite Care		T1005	TE	15 Minutes	2	3,369	$17,715	$8,858	$5	1,685
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	1	2	$168	$168	$84	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	82	2,710	$215,456	$2,628	$80	33
Targeted Case Management		T1017		15 minutes	1,694	63,936	$5,204,183	$3,072	$81	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	35	1,674	$134,137	$3,832	$80	48
Personal Care in Licensed Specialized Residential Setting		T1020		Days	220	57,047	$1,625,719	$7,390	$28	259
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	112	29,525	$1,818,870	$16,240	$62	264
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	20	5,891	$524,561	$26,228	$89	295
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	3	24	$1,131	$377	$47	8
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	95	848	$88,807	$935	$105	9
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					281	0	$286,924	$1,021	$0	0
Aggregate for 'J' Codes		ALL			131	0	$63,253	$483	$0	0
Total Population and Cost					**7,685**		**$52,327,984**			

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	325	$85,378	$17,076	$263	65
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	61	379	$251,564	$4,124	$664	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	3	6	$3,805	$1,268	$634	2
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	22	309	$8,032	$365	$26	14
Assessment-Psychiatric Assessment		90801		Encounter	106	106	$100,049	$944	$944	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	109	237	$13,566	$124	$57	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	307	1,834	$179,206	$584	$98	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	21	22	$3,434	$164	$156	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	3	6	$681	$227	$113	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	53	422	$18,308	$345	$43	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	1	1	$148	$148	$148	1

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	340	2,116	$452,810	$1,332	$214	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	13	$1,857	$371	$143	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	5	27	$1,218	$244	$45	5
Assessment or Health Services		97803		15 Minutes	12	147	$6,368	$531	$43	12
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	1	1	$24	$24	$24	1
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	15	1,834	$9,128	$609	$5	122
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	204	384	$55,814	$274	$145	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	7	49	$13,233	$1,890	$270	7
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	5,115	$169,876	$0	$33	0
Prevention Services - Direct Model		H0025		Face to Face Contact	35	582	$66,557	$1,902	$114	17
Assessment		H0031		Encounter	336	378	$107,600	$320	$285	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	130	162	$13,634	$105	$84	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	26	29	$2,440	$94	$84	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	25	47	$2,281	$91	$49	2
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	90	2,000	$63,986	$711	$32	22
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	186	$17,109	$17,109	$92	186
Community Living Supports in Independent living/own home		H0043		Per diem	11	508	$75,113	$6,828	$148	46
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	180	756	$27,070	$150	$36	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	170	$2,128	$2,128	$13	170
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	10	145	$982	$98	$7	15
Community Living Supports (15 Minutes)		H2015		15 Minutes	133	9,141	$110,434	$830	$12	69
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	54	4,611	$24,577	$455	$5	85
Community Living Supports (Daily)		H2016		Per Diem	2	395	$3,515	$1,758	$9	198
Community Living Supports (Daily)		H2016	TF	Per Diem	1	313	$14,854	$14,854	$47	313
Community Living Supports (Daily)		H2016	TG	Per Diem	3	890	$173,550	$57,850	$195	297
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	77	3,995	$166,981	$2,169	$42	52
Supported Employment Services		H2023	TT	15 Minutes	28	1,896	$24,574	$878	$13	68
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	14	22	$431	$31	$20	2
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	1	$239	$239	$239	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	2	$48	$24	$24	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	1	1	$80	$80	$80	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	10	10	$3,111	$311	$311	1
Health Services		T1002		Up to 15 min	75	362	$18,056	$241	$50	5
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	8	$531	$531	$66	8
Targeted Case Management		T1017		15 minutes	375	22,833	$1,241,525	$3,311	$54	61
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	14	258	$11,129	$795	$43	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,232	$47,342	$9,468	$38	246
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	366	$23,774	$23,774	$65	366
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	98	138	$49,925	$509	$362	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	6	6	$3,700	$617	$617	1
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	3	9	$6,639	$2,213	$738	3
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					268	0	$28,344	$106	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			16	0	$27,288	$1,706	$0	0
Total Population and Cost					**903**		**$3,734,047**			

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	9	862	$257,738	$28,638	$299	96
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	1	237	$131,618	$131,618	$555	237
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	13	131	$65,621	$5,048	$501	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	134	892	$708,801	$5,290	$795	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	49	815	$318,315	$6,496	$391	17
Assessment-Psychiatric Assessment		90801		Encounter	227	230	$38,279	$169	$166	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	39	60	$1,898	$49	$32	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	134	369	$25,129	$188	$68	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	177	1,063	$234,190	$1,323	$220	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	7	$242	$242	$35	7
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	2	2	$441	$221	$221	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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	2	$190	$95	$95	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	15	194	$6,138	$409	$32	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	682	3,215	$633,451	$929	$197	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	$1,067	$1,067	$1,067	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$450	$450	$450	1
Occupational Therapy		97004		Encounter	3	9	$3,913	$1,304	$435	3
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	13	49	$5,807	$447	$119	4
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	12	12	$4,910	$409	$409	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	340	473	$181,618	$534	$384	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	48	49	$18,815	$392	$384	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	4	$188	$188	$47	4
Home Based Services		H0036		15 Minutes	39	4,477	$167,261	$4,289	$37	115
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	58	12,430	$701,301	$12,091	$56	214
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	10	$628	$628	$63	10
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	14	$16	$3	$1	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	46	352	$57,344	$1,247	$163	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	12,256	$44,857	$4,984	$4	1,362
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	97	538,509	$1,459,359	$15,045	$3	5,552
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	1	51	$2,704	$2,704	$53	51
Community Living Supports (Daily)		H2016	TF	Per Diem	2	436	$20,653	$10,327	$47	218
Community Living Supports (Daily)		H2016	TG	Per Diem	5	1,240	$141,819	$28,364	$114	248
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	10	403	$1,664	$166	$4	40
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	9	5,252	$35,714	$3,968	$7	584
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	41	66,933	$271,079	$6,612	$4	1,633
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	$1,338	$1,338	$1,338	1
Personal Emergency Response System (PERS)		S5161		Month	1	10	$3,885	$3,885	$389	10
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	3	18	$3,273	$1,091	$182	6
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	16	58	$21,905	$1,369	$378	4
Health Services		T1002		Up to 15 min	6	69	$1,221	$204	$18	12
Respite Care		T1005		15 Minutes	2	1,962	$10,045	$5,023	$5	981
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	6	10	$1,474	$246	$147	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	14	137	$37,691	$2,692	$275	10
Targeted Case Management		T1017		15 minutes	555	16,605	$1,187,756	$2,140	$72	30
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	66	674	$48,211	$730	$72	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	144	$3,529	$3,529	$25	144
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	740	$65,312	$21,771	$88	247
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	792	$80,356	$26,785	$101	264
Assessments		T1023		Encounter	308	392	$96,322	$313	$246	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	4	28	$2,241	$560	$80	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,145**		**$7,107,777**			

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	383	$210,849	$70,283	$551	128
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	78	$25,663	$4,277	$329	13
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	90	630	$373,688	$4,152	$593	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	152	157	$73,619	$484	$469	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	73	113	$9,768	$134	$86	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	165	1,183	$167,510	$1,015	$142	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	26	308	$102,596	$3,946	$333	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	46	448	$34,349	$747	$77	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	244	1,060	$170,293	$698	$161	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	15	$2,869	$1,435	$191	8
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	1	$96	$96	$96	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			2	6	$394	$197	$66	3
Additional Codes-Physician Services		99232			1	5	$392	$392	$78	5
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	8	78	$23,919	$2,990	$307	10
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	22	33	$10,779	$490	$327	2
Assessment		H0031		Encounter	402	530	$151,934	$378	$287	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	154	210	$32,248	$209	$154	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	12	58	$3,970	$331	$68	5
Home Based Services		H0036		15 Minutes	48	4,923	$192,476	$4,010	$39	103
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$43,467	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	86	392	$35,798	$416	$91	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	4	11,728	$46,079	$11,520	$4	2,932
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	1	713	$2,852	$2,852	$4	713
Community Living Supports (Daily)		H2016		Per Diem	4	737	$23,623	$5,906	$32	184
Community Living Supports (Daily)		H2016	TF	Per Diem	2	452	$23,373	$11,686	$52	226
Community Living Supports (Daily)		H2016	TG	Per Diem	2	146	$20,483	$10,242	$140	73
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	11	8,046	$19,970	$1,815	$2	731
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	48	54,436	$342,169	$7,129	$6	1,134
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	42	156	$17,605	$419	$113	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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	3	$380	$190	$127	2
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	15	18	$6,569	$438	$365	1
Health Services		T1002		Up to 15 min	22	767	$54,545	$2,479	$71	35
Respite Care		T1005		15 Minutes	1	954	$6,129	$6,129	$6	954
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	9	$529	$106	$59	2
Targeted Case Management		T1017		15 minutes	246	5,842	$341,385	$1,388	$58	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	1,315	$17,115	$2,853	$13	219
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	20	$1,491	$1,491	$75	20
Assessments		T1023		Encounter	169	235	$150,912	$893	$642	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	41	1,461	$63,840	$1,557	$44	36
Transportation		T2004		Encounter	1	1	$4	$4	$4	1
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**796**		**$2,805,730**			

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	18	1,350	$1,034,706	$57,484	$766	75
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	42	$137,760	$68,880	$3,280	21
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	116	685	$926,039	$7,983	$1,352	6
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
Crisis Observation Care	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	31	71	$23,223	$749	$327	2
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	73	552	$13,160	$180	$24	8
Assessment-Psychiatric Assessment		90801		Encounter	481	502	$185,788	$386	$370	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	121	149	$18,792	$155	$126	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,089	5,893	$822,746	$756	$140	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	20	22	$13,855	$693	$630	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	2	$780	$780	$390	2
Therapy-Family Therapy		90847		Encounter	9	33	$3,786	$421	$115	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	57	570	$33,707	$591	$59	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,373	3,605	$612,133	$446	$170	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	26	$2,535	$158	$97	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	1	3	$403	$403	$134	3
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	1	12	$225	$225	$19	12
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	58	117	$1,356	$23	$12	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	2	2	$697	$349	$349	1
Additional Codes-Physician Services		99215		Encounter	1	1	$362	$362	$362	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	3	3	$168	$56	$56	1
Additional Codes-Physician Services		99252		Encounter	2	2	$135	$67	$67	1
Additional Codes-Physician Services		99253		Encounter	8	9	$833	$104	$93	1
Additional Codes-Physician Services		99254		Encounter	8	9	$1,211	$151	$135	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	94	$1,670	$1,670	$18	94
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$297	$297	$297	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	41	275	$35,634	$869	$130	7
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	832	947	$77,487	$93	$82	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	715	760	$145,446	$203	$191	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	104	512	$61,596	$592	$120	5
Monitoring of Treatment - Physician		H0032	TS	Encounter	7	8	$343	$49	$43	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	46	$2,827	$2,827	$61	46
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	17	41	$3,439	$202	$84	2
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	213	27,840	$1,494,059	$7,014	$54	131
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	8	10	$2,115	$264	$211	1
Monitoring Activities		H2000	TS	Encounter	9	21	$3,324	$369	$158	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	480	1,627	$93,656	$195	$58	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	178	58,421	$125,821	$707	$2	328
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	13	76	$413	$32	$5	6
Community Living Supports (15 Minutes)		H2015		15 Minutes	39	42,212	$160,644	$4,119	$4	1,082
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	1	488	$9,976	$9,976	$20	488
Community Living Supports (Daily)		H2016	TF	Per Diem	5	1,107	$35,509	$7,102	$32	221
Community Living Supports (Daily)		H2016	TG	Per Diem	285	18,454	$3,239,559	$11,367	$176	65
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	108	15,618	$319,604	$2,959	$20	145
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	85	98,994	$406,585	$4,783	$4	1,165
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	46	52	$5,679	$123	$109	1
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	271	13,936	$448,490	$1,655	$32	51
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	5	5	$1,855	$371	$371	1
Health Services		T1002		Up to 15 min	1,673	5,074	$489,364	$293	$96	3
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,055	30,526	$2,154,728	$2,042	$71	29
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	58	$5,414	$1,353	$93	15
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	6,248	$196,125	$7,004	$31	223
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	265	9,855	$618,375	$2,333	$63	37
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	7	971	$89,181	$12,740	$92	139
Assessments		T1023		Encounter	449	735	$241,935	$539	$329	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	108	261	$55,661	$515	$213	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	8	1,482	$11,141	$1,393	$8	185
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$249	$249	$249	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	33	43	$127,468	$3,863	$2,964	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$151,638	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$328,093	$0	$0	0
Total Population and Cost					**2,860**		**$14,979,798**			

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	54	5,941	$3,116,720	$57,717	$525	110
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	289	3,445	$1,811,553	$6,268	$526	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	685	9,227	$6,033,818	$8,808	$654	13
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	10	108	$75,349	$7,535	$698	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	276	1,370	$372,487	$1,350	$272	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	1,265	1,417	$369,509	$292	$261	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	212	376	$22,944	$108	$61	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	369	1,542	$130,379	$353	$85	4
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2,008	12,463	$1,098,940	$547	$88	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	1,405	7,652	$721,540	$514	$94	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	68	114	$14,431	$212	$127	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	146	319	$50,329	$345	$158	2
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	7	9	$767	$110	$85	1
Therapy-Family Therapy		90847		Encounter	60	133	$10,402	$173	$78	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	101	424	$44,135	$437	$104	4
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	406	4,339	$135,312	$333	$31	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	582	5,724	$199,882	$343	$35	10
Therapy-Group Therapy		90857		Encounter	8	25	$1,008	$126	$40	3

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	2,787	7,290	$694,908	$249	$95	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	117	272	$21,182	$181	$78	2
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	25	74	$41,050	$1,642	$555	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	209	2,197	$270,483	$1,294	$123	11
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			15	16	$3,989	$266	$249	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			2	2	$532	$266	$266	1
Additional Codes-Physician Services		99231			5	30	$2,912	$582	$97	6
Additional Codes-Physician Services		99232			3	8	$977	$326	$122	3
Additional Codes-Physician Services		99233			2	3	$308	$154	$103	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	3	3	$302	$101	$101	1
Additional Codes-Physician Services		99242		Encounter	313	337	$31,187	$100	$93	1
Additional Codes-Physician Services		99243		Encounter	50	52	$7,432	$149	$143	1
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	207	4,573	$27,372	$132	$6	22
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			207	235	$30,315	$146	$129	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	76	601	$66,799	$879	$111	8
Substance Abuse: Individual Assessment		H0001		Encounter	1,228	1,306	$105,020	$86	$80	1
Assessment		H0002		Encounter	1,744	2,061	$1,176,722	$675	$571	1
Substance Abuse: Individual Assessment		H0002		Encounter	666	775	$331,863	$498	$428	1
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	63	152	$7,777	$123	$51	2
Substance Abuse: Case Management		H0006		Encounter	213	2,647	$493,709	$2,318	$187	12
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	345	1,591	$459,584	$1,332	$289	5
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	794	12,089	$940,759	$1,185	$78	15
Crisis Residential Services		H0018		Days	531	3,796	$1,062,783	$2,001	$280	7
Substance Abuse: Residential	1002	H0018		Days	172	3,343	$500,824	$2,912	$150	19
Substance Abuse: Residential	1002	H0019		Days	416	15,356	$1,091,620	$2,624	$71	37
Substance Abuse: Methadone		H0020		Encounter	241	42,212	$321,391	$1,334	$8	175
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	228	0	$300,676	$1,319	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	32	73	$12,410	$388	$170	2
Assessment		H0031		Encounter	1,118	1,155	$108,879	$97	$94	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	9	398	$2,930	$326	$7	44
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	7	1,045	$37,066	$5,295	$35	149
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	205	8,543	$231,618	$1,130	$27	42
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	275	35,625	$2,955,825	$10,748	$83	130
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	267	6,326	$990,962	$3,711	$157	24
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	62	7,566	$93,972	$1,516	$12	122
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	70	147,728	$574,719	$8,210	$4	2,110
Community Living Supports (Daily)		H2016		Per Diem	33	7,061	$489,173	$14,823	$69	214
Community Living Supports (Daily)		H2016	TF	Per Diem	22	4,581	$251,713	$11,442	$55	208
Community Living Supports (Daily)		H2016	TG	Per Diem	144	39,783	$6,217,899	$43,180	$156	276
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	232	14,025	$822,677	$3,546	$59	60
Supported Employment Services		H2023	TT	15 Minutes	2	296	$17,304	$8,652	$58	148
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	186	216,490	$841,458	$4,524	$4	1,164
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	585	1,215	$75,472	$129	$62	2
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	14	$2,540	$2,540	$181	14
Foster Care		S5140		Days	1	191	$65,414	$65,414	$342	191
Foster Care		S5145		Days	4	868	$240,002	$60,001	$277	217
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	814	4,217	$503,968	$619	$120	5
Health Services		S9446		Encounter	15	33	$5,077	$338	$154	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	5	844	$159,529	$31,906	$189	169
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	273	289	$74,528	$273	$258	1
Health Services		T1002		Up to 15 min	678	2,218	$157,684	$233	$71	3
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	105	3,790	$224,043	$2,134	$59	36
Targeted Case Management		T1017		15 minutes	2,542	79,188	$6,057,174	$2,383	$76	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	112	2,409	$259,690	$2,319	$108	22
Personal Care in Licensed Specialized Residential Setting		T1020		Days	120	30,864	$870,635	$7,255	$28	257
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	25	3,371	$136,802	$5,472	$41	135
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	20	4,469	$339,077	$16,954	$76	223
Assessments		T1023		Encounter	864	1,010	$576,111	$667	$570	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	177	216	$163,012	$921	$755	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$533,143	$0	$0	0
Other					0	0	$1,132,562	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**7,524**		**$47,427,049**			

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	348	$159,299	$159,299	$458	348
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	68	449	$290,177	$4,267	$646	7
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
Crisis Observation Care	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	1	1	$324	$324	$324	1
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	52	789	$36,723	$706	$47	15
Assessment-Psychiatric Assessment		90801		Encounter	379	394	$112,287	$296	$285	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	198	491	$27,005	$136	$55	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	321	1,570	$211,950	$660	$135	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	38	65	$12,675	$334	$195	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	2	2	$358	$179	$179	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$323	$162	$162	1
Therapy-Family Therapy		90847		Encounter	39	91	$11,833	$303	$130	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	89	819	$107,611	$1,209	$131	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	10	33	$4,336	$434	$131	3

Newaygo

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	342	1,356	$202,381	$592	$149	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	61	$12,771	$798	$209	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	1	1	$88	$88	$88	1
Assessment		H0002		Encounter	175	195	$37,248	$213	$191	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	44	190	$62,772	$1,427	$330	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$75,758	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	10	26	$1,646	$165	$63	3
Assessment		H0031		Encounter	329	387	$62,911	$191	$163	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	273	323	$47,196	$173	$146	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	10	925	$47,795	$4,780	$52	93
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	22	683	$18,014	$819	$26	31
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	57	6,960	$437,088	$7,668	$63	122
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	254	685	$46,528	$183	$68	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	10	708	$16,435	$1,644	$23	71
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	64	$285	$285	$4	64
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	2	597	$19,692	$9,846	$33	299
Community Living Supports (Daily)		H2016	TF	Per Diem	1	34	$2,035	$2,035	$60	34
Community Living Supports (Daily)		H2016	TG	Per Diem	4	894	$120,940	$30,235	$135	224
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	28	14,617	$149,808	$5,350	$10	522
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	4	80	$3,585	$896	$45	20
Family Training		S5111		Encounter	12	49	$6,596	$550	$135	4
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	411	2,131	$106,362	$259	$50	5
Respite Care		T1005		15 Minutes	29	30,225	$78,514	$2,707	$3	1,042
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	5	11	$1,652	$330	$150	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	9	$617	$154	$69	2
Targeted Case Management		T1017		15 minutes	347	13,426	$876,546	$2,526	$65	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	27	88	$5,745	$213	$65	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	7	1,503	$16,421	$2,346	$11	215
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	172	488	$96,750	$563	$198	3
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	4	$220	$220	$55	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	3	$203	$203	$68	3
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	5	5	$4,410	$882	$882	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					61	0	$268,934	$4,409	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**963**		**$3,802,847**			

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	15	1,444	$551,796	$36,786	$382	96
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	30	$13,596	$2,266	$453	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	295	2,531	$1,429,782	$4,847	$565	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				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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	53	$35,976	$35,976	$679	53
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	6	$2,160	$2,160	$360	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	47	828	$67,331	$1,433	$81	18
Assessment-Psychiatric Assessment		90801		Encounter	255	257	$76,725	$301	$299	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	4	4	$1,112	$278	$278	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	202	352	$22,710	$112	$65	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	$124	$124	$124	1

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	988	5,875	$696,015	$704	$118	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	13	28	$4,758	$366	$170	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	5	13	$1,535	$307	$118	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	10	15	$1,742	$174	$116	2
Therapy-Family Therapy		90847		Encounter	45	141	$15,591	$346	$111	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	36	553	$39,101	$1,086	$71	15
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	746	2,390	$280,538	$376	$117	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	59	$12,547	$1,568	$213	7
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	2	$475	$475	$238	2
Occupational Therapy		97004		Encounter	1	1	$122	$122	$122	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	2	$180	$180	$90	2
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			5	20	$566	$113	$28	4
Additional Codes-Physician Services		99222			27	109	$5,358	$198	$49	4
Additional Codes-Physician Services		99223			10	39	$1,458	$146	$37	4
Additional Codes-Physician Services		99231			32	650	$19,207	$600	$30	20
Additional Codes-Physician Services		99232			27	288	$9,183	$340	$32	11
Additional Codes-Physician Services		99233			10	51	$2,400	$240	$47	5
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	$9	$9	$9	1
Additional Codes-Physician Services		99252		Encounter	2	2	$230	$115	$115	1
Additional Codes-Physician Services		99253		Encounter	2	2	$230	$115	$115	1
Additional Codes-Physician Services		99254		Encounter	1	1	$115	$115	$115	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	13	14	$5,356	$412	$383	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	1	1	$313	$313	$313	1
Additional codes - Transportation		A0428			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	22	129	$26,215	$1,192	$203	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	246	260	$32,828	$133	$126	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	91	450	$213,643	$2,348	$475	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,208	1,273	$289,350	$240	$227	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1,222	1,647	$305,828	$250	$186	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	11	11	$2,044	$186	$186	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	151	857	$68,762	$455	$80	6
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	484	$9,392	$1,342	$19	69
Peer Directed and Operated Support Services		NA			0	0	$117,837	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	101	14,795	$928,566	$9,194	$63	146
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$122	$122	$122	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	478	2,115	$182,818	$382	$86	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	1,552	$5,279	$5,279	$3	1,552
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	2	663	$2,255	$1,128	$3	332
Community Living Supports (15 Minutes)		H2015		15 Minutes	150	3,602	$123,050	$820	$34	24
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	14	48,104	$161,767	$11,555	$3	3,436
Community Living Supports (Daily)		H2016		Per Diem	4	1,091	$32,266	$8,067	$30	273
Community Living Supports (Daily)		H2016	TF	Per Diem	1	366	$14,955	$14,955	$41	366
Community Living Supports (Daily)		H2016	TG	Per Diem	98	6,007	$1,287,687	$13,140	$214	61
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	17	607	$4,921	$289	$8	36
Supported Employment Services		H2023	TT	15 Minutes	3	4,570	$37,052	$12,351	$8	1,523
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	147	172,932	$969,193	$6,593	$6	1,176
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	586	1,475	$159,611	$272	$108	3
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	12	110	$6,118	$510	$56	9
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	13	53	$9,515	$732	$180	4
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	7	7	$1,179	$168	$168	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	102	1,583	$102,236	$1,002	$65	16
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	259	268	$83,989	$324	$313	1
Health Services		T1002		Up to 15 min	60	89	$4,674	$78	$53	1
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	18	47	$10,996	$611	$234	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	7	76	$6,145	$878	$81	11
Targeted Case Management		T1017		15 minutes	402	15,859	$1,098,910	$2,734	$69	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	40	995	$68,950	$1,724	$69	25
Personal Care in Licensed Specialized Residential Setting		T1020		Days	101	7,042	$84,959	$841	$12	70
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	2	422	$39,367	$19,684	$93	211
Assessments		T1023		Encounter	230	283	$35,721	$155	$126	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	1	45	$97	$97	$2	45
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			54	0	$175,263	$3,246	$0	0
Total Population and Cost					**2,796**		**$10,001,901**			

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	312	$140,040	$28,008	$449	62
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	46	172	$147,300	$3,202	$856	4
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	30	325	$21,330	$711	$66	11
Assessment-Psychiatric Assessment		90801		Encounter	368	368	$144,639	$393	$393	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	97	147	$4,450	$46	$30	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	356	1,147	$60,313	$169	$53	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	14	17	$1,172	$84	$69	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$57	$57	$57	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	108	1,370	$36,350	$337	$27	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,246	3,216	$524,891	$421	$163	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	40	$9,162	$3,054	$229	13
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	14	14	$2,201	$157	$157	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	14	14	$1,226	$88	$88	1
Additional Codes-Physician Services		99202		Encounter	28	28	$4,658	$166	$166	1
Additional Codes-Physician Services		99203		Encounter	26	26	$7,285	$280	$280	1
Additional Codes-Physician Services		99204		Encounter	4	4	$1,576	$394	$394	1

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	9	10	$876	$97	$88	1
Additional Codes-Physician Services		99213		Encounter	36	37	$6,480	$180	$175	1
Additional Codes-Physician Services		99214		Encounter	29	29	$8,126	$280	$280	1
Additional Codes-Physician Services		99215		Encounter	8	8	$3,152	$394	$394	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	33	37	$14,033	$425	$379	1
Additional Codes-Physician Services		99253		Encounter	25	26	$12,215	$489	$470	1
Additional Codes-Physician Services		99254		Encounter	15	15	$8,555	$570	$570	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	235	$1,749	$1,749	$7	235
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	19	156	$13,845	$729	$89	8
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	26	26	$2,057	$79	$79	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	2	$335	$335	$168	2
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	8	90	$20,341	$2,543	$226	11
Assessment		H0031		Encounter	767	776	$93,751	$122	$121	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	556	861	$61,642	$111	$72	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	13	1,062	$63,678	$4,898	$60	82
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	20	381	$12,712	$636	$33	19
Peer Directed and Operated Support Services		NA			69	1,103	$28,994	$420	$26	16
Assertive Community Treatment (ACT)		H0039		15 Minutes	49	11,468	$572,091	$11,675	$50	234
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	3	$2,020	$2,020	$673	3
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	1	1	$112	$112	$112	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	520	1,888	$41,012	$79	$22	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	5,851	$19,419	$19,419	$3	5,851
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	156	13,486	$248,801	$1,595	$18	86
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	2	222	$7,229	$3,614	$33	111
Community Living Supports (Daily)		H2016	TF	Per Diem	4	979	$50,024	$12,506	$51	245
Community Living Supports (Daily)		H2016	TG	Per Diem	14	3,461	$936,024	$66,859	$270	247
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	18	4,082	$30,847	$1,714	$8	227
Supported Employment Services		H2023	TT	15 Minutes	2	57	$231	$115	$4	29
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	52	31,962	$297,852	$5,728	$9	615
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	2	3	$337	$169	$112	2
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	1	12	$449	$449	$37	12
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	1	1	$124	$124	$124	1
Personal Emergency Response System (PERS)		S5161		Month	1	3	$4,244	$4,244	$1,415	3
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	3	$805	$268	$268	1
Health Services		T1002		Up to 15 min	5	8	$603	$121	$75	2
Respite Care		T1005		15 Minutes	1	672	$449	$449	$1	672
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	4	11	$3,677	$919	$334	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	71	734	$39,760	$560	$54	10
Targeted Case Management		T1017		15 minutes	262	8,547	$595,486	$2,273	$70	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	62	1,028	$84,732	$1,367	$82	17
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	3,940	$86,201	$5,388	$22	246
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	4	722	$33,551	$8,388	$46	181
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	231	313	$23,888	$103	$76	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	2	3	$2,100	$1,050	$700	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			28	0	$38,079	$1,360	$0	0
Total Population and Cost					**1,823**		**$4,579,340**			

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	22	1,665	$569,813	$25,901	$342	76
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	22	$17,203	$8,602	$782	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	319	2,637	$2,062,002	$6,464	$782	8
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
Crisis Observation Care	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	30	150	$56,115	$1,871	$374	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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	5	748	$2,611	$522	$3	150
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	111	1,733	$109,667	$988	$63	16
Assessment-Psychiatric Assessment		90801		Encounter	650	681	$184,714	$284	$271	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	348	565	$44,964	$129	$80	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	8	9	$1,219	$152	$135	1

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,089	6,142	$959,385	$881	$156	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	1	$211	$211	$211	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	86	100	$28,519	$332	$285	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	2	2	$274	$137	$137	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	3	$426	$213	$142	2
Therapy-Family Therapy		90847		Encounter	19	57	$7,815	$411	$137	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	221	1,681	$175,312	$793	$104	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,729	6,410	$743,667	$430	$116	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	9	75	$17,115	$1,902	$228	8
Assessments-Other		90887		Encounter	77	81	$14,859	$193	$183	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	39	$6,042	$604	$155	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	3	4	$1,060	$353	$265	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	2	$454	$227	$227	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	3	32	$368	$123	$12	11
Assessment or Health Services		97803		15 Minutes	17	311	$3,578	$210	$12	18
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	1	4	$207	$207	$52	4
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	2	2	$1	$1	$1	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			2	2	$316	$158	$158	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	23	176	$37,738	$1,641	$214	8
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	104	253	$32,263	$310	$128	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	106	1,510	$364,371	$3,437	$241	14
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	60	2,186	$71,023	$1,184	$32	36
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,521	1,609	$267,171	$176	$166	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	981	1,217	$294,404	$300	$242	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	16	37	$1,348	$84	$36	2
Home Based Services		H0036		15 Minutes	5	324	$14,601	$2,920	$45	65
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	235	10,084	$305,144	$1,298	$30	43
Peer Directed and Operated Support Services		NA			0	0	$103,118	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	147	14,612	$916,689	$6,236	$63	99
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	6	$1,231	$1,231	$205	6
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	3	$710	$710	$237	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,442	11,141	$822,527	$570	$74	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	16	1,855	$15,741	$984	$8	116
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	24	19,191	$55,570	$2,315	$3	800
Community Living Supports (15 Minutes)		H2015		15 Minutes	118	19,898	$102,642	$870	$5	169
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	7	1,223	$6,309	$901	$5	175
Community Living Supports (Daily)		H2016		Per Diem	10	1,373	$39,494	$3,949	$29	137
Community Living Supports (Daily)		H2016	TF	Per Diem	34	6,984	$396,023	$11,648	$57	205
Community Living Supports (Daily)		H2016	TG	Per Diem	76	10,288	$1,162,014	$15,290	$113	135
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	6	1,928	$5,047	$841	$3	321
Supported Employment Services		H2023	TT	15 Minutes	9	6,863	$17,964	$1,996	$3	763
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	140	182,899	$678,668	$4,848	$4	1,306
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Northern Lakes

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Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1,002	1,718	$161,430	$161	$94	2
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	3	78	$2,543	$848	$33	26
Family Training		S5111		Encounter	1	1	$171	$171	$171	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	171	177	$31,464	$184	$178	1
Health Services		T1002		Up to 15 min	1,082	3,021	$187,785	$174	$62	3
Respite Care		T1005		15 Minutes	5	2,542	$6,508	$1,302	$3	508
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	9	21	$2,739	$304	$130	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	8	$818	$273	$102	3
Targeted Case Management		T1017		15 minutes	1,048	30,823	$1,595,894	$1,523	$52	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	77	2,144	$111,008	$1,442	$52	28
Personal Care in Licensed Specialized Residential Setting		T1020		Days	62	8,768	$252,207	$4,068	$29	141
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	24	5,595	$332,604	$13,859	$59	233
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	6	1,142	$117,162	$19,527	$103	190
Assessments		T1023		Encounter	339	502	$131,474	$388	$262	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	8	8	$1,570	$196	$196	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Northern Lakes

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Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**3,640**		**$13,655,104**			

Northpointe

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	6	1,000	$389,000	$64,833	$389	167
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	78	783	$527,102	$6,758	$673	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	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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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	1	18	$5,786	$5,786	$321	18
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	63	908	$276,731	$4,393	$305	14
Assessment-Psychiatric Assessment		90801		Encounter	73	74	$23,111	$317	$312	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	24	42	$2,873	$120	$68	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	4	11	$1,196	$299	$109	3

Northpointe

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	52	217	$31,150	$599	$144	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	1	$205	$205	$205	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	4	$821	$205	$205	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	102	1,602	$109,593	$1,074	$68	16
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Northpointe

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	338	1,929	$209,663	$620	$109	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	16	$2,971	$743	$186	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$1,486	$743	$743	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	7	31	$1,048	$150	$34	4
Assessment or Health Services		97803		15 Minutes	5	18	$609	$122	$34	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			26	29	$2,705	$104	$93	1
Additional Codes-Physician Services		99222			1	1	$154	$154	$154	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			25	142	$10,083	$403	$71	6
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			1	2	$307	$307	$154	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	25	144	$21,583	$863	$150	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	57	57	$12,186	$214	$214	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	178	201	$41,249	$232	$205	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	182	211	$44,517	$245	$211	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	1	2	$438	$438	$219	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	86	373	$38,080	$443	$102	4
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	46	1,506	$8,715	$189	$6	33
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	16	2,713	$262,781	$16,424	$97	170
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	14	$2,419	$2,419	$173	14
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	14	16	$6,178	$441	$386	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	398	1,647	$131,335	$330	$80	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	2	222	$764	$382	$3	111
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	120	169,765	$568,713	$4,739	$3	1,415
Community Living Supports (15 Minutes)		H2015		15 Minutes	83	35,601	$157,356	$1,896	$4	429
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	16	13,695	$61,354	$3,835	$4	856
Community Living Supports (Daily)		H2016		Per Diem	2	59	$1,642	$821	$28	30
Community Living Supports (Daily)		H2016	TF	Per Diem	9	1,829	$88,025	$9,781	$48	203
Community Living Supports (Daily)		H2016	TG	Per Diem	31	4,791	$803,882	$25,932	$168	155
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	73	$11,149	$11,149	$153	73
Wraparound		H2022		Days	1	1	$61	$61	$61	1
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	63	72,166	$267,014	$4,238	$4	1,145
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	163	653	$84,616	$519	$130	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	5	36	$1,754	$351	$49	7
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	1	$2	$2	$2	1
Respite		S5151		Per Diem	1	9	$1,555	$1,555	$173	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	56	60	$27,497	$491	$458	1
Health Services		T1002		Up to 15 min	111	236	$24,301	$219	$103	2
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	18	32	$5,324	$296	$166	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	466	13,180	$715,806	$1,536	$54	28
Targeted Case Management		T1017		15 minutes	107	6,442	$349,865	$3,270	$54	60
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	18	$1,119	$559	$62	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	40	6,679	$35,790	$895	$5	167
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	401	591	$134,931	$336	$228	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	2	$43	$43	$21	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	1	2	$106	$106	$53	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	10	144	$43,381	$4,338	$301	14
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			23	0	$123,433	$5,367	$0	0
Total Population and Cost					**977**		**$5,675,557**			

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	69	15,152	$7,389,757	$107,098	$488	220
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	690	9,633	$4,353,247	$6,309	$452	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	695	9,883	$4,287,248	$6,169	$434	14
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	8	$1,800	$1,800	$225	8
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	64	364	$70,575	$1,103	$194	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	619	6,414	$443,300	$716	$69	10
Assessment-Psychiatric Assessment		90801		Encounter	6,190	8,097	$2,856,429	$461	$353	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	435	735	$53,261	$122	$72	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,185	6,763	$799,777	$675	$118	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	306	811	$172,685	$564	$213	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	11	13	$4,295	$390	$330	1
Therapy-Family Therapy		90847		Encounter	74	139	$24,689	$334	$178	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	847	9,880	$917,122	$1,083	$93	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	7,478	29,335	$4,388,390	$587	$150	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	9	18	$655	$73	$36	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	13	$4,164	$1,388	$320	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1	1	$75	$75	$75	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	1	1	$106	$106	$106	1
Occupational Therapy		97003		Encounter	104	106	$23,103	$222	$218	1
Occupational Therapy		97004		Encounter	4	4	$1,803	$451	$451	1
Occupational or Physical Therapy		97110		15 Minutes	1	37	$2,725	$2,725	$74	37
Occupational or Physical Therapy		97112		15 Minutes	1	16	$849	$849	$53	16
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	5	$266	$266	$53	5
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	12	32	$5,301	$442	$166	3
Occupational or Physical Therapy		97530		15 Minutes	1	13	$747	$747	$57	13
Occupational or Physical Therapy		97532		15 Minutes	1	3	$160	$160	$53	3
Occupational or Physical Therapy		97533		15 Minutes	1	2	$106	$106	$53	2
Occupational or Physical Therapy		97535		15 Minutes	38	1,493	$188,628	$4,964	$126	39
Occupational or Physical Therapy		97537		15 Minutes	75	1,495	$70,555	$941	$47	20
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
Occupational Therapy		97760		15 Minutes	1	21	$1,232	$1,232	$59	21
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	122	540	$23,275	$191	$43	4
Assessment or Health Services		97803		15 Minutes	87	265	$12,795	$147	$48	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	103	231	$38,106	$370	$165	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	$43	$43	$43	1
Additional Codes-Physician Services		99252		Encounter	1	1	$43	$43	$43	1
Additional Codes-Physician Services		99253		Encounter	33	35	$2,064	$63	$59	1
Additional Codes-Physician Services		99254		Encounter	38	41	$3,477	$92	$85	1
Additional Codes-Physician Services		99255		Encounter	8	8	$935	$117	$117	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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	426	476	$176,896	$415	$372	1
Additional codes - Transportation		A0428			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	79	436	$169,047	$2,140	$388	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	299	306	$73,438	$246	$240	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	125	1,533	$93,997	$752	$61	12
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	405	4,712	$1,913,138	$4,724	$406	12
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	3,374	4,248	$1,029,618	$305	$242	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	2,280	4,138	$569,873	$250	$138	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	9	12	$1,579	$175	$132	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	2	$122	$61	$61	1
Home Based Services		H0036		15 Minutes	7	378	$15,178	$2,168	$40	54
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1,354	36,224	$936,707	$692	$26	27
Peer Directed and Operated Support Services		NA			0	0	$831,266	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	540	100,443	$6,407,408	$11,866	$64	186
Community Living Supports in Independent living/own home		H0043		Per diem	2	123	$98,790	$49,395	$803	62
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	23	49	$4,179	$182	$85	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	2,051	9,146	$761,575	$371	$83	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	958	137,525	$840,991	$878	$6	144
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	214	223,062	$748,422	$3,497	$3	1,042
Community Living Supports (15 Minutes)		H2015		15 Minutes	343	2,269,348	$7,208,716	$21,017	$3	6,616
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	142	28,130	$1,439,393	$10,137	$51	198
Community Living Supports (Daily)		H2016	TF	Per Diem	51	12,968	$970,953	$19,038	$75	254
Community Living Supports (Daily)		H2016	TG	Per Diem	205	56,566	$6,260,524	$30,539	$111	276
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	1	1	$120	$120	$120	1
Supported Employment Services		H2023		15 minutes	107	25,769	$188,626	$1,763	$7	241
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	492	512,014	$2,141,322	$4,352	$4	1,041
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	41	567	$44,838	$1,094	$79	14
Family Training		S5111		Encounter	59	487	$7,381	$125	$15	8
Foster Care		S5140		Days	1	70	$78,073	$78,073	$1,115	70
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2,703	9,984	$413,382	$153	$41	4
Health Services		S9446		Encounter	40	63	$19,781	$495	$314	2
Health Services		S9470		Encounter	175	744	$80,901	$462	$109	4
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	406	4,824	$134,347	$331	$28	12
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	828	988	$182,191	$220	$184	1
Health Services		T1002		Up to 15 min	834	4,355	$331,946	$398	$76	5
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	51	113	$13,401	$263	$119	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	10	72	$5,824	$582	$81	7
Targeted Case Management		T1017		15 minutes	7,661	237,104	$14,876,078	$1,942	$63	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	279	6,364	$358,861	$1,286	$56	23
Personal Care in Licensed Specialized Residential Setting		T1020		Days	223	63,074	$2,911,505	$13,056	$46	283
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	49	11,754	$883,105	$18,023	$75	240
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	103	22,989	$2,374,971	$23,058	$103	223
Assessments		T1023		Encounter	2,082	2,612	$1,021,533	$491	$391	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	825	2,843	$1,684,987	$2,042	$593	3
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					2,941	0	$1,823,569	$620	$0	0
Other					288	0	$529,376	$1,838	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**11,223**		**$86,801,716**			

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	285	$121,420	$30,355	$426	71
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	22	230	$73,619	$3,346	$320	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	243	2,170	$960,151	$3,951	$442	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				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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	3	40	$24,852	$8,284	$621	13
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	32	$7,940	$662	$248	3
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	66	956	$109,979	$1,666	$115	14
Assessment-Psychiatric Assessment		90801		Encounter	399	415	$220,765	$553	$532	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	353	1,137	$64,905	$184	$57	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	769	5,539	$577,102	$750	$104	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	7	7	$1,092	$156	$156	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	5	$671	$336	$134	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	254	2,374	$399,563	$1,573	$168	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,060	3,184	$692,775	$654	$218	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	2	9	$2,968	$1,484	$330	5
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	13	$2,414	$483	$186	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	3	$229	$229	$76	3
Additional Codes-Physician Services		99232			1	2	$153	$153	$76	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	91	179	$12,712	$140	$71	2
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	1	1	$47	$47	$47	1
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	6	137	$582	$97	$4	23
Additional Codes-Transportation		A0427		Refer to code descriptions.	1	1	$209	$209	$209	1
Additional codes - Transportation		A0428			5	5	$572	$114	$114	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	21	121	$44,120	$2,101	$365	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	26	132	$30,501	$1,173	$231	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	857	918	$157,557	$184	$172	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	662	1,060	$193,561	$292	$183	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	2	$10	$5	$5	1
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$129,217	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	102	9,791	$962,750	$9,439	$98	96
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	2	$497	$497	$249	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	520	1,918	$391,066	$752	$204	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	2	3,394	$5,492	$2,746	$2	1,697
Community Living Supports (15 Minutes)		H2015		15 Minutes	76	26,502	$118,761	$1,563	$4	349
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	148	5,349	$1,274,646	$8,612	$238	36
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	15	5,202	$57,316	$3,821	$11	347
Supported Employment Services		H2023	TT	15 Minutes	7	15,790	$21,531	$3,076	$1	2,256
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	129	192,586	$545,466	$4,228	$3	1,493
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	317	547	$136,626	$431	$250	2
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	1	6	$885	$885	$147	6
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	44	$227	$113	$5	22
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	149	1,957	$129,095	$866	$66	13
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	5	6	$3,553	$711	$592	1
Health Services		T1002		Up to 15 min	4	18	$215	$54	$12	5
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	4	7	$1,278	$319	$183	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	26	1,343	$288,181	$11,084	$215	52
Targeted Case Management		T1017		15 minutes	550	11,006	$908,863	$1,652	$83	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	474	$17,951	$3,590	$38	95
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	7	2,239	$94,008	$13,430	$42	320
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	211	270	$177,737	$842	$658	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	24	24	$16,059	$669	$669	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$179,205	$0	$0	0
Total Population and Cost					**2,020**		**$9,161,093**			

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	786	$251,787	$83,929	$320	262
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	227	1,653	$1,152,339	$5,076	$697	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	70	905	$103,116	$1,473	$114	13
Assessment-Psychiatric Assessment		90801		Encounter	96	100	$41,308	$430	$413	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	68	154	$18,255	$268	$119	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	244	2,143	$463,188	$1,898	$216	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	11	20	$6,480	$589	$324	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$452	$226	$226	1
Therapy-Family Therapy		90847		Encounter	2	3	$588	$294	$196	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	95	1,123	$81,777	$861	$73	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	562	2,576	$363,808	$647	$141	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	6	$1,117	$1,117	$186	6
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	38	$10,247	$2,049	$270	8
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	7	8	$4,558	$651	$570	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	2	50	$4,016	$2,008	$80	25
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	2	12	$440	$220	$37	6
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			113	144	$10,454	$93	$73	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			96	493	$35,792	$373	$73	5
Additional Codes-Physician Services		99232			2	2	$145	$73	$73	1
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	21	243	$19,576	$932	$81	12
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	24	25	$10,309	$430	$412	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	117	3,785	$95,798	$819	$25	32
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	195	219	$59,489	$305	$272	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	191	200	$46,630	$244	$233	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	7	26	$6,062	$866	$233	4
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	84	355	$28,020	$334	$79	4
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	479	$2,874	$359	$6	60
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	86	26,906	$1,374,628	$15,984	$51	313
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	12	$4,800	$960	$400	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	818	5,486	$362,570	$443	$66	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	47	4,768	$56,167	$1,195	$12	101
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	70	48,732	$574,063	$8,201	$12	696
Community Living Supports (15 Minutes)		H2015		15 Minutes	207	26,447	$153,128	$740	$6	128
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	62	5,820	$33,698	$544	$6	94
Community Living Supports (Daily)		H2016		Per Diem	11	2,380	$97,199	$8,836	$41	216
Community Living Supports (Daily)		H2016	TF	Per Diem	6	770	$50,589	$8,432	$66	128
Community Living Supports (Daily)		H2016	TG	Per Diem	35	7,868	$1,118,358	$31,953	$142	225
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	35	2,072	$16,825	$481	$8	59
Supported Employment Services		H2023	TT	15 Minutes	32	19,017	$154,418	$4,826	$8	594
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	2	2	$151	$76	$76	1
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	6	112	$8,621	$1,437	$77	19
Family Training		S5111		Encounter	2	3	$231	$115	$77	2
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	16	$1,189	$1,189	$74	16
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	46	$4,453	$2,226	$97	23
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	9	82	$34,516	$3,835	$421	9
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	5	6	$2,414	$483	$402	1
Health Services		T1002		Up to 15 min	5	40	$6,107	$1,221	$153	8
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	5	10	$1,360	$272	$136	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	309	7,651	$885,909	$2,867	$116	25
Targeted Case Management		T1017		15 minutes	388	18,588	$1,363,987	$3,515	$73	48
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	5	50	$3,669	$734	$73	10
Personal Care in Licensed Specialized Residential Setting		T1020		Days	37	8,850	$165,053	$4,461	$19	239
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	7	1,004	$66,726	$9,532	$66	143
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	7	1,092	$134,152	$19,165	$123	156
Assessments		T1023		Encounter	706	1,061	$205,717	$291	$194	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	2	$65	$65	$32	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	12	$1,859	$1,859	$155	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,776**		**$9,701,246**			

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	230	$83,950	$41,975	$365	115
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	1	6	$4,560	$4,560	$760	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	65	369	$201,607	$3,102	$546	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	12	26	$1,328	$111	$51	2
Assessment-Psychiatric Assessment		90801		Encounter	403	456	$126,154	$313	$277	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	132	199	$16,911	$128	$85	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	593	3,246	$547,960	$924	$169	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	19	89	$22,733	$1,196	$255	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	19	59	$10,132	$533	$172	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	103	1,100	$79,165	$769	$72	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	25	161	$8,514	$341	$53	6

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	485	1,618	$177,569	$366	$110	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	$255	$255	$255	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	10	33	$990	$99	$30	3
Assessment or Health Services		97803		15 Minutes	3	8	$240	$80	$30	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	1	$759	$759	$759	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	12	85	$5,811	$484	$68	7
Substance Abuse: Individual Assessment		H0001		Encounter	4	4	$660	$165	$165	1
Assessment		H0002		Encounter	633	649	$69,072	$109	$106	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	10	65	$8,647	$865	$133	7
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	409	424	$69,135	$169	$163	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	560	721	$109,360	$195	$152	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	42	12,040	$512,556	$12,204	$43	287
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	3	$333	$333	$111	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	175	1,057	$44,998	$257	$43	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	271	$5,530	$346	$20	17
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	3	489	$70,022	$23,341	$143	163
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	17	1,268	$17,904	$1,053	$14	75
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	26	52,192	$112,735	$4,336	$2	2,007
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	13	141	$7,203	$554	$51	11
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	7	152	$1,618	$231	$11	22
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	6	6	$894	$149	$149	1
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	128	128	$9,349	$73	$73	1
Health Services		T1002		Up to 15 min	190	300	$15,326	$81	$51	2
Respite Care		T1005		15 Minutes	25	35,331	$161,438	$6,458	$5	1,413
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	7	20	$3,321	$474	$166	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	17	736	$33,674	$1,981	$46	43
Targeted Case Management		T1017		15 minutes	131	3,692	$188,607	$1,440	$51	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	10	$426	$107	$43	3
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	147	$3,522	$3,522	$24	147
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	286	$14,954	$4,985	$52	95
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	56	$5,412	$5,412	$97	56
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,275**		**$2,755,334**			

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	24	5,039	$2,215,900	$92,329	$440	210
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	24	428	$283,490	$11,812	$662	18
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	465	3,825	$2,479,977	$5,333	$648	8
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	180	2,128	$89,419	$497	$42	12
Assessment-Psychiatric Assessment		90801		Encounter	439	461	$73,234	$167	$159	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$144	$144	$144	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	53	185	$15,860	$299	$86	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	210	1,238	$125,434	$597	$101	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	31	89	$18,356	$592	$206	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$117	$117	$117	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	1	$133	$133	$133	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	3	$206	$206	$69	3
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	37	$3,919	$3,919	$106	37
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	2	$431	$431	$216	2
Therapy-Family Therapy		90847		Encounter	4	7	$958	$240	$137	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	35	303	$21,340	$610	$70	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	894	3,273	$285,504	$319	$87	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	20	77	$5,466	$273	$71	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	2	$148	$74	$74	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	9	9	$389	$43	$43	1
Occupational Therapy		97004		Encounter	4	4	$115	$29	$29	1
Occupational or Physical Therapy		97110		15 Minutes	2	19	$379	$190	$20	10
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	4	$69	$69	$17	4
Assessment or Health Services		97803		15 Minutes	1	6	$104	$104	$17	6
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			199	227	$30,572	$154	$135	1
Additional Codes-Physician Services		99222			121	126	$14,527	$120	$115	1
Additional Codes-Physician Services		99223			117	129	$22,005	$188	$171	1
Additional Codes-Physician Services		99231			430	2,283	$106,548	$248	$47	5
Additional Codes-Physician Services		99232			261	595	$33,915	$130	$57	2
Additional Codes-Physician Services		99233			9	12	$1,077	$120	$90	1
Additional Codes-Physician Services		99238		30 Minutes or less	13	13	$1,249	$96	$96	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	1	1	$56	$56	$56	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	3	3	$250	$83	$83	1
Transportation		A0110		Per one-way trip	4	4	$1,004	$251	$251	1
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	3	273	$14,906	$4,969	$55	91
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	122	3,602	$21,864	$179	$6	30
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			122	143	$3,810	$31	$27	1
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$52	$52	$52	1
Family Training/Support EBP only		G0177		Encounter	29	166	$28,170	$971	$170	6
Substance Abuse: Individual Assessment		H0001		Encounter	303	422	$46,420	$153	$110	1
Assessment		H0002		Encounter	1	1	$90	$90	$90	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	108	739	$36,950	$342	$50	7

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	4	25	$2,375	$594	$95	6
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	6	19	$5,035	$839	$265	3
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	49	157	$39,250	$801	$250	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	286	1,655	$455,886	$1,594	$275	6
Substance Abuse: Residential	1002	H0018		Days	85	1,025	$241,357	$2,839	$235	12
Substance Abuse: Residential	1002	H0019		Days	31	1,466	$291,793	$9,413	$199	47
Substance Abuse: Methadone		H0020		Encounter	10	79	$5,925	$593	$75	8
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	387	412	$60,943	$157	$148	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	42	248	$17,990	$428	$73	6
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	61	5,485	$290,157	$4,757	$53	90
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	230	7,540	$251,911	$1,095	$33	33
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	90	17,986	$677,892	$7,532	$38	200
Community Living Supports in Independent living/own home		H0043		Per diem	57	12,435	$692,630	$12,151	$56	218
Community Living Supports in Independent living/own home		H0043	TT	Per diem	17	1,839	$61,110	$3,595	$33	108
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	25	77	$14,617	$585	$190	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,305	5,594	$421,788	$323	$75	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	38,135	$183,429	$14,110	$5	2,933
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	27	100,037	$519,192	$19,229	$5	3,705
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	15	2,342	$58,152	$3,877	$25	156
Community Living Supports (Daily)		H2016	TF	Per Diem	15	2,614	$138,333	$9,222	$53	174
Community Living Supports (Daily)		H2016	TG	Per Diem	112	26,756	$3,155,068	$28,170	$118	239
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	6	99	$8,896	$1,483	$90	17
Wraparound		H2022		Days	1	1	$190	$190	$190	1
Supported Employment Services		H2023		15 minutes	50	32,317	$246,579	$4,932	$8	646
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	72	113,754	$261,634	$3,634	$2	1,580
Substance Abuse: Outpatient Care		H2035		Hour	203	1,382	$165,840	$817	$120	7

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	74	295	$78,175	$1,056	$265	4
Medication Review		M0064		Encounter Face-to-Face	360	1,177	$46,998	$131	$40	3
Transportation		S0209		Per Mile	1	150	$1,061	$1,061	$7	150
Transportation		S0215		Per Mile	0	0	$0	$0	$0	0
Family Training		S5110		15 Minutes	26	625	$24,675	$949	$39	24
Family Training		S5111		Encounter	2	11	$1,130	$565	$103	6
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	2	17	$545	$273	$32	9
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	295	1,859	$30,246	$103	$16	6
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	276	291	$55,558	$201	$191	1
Health Services		T1002		Up to 15 min	481	2,185	$117,335	$244	$54	5
Respite Care		T1005		15 Minutes	3	3,673	$10,174	$3,391	$3	1,224
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	19	67	$2,010	$106	$30	4
Family Psycho-Education		T1015		Encounter	30	64	$13,116	$437	$205	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	31	929	$23,597	$761	$25	30
Targeted Case Management		T1017		15 minutes	934	50,732	$1,755,835	$1,880	$35	54
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	17	304	$13,200	$776	$43	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	99	21,276	$197,016	$1,990	$9	215
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	34	7,755	$315,706	$9,285	$41	228
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	14	3,005	$194,544	$13,896	$65	215
Assessments		T1023		Encounter	1,272	1,776	$489,696	$385	$276	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	3	$300	$300	$100	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	1	$469	$469	$469	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	59	373	$96,510	$1,636	$259	6
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$272,941	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**3,584**		**$17,993,366**			

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	1	$235	$235	$235	1
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	67	$33,397	$8,349	$498	17
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	64	584	$291,102	$4,548	$498	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	21	$2,516	$1,258	$120	11
Assessment-Psychiatric Assessment		90801		Encounter	121	123	$76,162	$629	$619	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	17	20	$1,792	$105	$90	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Sanilac

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	353	2,599	$292,386	$828	$112	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	15	44	$10,423	$695	$237	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	6	$673	$673	$112	6
Therapy-Family Therapy		90847		Encounter	14	47	$8,085	$578	$172	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	71	979	$197,062	$2,776	$201	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Sanilac

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	445	2,191	$510,102	$1,146	$233	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	4	$733	$244	$183	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Sanilac

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	15	286	$12,798	$853	$45	19
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	1	1	$121	$121	$121	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	8	181	$8,037	$1,005	$44	23
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Sanilac

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	15	218	$60,602	$4,040	$278	15
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	7	185	$43,768	$6,253	$237	26
Assessment		H0031		Encounter	316	333	$85,640	$271	$257	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	203	239	$90,544	$446	$379	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	226	1,139	$91,338	$404	$80	5
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	227	$5,453	$454	$24	19
Peer Directed and Operated Support Services		NA			108	0	$95,526	$885	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	55	9,151	$573,471	$10,427	$63	166
Community Living Supports in Independent living/own home		H0043		Per diem	1	354	$41,191	$41,191	$116	354
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	7	$277	$92	$40	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	79	422	$22,032	$279	$52	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	75	41,850	$320,676	$4,276	$8	558
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	111	36,750	$271,759	$2,448	$7	331
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	3	312	$8,608	$2,869	$28	104
Community Living Supports (Daily)		H2016	TF	Per Diem	4	1,189	$78,113	$19,528	$66	297
Community Living Supports (Daily)		H2016	TG	Per Diem	6	2,129	$265,429	$44,238	$125	355
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	2	11	$238	$119	$22	6
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	13	8,157	$40,650	$3,127	$5	627
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	2	3	$904	$452	$301	2
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$1,752	$876	$876	1
Health Services		T1002		Up to 15 min	579	3,207	$189,175	$327	$59	6
Respite Care		T1005		15 Minutes	2	1,071	$3,162	$1,581	$3	536
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	411	9,184	$885,492	$2,154	$96	22
Targeted Case Management		T1017		15 minutes	17	187	$21,249	$1,250	$114	11
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	10	92	$11,968	$1,197	$130	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	17	3,852	$85,068	$5,004	$22	227
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	68	$3,519	$1,173	$52	23
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	57	71	$38,506	$676	$542	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**676**		**$4,781,735**			

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	789	$212,081	$106,040	$269	395
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	57	$32,254	$4,608	$566	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	140	930	$524,089	$3,743	$564	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	26	207	$11,083	$426	$54	8
Assessment-Psychiatric Assessment		90801		Encounter	188	189	$81,444	$433	$431	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	105	206	$16,981	$162	$82	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	398	3,235	$572,755	$1,439	$177	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	7	18	$5,353	$765	$297	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	17	67	$12,983	$764	$194	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	16	167	$15,527	$970	$93	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Shiawassee

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	312	971	$106,152	$340	$109	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Shiawassee

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Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			3	4	$109	$36	$27	1
Additional Codes-Physician Services		99222			7	7	$206	$29	$29	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			9	37	$937	$104	$25	4
Additional Codes-Physician Services		99232			7	22	$472	$67	$21	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	1	1	$13	$13	$13	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	3	12	$2,994	$998	$249	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	335	344	$88,443	$264	$257	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	4	4	$1,098	$275	$275	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	18	25	$1,461	$81	$58	1
Home Based Services		H0036		15 Minutes	31	3,110	$214,623	$6,923	$69	100
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	27	1,893	$17,641	$653	$9	70
Peer Directed and Operated Support Services		NA			26	0	$212,220	$8,162	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	41	8,058	$823,032	$20,074	$102	197
Community Living Supports in Independent living/own home		H0043		Per diem	7	1,500	$205,528	$29,361	$137	214
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$29	$29	$29	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	174	700	$120,069	$690	$172	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	23	23,057	$89,922	$3,910	$4	1,002
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	30	43,457	$143,329	$4,778	$3	1,449
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	1	64	$201	$201	$3	64
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	362	$34,852	$34,852	$96	362
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	35	23,189	$216,608	$6,189	$9	663
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	60	75	$4,285	$71	$57	1
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	15	404	$24,053	$1,604	$60	27
Targeted Case Management		T1017		15 minutes	192	6,839	$713,448	$3,716	$104	36
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	362	$1,922	$1,922	$5	362
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	228	340	$291,297	$1,278	$857	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	17	$1,837	$918	$108	9
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	8	882	$9,612	$1,201	$11	110
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	2	$42,122	$42,122	$21,061	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Shiawassee

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Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			2	0	$839	$420	$0	0
Total Population and Cost					**851**		**$4,853,901**			

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	500	$226,697	$75,566	$453	167
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	89	800	$416,515	$4,680	$521	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	357	3,507	$1,877,280	$5,258	$535	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	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
Crisis Observation Care	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	40	225	$54,005	$1,350	$240	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	1	$104	$104	$104	1
Assessment-Psychiatric Assessment		90801		Encounter	591	611	$121,976	$206	$200	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	602	3,746	$490,900	$815	$131	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,183	10,681	$1,360,690	$1,150	$127	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	59	146	$31,679	$537	$217	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$151	$151	$151	1
Therapy-Family Therapy		90847		Encounter	24	53	$7,897	$329	$149	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	222	2,075	$192,194	$866	$93	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,513	6,322	$592,507	$392	$94	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$171	$171	$171	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	78	168	$21,397	$274	$127	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	9	10	$8,683	$965	$868	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	172	$17,732	$4,433	$103	43
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	18	$2,521	$1,261	$140	9
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	80	940	$94,332	$1,179	$100	12
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	13	14	$1,809	$139	$129	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	6	$720	$360	$120	3
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	3	3	$3,565	$1,188	$1,188	1
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	5	37	$6,508	$1,302	$176	7
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,463	2,965	$588,051	$402	$198	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	914	1,530	$396,804	$434	$259	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	7	15	$1,545	$221	$103	2
Home Based Services		H0036		15 Minutes	3	1,223	$33,428	$11,143	$27	408
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	65	1,617	$88,396	$1,360	$55	25
Peer Directed and Operated Support Services		NA			69	25,030	$265,942	$3,854	$11	363
Assertive Community Treatment (ACT)		H0039		15 Minutes	81	13,060	$633,454	$7,820	$49	161
Community Living Supports in Independent living/own home		H0043		Per diem	2	595	$37,062	$18,531	$62	298
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	2	28	$2,984	$1,492	$107	14
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	40	158	$8,167	$204	$52	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	15	24,615	$72,681	$4,845	$3	1,641
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	273	33,371	$165,071	$605	$5	122
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	4	577	$8,901	$2,225	$15	144
Community Living Supports (Daily)		H2016	TF	Per Diem	3	971	$17,144	$5,715	$18	324
Community Living Supports (Daily)		H2016	TG	Per Diem	63	11,597	$1,627,042	$25,826	$140	184
Behavior Services		H2019		15 Minutes	38	445	$11,095	$292	$25	12
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	3	212	$707	$236	$3	71
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	161	127,219	$565,426	$3,512	$4	790
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	1	$219	$219	$219	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	7	35	$5,005	$715	$143	5
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	59	60	$50,887	$862	$848	1
Health Services		T1002		Up to 15 min	224	2,003	$174,797	$780	$87	9
Respite Care		T1005		15 Minutes	19	64,606	$374,796	$19,726	$6	3,400
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	763	16,098	$1,667,998	$2,186	$104	21
Targeted Case Management		T1017		15 minutes	90	828	$57,898	$643	$70	9
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	46	978	$49,251	$1,071	$50	21
Personal Care in Licensed Specialized Residential Setting		T1020		Days	63	11,147	$161,959	$2,571	$15	177
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	1,635	$77,267	$15,453	$47	327
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	363	$31,040	$31,040	$86	363
Assessments		T1023		Encounter	121	125	$114,660	$948	$917	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	1	$23	$23	$23	1
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	6	9	$11,606	$1,934	$1,290	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			79	0	$330,126	$4,179	$0	0
Total Population and Cost					**2,318**		**$13,161,465**			

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	6	1,269	$516,160	$86,027	$407	212
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	46	295	$175,399	$3,813	$595	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	16	260	$13,655	$853	$53	16
Assessment-Psychiatric Assessment		90801		Encounter	188	192	$60,876	$324	$317	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	71	140	$6,636	$93	$47	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	349	2,257	$213,422	$612	$95	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	6	6	$1,903	$317	$317	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	40	135	$19,166	$479	$142	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	2	$189	$189	$94	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	3	$256	$128	$85	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	121	1,048	$63,184	$522	$60	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	467	1,309	$141,529	$303	$108	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	5	$969	$242	$194	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	5	65	$3,401	$680	$52	13
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	3	13	$1,556	$519	$120	4
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	334	379	$57,536	$172	$152	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	18	164	$46,603	$2,589	$284	9
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	3	36	$3,709	$1,236	$103	12
Assessment		H0031		Encounter	310	346	$76,905	$248	$222	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	207	237	$24,838	$120	$105	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	416	$15,013	$15,013	$36	416
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	21	73	$645	$31	$9	3
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	78	13,381	$450,940	$5,781	$34	172
Community Living Supports in Independent living/own home		H0043		Per diem	4	640	$31,749	$7,937	$50	160
Community Living Supports in Independent living/own home		H0043	TT	Per diem	5	783	$163,587	$32,717	$209	157
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	8	$1,960	$653	$245	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	371	3,000	$197,310	$532	$66	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	16	24,253	$66,696	$4,168	$3	1,516
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	2,831	$9,767	$1,953	$3	566
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	30	5,135	$14,224	$474	$3	171
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	4	437	$43,791	$10,948	$100	109
Community Living Supports (Daily)		H2016	TG	Per Diem	22	6,474	$997,833	$45,356	$154	294
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	1	88	$616	$616	$7	88
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	59	77,169	$224,562	$3,806	$3	1,308
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	275	1,068	$112,877	$410	$106	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	3	62	$1,923	$641	$31	21
Family Training		S5111		Encounter	8	22	$1,659	$207	$75	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	5	1,469	$3,291	$658	$2	294
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	9	98	$5,325	$592	$54	11
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	5	16	$2,932	$586	$183	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	63	$3,411	$853	$54	16
Targeted Case Management		T1017		15 minutes	151	9,902	$530,747	$3,515	$54	66
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	2	9	$486	$243	$54	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	41	$3,026	$3,026	$74	41
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	1,079	$51,895	$10,379	$48	216
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	18	5,791	$235,052	$13,058	$41	322
Assessments		T1023		Encounter	5	5	$1,176	$235	$235	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,253**		**$4,600,384**			

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	16	1,467	$535,338	$33,459	$365	92
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	32	$18,348	$3,670	$573	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	295	3,927	$1,909,706	$6,474	$486	13
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	3	19	$11,837	$3,946	$623	6
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	2	14	$4,114	$2,057	$294	7
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	742	799	$205,811	$277	$258	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	425	2,100	$218,007	$513	$104	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,625	7,625	$1,420,133	$874	$186	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	17	20	$4,523	$266	$226	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$186	$186	$186	1
Therapy-Family Therapy		90847		Encounter	38	144	$26,820	$706	$186	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	295	2,312	$266,564	$904	$115	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,327	3,457	$452,782	$341	$131	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	14	$473	$473	$34	14
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	1	2	$639	$639	$319	2
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	60	$2,025	$2,025	$34	60
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	1	1	$177	$177	$177	1
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	3	3	$692	$231	$231	1
Additional Codes-Physician Services		99204		Encounter	20	20	$4,967	$248	$248	1

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	8	8	$2,129	$266	$266	1
Additional Codes-Physician Services		99211		Encounter	106	1,464	$129,841	$1,225	$89	14
Additional Codes-Physician Services		99212		Encounter	127	137	$7,290	$57	$53	1
Additional Codes-Physician Services		99213		Encounter	728	1,374	$85,301	$117	$62	2
Additional Codes-Physician Services		99214		Encounter	165	209	$20,390	$124	$98	1
Additional Codes-Physician Services		99215		Encounter	8	8	$993	$124	$124	1
Additional Codes-Physician Services		99221			117	138	$27,985	$239	$203	1
Additional Codes-Physician Services		99222			98	99	$31,395	$320	$317	1
Additional Codes-Physician Services		99223			19	19	$8,425	$443	$443	1
Additional Codes-Physician Services		99231			206	1,427	$139,090	$675	$97	7
Additional Codes-Physician Services		99232			191	575	$82,997	$435	$144	3
Additional Codes-Physician Services		99233			32	50	$9,305	$291	$186	2
Additional Codes-Physician Services		99238		30 Minutes or less	226	272	$43,298	$192	$159	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	32	33	$9,073	$284	$275	1
Additional Codes-Physician Services		99253		Encounter	76	78	$27,671	$364	$355	1
Additional Codes-Physician Services		99254		Encounter	1	1	$435	$435	$435	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	36	38	$10,186	$283	$268	1
Additional codes - Transportation		A0428			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	6	20	$15,381	$2,563	$769	3
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	22	22	$5,270	$240	$240	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	61	338	$88,890	$1,457	$263	6
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	893	908	$225,483	$253	$248	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	22	2,961	$89,190	$4,054	$30	135
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	16	1,095	$6,806	$425	$6	68
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	73	12,424	$1,026,199	$14,058	$83	170
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	328	2,564	$272,878	$832	$106	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	60	2,855	$96,516	$1,609	$34	48
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	190	14,244	$484,748	$2,551	$34	75
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	1	179	$4,807	$4,807	$27	179
Community Living Supports (Daily)		H2016	TF	Per Diem	1	122	$5,694	$5,694	$47	122
Community Living Supports (Daily)		H2016	TG	Per Diem	16	3,397	$601,600	$37,600	$177	212
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	210	76,987	$707,863	$3,371	$9	367
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	7	23	$14,612	$2,087	$635	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	13	$1,378	$459	$106	4
Targeted Case Management		T1017		15 minutes	562	20,191	$1,689,058	$3,005	$84	36
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	24	275	$26,828	$1,118	$98	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	3,444	$61,491	$3,843	$18	215
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	210	$10,830	$5,415	$52	105
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	43	$1,197	$1,197	$28	43
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	69	87	$5,087	$74	$58	1
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**3,472**		**$11,160,749**			

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	883	$395,591	$197,795	$448	442
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	2	82	$52,162	$26,081	$636	41
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	81	592	$395,761	$4,886	$669	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	26	329	$9,041	$348	$27	13
Assessment-Psychiatric Assessment		90801		Encounter	271	278	$101,465	$374	$365	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	44	54	$3,651	$83	$68	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	362	1,908	$209,426	$579	$110	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	12	31	$3,924	$327	$127	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$65	$65	$65	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	37	206	$10,011	$271	$49	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	517	2,002	$235,876	$456	$118	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	22	$2,522	$420	$115	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$160	$160	$160	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	1	1	$159	$159	$159	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	11	$434	$217	$39	6
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	1	1	$17	$17	$17	1
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	13	13	$982	$76	$76	1
Additional Codes-Physician Services		99214		Encounter	112	114	$17,915	$160	$157	1
Additional Codes-Physician Services		99215		Encounter	62	62	$11,171	$180	$180	1
Additional Codes-Physician Services		99221			20	21	$1,803	$90	$86	1
Additional Codes-Physician Services		99222			46	57	$6,891	$150	$121	1
Additional Codes-Physician Services		99223			4	4	$700	$175	$175	1
Additional Codes-Physician Services		99231			65	363	$14,811	$228	$41	6
Additional Codes-Physician Services		99232			22	96	$2,944	$134	$31	4
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	45	60	$4,461	$99	$74	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	2	2	$246	$123	$123	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	2	816	$382	$191	$0	408
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	77	$452	$452	$6	77
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$299	$299	$299	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	249	252	$49,972	$201	$198	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	138	151	$30,140	$218	$200	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	3	7	$873	$291	$125	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	7	483	$20,631	$2,947	$43	69
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$16,099	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	48	5,708	$506,416	$10,550	$89	119
Community Living Supports in Independent living/own home		H0043		Per diem	1	123	$21,377	$21,377	$174	123
Community Living Supports in Independent living/own home		H0043	TT	Per diem	3	307	$53,355	$17,785	$174	102
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	4	$228	$228	$57	4
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	89	511	$34,589	$389	$68	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	13	24,027	$90,659	$6,974	$4	1,848
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	1,536	$3,782	$3,782	$2	1,536
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	1	748	$2,448	$2,448	$3	748
Community Living Supports (Daily)		H2016		Per Diem	1	3	$439	$439	$146	3
Community Living Supports (Daily)		H2016	TF	Per Diem	1	301	$20,931	$20,931	$70	301
Community Living Supports (Daily)		H2016	TG	Per Diem	8	1,317	$222,673	$27,834	$169	165
Behavior Services		H2019		15 Minutes	2	12	$974	$487	$81	6
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	5	105	$1,211	$242	$12	21
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	$3	$3	$3	1
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	1	1	$200	$200	$200	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	37	37	$5,002	$135	$135	1
Health Services		T1002		Up to 15 min	4	46	$3,587	$897	$78	12
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	69	$7,638	$1,528	$111	14
Targeted Case Management		T1017		15 minutes	250	6,996	$435,772	$1,743	$62	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	21	280	$18,270	$870	$65	13
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	579	$20,297	$5,074	$35	145
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	5	741	$47,942	$9,588	$65	148
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	301	$34,295	$34,295	$114	301
Assessments		T1023		Encounter	92	124	$34,791	$378	$281	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	4	20	$395	$99	$20	5
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					110	0	$13,688	$124	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			10	0	$4,012	$401	$0	0
Total Population and Cost					**785**		**$3,186,012**			

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	6	421	$151,883	$25,314	$361	70
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	42	$20,908	$5,227	$498	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	44	458	$299,180	$6,800	$653	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	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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	3	$2,004	$2,004	$668	3
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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	27	56	$1,915	$71	$34	2
Assessment-Psychiatric Assessment		90801		Encounter	259	276	$94,125	$363	$341	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	529	1,149	$78,587	$149	$68	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	737	3,956	$549,467	$746	$139	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	33	40	$9,302	$282	$233	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90819		Encounter 45-50 Min	1	24	$1,680	$1,680	$70	24
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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$137	$69	$69	1
Therapy-Family Therapy		90847		Encounter	47	82	$10,601	$226	$129	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	135	1,196	$65,441	$485	$55	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	643	3,009	$257,255	$400	$85	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	60	$8,208	$746	$137	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	6	7	$718	$120	$103	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	3	33	$1,129	$376	$34	11
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			4	6	$630	$158	$105	2
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			6	103	$3,605	$601	$35	17
Additional Codes-Physician Services		99232			2	2	$100	$50	$50	1
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	6	7	$245	$41	$35	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	81	83	$8,515	$105	$103	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	5	25	$6,570	$1,314	$263	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	9	144	$50,941	$5,660	$354	16
Assessment		H0031		Encounter	679	708	$145,273	$214	$205	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	589	675	$92,471	$157	$137	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	8	$66	$66	$8	8
Peer Directed and Operated Support Services		NA			0	0	$170,853	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	82	10,311	$987,324	$12,041	$96	126
Community Living Supports in Independent living/own home		H0043		Per diem	1	159	$7,950	$7,950	$50	159
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$298	$298	$298	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	537	2,517	$86,076	$160	$34	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	17	18,232	$149,558	$8,798	$8	1,072
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	46	16,810	$69,775	$1,517	$4	365
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	187	$10,472	$10,472	$56	187
Community Living Supports (Daily)		H2016	TG	Per Diem	72	9,884	$2,119,319	$29,435	$214	137
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	5	174	$16,661	$3,332	$96	35
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	20	11,197	$91,900	$4,595	$8	560
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	48	56,568	$619,045	$12,897	$11	1,179
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	1	12	$410	$410	$34	12
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	13	41	$2,804	$216	$68	3
Health Services		S9446		Encounter	2	2	$68	$34	$34	1
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	79	88	$9,028	$114	$103	1
Health Services		T1002		Up to 15 min	51	170	$5,814	$114	$34	3
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	2	11	$1,642	$821	$149	6
Supports Coordination/Wrap Facilitation		T1016		15 minutes	10	145	$13,884	$1,388	$96	15
Targeted Case Management		T1017		15 minutes	184	7,967	$763,040	$4,147	$96	43
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	33	592	$56,687	$1,718	$96	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	1,279	$23,600	$5,900	$18	320
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	710	$26,021	$8,674	$37	237
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	47	1,568	$141,679	$3,014	$90	33
Assessments		T1023		Encounter	92	106	$21,750	$236	$205	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	12	$1,080	$1,080	$90	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			23	0	$6,954	$302	$0	0
Total Population and Cost					**1,713**		**$7,264,648**			

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	26	5,311	$1,847,644	$71,063	$348	204
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	63	648	$493,160	$7,828	$761	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	475	3,918	$2,981,794	$6,277	$761	8
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	4	51	$48,057	$12,014	$942	13
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	53	$14,413	$1,201	$272	4
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	342	4,399	$350,732	$1,026	$80	13
Assessment-Psychiatric Assessment		90801		Encounter	383	447	$434,153	$1,134	$971	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	9	9	$1,225	$136	$136	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	81	254	$35,672	$440	$140	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	7	7	$204	$29	$29	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	189	1,976	$538,420	$2,849	$272	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	565	3,625	$253,532	$449	$70	6
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	48	91	$5,247	$109	$58	2
Therapy-Individual Therapy		90808		Encounter 75-80 Min	14	17	$6,032	$431	$355	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	3	9	$1,432	$477	$159	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	146	1,077	$62,606	$429	$58	7
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$126	$126	$126	1
Therapy-Family Therapy		90847		Encounter	7	13	$3,340	$477	$257	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	5	7	$1,011	$202	$144	1
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	368	5,140	$797,779	$2,168	$155	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	243	1,485	$86,486	$356	$58	6
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,513	7,165	$693,572	$458	$97	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	285	815	$40,840	$143	$50	3
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	43	$32,689	$2,335	$760	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	6	13	$13,645	$2,274	$1,050	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1	3	$549	$549	$183	3
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	37	37	$37,482	$1,013	$1,013	1
Occupational Therapy		97004		Encounter	30	127	$146,470	$4,882	$1,153	4
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	5	$916	$916	$183	5
Assessment or Health Services		97803		15 Minutes	1	1	$43	$43	$43	1
Health Services		97804		30 Minutes	3	21	$950	$317	$45	7
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	12	$3,082	$1,541	$257	6
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	77	540	$93,101	$1,209	$172	7
Substance Abuse: Individual Assessment		H0001		Encounter	594	711	$54,399	$92	$77	1
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	110	152	$23,686	$215	$156	1

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	237	1,597	$39,334	$166	$25	7
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	882	4,640	$579,350	$657	$125	5
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	270	3,917	$502,277	$1,860	$128	15
Crisis Residential Services		H0018		Days	123	1,450	$241,425	$1,963	$167	12
Substance Abuse: Residential	1002	H0018		Days	247	2,957	$407,090	$1,648	$138	12
Substance Abuse: Residential	1002	H0019		Days	57	2,657	$219,043	$3,843	$82	47
Substance Abuse: Methadone		H0020		Encounter	135	22,988	$74,251	$550	$3	170
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	30	59	$11,527	$384	$195	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	334	408	$33,215	$99	$81	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	3	489	$23,692	$7,897	$48	163
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	14	$803	$803	$57	14
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	309	34,147	$1,742,864	$5,640	$51	111
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	196	1,833	$34,607	$177	$19	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	25	42,540	$320,326	$12,813	$8	1,702
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	117	330,690	$1,216,939	$10,401	$4	2,826
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	78	24,612	$356,874	$4,575	$15	316
Community Living Supports (Daily)		H2016	TF	Per Diem	21	4,432	$235,206	$11,200	$53	211
Community Living Supports (Daily)		H2016	TG	Per Diem	49	14,524	$1,534,170	$31,310	$106	296
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	118	65,957	$600,868	$5,092	$9	559
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	92	39,859	$259,881	$2,825	$7	433
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	$138	$138	$138	1
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	11	92	$14,535	$1,321	$158	8
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	2	2	$1,157	$579	$579	1
Personal Emergency Response System (PERS)		S5161		Month	2	17	$8,347	$4,174	$491	9
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	195	214	$35,015	$180	$164	1
Health Services		T1002		Up to 15 min	314	3,940	$386,869	$1,232	$98	13
Respite Care		T1005		15 Minutes	15	24,186	$65,786	$4,386	$3	1,612
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	12	15	$5,552	$463	$370	1
Supports Coordination/Wrap Facilitation		T1016		15 minutes	87	2,368	$260,504	$2,994	$110	27
Targeted Case Management		T1017		15 minutes	1,274	24,936	$1,666,722	$1,308	$67	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	52	709	$47,390	$911	$67	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	43	11,391	$219,163	$5,097	$19	265
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	11	2,200	$116,842	$10,622	$53	200
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	7	1,331	$163,194	$23,313	$123	190
Assessments		T1023		Encounter	905	1,760	$238,779	$264	$136	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	3	32	$3,580	$1,193	$112	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	3	18	$5,543	$1,848	$308	6
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**4,353**		**$20,777,347**			

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	4	103	$43,717	$10,929	$424	26
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	22	$16,615	$5,538	$755	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	92	700	$528,668	$5,746	$755	8
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	36	444	$86,216	$2,395	$194	12
Assessment-Psychiatric Assessment		90801		Encounter	214	238	$93,270	$436	$392	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	107	160	$10,669	$100	$67	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	534	4,793	$639,194	$1,197	$133	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	84	277	$55,411	$660	$200	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	10	21	$2,683	$268	$128	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	206	1,118	$137,838	$669	$123	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	711	2,917	$540,403	$760	$185	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	12	26	$5,595	$466	$215	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	17	88	$14,527	$855	$165	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	1	1	$730	$730	$730	1
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	27	152	$25,738	$953	$169	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	39	51	$4,734	$121	$93	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	12	56	$20,961	$1,747	$374	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	567	719	$259,343	$457	$361	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	443	467	$68,285	$154	$146	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	93	14,406	$183,532	$1,973	$13	155
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	60	17,650	$700,529	$11,675	$40	294
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	6	14	$869	$145	$62	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	396	2,786	$167,132	$422	$60	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	16	1,647	$12,962	$810	$8	103
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	20	5,864	$29,379	$1,469	$5	293
Community Living Supports (15 Minutes)		H2015		15 Minutes	446	30,198	$216,520	$485	$7	68
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	29	10,812	$76,333	$2,632	$7	373
Community Living Supports (Daily)		H2016		Per Diem	9	328	$14,737	$1,637	$45	36
Community Living Supports (Daily)		H2016	TF	Per Diem	3	341	$13,575	$4,525	$40	114
Community Living Supports (Daily)		H2016	TG	Per Diem	30	6,039	$717,494	$23,916	$119	201
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	15	607	$6,052	$403	$10	40
Supported Employment Services		H2023	TT	15 Minutes	24	5,247	$19,204	$800	$4	219
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	327	550	$60,396	$185	$110	2
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	12	138	$3,952	$329	$29	12
Family Training		S5111		Encounter	28	342	$64,262	$2,295	$188	12
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	52	$82	$82	$2	52
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	1	1	$55	$55	$55	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$868	$434	$434	1
Health Services		T1002		Up to 15 min	158	1,617	$125,706	$796	$78	10
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	13	31	$8,969	$690	$289	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	146	1,280	$50,560	$346	$40	9
Targeted Case Management		T1017		15 minutes	653	19,991	$1,087,111	$1,665	$54	31
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	13	2,316	$90,116	$6,932	$39	178
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	8	2,348	$168,539	$21,067	$72	294
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	3	1,088	$113,587	$37,862	$104	363
Assessments		T1023		Encounter	94	101	$14,724	$157	$146	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	12	449	$4,122	$343	$9	37
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					8	0	$2,431	$304	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,566**		**$6,508,395**			

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	17	652	$270,580	$15,916	$415	38
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	33	183	$129,944	$3,938	$710	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	2	11	$1,246	$623	$113	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	27	360	$36,897	$1,367	$102	13
Assessment-Psychiatric Assessment		90801		Encounter	85	85	$23,048	$271	$271	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$205	$205	$205	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	22	45	$5,347	$243	$119	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	268	1,748	$348,394	$1,300	$199	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	5	5	$1,794	$359	$359	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	7	13	$3,110	$444	$239	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	174	197	$40,013	$230	$203	1
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	$239	$239	$239	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$630	$210	$210	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	16	28	$5,740	$359	$205	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	36	36	$6,805	$189	$189	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	261	268	$50,804	$195	$190	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	62	62	$7,244	$117	$117	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	267	387	$39,665	$149	$102	1
Home Based Services		H0036		15 Minutes	2	137	$5,105	$2,552	$37	69
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	19	4,147	$39,148	$2,060	$9	218
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	1	30	$4,035	$4,035	$135	30
Respite		H0045		Per Diem	51	2,594	$582,462	$11,421	$225	51
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	100	418	$20,252	$203	$48	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	19	1,218	$13,763	$724	$11	64
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	3	1,047	$11,831	$3,944	$11	349
Community Living Supports (15 Minutes)		H2015		15 Minutes	17	12,594	$42,190	$2,482	$3	741
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	6	13,736	$46,016	$7,669	$3	2,289
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	1	$61	$61	$61	1
Community Living Supports (Daily)		H2016	TG	Per Diem	5	1,256	$183,451	$36,690	$146	251
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	16	1,492	$67,080	$4,193	$45	93
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	41	46,987	$223,119	$5,442	$5	1,146
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	295	758	$103,584	$351	$137	3
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	1	$0	$0	$0	1
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	TT	Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	TT	Hour	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	38	46	$6,286	$165	$137	1
Health Services		T1002		Up to 15 min	8	9	$922	$115	$102	1
Respite Care		T1005		15 Minutes	2	338	$1,311	$656	$4	169
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	23	$1,300	$1,300	$57	23
Targeted Case Management		T1017		15 minutes	200	10,786	$615,099	$3,075	$57	54
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	4	77	$4,391	$1,098	$57	19
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	669	$29,282	$7,321	$44	167
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	3	577	$35,647	$11,882	$62	192
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	28	$3,605	$3,605	$129	28
Assessments		T1023		Encounter	78	85	$16,062	$206	$189	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	16	17	$5,950	$372	$350	1
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	3	16	$8,012	$2,671	$501	5
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**746**		**$3,041,668**			

SECTION 404 (2) (c) Part 3
TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP
FY 2008

Children with Mental Illness
(Child MI)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2008 MDCH/CMHSP contract. Cost data were collected from October 1, 2007 to September 30, 2008 and submitted to MDCH by January 31, 2009. The data in this section represent 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).

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	147	$31,399	$31,399	$214	147
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	15	184	$119,940	$7,996	$652	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	15	100	$73,534	$4,902	$735	7
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
Crisis Observation Care	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	4	30	$9,179	$2,295	$306	8
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	47	47	$9,730	$207	$207	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	83	197	$15,544	$187	$79	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	102	484	$69,324	$680	$143	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	18	31	$7,247	$403	$234	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	66	199	$25,233	$382	$127	3
Therapy-Family Therapy		90847		Encounter	122	705	$88,733	$727	$126	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	1	$156	$156	$156	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	71	211	$22,625	$319	$107	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	13	$2,362	$787	$182	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$136	$68	$68	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	24	552	$43,123	$1,797	$78	23
Assessment		H0031		Encounter	192	202	$36,108	$188	$179	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	218	494	$52,187	$239	$106	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	40	7,084	$303,573	$7,589	$43	177
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	12	178	$9,524	$794	$54	15
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	2	4	$1,019	$510	$255	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	8	34	$3,168	$396	$93	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	5,406	$18,579	$6,193	$3	1,802
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	330	$39,296	$39,296	$119	330
Community Living Supports (Daily)		H2016	TG	Per Diem	3	382	$95,270	$31,757	$249	127
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	20	575	$37,611	$1,881	$65	29
Wraparound		H2022		Days	19	162	$6,146	$323	$38	9
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	16	27	$2,179	$136	$81	2

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	3	6	$811	$270	$135	2
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	31	21,116	$28,020	$904	$1	681
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	25	3,407	$32,487	$1,299	$10	136
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	53	$3,288	$1,644	$62	27
Targeted Case Management		T1017		15 minutes	1	7	$447	$447	$64	7
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	717	$9,380	$3,127	$13	239
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	40	54	$8,961	$224	$166	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	17	$2,570	$1,285	$151	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**295**		**$1,208,889**			

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	40	$7,400	$7,400	$185	40
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	138	143	$29,010	$210	$203	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	22	25	$1,834	$83	$73	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	213	593	$71,627	$336	$121	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	2	$298	$298	$149	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	47	68	$10,143	$216	$149	1
Therapy-Family Therapy		90847		Encounter	272	1,152	$171,831	$632	$149	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	33	$2,461	$352	$75	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

AuSable Valley

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	141	461	$46,013	$326	$100	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

AuSable Valley

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Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3	3	$447	$149	$149	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

AuSable Valley

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	348	734	$68,912	$198	$94	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	322	256	$38,185	$119	$149	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	391	810	$69,806	$179	$86	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	52	6,696	$249,984	$4,807	$37	129
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	64	677	$24,950	$390	$37	11
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	9	109	$632	$70	$6	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	9	389	$2,256	$251	$6	43
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	55	1,642	$49,448	$899	$30	30
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

AuSable Valley

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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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	43	43	$2,892	$67	$67	1
Health Services		T1002		Up to 15 min	86	215	$3,615	$42	$17	3
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	24	510	$55,420	$2,309	$109	21
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	25	27	$4,027	$161	$149	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**711**		**$911,191**			

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	13	74	$60,557	$4,658	$818	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	1	6	$1,657	$1,657	$276	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	17	17	$2,183	$128	$128	1
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	38	62	$3,765	$99	$61	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	166	550	$69,864	$421	$127	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	17	17	$3,268	$192	$192	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	132	440	$49,057	$372	$111	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	81	713	$30,762	$380	$43	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	31	86	$4,265	$138	$50	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	7	16	$2,044	$292	$128	2
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Barry

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Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	1	3	$105	$105	$35	3
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	2	5	$254	$127	$51	3
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	110	110	$20,987	$191	$191	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Barry

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	13	$570	$570	$44	13
Assessment		H0031		Encounter	93	131	$13,463	$145	$103	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	40	44	$5,748	$144	$131	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	19	2,242	$158,321	$8,333	$71	118
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	3	$505	$505	$168	3
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$97	$97	$97	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	22	101	$6,752	$307	$67	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	214	$23,540	$23,540	$110	214
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	4	333	$1,997	$499	$6	83
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	2	$88	$88	$44	2
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	2	3	$1,025	$513	$342	2
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	6	12	$267	$45	$22	2
Respite Care		T1005		15 Minutes	2	543	$1,265	$633	$2	272
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	39	$22,221	$11,111	$570	20
Targeted Case Management		T1017		15 minutes	3	7	$3,921	$1,307	$560	2
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	13	16	$10,790	$830	$674	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**309**		**$499,338**			

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	72	$14,832	$14,832	$206	72
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	46	$28,422	$4,060	$618	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	39	260	$198,647	$5,094	$764	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	202	213	$46,425	$230	$218	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	18	19	$2,945	$164	$155	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	143	241	$13,316	$93	$55	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	414	3,191	$290,835	$703	$91	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	60	277	$53,262	$888	$192	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	16	18	$1,280	$80	$71	1
Therapy-Family Therapy		90847		Encounter	141	445	$32,972	$234	$74	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	29	110	$4,450	$153	$40	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	5	16	$513	$103	$32	3

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	377	2,150	$135,062	$358	$63	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	12	66	$18,561	$1,547	$281	6
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	16	33	$617	$39	$19	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			3	3	$273	$91	$91	1
Additional Codes-Physician Services		99222			42	51	$6,757	$161	$132	1
Additional Codes-Physician Services		99223			2	2	$240	$120	$120	1
Additional Codes-Physician Services		99231			33	96	$2,696	$82	$28	3
Additional Codes-Physician Services		99232			39	183	$7,953	$204	$43	5
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	3	3	$220	$73	$73	1
Additional Codes-Physician Services		99253		Encounter	1	1	$147	$147	$147	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	1	1,866	$1,014	$1,014	$1	1,866
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	182	189	$32,818	$180	$174	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	28	28	$2,364	$84	$84	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	156	14,430	$785,680	$5,036	$54	93
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	2	$222	$111	$111	1
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	36	112	$8,497	$236	$76	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	5	2,739	$10,533	$2,107	$4	548
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	5	2,511	$10,121	$2,024	$4	502
Community Living Supports (Daily)		H2016		Per Diem	1	38	$1,409	$1,409	$37	38
Community Living Supports (Daily)		H2016	TF	Per Diem	2	109	$5,994	$2,997	$55	55
Community Living Supports (Daily)		H2016	TG	Per Diem	2	116	$9,879	$4,940	$85	58
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	4	4	$209	$52	$52	1

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	24	91	$14,931	$622	$164	4
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	3	8	$1,365	$455	$171	3
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	54	57	$10,569	$196	$185	1
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	79	35,672	$61,716	$781	$2	452
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	245	$25,966	$5,193	$106	49
Targeted Case Management		T1017		15 minutes	145	4,036	$272,059	$1,876	$67	28
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	113	132	$103,693	$918	$786	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	4	$468	$468	$117	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**743**		**$2,219,935**			

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	16	157	$114,501	$7,156	$729	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	363	461	$168,753	$465	$366	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	47	92	$14,883	$317	$162	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	236	1,021	$216,825	$919	$212	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	5	5	$1,175	$235	$235	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	8	10	$3,371	$421	$337	1
Therapy-Family Therapy		90847		Encounter	53	192	$43,608	$823	$227	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	10	221	$11,609	$1,161	$53	22
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	214	823	$141,140	$660	$171	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	7	$1,103	$1,103	$158	7
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	7	7	$368	$53	$53	1
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	4	4	$1,051	$263	$263	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	121	124	$10,856	$90	$88	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1	1	$350	$350	$350	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	110	11,500	$1,006,817	$9,153	$88	105
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	5	13	$501	$100	$39	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	1,963	$8,148	$2,716	$4	654
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	2	1,380	$2,588	$1,294	$2	690
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	1	107	$201	$201	$2	107
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6	30	$3,152	$525	$105	5
Targeted Case Management		T1017		15 minutes	14	285	$27,447	$1,960	$96	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	64	94	$24,689	$386	$263	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	9	$900	$900	$100	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**600**		**$1,804,034**			

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	190	$34,780	$11,593	$183	63
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	32	312	$194,331	$6,073	$623	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	181	$102,410	$25,603	$566	45
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	251	282	$130,241	$519	$462	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$419	$419	$419	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	49	160	$31,414	$641	$196	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	172	915	$229,052	$1,332	$250	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	21	32	$10,305	$491	$322	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	188	350	$114,568	$609	$327	2
Therapy-Family Therapy		90847		Encounter	291	1,394	$329,169	$1,131	$236	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	25	181	$22,973	$919	$127	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	244	1,164	$182,297	$747	$157	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	16	25	$8,965	$560	$359	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$933	$467	$467	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	4	274	$2,780	$695	$10	69
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			4	5	$51	$13	$10	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$7,966	$3,983	$3,983	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	3	$866	$866	$289	3
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	118	588	$164,786	$1,396	$280	5
Assessment		H0031		Encounter	647	672	$272,893	$422	$406	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	31	31	$32,474	$1,048	$1,048	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	731	60,615	$3,799,823	$5,198	$63	83
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	2	$125	$125	$63	2
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	18	108	$25,615	$1,423	$237	6
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	330	1,942	$160,819	$487	$83	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	18	872	$5,293	$294	$6	48
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	1	17	$207	$207	$12	17
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	92	$5,839	$5,839	$63	92
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	140	5,712	$418,410	$2,989	$73	41
Wraparound		H2022		Days	12	17	$4,087	$341	$240	1
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	72	340	$10,459	$145	$31	5
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	60	535	$428,930	$7,149	$802	9
Respite		S5150		15 Minutes	24	36,312	$300,073	$12,503	$8	1,513
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	67	79	$54,317	$811	$688	1
Reidential Room and Board		S9976		Days	1	3	$103	$103	$34	3
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	262	1,036	$59,396	$227	$57	4
Respite Care		T1005		15 Minutes	151	17,063	$98,906	$655	$6	113
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	1	92	$7,557	$7,557	$82	92
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	78	$347	$347	$4	78
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	31	$2,002	$2,002	$65	31
Assessments		T1023		Encounter	21	23	$13,386	$637	$582	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,445**		**$7,269,367**			

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	19	122	$76,877	$4,046	$630	6
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	36	298	$194,242	$5,396	$652	8
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	5	$128	$128	$26	5
Assessment-Psychiatric Assessment		90801		Encounter	529	630	$128,618	$243	$204	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	193	417	$21,498	$111	$52	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	66	135	$10,246	$155	$76	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	811	4,466	$421,576	$520	$94	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	16	21	$3,730	$233	$178	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	44	63	$9,500	$216	$151	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	71	182	$21,931	$309	$121	3
Therapy-Family Therapy		90847		Encounter	237	798	$89,884	$379	$113	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	56	393	$17,291	$309	$44	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	390	1,362	$145,837	$374	$107	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	4	4	$640	$160	$160	1
Speech & Language Therapy		92507		Encounter	4	246	$24,600	$6,150	$100	62
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	10	$1,529	$306	$153	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	4	4	$625	$156	$156	1
Occupational Therapy		97004		Encounter	3	3	$360	$120	$120	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	4	705	$17,625	$4,406	$25	176
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	3	14	$410	$137	$29	5
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	1	$85	$85	$85	1
Additional Codes-Physician Services		99222			13	13	$1,445	$111	$111	1
Additional Codes-Physician Services		99223			1	1	$168	$168	$168	1
Additional Codes-Physician Services		99231			11	25	$816	$74	$33	2
Additional Codes-Physician Services		99232			13	34	$2,049	$158	$60	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	1	1	$88	$88	$88	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	1	1	$60	$60	$60	1
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	263	270	$76,154	$290	$282	1
Assessment		H0031		Encounter	483	549	$68,169	$141	$124	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	401	547	$96,581	$241	$177	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	15	17	$671	$45	$39	1
Home Based Services		H0036		15 Minutes	276	31,259	$1,368,519	$4,958	$44	113
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	701	$2,545	$2,545	$4	701
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	31	250	$13,695	$442	$55	8
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	78	358	$11,800	$151	$33	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	128	21,666	$84,024	$656	$4	169
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	35	149,673	$483,656	$13,819	$3	4,276
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	7	794	$27,459	$3,923	$35	113
Community Living Supports (Daily)		H2016	TF	Per Diem	3	712	$34,568	$11,523	$49	237
Community Living Supports (Daily)		H2016	TG	Per Diem	3	747	$101,428	$33,809	$136	249
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	28	1,063	$106,428	$3,801	$100	38
Wraparound		H2022		Days	9	108	$34,961	$3,885	$324	12
Supported Employment Services		H2023		15 minutes	1	66	$152	$152	$2	66
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	64	107	$10,472	$164	$98	2

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	6	117	$15,103	$2,517	$129	20
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	5	570	$16,173	$3,235	$28	114
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$2,502	$2,502	$2,502	1
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$220	$220	$220	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	537	1,973	$107,667	$200	$55	4
Respite Care		T1005		15 Minutes	331	286,304	$358,863	$1,084	$1	865
Respite Care		T1005	TD	15 Minutes	1	768	$5,891	$5,891	$8	768
Respite Care		T1005	TE	15 Minutes	1	3,839	$25,030	$25,030	$7	3,839
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	108	1,350	$101,264	$938	$75	13
Targeted Case Management		T1017		15 minutes	136	3,323	$249,192	$1,832	$75	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	9	1,571	$24,790	$2,754	$16	175
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	342	$15,978	$7,989	$47	171
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	346	$35,486	$35,486	$103	346
Assessments		T1023		Encounter	27	65	$10,451	$387	$161	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	43	36,744	$68,711	$1,598	$2	855
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	13	137	$11,730	$902	$86	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	4	5	$1,297	$324	$259	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	41	45	$20,294	$495	$451	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	36	458	$67,248	$1,868	$147	13
Housing Assistance		T2038		Month	7	10	$5,211	$744	$521	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					9	0	$21,395	$2,377	$0	0
Aggregate for 'J' Codes		ALL			2	0	$1,963	$982	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,975**		**$4,879,599**			

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	11	80	$49,945	$4,540	$624	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	35	38	$14,941	$427	$393	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	22	$2,148	$179	$98	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	106	1,180	$167,958	$1,585	$142	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$644	$322	$322	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	71	211	$41,446	$584	$196	3
Therapy-Family Therapy		90847		Encounter	56	142	$26,063	$465	$184	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	9	$2,327	$332	$259	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	22	136	$24,359	$1,107	$179	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	52	59	$14,948	$287	$253	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	76	109	$28,553	$376	$262	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	20	3,826	$281,341	$14,067	$74	191
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	27	128	$29,298	$1,085	$229	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	29	$311	$104	$11	10
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	260	$45,495	$45,495	$175	260
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	1	394	$5,611	$5,611	$14	394
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	$202	$202	$202	1

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	15	3,423	$3,800	$253	$1	228
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	4	15	$1,586	$396	$106	4
Targeted Case Management		T1017		15 minutes	2	164	$18,260	$9,130	$111	82
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	37	44	$17,357	$469	$394	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**164**		**$776,592**			

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	330	9,278	$1,897,318	$5,749	$204	28
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	514	3,925	$2,246,557	$4,371	$572	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	60	$52,740	$13,185	$879	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	2	2	$375	$188	$188	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
Crisis Observation Care	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	253	3,624	$996,600	$3,939	$275	14
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	3	$61	$20	$20	1
Assessment-Psychiatric Assessment		90801		Encounter	3,621	5,022	$822,768	$227	$164	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	514	627	$88,670	$173	$141	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1,959	6,984	$724,251	$370	$104	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	$60	$60	$60	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	3,590	19,074	$2,626,303	$732	$138	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	6	8	$1,337	$223	$167	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	485	1,661	$1,242,882	$2,563	$748	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	80	121	$9,336	$117	$77	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	185	705	$109,267	$591	$155	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	1	1	$54	$54	$54	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	85	142	$44,496	$523	$313	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	114	531	$21,200	$186	$40	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	2	3	$352	$176	$117	2
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1,043	3,859	$320,840	$308	$83	4
Therapy-Family Therapy		90847		Encounter	3,201	13,928	$1,685,052	$526	$121	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	648	3,824	$320,840	$495	$84	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	208	1,352	$58,714	$282	$43	7

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	3,679	16,971	$1,538,368	$418	$91	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	583	966	$78,576	$135	$81	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	32	$2,019	$2,019	$63	32
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	302	2,555	$72,606	$240	$28	8
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,874	25,881	$2,484,163	$1,326	$96	14
Assessments-Other		96111		Encounter	136	357	$27,031	$199	$76	3
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	5	34	$386	$77	$11	7
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	1	1	$22	$22	$22	1
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	1	1	$59	$59	$59	1
Additional Codes-Physician Services		99254		Encounter	1	1	$85	$85	$85	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	5	5	$464	$93	$93	1
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	4	5	$261	$65	$52	1
Transportation		A0130		Per one-way trip	1	1	$28	$28	$28	1
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	20	1,198	$4,372	$219	$4	60
Additional Codes-Transportation		A0427		Refer to code descriptions.	6	6	$739	$123	$123	1
Additional codes - Transportation		A0428			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	4	9	$363	$91	$40	2
Substance Abuse: Individual Assessment		H0001		Encounter	1,539	7,791	$232,601	$151	$30	5
Assessment		H0002		Encounter	1,045	1,142	$123,156	$118	$108	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	34	573	$101,410	$2,983	$177	17
Assessment		H0031		Encounter	5,422	40,817	$2,989,565	$551	$73	8
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	4,559	12,407	$1,559,349	$342	$126	3
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	96	429	$16,219	$169	$38	4
Home Based Services		H0036		15 Minutes	963	154,628	$7,429,439	$7,715	$48	161
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	2	$10	$5	$5	1
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	218	$7,873	$7,873	$36	218
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	154	5,552	$333,120	$2,163	$60	36
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	2	7	$98	$49	$14	4
Monitoring Activities		H2000	TS	Encounter	1	1	$42	$42	$42	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1,087	12,617	$216,262	$199	$17	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	58	4,935	$49,506	$854	$10	85
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	7,697	$25,471	$8,490	$3	2,566
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	17	2,024	$210,066	$12,357	$104	119
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	14	1,827	$213,624	$15,259	$117	131
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	139	9,648	$377,823	$2,718	$39	69
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	1	4	$30	$30	$8	4
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	11	$48	$16	$4	4
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	56	75	$1,938	$35	$26	1

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	2	90	$333	$167	$4	45
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	427	2,674	$103,894	$243	$39	6
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	14	2,646	$575,947	$41,139	$218	189
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	462	1,461	$55,875	$121	$38	3
Health Services		S9446		Encounter	49	81	$2,737	$56	$34	2
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	113	309	$12,547	$111	$41	3
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	711	1,363	$87,993	$124	$65	2
Health Services		T1002		Up to 15 min	799	3,106	$182,615	$229	$59	4
Respite Care		T1005		15 Minutes	20	25,302	$57,224	$2,861	$2	1,265
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	77	9,601	$817,254	$10,614	$85	125
Targeted Case Management		T1017		15 minutes	3,288	81,214	$6,460,130	$1,965	$80	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	17	2,024	$208,179	$12,246	$103	119
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	14	1,827	$213,072	$15,219	$117	131
Assessments		T1023		Encounter	44	46	$10,310	$234	$224	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	3	$480	$480	$160	3
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	10	10	$1,190	$119	$119	1
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**11,495**		**$40,157,044**			

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	18	573	$257,445	$14,302	$449	32
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	133	1,122	$602,041	$4,527	$537	8
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
Crisis Observation Care	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	81	859	$236,225	$2,916	$275	11
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	1	$10	$10	$10	1
Assessment-Psychiatric Assessment		90801		Encounter	525	586	$98,583	$188	$168	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	105	172	$9,483	$90	$55	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	321	1,486	$104,537	$326	$70	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	22	66	$9,497	$432	$144	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	13	28	$3,197	$246	$114	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	29	71	$8,358	$288	$118	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	4	10	$1,445	$361	$144	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	14	124	$8,060	$576	$65	9
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	13	$1,690	$1,690	$130	13
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	17	36	$4,959	$292	$138	2
Therapy-Family Therapy		90847		Encounter	63	420	$56,597	$898	$135	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	9	131	$3,275	$364	$25	15
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	528	1,906	$163,001	$309	$86	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	1	1	$0	$0	$0	1
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$313	$313	$313	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$944	$315	$315	1
Occupational Therapy		97004		Encounter	1	2	$625	$625	$313	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	6	$1,876	$1,876	$313	6
Assessment or Health Services		97803		15 Minutes	1	4	$1,251	$1,251	$313	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			4	4	$154	$39	$39	1
Additional Codes-Physician Services		99222			31	33	$2,023	$65	$61	1
Additional Codes-Physician Services		99223			1	1	$77	$77	$77	1
Additional Codes-Physician Services		99231			26	69	$1,406	$54	$20	3
Additional Codes-Physician Services		99232			30	118	$3,456	$115	$29	4
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	5	5	$271	$54	$54	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	2	90	$383	$191	$4	45
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			2	2	$239	$119	$119	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	968	1,023	$346,388	$358	$339	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	474	539	$54,031	$114	$100	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	38	46	$7,293	$192	$159	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	210	35,407	$1,849,290	$8,806	$52	169
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	3	$144	$144	$48	3
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	414	3,797	$173,651	$419	$46	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	1,118	$4,047	$4,047	$4	1,118
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	8	385	$0	$0	$0	48
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	51	73	$3,139	$62	$43	1

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	49	164	$22,220	$453	$135	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	2	2	$625	$313	$313	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	151	1,101	$154,140	$1,021	$140	7
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$203	$102	$102	1
Health Services		T1002		Up to 15 min	8	29	$2,494	$312	$86	4
Respite Care		T1005		15 Minutes	164	190,230	$579,000	$3,530	$3	1,160
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	2	428	$1,318	$659	$3	214
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	40	$3,072	$614	$77	8
Targeted Case Management		T1017		15 minutes	683	24,518	$1,182,945	$1,732	$48	36
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	440	639	$92,227	$210	$144	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	2	3	$1,594	$797	$531	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					4	0	$2,537	$634	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,512**		**$6,061,778**			

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	28	$22,294	$5,573	$796	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	21	21	$9,491	$452	$452	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2	3	$437	$219	$146	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	11	50	$12,679	$1,153	$254	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	3	$785	$393	$262	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	32	206	$37,465	$1,171	$182	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	8	$1,958	$979	$245	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$556	$278	$278	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	34	37	$20,239	$595	$547	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	7	7	$2,874	$411	$411	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	17	4,554	$211,306	$12,430	$46	268
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	25	141	$8,433	$337	$60	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	348	$5,676	$946	$16	58
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	28	1,068	$4,357	$156	$4	38
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	6	$1,241	$620	$207	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	7	1,711	$5,321	$760	$3	244
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	1	$65	$65	$65	1
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	35	1,432	$73,820	$2,109	$52	41
Targeted Case Management		T1017		15 minutes	4	196	$10,259	$2,565	$52	49
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	5	7	$2,979	$596	$426	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**79**		**$432,235**			

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	169	$52,870	$52,870	$313	169
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	38	$38,093	$5,442	$1,002	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	5	24	$24,059	$4,812	$1,002	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	59	60	$21,964	$372	$366	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	33	101	$5,252	$159	$52	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	114	829	$121,374	$1,065	$146	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	11	12	$3,043	$277	$254	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	30	293	$25,435	$848	$87	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	34	124	$17,865	$525	$144	4
Therapy-Family Therapy		90847		Encounter	75	456	$65,682	$876	$144	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	37	512	$35,676	$964	$70	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	110	362	$63,332	$576	$175	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	8	8	$246	$31	$31	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	230	265	$57,839	$251	$218	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	28	28	$3,496	$125	$125	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	118	12,380	$431,443	$3,656	$35	105
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	23	186	$19,521	$849	$105	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	70	15,898	$63,592	$908	$4	227
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	7	1,003	$6,008	$858	$6	143
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	8	246	$19,700	$2,462	$80	31
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	6	7	$844	$141	$121	1

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	5	12	$1,192	$238	$99	2
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	7	$1,556	$1,556	$222	7
Respite		S5150		15 Minutes	12	13,739	$25,829	$2,152	$2	1,145
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	15	32	$1,418	$95	$44	2
Respite Care		T1005		15 Minutes	34	2,488	$13,211	$389	$5	73
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	11	$632	$126	$57	2
Targeted Case Management		T1017		15 minutes	53	1,676	$60,168	$1,135	$36	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	12	13	$10,241	$853	$788	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**342**		**$1,191,583**			

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	32	130	$91,354	$2,855	$703	4
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	34	34	$9,442	$278	$278	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	199	730	$183,023	$920	$251	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	19	32	$8,464	$445	$264	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	400	1,633	$148,736	$372	$91	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	3	7	$146	$49	$21	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	3	13	$134	$45	$10	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$930	$465	$465	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	77	98	$44,089	$573	$450	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	53	56	$15,432	$291	$276	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	113	8,167	$509,113	$4,505	$62	72
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	85	617	$33,211	$391	$54	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	29	2,604	$24,104	$831	$9	90
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	7	$67	$33	$10	4
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	86	90	$5,938	$69	$66	1

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	21	221	$36,137	$1,721	$164	11
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	44	14,368	$17,728	$403	$1	327
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	87	478	$69,662	$801	$146	5
Targeted Case Management		T1017		15 minutes	17	345	$18,579	$1,093	$54	20
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	53	61	$16,719	$315	$274	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**208**		**$1,233,010**			

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	24	$11,414	$3,805	$476	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	40	$25,994	$3,713	$650	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	10	11	$5,231	$523	$476	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	9	11	$982	$109	$89	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	57	308	$62,150	$1,090	$202	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	9	11	$3,177	$353	$289	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$126	$126	$126	1
Therapy-Family Therapy		90847		Encounter	9	17	$2,855	$317	$168	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	20	50	$3,485	$174	$70	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	23	$6,095	$1,219	$265	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	2	2	$246	$123	$123	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	14	14	$7,828	$559	$559	1

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	67	320	$87,511	$1,306	$273	5
Additional Codes-Physician Services		99215		Encounter	20	22	$10,949	$547	$498	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			6	6	$675	$113	$113	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			4	13	$512	$128	$39	3
Additional Codes-Physician Services		99232			7	15	$591	$84	$39	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	68	68	$20,677	$304	$304	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	4	4	$676	$169	$169	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	18	1,879	$129,870	$7,215	$69	104
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	30	192	$16,132	$538	$84	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	625	$1,603	$802	$3	313
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	3	524	$1,182	$394	$2	175
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	30	976	$69,911	$2,330	$72	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	10	10	$3,555	$355	$355	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**171**		**$473,425**			

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	97	$20,252	$20,252	$209	97
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	4	27	$15,032	$3,758	$557	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	54	56	$33,496	$620	$598	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	42	80	$3,341	$80	$42	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	139	627	$52,363	$377	$84	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	7	$877	$292	$125	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	6	17	$1,209	$201	$71	3
Therapy-Family Therapy		90847		Encounter	38	118	$9,855	$259	$84	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	39	145	$5,564	$143	$38	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	93	399	$84,655	$910	$212	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	64	66	$9,087	$142	$138	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	178	183	$15,489	$87	$85	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	137	152	$14,924	$109	$98	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	118	11,003	$608,459	$5,156	$55	93
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	4	$212	$212	$53	4
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	47	304	$23,330	$496	$77	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	1	$11	$11	$11	1
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	1	2	$86	$86	$43	2
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	50	360	$81,256	$1,625	$226	7
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	14	11,195	$69,488	$4,963	$6	800
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	13	123	$6,612	$509	$54	9
Targeted Case Management		T1017		15 minutes	37	1,255	$65,152	$1,761	$52	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	12	64	$9,028	$752	$141	5
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	14	14	$5,499	$393	$393	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**375**		**$1,135,276**			

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	443	$103,210	$20,642	$233	89
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	26	$13,449	$4,483	$517	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	45	226	$207,767	$4,617	$919	5
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
Crisis Observation Care	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	35	108	$33,393	$954	$309	3
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	269	287	$151,988	$565	$530	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	222	2,145	$159,387	$718	$74	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	1	$110	$110	$110	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	5	40	$11,623	$2,325	$291	8
Therapy-Family Therapy		90847		Encounter	20	97	$7,608	$380	$78	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	4	$120	$120	$30	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	317	1,178	$202,131	$638	$172	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	36	$4,000	$364	$111	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	8	8	$588	$74	$74	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	12	51	$4,392	$366	$86	4
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	19	19	$2,356	$124	$124	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	8	$127	$127	$16	8
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	2	40	$305	$153	$8	20
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	46	2,102	$34,870	$758	$17	46
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	2	2	$244	$122	$122	1
Additional Codes-Physician Services		99215		Encounter	23	65	$11,474	$499	$177	3
Additional Codes-Physician Services		99221			19	22	$1,650	$87	$75	1
Additional Codes-Physician Services		99222			26	27	$2,100	$81	$78	1
Additional Codes-Physician Services		99223			3	3	$300	$100	$100	1
Additional Codes-Physician Services		99231			33	104	$10,369	$314	$100	3
Additional Codes-Physician Services		99232			11	13	$1,048	$95	$81	1
Additional Codes-Physician Services		99233			9	16	$1,275	$142	$80	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	6	6	$2,316	$386	$386	1
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$44	$44	$44	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	7	27	$8,799	$1,257	$326	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	261	423	$125,176	$480	$296	2
Assessment		H0031		Encounter	225	227	$50,848	$226	$224	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	67	107	$7,440	$111	$70	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	239	37,641	$1,298,941	$5,435	$35	157
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$52,620	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	14	$215	$43	$15	3
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	553	5,262	$491,464	$889	$93	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	791	$2,489	$498	$3	158
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	185	63,696	$542,554	$2,933	$9	344
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	35	19,674	$265,679	$7,591	$14	562
Community Living Supports (Daily)		H2016		Per Diem	1	1	$4,579	$4,579	$4,579	1
Community Living Supports (Daily)		H2016	TF	Per Diem	1	62	$4,030	$4,030	$65	62
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	184	15,299	$880,930	$4,788	$58	83
Wraparound		H2022		Days	1	1	$780	$780	$780	1
Supported Employment Services		H2023		15 minutes	3	94	$1,975	$658	$21	31
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	8	1,598	$8,072	$1,009	$5	200
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	3	170	$49,773	$16,591	$293	57
Respite		S5150		15 Minutes	10	9,626	$4,203	$420	$0	963
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	267	288	$143,569	$538	$499	1
Respite Care		T1005		15 Minutes	115	120,453	$494,022	$4,296	$4	1,047
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	10	165	$55,000	$5,500	$333	17
Targeted Case Management		T1017		15 minutes	68	3,326	$367,334	$5,402	$110	49
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	2	63	$57	$29	$1	32
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	137	181	$5,611	$41	$31	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,319**		**$5,834,404**			

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	171	$66,442	$13,288	$389	34
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	21	310	$177,286	$8,442	$572	15
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	48	$27,451	$3,922	$572	7
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
Crisis Observation Care	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	2	10	$1,906	$953	$191	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	55	55	$14,118	$257	$257	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	19	37	$2,545	$134	$69	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	85	617	$68,708	$808	$111	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	5	$877	$219	$175	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	29	92	$10,920	$377	$119	3
Therapy-Family Therapy		90847		Encounter	75	450	$54,266	$724	$121	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	17	151	$17,962	$1,057	$119	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	86	309	$37,794	$439	$122	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	2	$941	$941	$470	2
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	1	3	$570	$570	$190	3
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	2	42	$7,472	$3,736	$178	21
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	143	146	$25,395	$178	$174	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	87	116	$25,291	$291	$218	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	16	2,426	$130,740	$8,171	$54	152
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	23	112	$3,622	$157	$32	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	7	5,655	$21,150	$3,021	$4	808
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	21	27,223	$92,791	$4,419	$3	1,296
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	76	2,734	$238,462	$3,138	$87	36
Targeted Case Management		T1017		15 minutes	3	13	$926	$309	$71	4
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	38	42	$5,907	$155	$141	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	39	187	$16,718	$429	$89	5
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**214**		**$1,050,260**			

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	197	$42,697	$21,349	$217	99
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	7	39	$23,592	$3,370	$605	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13	66	$42,647	$3,281	$646	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	40	42	$10,341	$259	$246	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	2	2	$309	$155	$155	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	33	295	$26,566	$805	$90	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	16	$7,410	$3,705	$463	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	13	114	$35,199	$2,708	$309	9
Therapy-Family Therapy		90847		Encounter	16	332	$153,762	$9,610	$463	21
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	170	764	$92,654	$545	$121	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	170	266	$45,919	$270	$173	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	86	209	$16,819	$196	$80	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	40	6,411	$144,248	$3,606	$23	160
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	24	90	$3,965	$165	$44	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	18	1,452	$3,726	$207	$3	81
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	32	16,713	$62,674	$1,959	$4	522
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	39	1,129	$233,898	$5,997	$207	29
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	11	1,240	$2,480	$225	$2	113
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	132	305	$30,790	$233	$101	2
Respite Care		T1005		15 Minutes	14	2,428	$12,880	$920	$5	173
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	97	824	$61,952	$639	$75	8
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	40	50	$26,527	$663	$531	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**308**		**$1,081,055**			

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	43	520	$289,131	$6,724	$556	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	155	155	$16,429	$106	$106	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	14	17	$911	$65	$54	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	160	875	$79,919	$499	$91	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$35	$35	$35	1
Therapy-Family Therapy		90847		Encounter	6	13	$1,068	$178	$82	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	51	659	$28,086	$551	$43	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	168	546	$53,073	$316	$97	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	2	5	$475	$237	$95	3
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$215	$215	$215	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	7	$588	$588	$84	7
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			1	2	$340	$340	$170	2
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	137	$582	$582	$4	137
Additional Codes-Transportation		A0427		Refer to code descriptions.	1	1	$209	$209	$209	1
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	742	764	$101,971	$137	$133	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	334	390	$60,059	$180	$154	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	18	22	$880	$49	$40	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	166	24,481	$1,082,270	$6,520	$44	147
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	6	$339	$339	$57	6
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	5	$279	$56	$56	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	149	774	$16,776	$113	$22	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	165	18,718	$134,426	$815	$7	113
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	20	26	$1,372	$69	$53	1

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	2	248	$79	$40	$0	124
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	20	470	$35,250	$1,763	$75	24
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	3	14	$2,380	$793	$170	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	13	146	$13,483	$1,037	$92	11
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	25	8,924	$17,611	$704	$2	357
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	12	596	$34,020	$2,835	$57	50
Targeted Case Management		T1017		15 minutes	13	568	$20,448	$1,573	$36	44
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	12	12	$1,825	$152	$152	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	1	$18	$18	$18	1
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	11	$550	$550	$50	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,045**		**$1,995,095**			

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	336	$75,089	$15,018	$223	67
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	18	183	$118,031	$6,557	$645	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13	89	$57,403	$4,416	$645	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	105	105	$30,358	$289	$289	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	22	55	$4,949	$225	$90	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	78	569	$103,171	$1,323	$181	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	12	$4,258	$1,419	$355	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	29	103	$19,423	$670	$189	4
Therapy-Family Therapy		90847		Encounter	104	562	$101,789	$979	$181	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	8	$588	$588	$74	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	150	534	$54,003	$360	$101	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	3	$2,005	$668	$668	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$70	$70	$70	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	127	136	$52,061	$410	$383	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	28	144	$7,121	$254	$49	5
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	135	11,273	$703,624	$5,212	$62	84
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	17	102	$4,567	$269	$45	6
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	29	115	$12,302	$424	$107	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	41	2,424	$271,343	$6,618	$112	59
Wraparound		H2022		Days	9	119	$68,138	$7,571	$573	13
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	5	3,528	$3,422	$684	$1	706
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	50	17,841	$162,175	$3,244	$9	357
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	13	178	$20,856	$1,604	$117	14
Targeted Case Management		T1017		15 minutes	40	379	$23,813	$595	$63	9
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	24	33	$12,124	$505	$367	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	7	26	$1,926	$275	$74	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$45	$45	$45	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**305**		**$1,914,654**			

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	21	1,829	$372,779	$17,751	$204	87
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	225	1,672	$842,337	$3,744	$504	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	21	$13,606	$13,606	$648	21
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	1	1	$129	$129	$129	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
Crisis Observation Care	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	270	1,722	$417,916	$1,548	$243	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	459	488	$120,263	$262	$246	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	271	551	$53,974	$199	$98	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	942	6,207	$718,006	$762	$116	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	16	19	$7,861	$491	$414	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	80	157	$38,801	$485	$247	2
Therapy-Family Therapy		90847		Encounter	415	1,602	$342,219	$825	$214	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	26	285	$8,497	$327	$30	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	824	3,851	$343,074	$416	$89	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	4	4	$477	$119	$119	1
Speech & Language Therapy		92507		Encounter	3	284	$19,894	$6,631	$70	95
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	14	$3,956	$659	$283	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	2	$250	$125	$125	1
Physical Therapy		97002		Encounter	3	3	$67	$22	$22	1
Occupational Therapy		97003		Encounter	6	6	$784	$131	$131	1
Occupational Therapy		97004		Encounter	1	1	$27	$27	$27	1
Occupational or Physical Therapy		97110		15 Minutes	1	155	$4,181	$4,181	$27	155
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	98	$1,249	$1,249	$13	98
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	6	865	$18,122	$3,020	$21	144
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		E1399		Items	1	1	$724	$724	$724	1
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,000	1,139	$296,653	$297	$260	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	574	893	$131,569	$229	$147	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	150	231	$34,253	$228	$148	2
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	23	62	$4,957	$216	$80	3
Home Based Services		H0036		15 Minutes	99	17,201	$629,418	$6,358	$37	174
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	40	450	$87,575	$2,189	$195	11
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	44	226	$28,726	$653	$127	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	47	153,669	$576,251	$12,261	$4	3,270
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	9	28,600	$107,244	$11,916	$4	3,178
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	23	3,922	$706,335	$30,710	$180	171
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	31	1,039	$96,699	$3,119	$93	34
Wraparound		H2022		Days	28	167	$55,203	$1,972	$331	6
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	28	168	$24,567	$877	$146	6
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	66	47,082	$94,599	$1,433	$2	713
Respite		S5151		Per Diem	3	13	$3,833	$1,278	$295	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	7	422	$26,903	$3,843	$64	60
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	13	29	$9,018	$694	$311	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	3	$889	$296	$296	1
Health Services		T1002		Up to 15 min	21	122	$11,226	$535	$92	6
Respite Care		T1005		15 Minutes	48	86,862	$301,235	$6,276	$3	1,810
Respite Care		T1005	TD	15 Minutes	1	746	$2,597	$2,597	$3	746
Respite Care		T1005	TE	15 Minutes	4	6,634	$23,002	$5,751	$3	1,659
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	48	1,456	$109,003	$2,271	$75	30
Targeted Case Management		T1017		15 minutes	123	1,534	$163,450	$1,329	$107	12
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	22	3,771	$213,095	$9,686	$57	171
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	151	$48,879	$48,879	$324	151
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,637**		**$7,116,372**			

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	32	$8,406	$8,406	$263	32
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	35	$23,232	$7,744	$664	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	5	32	$21,240	$4,248	$664	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	29	29	$27,372	$944	$944	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	55	$3,148	$262	$57	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	86	471	$46,023	$535	$98	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	10	14	$2,185	$219	$156	1
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	3	5	$256	$85	$51	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	2	10	$1,145	$573	$115	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	10	82	$9,305	$930	$113	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	3	$130	$130	$43	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	2	146	$21,675	$10,838	$148	73

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	76	403	$86,239	$1,135	$214	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	9	16	$2,326	$258	$145	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	155	3,985	$455,719	$2,940	$114	26
Assessment		H0031		Encounter	135	140	$39,852	$295	$285	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	37	41	$3,451	$93	$84	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	2	$97	$49	$49	1
Home Based Services		H0036		15 Minutes	21	2,202	$127,350	$6,064	$58	105
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	1	1	$148	$148	$148	1
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	19	187	$19,062	$1,003	$102	10
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$74	$74	$74	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	24	89	$3,187	$133	$36	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	4	5,696	$68,815	$17,204	$12	1,424
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	4	119	$13,831	$3,458	$116	30
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	18	2,904	$121,380	$6,743	$42	161
Supported Employment Services		H2023	TT	15 Minutes	22	869	$11,263	$512	$13	40
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	9	57	$13,633	$1,515	$239	6
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	4	19	$2,034	$508	$107	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	4	4	$200	$50	$50	1
Respite Care		T1005		15 Minutes	10	3,919	$12,216	$1,222	$3	392
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	102	3,935	$214,394	$2,102	$54	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	25	33	$11,939	$478	$362	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**381**		**$1,371,326**			

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	9	49	$24,545	$2,727	$501	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	7	41	$32,579	$4,654	$795	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	110	111	$18,474	$168	$166	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	52	129	$4,082	$79	$32	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	88	554	$37,727	$429	$68	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	8	21	$4,627	$578	$220	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	30	141	$13,382	$446	$95	5
Therapy-Family Therapy		90847		Encounter	55	243	$23,063	$419	$95	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	187	1,031	$203,138	$1,086	$197	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	3	$1,349	$450	$450	1
Occupational Therapy		97004		Encounter	4	19	$8,261	$2,065	$435	5
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$818	$409	$409	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	135	182	$69,883	$518	$384	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	14	17	$6,527	$466	$384	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	89	11,397	$425,792	$4,784	$37	128
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	5	11	$1,792	$358	$163	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	17	$62	$62	$4	17
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	29	17,181	$46,561	$1,606	$3	592
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	15	460	$1,900	$127	$4	31
Wraparound		H2022		Days	1	2	$8	$8	$4	2
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	120	$486	$486	$4	120
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	13	$1,916	$1,916	$147	13
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	20	18,435	$94,387	$4,719	$5	922
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	69	940	$258,613	$3,748	$275	14
Targeted Case Management		T1017		15 minutes	136	1,887	$134,977	$992	$72	14
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	8	62	$4,435	$554	$72	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	51	62	$15,235	$299	$246	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	13	58	$4,641	$357	$80	4
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**283**		**$1,439,260**			

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	20	151	$104,748	$5,237	$694	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	52	55	$26,781	$515	$487	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	15	26	$2,372	$158	$91	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	33	166	$25,662	$778	$155	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$1,067	$356	$356	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	55	$5,119	$731	$93	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	82	271	$46,822	$571	$173	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	118	125	$46,534	$394	$372	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	53	55	$8,412	$159	$153	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	19	56	$4,031	$212	$72	3
Home Based Services		H0036		15 Minutes	112	16,683	$652,214	$5,823	$39	149
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	19	76	$5,850	$308	$77	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	36	$204	$204	$6	36
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	296	$1,884	$1,884	$6	296
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	3	3	$379	$126	$126	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	40	15,540	$99,835	$2,496	$6	389
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	2	$119	$119	$60	2
Targeted Case Management		T1017		15 minutes	56	904	$52,825	$943	$58	16
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	59	71	$43,809	$743	$617	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**248**		**$1,128,669**			

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	35	$28,731	$5,746	$821	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	14	122	$201,397	$14,385	$1,651	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	220	226	$85,048	$387	$376	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	50	113	$10,663	$213	$94	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	145	599	$97,529	$673	$163	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	18	35	$10,830	$602	$309	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	95	252	$40,131	$422	$159	3
Therapy-Family Therapy		90847		Encounter	408	3,244	$459,745	$1,127	$142	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	21	$1,603	$229	$76	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	295	794	$98,991	$336	$125	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	13	$1,541	$220	$119	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	1	1	$142	$142	$142	1
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$312	$312	$312	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	23	23	$1,936	$84	$84	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	17	27	$28,652	$1,685	$1,061	2
Assessment		H0031		Encounter	328	351	$79,916	$244	$228	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	9	10	$1,390	$154	$139	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	10	73	$10,512	$1,051	$144	7
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	76	4,935	$321,059	$4,224	$65	65
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	4	5	$1,015	$254	$203	1
Monitoring Activities		H2000	TS	Encounter	3	7	$838	$279	$120	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	37	127	$7,178	$194	$57	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	41	$7,590	$7,590	$185	41
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$270	$270	$270	1
Health Services		T1002		Up to 15 min	352	1,118	$108,097	$307	$97	3
Respite Care		T1005		15 Minutes	14	203	$27,278	$1,948	$134	15
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	112	2,790	$227,407	$2,030	$82	25
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	67	91	$29,254	$437	$321	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	4	$768	$384	$192	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**611**		**$1,889,823**			

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	265	$71,419	$23,806	$270	88
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	152	1,072	$832,417	$5,476	$777	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	67	308	$98,901	$1,476	$321	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	391	405	$111,147	$284	$274	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	69	188	$14,377	$208	$76	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	23	32	$7,546	$328	$236	1
Therapy-Individual Therapy		90805		Encounter 20-30 Min	2	15	$1,942	$971	$129	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	502	3,637	$412,800	$822	$114	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	87	730	$123,092	$1,415	$169	8
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	15	17	$3,287	$219	$193	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	45	322	$80,714	$1,794	$251	7
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	1	1	$117	$117	$117	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	15	41	$4,292	$286	$105	3
Therapy-Family Therapy		90847		Encounter	88	306	$33,738	$383	$110	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	6	12	$1,595	$266	$133	2
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	13	119	$5,214	$401	$44	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	1	3	$390	$390	$130	3
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	429	1,267	$138,688	$323	$109	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	5	56	$5,130	$1,026	$92	11
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	17	215	$1,288	$76	$6	13
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			17	20	$2,580	$152	$129	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	45	48	$5,535	$123	$115	1
Assessment		H0002		Encounter	807	865	$468,063	$580	$541	1
Substance Abuse: Individual Assessment		H0002		Encounter	85	93	$39,824	$469	$428	1
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	62	962	$103,896	$1,676	$108	16
Crisis Residential Services		H0018		Days	57	411	$132,589	$2,326	$323	7
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	10	393	$92,353	$9,235	$235	39
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	366	3,736	$801,342	$2,189	$214	10
Assessment		H0031		Encounter	172	174	$49,549	$288	$285	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	9	9	$1,383	$154	$154	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	158	20,345	$796,177	$5,039	$39	129
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	6	$160	$160	$27	6
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	27	261	$45,261	$1,676	$173	10
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	2	$281	$281	$141	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	41	7,266	$64,594	$1,575	$9	177
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	12	483	$3,647	$304	$8	40
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	292	$30,743	$30,743	$105	292
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	38	670	$127,492	$3,355	$190	18
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	18	2,094	$495,982	$27,555	$237	116
Respite		S5150		15 Minutes	0	0	$169,645	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	63	2,370	$69,438	$1,102	$29	38
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	4	4	$529	$132	$132	1
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	14	14	$382	$27	$27	1
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	910	60,082	$2,563,803	$2,817	$43	66
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	138	149	$85,071	$616	$571	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$18,751	$0	$0	0
Other					0	0	$8,888	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**2,315**		**$8,126,052**			

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	13	67	$50,954	$3,920	$761	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	7	54	$2,590	$370	$48	8
Assessment-Psychiatric Assessment		90801		Encounter	78	83	$23,655	$303	$285	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	90	390	$21,450	$238	$55	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	61	205	$27,675	$454	$135	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	10	21	$4,095	$410	$195	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	85	441	$57,346	$675	$130	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	22	192	$25,227	$1,147	$131	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	77	261	$39,895	$518	$153	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	13	88	$17,796	$1,369	$202	7
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	1	1	$88	$88	$88	1
Assessment		H0002		Encounter	39	40	$7,641	$196	$191	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	50	403	$33,194	$664	$82	8
Assessment		H0031		Encounter	186	485	$78,842	$424	$163	3
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	113	173	$25,278	$224	$146	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	56	4,473	$230,138	$4,110	$51	80
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	21	$2,809	$562	$134	4
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	25	146	$9,917	$397	$68	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	3,188	$14,207	$7,104	$4	1,594
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	18	322	$6,118	$340	$19	18
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	96	819	$110,248	$1,148	$135	9
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	92	351	$17,940	$195	$51	4
Respite Care		T1005		15 Minutes	21	25,285	$43,970	$2,094	$2	1,204
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	7	35	$2,400	$343	$69	5
Targeted Case Management		T1017		15 minutes	82	2,058	$134,361	$1,639	$65	25
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	20	50	$9,913	$496	$198	3
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	25	177	$9,729	$389	$55	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	19	164	$11,117	$585	$68	9
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					3	0	$13,910	$4,637	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**237**		**$1,032,503**			

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	745	$144,294	$48,098	$194	248
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	28	253	$159,533	$5,698	$631	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	41	278	$188,119	$4,588	$677	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	137	137	$40,900	$299	$299	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	9	9	$2,499	$278	$278	1
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	67	86	$5,517	$82	$64	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	363	1,572	$185,935	$512	$118	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$340	$170	$170	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	9	15	$1,004	$112	$67	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	95	460	$54,307	$572	$118	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	2	2	$345	$173	$173	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	76	140	$16,260	$214	$116	2
Therapy-Family Therapy		90847		Encounter	241	734	$81,091	$336	$110	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	37	$2,616	$2,616	$71	37
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	254	848	$97,180	$383	$115	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			13	68	$2,386	$184	$35	5
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			8	261	$6,392	$799	$24	33
Additional Codes-Physician Services		99232			12	226	$7,796	$650	$34	19
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	1	6	$1,219	$1,219	$203	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	82	83	$10,480	$128	$126	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	608	634	$143,921	$237	$227	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	534	731	$135,549	$254	$185	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	1	1	$186	$186	$186	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	22	31	$2,487	$113	$80	1
Home Based Services		H0036		15 Minutes	59	6,326	$364,733	$6,182	$58	107
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	2	6	$405	$203	$68	3
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$122	$122	$122	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	110	499	$43,133	$392	$86	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	1,071	$13,197	$825	$12	67
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	6	562	$34,274	$5,712	$61	94
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	115	187	$20,235	$176	$108	2

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	14	$2,288	$1,144	$163	7
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	5	1,036	$205,375	$41,075	$198	207
Respite		S5150		15 Minutes	38	31,772	$45,440	$1,196	$1	836
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	1	$179	$179	$179	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	23	24	$7,522	$327	$313	1
Health Services		T1002		Up to 15 min	7	8	$420	$60	$53	1
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	21	$1,698	$849	$81	11
Targeted Case Management		T1017		15 minutes	90	3,049	$211,284	$2,348	$69	34
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	49	54	$6,816	$139	$126	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**944**		**$2,247,477**			

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	196	$45,991	$45,991	$235	196
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	3	$2,750	$2,750	$917	3
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	103	103	$40,341	$392	$392	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	16	$533	$44	$33	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	53	453	$36,711	$693	$81	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$223	$74	$74	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	19	94	$12,364	$651	$132	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	11	43	$1,083	$98	$25	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	285	676	$110,545	$388	$164	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	11	$2,520	$1,260	$229	6
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	70	76	$12,176	$174	$160	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	2	2	$175	$88	$88	1
Additional Codes-Physician Services		99202		Encounter	4	4	$665	$166	$166	1
Additional Codes-Physician Services		99203		Encounter	3	3	$841	$280	$280	1
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	8	10	$1,401	$175	$140	1
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	4	4	$1,121	$280	$280	1
Additional Codes-Physician Services		99215		Encounter	1	1	$394	$394	$394	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	2	2	$1,068	$534	$534	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	11	11	$1,592	$145	$145	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	9	$1,983	$1,983	$220	9
Assessment		H0031		Encounter	174	177	$26,876	$154	$152	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	64	81	$6,553	$102	$81	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	40	2,481	$146,619	$3,665	$59	62
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	84	358	$8,203	$98	$23	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	3	714	$5,199	$1,733	$7	238
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	1	465	$3,697	$3,697	$8	465
Community Living Supports (Daily)		H2016		Per Diem	1	366	$1,739	$1,739	$5	366
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	10	26	$6,945	$695	$267	3
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	1	$75	$75	$75	1
Respite Care		T1005		15 Minutes	7	8,278	$5,503	$786	$1	1,183
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	127	4,918	$288,137	$2,269	$59	39
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	366	$5,217	$5,217	$14	366
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	35	42	$3,104	$89	$74	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$112	$112	$112	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**394**		**$782,458**			

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	105	$35,934	$11,978	$342	35
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	24	$18,767	$3,753	$782	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	27	404	$315,908	$11,700	$782	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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	2	$127	$64	$64	1
Assessment-Psychiatric Assessment		90801		Encounter	229	235	$63,741	$278	$271	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	27	43	$3,422	$127	$80	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	353	1,449	$226,335	$641	$156	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	9	11	$3,137	$349	$285	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	78	207	$29,374	$377	$142	3
Therapy-Family Therapy		90847		Encounter	550	2,322	$318,371	$579	$137	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	393	1,858	$215,559	$548	$116	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	14	15	$2,752	$197	$183	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	9	$1,394	$279	$155	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	10	$1,755	$1,755	$176	10
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	10	10	$1,275	$128	$128	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	767	795	$132,008	$172	$166	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	470	626	$151,435	$322	$242	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	142	16,555	$746,040	$5,254	$45	117
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	27	$817	$409	$30	14
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	17	279	$57,231	$3,367	$205	16
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	172	1,396	$103,065	$599	$74	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	80	$413	$413	$5	80
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	1	5	$26	$26	$5	5
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	3	702	$39,806	$13,269	$57	234
Community Living Supports (Daily)		H2016	TG	Per Diem	1	309	$34,901	$34,901	$113	309
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	23	1,133	$51,058	$2,220	$45	49
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	36	59	$5,544	$154	$94	2

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	32	145	$24,747	$773	$171	5
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	46	21,716	$17,907	$389	$1	472
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	6	6	$1,067	$178	$178	1
Health Services		T1002		Up to 15 min	164	694	$43,139	$263	$62	4
Respite Care		T1005		15 Minutes	75	45,616	$116,779	$1,557	$3	608
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	226	5,494	$284,458	$1,259	$52	24
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	17	884	$25,428	$1,496	$29	52
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	2	210	$12,484	$6,242	$59	105
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	66	$17,285	$0	$262	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,094**		**$3,103,489**			

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	174	$32,190	$16,095	$185	87
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	27	$24,375	$4,063	$903	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	26	224	$150,795	$5,800	$673	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	65	68	$21,237	$327	$312	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	30	115	$7,867	$262	$68	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	3	4	$435	$145	$109	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	43	157	$22,537	$524	$144	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	14	$2,873	$958	$205	5
Therapy-Family Therapy		90847		Encounter	22	54	$7,388	$336	$137	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	19	164	$11,219	$590	$68	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	72	304	$33,042	$459	$109	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	1	7	$2,523	$2,523	$360	7
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	10	10	$7,429	$743	$743	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	4	$371	$186	$93	2
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	6	$203	$203	$34	6
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	1	$93	$93	$93	1
Additional Codes-Physician Services		99222			3	3	$461	$154	$154	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			3	5	$352	$117	$70	2
Additional Codes-Physician Services		99232			2	3	$461	$230	$154	2
Additional Codes-Physician Services		99233			3	3	$461	$154	$154	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	5	32	$4,796	$959	$150	6
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	93	97	$20,738	$223	$214	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	83	92	$18,880	$227	$205	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	130	181	$38,187	$294	$211	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	10	26	$5,689	$569	$219	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	17	2,272	$179,942	$10,585	$79	134
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	2	4	$691	$346	$173	2
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	90	357	$28,346	$315	$79	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	14	2,223	$7,647	$546	$3	159
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	4	300	$1,326	$332	$4	75
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	3	768	$136,058	$45,353	$177	256
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	9	338	$51,623	$5,736	$153	38
Wraparound		H2022		Days	5	8	$668	$134	$83	2
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	2	6	$777	$389	$130	3

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	1	8	$390	$390	$49	8
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	8	2,195	$3,841	$480	$2	274
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	6	6	$736	$123	$123	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$917	$458	$458	1
Health Services		T1002		Up to 15 min	1	1	$103	$103	$103	1
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	1	2	$333	$333	$166	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	120	3,149	$171,022	$1,425	$54	26
Targeted Case Management		T1017		15 minutes	26	995	$54,038	$2,078	$54	38
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	768	$5,439	$1,813	$7	256
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	86	124	$28,310	$329	$228	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	8	25	$1,324	$166	$53	3
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**262**		**$1,088,135**			

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	16	1,018	$216,065	$13,504	$212	64
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	251	2,704	$1,170,833	$4,665	$433	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	82	451	$93,763	$1,143	$208	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	5	5	$1,169	$234	$234	1
Assessment-Psychiatric Assessment		90801		Encounter	814	1,051	$548,357	$674	$522	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	459	2,143	$210,677	$459	$98	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	400	1,832	$336,083	$840	$183	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	92	159	$60,596	$659	$381	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	368	1,275	$184,076	$500	$144	3
Therapy-Family Therapy		90847		Encounter	631	4,669	$710,273	$1,126	$152	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	13	69	$29,497	$2,269	$427	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	667	2,833	$608,965	$913	$215	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	11	$4,795	$1,598	$436	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$296	$296	$296	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	3	3	$753	$251	$251	1
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	2	2	$81	$41	$41	1
Additional Codes-Physician Services		99254		Encounter	3	3	$254	$85	$85	1
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	22	24	$8,919	$405	$372	1
Additional codes - Transportation		A0428			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	27	208	$117,322	$4,345	$564	8
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	96	96	$16,687	$174	$174	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	790	854	$279,727	$354	$328	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	897	2,453	$441,450	$492	$180	3
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	490	67,746	$2,623,240	$5,354	$39	138
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	11	$449	$225	$41	6
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	8	$568	$568	$71	8
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	6	172	$15,468	$2,578	$90	29
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	490	1,960	$179,194	$366	$91	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	36	6,493	$109,541	$3,043	$17	180
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	15	2,340	$11,325	$755	$5	156
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	2	61	$3,079	$1,540	$50	31
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	2	104	$9,262	$4,631	$89	52
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	110	4,690	$432,984	$3,936	$92	43
Wraparound		H2022		Days	101	698	$260,945	$2,584	$374	7
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	105	565	$112,976	$1,076	$200	5
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	18	1,265	$444,961	$24,720	$352	70
Respite		S5150		15 Minutes	16	8,870	$23,738	$1,484	$3	554
Respite		S5151		Per Diem	6	58	$4,884	$814	$84	10
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	1	$38	$38	$38	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	2	3	$402	$201	$134	2
Respite Care		T1005		15 Minutes	39	5,612	$42,470	$1,089	$8	144
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1	156	$8,341	$8,341	$53	156
Targeted Case Management		T1017		15 minutes	134	5,690	$375,759	$2,804	$66	42
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	125	$4,855	$1,618	$39	42
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	1	40	$1,562	$1,562	$39	40
Assessments		T1023		Encounter	433	540	$272,655	$630	$505	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	2	13	$8,068	$4,034	$621	7
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					11	0	$1,652	$150	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,947**		**$9,989,054**			

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	23	135	$76,105	$3,309	$564	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	4	33	$5,586	$1,396	$169	8
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
Crisis Observation Care	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	2	10	$1,231	$616	$123	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	65	67	$34,259	$527	$511	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	3	$179	$179	$60	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	145	1,085	$90,317	$623	$83	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	43	151	$13,560	$315	$90	4
Therapy-Family Therapy		90847		Encounter	93	476	$40,899	$440	$86	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	1	$170	$170	$170	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	101	366	$78,751	$780	$215	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	1	1	$410	$410	$410	1
Additional Codes-Physician Services		99221			1	1	$70	$70	$70	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	1	$70	$70	$70	1
Additional Codes-Physician Services		99232			1	3	$315	$315	$105	3
Additional Codes-Physician Services		99233			1	1	$70	$70	$70	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	1	1	$0	$0	$0	1
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	185	193	$27,943	$151	$145	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	136	220	$24,668	$181	$112	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	36	3,115	$288,396	$8,011	$93	87
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	33	271	$16,981	$515	$63	8
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	102	453	$92,810	$910	$205	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	9	2,181	$9,320	$1,036	$4	242
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	7	433	$2,419	$346	$6	62
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	5	13	$886	$177	$68	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	55	18,041	$28,754	$523	$2	328
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	57	381	$20,004	$351	$53	7
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	31	41	$26,990	$871	$658	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**386**		**$881,164**			

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	3	413	$132,300	$44,100	$320	138
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	33	232	$161,732	$4,901	$697	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	38	38	$15,697	$413	$413	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	47	162	$19,203	$409	$119	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	117	830	$179,396	$1,533	$216	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	17	84	$27,214	$1,601	$324	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	41	140	$31,605	$771	$226	3
Therapy-Family Therapy		90847		Encounter	72	260	$50,937	$707	$196	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	17	192	$13,981	$822	$73	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Pathways

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	101	452	$63,836	$632	$141	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	2	2	$1,022	$511	$511	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	13	$3,506	$3,506	$270	13
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	4	4	$2,279	$570	$570	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	2	35	$2,811	$1,405	$80	18
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Pathways

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Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	2	$145	$145	$73	2
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	1	5	$403	$403	$81	5
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3	3	$1,237	$412	$412	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Pathways

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Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	90	98	$26,621	$296	$272	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	142	166	$38,703	$273	$233	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	1	1	$233	$233	$233	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	1	$79	$79	$79	1
Home Based Services		H0036		15 Minutes	49	7,918	$307,852	$6,283	$39	162
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	8	$48	$48	$6	8
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	110	797	$52,674	$479	$66	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	726	$8,552	$1,710	$12	145
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	9	862	$10,154	$1,128	$12	96
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	272	$1,575	$262	$6	45
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	5	251	$1,453	$291	$6	50
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	366	$52,023	$52,023	$142	366
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	36	187	$14,388	$400	$77	5
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	3	820	$60,959	$20,320	$74	273
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	2	3	$30	$15	$10	2
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	1	1	$421	$421	$421	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	7	4,840	$40,995	$5,856	$8	691
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	58	2,062	$238,759	$4,117	$116	36
Targeted Case Management		T1017		15 minutes	19	827	$60,685	$3,194	$73	44
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	123	180	$34,900	$284	$194	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**380**		**$1,658,409**			

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	38	$7,030	$7,030	$185	38
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	6	35	$21,695	$3,616	$620	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	96	101	$26,918	$280	$267	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	66	90	$7,663	$116	$85	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	248	1,316	$222,723	$898	$169	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	4	$1,022	$256	$256	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	3	$511	$170	$170	1
Therapy-Family Therapy		90847		Encounter	22	59	$9,877	$449	$167	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	3	6	$596	$199	$99	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	120	474	$50,584	$422	$107	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	4	$120	$120	$30	4
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	1	1	$40	$40	$40	1
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	1	1	$203	$203	$203	1
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	1	1	$1,254	$1,254	$1,254	1
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			1	1	$365	$365	$365	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	245	254	$27,033	$110	$106	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	57	1,901	$13,488	$237	$7	33
Assessment		H0031		Encounter	207	213	$34,729	$168	$163	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	250	335	$52,703	$211	$157	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	14	1,957	$83,312	$5,951	$43	140
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	43	268	$11,409	$265	$43	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	27	27	$1,379	$51	$51	1
Health Services		T1002		Up to 15 min	45	89	$4,547	$101	$51	2
Respite Care		T1005		15 Minutes	2	3,099	$12,842	$6,421	$4	1,550
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	6	$307	$154	$51	3
Targeted Case Management		T1017		15 minutes	5	130	$6,641	$1,328	$51	26
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**455**		**$598,991**			

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	415	$182,496	$36,499	$440	83
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	11	76	$50,339	$4,576	$662	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	63	482	$312,510	$4,960	$648	8
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	26	$1,093	$1,093	$42	26
Assessment-Psychiatric Assessment		90801		Encounter	148	152	$24,147	$163	$159	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	57	166	$14,231	$250	$86	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	176	1,253	$126,954	$721	$101	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	21	66	$13,613	$648	$206	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	1	1	$144	$144	$144	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	10	21	$4,522	$452	$215	2
Therapy-Family Therapy		90847		Encounter	128	512	$70,088	$548	$137	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	3	12	$845	$282	$70	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	3	406	$7,560	$2,520	$19	135

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	22	710	$61,933	$2,815	$87	32
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	15	$1,065	$355	$71	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	10	$1,373	$1,373	$137	10
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$43	$43	$43	1
Occupational Therapy		97004		Encounter	1	1	$29	$29	$29	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			6	6	$808	$135	$135	1
Additional Codes-Physician Services		99222			48	54	$6,226	$130	$115	1
Additional Codes-Physician Services		99223			2	2	$341	$171	$171	1
Additional Codes-Physician Services		99231			40	125	$5,834	$146	$47	3
Additional Codes-Physician Services		99232			48	213	$12,141	$253	$57	4
Additional Codes-Physician Services		99233			1	1	$90	$90	$90	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	3	21	$127	$42	$6	7
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			3	3	$80	$27	$27	1
Enhanced Medical Equipment-Supplies		E1399		Items	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	83	112	$12,320	$148	$110	1
Assessment		H0002		Encounter	1	1	$90	$90	$90	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	47	179	$8,950	$190	$50	4

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	7	69	$6,555	$936	$95	10
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	5	$1,377	$1,377	$275	5
Substance Abuse: Residential	1002	H0018		Days	11	240	$56,513	$5,138	$235	22
Substance Abuse: Residential	1002	H0019		Days	1	17	$3,390	$3,390	$199	17
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	258	265	$39,199	$152	$148	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	5	12	$870	$174	$73	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	255	24,294	$1,285,153	$5,040	$53	95
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	6	29	$6,901	$1,150	$238	5
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	2	$380	$380	$190	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	250	1,171	$88,293	$353	$75	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	1	24	$644	$644	$27	24
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	3	624	$15,494	$5,165	$25	208
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	109	$12,853	$12,853	$118	109
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	29	226	$20,308	$700	$90	8
Wraparound		H2022		Days	12	108	$20,541	$1,712	$190	9
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	43	73	$8,760	$204	$120	2
Substance Abuse: Outpatient Care		H2036		Days	1	6	$1,590	$1,590	$265	6
Medication Review		M0064		Encounter Face-to-Face	3	8	$319	$106	$40	3

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	61	555	$57,021	$935	$103	9
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	7	$2,376	$2,376	$339	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	1	5	$81	$81	$16	5
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	159	487	$26,152	$164	$54	3
Respite Care		T1005		15 Minutes	56	33,164	$91,864	$1,640	$3	592
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6	73	$1,854	$309	$25	12
Targeted Case Management		T1017		15 minutes	62	1,768	$61,709	$995	$35	29
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	3	624	$5,778	$1,926	$9	208
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	109	$4,437	$4,437	$41	109
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	224	285	$78,583	$351	$276	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	30	33	$15,477	$516	$469	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**918**		**$2,834,464**			

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	13	89	$44,363	$3,413	$498	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	5	37	$18,443	$3,689	$498	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	36	36	$22,291	$619	$619	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	23	39	$3,495	$152	$90	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	101	708	$79,650	$789	$112	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	12	27	$6,396	$533	$237	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	13	36	$4,039	$311	$112	3
Therapy-Family Therapy		90847		Encounter	49	180	$30,965	$632	$172	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	27	$5,435	$776	$201	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	76	302	$70,311	$925	$233	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	9	$1,649	$275	$183	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	9	240	$56,780	$6,309	$237	27
Assessment		H0031		Encounter	122	136	$34,976	$287	$257	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	108	167	$63,267	$586	$379	2
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	7	8	$642	$92	$80	1
Home Based Services		H0036		15 Minutes	42	5,172	$382,170	$9,099	$74	123
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	2	$79	$79	$40	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	11	68	$3,550	$323	$52	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	7	$54	$54	$8	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	2	71	$525	$263	$7	36
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	8	519	$138,238	$17,280	$266	65
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	15	$4,522	$2,261	$301	8
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	124	426	$25,129	$203	$59	3
Respite Care		T1005		15 Minutes	6	5,222	$15,419	$2,570	$3	870
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	49	1,013	$97,670	$1,993	$96	21
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	12	17	$9,220	$768	$542	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	2	15	$1,604	$802	$107	8
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**170**		**$1,120,882**			

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	27	$5,987	$2,993	$222	14
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	12	83	$53,511	$4,459	$645	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	6	31	$17,795	$2,966	$574	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	54	55	$24,340	$451	$443	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	52	198	$19,063	$367	$96	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	75	319	$64,053	$854	$201	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	3	$652	$217	$217	1
Therapy-Family Therapy		90847		Encounter	101	540	$124,874	$1,236	$231	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	4	$261	$261	$65	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	90	312	$36,662	$407	$118	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	2	$1,849	$1,849	$925	2
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			2	2	$73	$36	$36	1
Additional Codes-Physician Services		99222			6	6	$182	$30	$30	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			8	16	$540	$67	$34	2
Additional Codes-Physician Services		99232			6	16	$509	$85	$32	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	123	124	$34,627	$282	$279	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	46	5,987	$412,641	$8,970	$69	130
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	38	157	$27,238	$717	$173	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	9	7,754	$41,550	$4,617	$5	862
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	13	736	$27,552	$2,119	$37	57
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	4	5	$320	$80	$64	1

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$52	$52	$52	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	11	4,052	$46,265	$4,206	$11	368
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	5	176	$17,814	$3,563	$101	35
Targeted Case Management		T1017		15 minutes	40	937	$97,713	$2,443	$104	23
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	52	66	$56,546	$1,087	$857	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**235**		**$1,112,668**			

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	64	420	$224,824	$3,513	$535	7
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
Crisis Observation Care	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	64	$15,361	$1,280	$240	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	113	121	$24,156	$214	$200	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	140	908	$118,990	$850	$131	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	287	2,570	$327,401	$1,141	$127	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	46	90	$19,529	$425	$217	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	92	267	$40,363	$439	$151	3
Therapy-Family Therapy		90847		Encounter	173	1,146	$170,748	$987	$149	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	70	1,245	$115,316	$1,647	$93	18
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	196	760	$71,229	$363	$94	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	21	$2,675	$535	$127	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	4	4	$3,474	$869	$869	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	3	6	$5,998	$1,999	$1,000	2
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	7	7	$702	$100	$100	1
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	1	1	$129	$129	$129	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	17	355	$62,440	$3,673	$176	21
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	29	831	$113,483	$3,913	$137	29
Assessment		H0031		Encounter	324	617	$122,370	$378	$198	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	148	210	$54,463	$368	$259	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	3	7	$722	$241	$103	2
Home Based Services		H0036		15 Minutes	119	58,551	$1,600,371	$13,448	$27	492
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	14	125	$6,461	$462	$52	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	26	1,547	$7,652	$294	$5	60
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	12	775	$108,731	$9,061	$140	65
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	23	982	$185,831	$8,080	$189	43
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	30	116	$25,386	$846	$219	4
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	64	$189	$189	$3	64
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	5	5	$4,241	$848	$848	1
Health Services		T1002		Up to 15 min	6	20	$1,745	$291	$87	3
Respite Care		T1005		15 Minutes	28	5,426	$31,478	$1,124	$6	194
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	200	6,239	$646,455	$3,232	$104	31
Targeted Case Management		T1017		15 minutes	30	1,092	$76,358	$2,545	$70	36
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	12	775	$11,260	$938	$15	65
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	4	5	$4,586	$1,147	$917	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	31	274	$15,048	$485	$55	9
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**536**		**$4,220,165**			

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	175	$37,498	$37,498	$214	175
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	11	122	$98,157	$8,923	$805	11
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	61	61	$19,341	$317	$317	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	96	514	$24,364	$254	$47	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	196	1,620	$153,187	$782	$95	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	16	29	$4,117	$257	$142	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	1	$94	$94	$94	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	101	390	$30,280	$300	$78	4
Therapy-Family Therapy		90847		Encounter	147	1,355	$115,527	$786	$85	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	18	192	$11,576	$643	$60	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	215	731	$79,036	$368	$108	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	$388	$388	$194	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	113	115	$17,458	$154	$152	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	91	1,237	$127,448	$1,401	$103	14
Assessment		H0031		Encounter	140	147	$32,674	$233	$222	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	77	82	$8,594	$112	$105	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	34	1,524	$55,001	$1,618	$36	45
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	53	492	$32,359	$611	$66	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	14	9,007	$31,074	$2,220	$3	643
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	82	53,659	$148,635	$1,813	$3	654
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	3	150	$7,969	$2,656	$53	50
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	65	248	$18,707	$288	$75	4
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	1	$54	$54	$54	1
Respite Care		T1005		15 Minutes	8	8,215	$34,585	$4,323	$4	1,027
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	114	3,020	$161,872	$1,420	$54	26
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**494**		**$1,249,993**			

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	2	168	$31,080	$15,540	$185	84
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	35	256	$181,559	$5,187	$709	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	6	225	$71,180	$11,863	$316	38
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
Crisis Observation Care	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	2	9	$2,011	$1,006	$223	5
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	440	456	$109,936	$250	$241	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	100	169	$19,139	$191	$113	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	538	2,070	$373,915	$695	$181	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	4	$905	$905	$226	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$186	$186	$186	1
Therapy-Family Therapy		90847		Encounter	100	341	$63,510	$635	$186	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	47	284	$27,629	$588	$97	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	145	378	$31,005	$214	$82	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	1	1	$248	$248	$248	1
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	8	9	$479	$60	$53	1
Additional Codes-Physician Services		99213		Encounter	47	74	$4,594	$98	$62	2
Additional Codes-Physician Services		99214		Encounter	2	2	$195	$98	$98	1
Additional Codes-Physician Services		99215		Encounter	1	1	$124	$124	$124	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	1	1	$275	$275	$275	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	8	10	$11,037	$1,380	$1,104	1
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	78	90	$15,253	$196	$169	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	190	191	$47,113	$248	$247	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	188	33,742	$1,153,308	$6,135	$34	179
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	13	168	$41,247	$3,173	$246	13
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	42	369	$36,762	$875	$100	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	16	3,190	$32,626	$2,039	$10	199
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	58	$14,508	$14,508	$250	58
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	1	2	$28	$28	$14	2
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	20	3,270	$17,328	$866	$5	164
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	87	$4,350	$2,175	$50	44
Targeted Case Management		T1017		15 minutes	24	783	$38,250	$1,594	$49	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	58	$1,262	$1,262	$22	58
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	2	2	$110	$55	$55	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	2	2	$13	$7	$7	1
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**1,029**		**$2,331,166**			

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	5	24	$16,334	$3,267	$681	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	10	59	$43,218	$4,322	$733	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	99	103	$36,001	$364	$350	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	10	19	$1,854	$185	$98	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	86	327	$41,106	$478	$126	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$462	$231	$231	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	3	5	$955	$318	$191	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	3	$113	$113	$38	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	113	469	$68,623	$607	$146	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	4	$459	$459	$115	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	2	2	$324	$162	$162	1
Additional Codes-Physician Services		99214		Encounter	22	22	$4,952	$225	$225	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			2	2	$117	$59	$59	1
Additional Codes-Physician Services		99222			11	13	$1,631	$148	$125	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			10	23	$980	$98	$43	2
Additional Codes-Physician Services		99232			11	42	$1,474	$134	$35	4
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	68	70	$13,752	$202	$196	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	52	57	$11,571	$223	$203	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	100	11,536	$535,916	$5,359	$46	115
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	16	87	$5,900	$369	$68	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	347	$114,945	$114,945	$331	347
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	5	525	$3,093	$619	$6	105
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2	36	$3,652	$1,826	$101	18
Targeted Case Management		T1017		15 minutes	38	1,256	$77,955	$2,051	$62	33
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	33	40	$11,223	$340	$281	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	12	78	$729	$61	$9	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**241**		**$997,338**			

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	15	83	$49,029	$3,269	$591	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	41	41	$14,021	$342	$342	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	77	228	$15,594	$203	$68	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	139	651	$89,880	$647	$138	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	9	32	$4,183	$465	$131	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	31	43	$5,198	$168	$121	1
Therapy-Family Therapy		90847		Encounter	77	203	$24,747	$321	$122	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	36	221	$12,092	$336	$55	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	94	341	$29,154	$310	$85	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	77	$10,533	$658	$137	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	104	106	$10,875	$105	$103	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	6	82	$30,641	$5,107	$374	14
Assessment		H0031		Encounter	115	118	$24,212	$211	$205	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	89	108	$14,774	$166	$137	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	12	1,588	$152,058	$12,672	$96	132
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	2	4	$1,488	$744	$372	2
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	40	144	$4,925	$123	$34	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3	82	$673	$224	$8	27
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	51	3,341	$27,421	$538	$8	66
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	92	5,907	$565,622	$6,148	$96	64
Wraparound		H2022		Days	3	65	$37,344	$12,448	$575	22
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	4	14	$2,873	$718	$205	4
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	11	1,732	$14,215	$1,292	$8	157
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3	23	$2,202	$734	$96	8
Targeted Case Management		T1017		15 minutes	40	1,985	$190,073	$4,752	$96	50
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	13	16	$3,283	$253	$205	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**414**		**$1,337,110**			

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	5	382	$132,894	$26,579	$348	76
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	16	128	$97,414	$6,088	$761	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	56	465	$353,888	$6,319	$761	8
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
Crisis Observation Care	0762			Hour	0	0	$0	$0	$0	0
Additional Codes-ECT Facility Charge	0901			Encounter	1	23	$21,673	$21,673	$942	23
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	3	17	$4,623	$1,541	$272	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	9	$718	$718	$80	9
Assessment-Psychiatric Assessment		90801		Encounter	187	261	$253,499	$1,356	$971	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	2	5	$3,718	$1,859	$744	3
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	4	$562	$141	$141	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	18	$4,905	$981	$273	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	26	131	$9,162	$352	$70	5
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	3	3	$173	$58	$58	1
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	1	$82	$82	$82	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	8	16	$2,009	$251	$126	2
Therapy-Family Therapy		90847		Encounter	342	3,270	$840,030	$2,456	$257	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	4	4	$578	$145	$145	1
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	15	117	$18,160	$1,211	$155	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	9	41	$2,388	$265	$58	5
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	232	1,191	$115,289	$497	$97	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	4	4	$200	$50	$50	1
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	1	$760	$760	$760	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	2	7	$7,347	$3,674	$1,050	4
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$2,026	$1,013	$1,013	1
Occupational Therapy		97004		Encounter	1	1	$1,153	$1,153	$1,153	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	2	11	$1,897	$949	$172	6
Substance Abuse: Individual Assessment		H0001		Encounter	13	13	$995	$77	$77	1
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	10	13	$2,026	$203	$156	1

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	3	18	$443	$148	$25	6
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	10	29	$3,621	$362	$125	3
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	10	257	$35,381	$3,538	$138	26
Substance Abuse: Residential	1002	H0019		Days	2	99	$8,162	$4,081	$82	50
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	58	78	$15,239	$263	$195	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	142	168	$13,677	$96	$81	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	17	2,104	$101,938	$5,996	$48	124
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	13	40	$755	$58	$19	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	7	22,477	$82,715	$11,816	$4	3,211
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	1	78	$8,239	$8,239	$106	78
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	12	349	$58,018	$4,835	$166	29
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	3	20	$8,103	$2,701	$405	7
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	7	$2,658	$2,658	$380	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	2	$327	$327	$164	2
Health Services		T1002		Up to 15 min	4	29	$2,848	$712	$98	7
Respite Care		T1005		15 Minutes	38	28,743	$78,181	$2,057	$3	756
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	8	94	$10,341	$1,293	$110	12
Targeted Case Management		T1017		15 minutes	209	2,313	$154,601	$740	$67	11
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	12	51	$3,409	$284	$67	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	58	$1,116	$1,116	$19	58
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	20	$1,062	$1,062	$53	20
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	129	192	$26,049	$202	$136	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**537**		**$2,495,052**			

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	20	147	$111,020	$5,551	$755	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	101	115	$45,067	$446	$392	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	22	32	$2,134	$97	$67	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	159	1,231	$164,166	$1,032	$133	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	5	6	$1,200	$240	$200	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	41	122	$15,584	$380	$128	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	73	335	$41,302	$566	$123	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	168	692	$128,200	$763	$185	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	14	31	$6,671	$477	$215	2
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	17	77	$12,711	$748	$165	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	237	257	$92,700	$391	$361	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	167	171	$25,004	$150	$146	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	40	11,712	$554,563	$13,864	$47	293
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	4	$159	$159	$40	4
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	TS	Encounter	2	5	$310	$155	$62	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	74	527	$31,615	$427	$60	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	134	11,614	$83,272	$621	$7	87
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	27	8,146	$57,511	$2,130	$7	302
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	7	219	$2,183	$312	$10	31
Supported Employment Services		H2023	TT	15 Minutes	49	13,505	$49,428	$1,009	$4	276
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	23	23	$2,526	$110	$110	1

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	154	935	$175,687	$1,141	$188	6
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	76	19,147	$30,252	$398	$2	252
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	3	10	$777	$259	$78	3
Respite Care		T1005		15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	51	1,010	$39,895	$782	$40	20
Targeted Case Management		T1017		15 minutes	213	6,819	$370,817	$1,741	$54	32
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	21	22	$3,207	$153	$146	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1	12	$110	$110	$9	12
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					1	0	$135	$135	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**501**		**$2,048,208**			

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		PT22	Days	1	81	$20,250	$20,250	$250	81
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		PT65	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		PT68	Days	3	26	$21,005	$7,002	$808	9
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		PT73	Days	1	5	$3,215	$3,215	$643	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	20	21	$5,694	$285	$271	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$205	$205	$205	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	11	$1,307	$1,307	$119	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90806		Encounter 45-50 Min	120	537	$107,030	$892	$199	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$359	$359	$359	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	5	$897	$448	$179	3
Therapy-Family Therapy		90847		Encounter	29	109	$26,074	$899	$239	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849	HS	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	29	37	$7,515	$259	$203	1
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	2	$477	$477	$239	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	56	$3,349	$3,349	$60	56
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			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	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	18	18	$3,402	$189	$189	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	114	121	$22,938	$201	$190	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	7	7	$818	$117	$117	1
Monitoring of Treatment - Physician		H0032	TS	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	50	73	$7,482	$150	$102	1
Home Based Services		H0036		15 Minutes	9	2,333	$86,920	$9,658	$37	259
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	TT	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TD	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	TE	Per Diem	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1	1	$148	$148	$148	1
Monitoring Activities		H2000	TS	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	19	84	$4,069	$214	$48	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	6	4,925	$16,499	$2,750	$3	821
Community Living Supports (15 Minutes)		H2015	TT	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	TF	Per Diem	1	367	$22,245	$22,245	$61	367
Community Living Supports (Daily)		H2016	TG	Per Diem	0	0	$0	$0	$0	0
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	10	1,647	$67,442	$6,744	$41	165
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	TT	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	47	120	$16,399	$349	$137	3

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
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	2	3	$408	$204	$136	2
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TD	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	TE	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	2	2	$205	$103	$103	1
Respite Care		T1005		15 Minutes	10	3,152	$12,230	$1,223	$4	315
Respite Care		T1005	TD	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	TE	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	0	0	$0	$0	$0	0
Targeted Case Management		T1017		15 minutes	54	1,888	$107,654	$1,994	$57	35
Nursing Home Mental Health Monitoring		T1017	SE	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	TF	Days	1	366	$22,611	$22,611	$62	366
Personal Care in Licensed Specialized Residential Setting		T1020	TG	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	21	21	$3,970	$189	$189	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	28	157	$8,812	$315	$56	6
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Total Population and Cost					**251**		**$601,629**			

SECTION 404 (2) (c) Part 4
TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP
FY 2008

Persons with Developmental Disabilities (DD)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2008 MDCH/CMHSP contract. Cost data were collected from October 1, 2007 to September 30, 2008 and submitted to MDCH by January 31, 2009. The data in this section represent the total costs associated with providing services to persons with developmental disabilities (DD) by service category for each of the 46 CMHSPs within the State of Michigan. Persons with developmental disabilities include adults and children.

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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	68	$26,350	$26,350	$388	68
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	366	$75,804	$75,804	$207	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	39	$26,793	$26,793	$687	39
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	8	77	$9,012	$1,127	$117	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	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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	46	$3,087	$1,029	$67	15
Assessment-Psychiatric Assessment		90801		Encounter	33	33	$6,831	$207	$207	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	45	249	$19,648	$437	$79	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	40	210	$30,079	$752	$143	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	5	$1,169	$292	$234	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	7	$888	$296	$127	2
Therapy-Family Therapy		90847		Encounter	7	82	$10,321	$1,474	$126	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	5	68	$10,639	$2,128	$156	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	62	205	$21,982	$355	$107	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	5	6	$1,567	$313	$261	1
Speech & Language Therapy		92507		Encounter	2	14	$3,155	$1,578	$225	7
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	3	$545	$545	$182	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1	1	$148	$148	$148	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$368	$184	$184	1
Occupational Therapy		97004		Encounter	28	30	$4,210	$150	$140	1
Occupational or Physical Therapy		97110		15 Minutes	21	81	$3,434	$164	$42	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	8	18	$736	$92	$41	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	3	5	$204	$68	$41	2
Occupational or Physical Therapy		97535		15 Minutes	4	8	$327	$82	$41	2
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	2	6	$245	$123	$41	3
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	2	2	$82	$41	$41	1
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	1	9	$368	$368	$41	9
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	11	20	$6,844	$622	$342	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	29	30	$5,363	$185	$179	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	124	310	$34,089	$275	$110	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	25	8,648	$1,133,156	$45,326	$131	346
Respite		H0045		Per Diem	4	53	$3,260	$815	$62	13
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Allegan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	31	75	$19,098	$616	$255	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	2	10	$932	$466	$93	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	78	54,625	$618,888	$7,934	$11	700
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	21	39,851	$110,281	$5,251	$3	1,898
Community Living Supports (15 Minutes)		H2015		15 Minutes	193	514,139	$1,902,935	$9,860	$4	2,664
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	5	74,333	$123,014	$24,603	$2	14,867
Community Living Supports (Daily)		H2016		Per Diem	8	2,389	$69,651	$8,706	$29	299
Community Living Supports (Daily)		H2016	*TF*	Per Diem	13	3,498	$95,083	$7,314	$27	269
Community Living Supports (Daily)		H2016	*TG*	Per Diem	27	8,227	$714,321	$26,456	$87	305
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	1	36	$1,366	$1,366	$38	36
Supported Employment Services		H2023		15 minutes	165	30,430	$888,688	$5,386	$29	184
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	69	278	$22,431	$325	$81	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	4	44	$21,929	$5,482	$498	11
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	58	32,996	$29,609	$511	$1	569
Respite		S5151		Per Diem	2	7	$250	$125	$36	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	$523	$523	$44	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	6	8	$777	$130	$97	1
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	1	2,558	$87,884	$87,884	$34	2,558
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	1	920	$31,621	$31,621	$34	920
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	59	65	$6,343	$108	$98	1
Health Services		T1002		Up to 15 min	59	1,796	$31,399	$532	$17	30
Respite Care		T1005		15 Minutes	27	9,066	$21,693	$803	$2	336
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	369	13,187	$1,249,398	$3,386	$95	36
Targeted Case Management		T1017		15 minutes	1	12	$6,610	$6,610	$551	12
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	2,262	$11,849	$1,077	$5	206
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	12	3,296	$100,000	$8,333	$30	275
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	24	8,197	$790,167	$32,924	$96	342
Assessments		T1023		Encounter	9	14	$2,323	$258	$166	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	96	814	$69,555	$725	$85	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$455	$455	$455	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			4	0	$3,061	$765	$0	0
Total Population and Cost					**398**		**$8,472,838**			

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	16	$3,233	$3,233	$202	16
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	73	80	$13,542	$186	$169	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	23	164	$10,037	$436	$61	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	16	81	$8,262	$516	$102	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	3	21	$2,614	$871	$124	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	89	244	$20,321	$228	$83	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	20	60	$4,795	$240	$80	3
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	4	$498	$249	$125	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	5	5	$622	$124	$124	1
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	3	5	$400	$133	$80	2
Occupational Therapy		97004		Encounter	2	2	$160	$80	$80	1
Occupational or Physical Therapy		97110		15 Minutes	4	14	$198	$50	$14	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$124	$124	$124	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	6	6	$952	$159	$159	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	33	5	$622	$19	$124	0
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	102	105	$13,068	$128	$124	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	42	10,952	$2,012,793	$47,924	$184	261
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	5	7	$942	$188	$135	1
Monitoring Activities		H2000	*TS*	Encounter	5	6	$808	$162	$135	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	7	48	$1,482	$212	$31	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	23	364	$1,762	$77	$5	16
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	23	2,856	$13,822	$601	$5	124
Community Living Supports (15 Minutes)		H2015		15 Minutes	115	74,143	$335,299	$2,916	$5	645
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	115	172,556	$774,477	$6,735	$4	1,500
Community Living Supports (Daily)		H2016		Per Diem	2	108	$16,447	$8,224	$152	54
Community Living Supports (Daily)		H2016	*TF*	Per Diem	1	3,467	$586,595	$586,595	$169	3,467
Community Living Supports (Daily)		H2016	*TG*	Per Diem	15	9,526	$1,890,196	$126,013	$198	635
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	74	10,978	$53,129	$718	$5	148
Supported Employment Services		H2023	*TT*	15 Minutes	70	18,321	$88,667	$1,267	$5	262
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	21	46,552	$39,572	$1,884	$1	2,217
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

AuSable Valley

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	1	1	$14	$14	$14	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	75	291	$16,333	$218	$56	4
Health Services		T1002		Up to 15 min	74	800	$11,225	$152	$14	11
Respite Care		T1005		15 Minutes	2	6,213	$28,194	$14,097	$5	3,107
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	60	824	$43,325	$722	$53	14
Targeted Case Management		T1017		15 minutes	158	2,146	$194,582	$1,232	$91	14
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	7,766	$79,570	$2,947	$10	288
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	4	1,498	$49,594	$12,399	$33	375
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	11	3,831	$219,795	$19,981	$57	348
Assessments		T1023		Encounter	6	6	$747	$125	$125	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	12	$1,700	$1,700	$142	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**229**		**$6,540,518**			

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	114	$21,204	$21,204	$186	114
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	39	$23,560	$23,560	$604	39
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	4	5	$788	$197	$158	1
Assessment-Psychiatric Assessment		90801		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	29	71	$4,677	$161	$66	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	41	175	$22,836	$557	$130	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	4	$795	$398	$199	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	22	70	$7,879	$358	$113	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	51	$2,156	$308	$42	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	39	150	$7,830	$201	$52	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	6	6	$1,309	$218	$218	1
Speech & Language Therapy		92507		Encounter	6	13	$709	$118	$55	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	2	6	$791	$396	$132	3
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	14	14	$1,379	$99	$99	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	23	919	$8,843	$384	$10	40
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99241		Encounter	1	1	$51	$51	$51	1
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	2	27	$1,083	$542	$40	14
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	16	16	$3,221	$201	$201	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	104	149	$14,517	$140	$97	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	124	174	$24,371	$197	$140	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	143	$9,952	$9,952	$70	143
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	360	$11,270	$1,610	$31	51
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	1	$225	$225	$225	1
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	21	79	$7,844	$374	$99	4
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	8	54	$3,376	$422	$63	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	78	115,832	$639,341	$8,197	$6	1,485
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	5	1,960	$118,591	$23,718	$61	392
Community Living Supports (Daily)		H2016	*TF*	Per Diem	4	93	$65,052	$16,263	$699	23
Community Living Supports (Daily)		H2016	*TG*	Per Diem	12	5,141	$582,633	$48,553	$113	428
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	1	24	$244	$244	$10	24
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	7	$646	$646	$92	7
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	40	10,832	$66,418	$1,660	$6	271
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	28	242	$3,515	$126	$15	9
Health Services		S9446		Encounter	24	766	$27,189	$1,133	$35	32

Barry

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	1	2	$1,025	$1,025	$513	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	1	32	$360	$360	$11	32
Private Duty Nursing		T1000	*TE*	Up to 15 min	1	13	$114	$114	$9	13
Assessment		T1001		Encounter	29	29	$7,872	$271	$271	1
Health Services		T1002		Up to 15 min	1	2	$45	$45	$23	2
Respite Care		T1005		15 Minutes	3	5,809	$23,831	$7,944	$4	1,936
Respite Care		T1005	*TD*	15 Minutes	2	916	$6,746	$3,373	$7	458
Respite Care		T1005	*TE*	15 Minutes	2	648	$5,158	$2,579	$8	324
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	1	3	$592	$592	$197	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	70	652	$76,066	$1,087	$117	9
Targeted Case Management		T1017		15 minutes	102	1,341	$109,461	$1,073	$82	13
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	11	139	$12,400	$1,127	$89	13
Personal Care in Licensed Specialized Residential Setting		T1020		Days	5	1,960	$25,117	$5,023	$13	392
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	4	93	$64,688	$16,172	$696	23
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	12	5,141	$141,126	$11,761	$27	428
Assessments		T1023		Encounter	5	6	$5,521	$1,104	$920	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	62	4,828	$89,124	$1,437	$18	78
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	25	$3,128	$3,128	$125	25
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**187**		**$2,256,669**			

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	204	$110,568	$110,568	$542	204
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	732	$150,792	$75,396	$206	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	11	60	$16,723	$1,520	$279	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	6	37	$1,282	$214	$35	6
Assessment-Psychiatric Assessment		90801		Encounter	90	95	$10,296	$114	$108	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$168	$168	$168	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	23	54	$3,288	$143	$61	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	77	760	$53,949	$701	$71	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	16	56	$9,253	$578	$165	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	7	18	$1,347	$192	$75	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	6	54	$1,948	$325	$36	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	248	1,485	$63,104	$254	$42	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	24	$4,325	$541	$180	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	55	57	$4,891	$89	$86	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	26	29	$11,900	$458	$410	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	56	1,104	$25,064	$448	$23	20
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	61	487	$25,919	$425	$53	8
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	179	3,827	$63,408	$354	$17	21
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	19	23	$154	$8	$7	1
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	1	1	$47	$47	$47	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			9	9	$942	$105	$105	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			9	23	$582	$65	$25	3
Additional Codes-Physician Services		99232			1	1	$0	$0	$0	1
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	6	7	$324	$54	$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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	$147	$73	$73	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	6	6	$1,224	$204	$204	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	106	110	$12,966	$122	$118	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	208	1,032	$109,568	$527	$106	5
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	66	343	$37,577	$569	$110	5
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	4	225	$12,102	$3,026	$54	56
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	1,290	$13,002	$1,083	$10	108
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	110	$12,325	$6,163	$112	55
Community Living Supports in Independent living/own home		H0043		Per diem	41	9,648	$819,316	$19,983	$85	235
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	24	625	$60,116	$2,505	$96	26
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	32	36	$6,610	$207	$184	1
Monitoring Activities		H2000	*TS*	Encounter	57	57	$11,815	$207	$207	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	159	1,886	$35,097	$221	$19	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	324	856,951	$1,331,853	$4,111	$2	2,645
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	106	356,686	$1,917,319	$18,088	$5	3,365
Community Living Supports (15 Minutes)		H2015		15 Minutes	56	265,255	$1,015,052	$18,126	$4	4,737
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	23	9,198	$35,309	$1,535	$4	400
Community Living Supports (Daily)		H2016		Per Diem	1	361	$13,772	$13,772	$38	361
Community Living Supports (Daily)		H2016	*TF*	Per Diem	52	13,161	$846,233	$16,274	$64	253
Community Living Supports (Daily)		H2016	*TG*	Per Diem	132	39,274	$4,498,997	$34,083	$115	298
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	133	21,976	$127,761	$961	$6	165
Supported Employment Services		H2023	*TT*	15 Minutes	145	89,554	$241,196	$1,663	$3	618
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	16	19,457	$47,572	$2,973	$2	1,216
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	19	38	$14,234	$749	$375	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	1	7	$1,809	$1,809	$258	7
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Bay-Arenac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	162	172	$20,632	$127	$120	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	3	18	$2,024	$675	$112	6
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	195	202	$14,691	$75	$73	1
Health Services		T1002		Up to 15 min	229	15,712	$318,778	$1,392	$20	69
Respite Care		T1005		15 Minutes	126	134,354	$285,242	$2,264	$2	1,066
Respite Care		T1005	*TD*	15 Minutes	2	1,460	$9,050	$4,525	$6	730
Respite Care		T1005	*TE*	15 Minutes	2	3,487	$18,235	$9,118	$5	1,744
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	508	16,702	$1,728,527	$3,403	$103	33
Targeted Case Management		T1017		15 minutes	65	1,549	$92,785	$1,427	$60	24
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	4	122	$8,493	$2,123	$70	31
Personal Care in Licensed Specialized Residential Setting		T1020		Days	99	29,331	$547,053	$5,526	$19	296
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	46	14,680	$818,085	$17,784	$56	319
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	27	7,838	$718,218	$26,601	$92	290
Assessments		T1023		Encounter	33	45	$35,422	$1,073	$787	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	143	1,362	$53,418	$374	$39	10
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	33	4,119	$105,083	$3,184	$26	125
Transportation		T2003		Encounter / Trip	309	102,567	$508,427	$1,645	$5	332
Transportation		T2004		Encounter	16	4,000	$4,445	$278	$1	250
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	17	$5,724	$2,862	$337	9
Fiscal Intermediary Services		T2025		Month	20	186	$21,774	$1,089	$117	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	5	10	$4,429	$886	$443	2
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$8	$8	$0	0
Total Population and Cost					**712**		**$17,103,791**			

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	4	1,244	$215,212	$53,803	$173	311
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	3	18	$13,169	$4,390	$732	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	11	278	$161,113	$14,647	$580	25
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	24	303	$26,527	$1,105	$88	13
Assessment-Psychiatric Assessment		90801		Encounter	234	287	$106,043	$453	$369	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	26	62	$9,630	$370	$155	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	124	748	$157,834	$1,273	$211	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	6	14	$2,173	$362	$155	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$315	$315	$315	1
Therapy-Family Therapy		90847		Encounter	12	65	$14,535	$1,211	$224	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	8	$1,261	$1,261	$158	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	408	1,744	$292,112	$716	$167	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	3	3	$690	$230	$230	1
Speech & Language Therapy		92507		Encounter	4	38	$2,280	$570	$60	10
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	4	$630	$630	$158	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	11	11	$1,720	$156	$156	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	1	$180	$180	$180	1
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	5	22	$613	$123	$28	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	6	$105	$105	$18	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

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	11	128	$8,448	$768	$66	12
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	3	4	$210	$70	$53	1
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	57	61	$16,022	$281	$263	1
Additional Codes-Physician Services		99215		Encounter	4	5	$1,970	$492	$394	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			16	20	$2,100	$131	$105	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			18	241	$9,030	$502	$37	13
Additional Codes-Physician Services		99232			3	3	$150	$50	$50	1
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	17	19	$665	$39	$35	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$175	$88	$88	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1	2	$208	$208	$104	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1	3	$300	$300	$100	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	23	2,280	$199,612	$8,679	$88	99
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	276	$7,249	$1,036	$26	39
Peer Directed and Operated Support Services		NA			0	0	$146,001	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	7	896	$86,289	$12,327	$96	128
Community Living Supports in Independent living/own home		H0043		Per diem	65	14,318	$2,421,448	$37,253	$169	220
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	73	323	$37,893	$519	$117	4
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4	27	$1,040	$260	$39	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	139	596,692	$1,461,954	$10,518	$2	4,293
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	255	555,928	$1,825,672	$7,159	$3	2,180
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	24	7,131	$409,800	$17,075	$57	297
Community Living Supports (Daily)		H2016	*TF*	Per Diem	33	8,014	$339,220	$10,279	$42	243
Community Living Supports (Daily)		H2016	*TG*	Per Diem	96	29,070	$3,611,627	$37,621	$124	303
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	69	36,590	$204,316	$2,961	$6	530
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	22	33,151	$476,565	$21,662	$14	1,507
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	6	27	$5,673	$946	$210	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	358	$178,284	$178,284	$498	358
Respite		S5150		15 Minutes	5	2,828	$6,481	$1,296	$2	566
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$5,490	$5,490	$5,490	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	1	22	$713	$713	$32	22
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	1	4,536	$125,058	$125,058	$28	4,536
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Berrien

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	70	128	$33,619	$480	$263	2
Health Services		T1002		Up to 15 min	77	224	$8,786	$114	$39	3
Respite Care		T1005		15 Minutes	8	7,958	$26,531	$3,316	$3	995
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	517	11,263	$1,170,490	$2,264	$104	22
Targeted Case Management		T1017		15 minutes	58	1,178	$113,446	$1,956	$96	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	6	39	$3,414	$569	$88	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	81	23,166	$297,741	$3,676	$13	286
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	46	12,148	$614,224	$13,353	$51	264
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	38	8,905	$810,631	$21,332	$91	234
Assessments		T1023		Encounter	49	78	$20,487	$418	$263	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	69	589	$58,900	$854	$100	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			17	0	$40,101	$2,359	$0	0
Total Population and Cost					**777**		**$15,794,175**			

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	9	1,842	$698,667	$77,630	$379	205
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	11	59	$3,866	$351	$66	5
Assessment-Psychiatric Assessment		90801		Encounter	55	55	$25,427	$462	$462	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	17	53	$10,406	$612	$196	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	21	178	$44,559	$2,122	$250	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$966	$322	$322	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	1	$1,488	$1,488	$1,488	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	2	$368	$368	$184	2
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	4	22	$3,446	$862	$157	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	110	157	$56,281	$512	$358	1
Speech & Language Therapy		92506		Encounter	126	145	$40,646	$323	$280	1
Speech & Language Therapy		92507		Encounter	335	263	$113,136	$338	$430	1
Speech & Language Therapy		92508		Encounter	15	377	$30,656	$2,044	$81	25
Speech & Language Therapy		92526		Encounter	88	166	$25,544	$290	$154	2
Speech & Language Therapy		92610		Encounter	34	36	$11,257	$331	$313	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	60	76	$19,008	$317	$250	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1	1	$120	$120	$120	1
Assessments-Other		96111		Encounter	4	4	$2,868	$717	$717	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	22	24	$11,192	$509	$466	1
Occupational Therapy		97004		Encounter	187	216	$53,232	$285	$246	1
Occupational or Physical Therapy		97110		15 Minutes	36	647	$33,989	$944	$53	18
Occupational or Physical Therapy		97112		15 Minutes	1	6	$664	$664	$111	6
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	11	33	$1,295	$118	$39	3
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	4	289	$13,642	$3,411	$47	72
Occupational or Physical Therapy		97532		15 Minutes	2	2	$114	$57	$57	1
Occupational or Physical Therapy		97533		15 Minutes	14	636	$59,989	$4,285	$94	45
Occupational or Physical Therapy		97535		15 Minutes	28	341	$20,967	$749	$61	12
Occupational or Physical Therapy		97537		15 Minutes	4	33	$1,543	$386	$47	8
Occupational or Physical Therapy		97542		15 Minutes	5	27	$1,137	$227	$42	5
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	5	39	$2,032	$406	$52	8
Occupational Therapy		97755		15 Minutes	31	163	$6,933	$224	$43	5
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	3	19	$633	$211	$33	6
C/O for Orthotic/Prosth Use		97762		15 minutes	13	79	$3,652	$281	$46	6
Assessment or Health Services		97802		15 Minutes	254	681	$31,089	$122	$46	3
Assessment or Health Services		97803		15 Minutes	143	531	$15,343	$107	$29	4
Health Services		97804		30 Minutes	13	1,396	$19,380	$1,491	$14	107
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	3	6	$255	$85	$43	2
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	1	13	$700	$700	$54	13
Activity Therapy (Children's Waiver)		G0176		Encounter	25	673	$9,199	$368	$14	27
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	8	8	$3,249	$406	$406	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	504	691	$724,256	$1,437	$1,048	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	5	47	$5,258	$1,052	$112	9
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	4	$140	$140	$35	4
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	31	474	$112,418	$3,626	$237	15
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	2	2	$1,325	$663	$663	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3	20	$1,536	$512	$77	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	616	2,005,072	$11,778,642	$19,121	$6	3,255
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	418	1,891,160	$11,063,780	$26,468	$6	4,524
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	127	39,416	$430,058	$3,386	$11	310
Community Living Supports (Daily)		H2016	*TF*	Per Diem	148	45,925	$1,286,717	$8,694	$28	310
Community Living Supports (Daily)		H2016	*TG*	Per Diem	174	55,442	$3,592,423	$20,646	$65	319
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	2	$146	$146	$73	2
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	87	8,722	$590,284	$6,785	$68	100
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	394	1,888	$216,042	$548	$114	5
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	43	302	$10,009	$233	$33	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	49	345	$6,362	$130	$18	7
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	2	732	$18,262	$9,131	$25	366
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	58	3,450	$15,720	$271	$5	59
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	2	$62	$62	$31	2
Environmental Modification		S5165		Service	2	2	$36	$18	$18	1
Enhanced Medical Equipment-Supplies		S5199		Items	9	14	$1,605	$178	$115	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	8	10	$990	$124	$99	1
Health Services		S9446		Encounter	4	4	$376	$94	$94	1

Clinton Eaton Ingham

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	23	33	$2,795	$122	$85	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	2	4,580	$13,162	$6,581	$3	2,290
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	237	256	$38,104	$161	$149	1
Health Services		T1002		Up to 15 min	474	2,723	$154,843	$327	$57	6
Respite Care		T1005		15 Minutes	502	370,230	$2,016,625	$4,017	$5	738
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	260	6,774	$1,242,898	$4,780	$183	26
Targeted Case Management		T1017		15 minutes	1,108	31,782	$2,610,560	$2,356	$82	29
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	270	84,528	$375,503	$1,391	$4	313
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	77	25,879	$703,395	$9,135	$27	336
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	93	30,398	$1,962,797	$21,105	$65	327
Assessments		T1023		Encounter	501	744	$432,725	$864	$582	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	22	102	$3,619	$165	$35	5
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	1	3	$146	$146	$49	3
Targeted Case Management (Children's Waiver)		T2023		Month	75	450	$92,430	$1,232	$205	6
Fiscal Intermediary Services		T2025		Month	256	1,539	$14,993	$59	$10	6
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,462**		**$40,899,980**			

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	13	$5,633	$2,817	$433	7
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	12	2,214	$521,954	$43,496	$236	185
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	8	128	$3,272	$409	$26	16
Assessment-Psychiatric Assessment		90801		Encounter	40	43	$8,525	$213	$198	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	13	18	$913	$70	$51	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	12	12	$1,526	$127	$127	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	61	550	$51,480	$844	$94	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	3	3	$451	$150	$150	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$410	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	4	5	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	10	71	$3,132	$313	$44	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	261	852	$96,839	$371	$114	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	17	36	$5,503	$324	$153	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$175	$175	$175	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	18	18	$2,814	$156	$156	1
Occupational Therapy		97004		Encounter	95	95	$11,411	$120	$120	1
Occupational or Physical Therapy		97110		15 Minutes	50	196	$6,458	$129	$33	4
Occupational or Physical Therapy		97112		15 Minutes	4	13	$371	$93	$29	3
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	58	182	$5,107	$88	$28	3
Occupational or Physical Therapy		97535		15 Minutes	15	50	$1,464	$98	$29	3
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	24	77	$2,106	$88	$27	3
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	2	$50	$50	$25	2
Assessment or Health Services		97803		15 Minutes	1	4	$119	$119	$30	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$111	$111	$111	1
Additional Codes-Physician Services		99223			1	1	$168	$168	$168	1
Additional Codes-Physician Services		99231			3	16	$522	$174	$33	5
Additional Codes-Physician Services		99232			2	4	$241	$121	$60	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	2	2	$207	$104	$104	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	2	$76	$38	$38	1
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	6	13	$3,667	$611	$282	2
Assessment		H0031		Encounter	17	17	$2,140	$126	$126	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	80	84	$14,366	$180	$171	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	9	11	$434	$48	$39	1
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	760	$2,759	$345	$4	95
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	520	$33,899	$16,950	$65	260
Community Living Supports in Independent living/own home		H0043		Per diem	48	6,600	$361,548	$7,532	$55	138
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	13	96	$3,188	$245	$33	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	580	1,428,969	$3,115,152	$5,371	$2	2,464
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	964	3,773,127	$11,243,918	$11,664	$3	3,914
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	110	36,040	$765,490	$6,959	$21	328
Community Living Supports (Daily)		H2016	*TF*	Per Diem	123	37,306	$1,811,206	$14,725	$49	303
Community Living Supports (Daily)		H2016	*TG*	Per Diem	159	47,872	$5,300,388	$33,336	$111	301
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	66	$6,608	$6,608	$100	66
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	300	546,217	$1,256,299	$4,188	$2	1,821
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	11,631	$36,056	$4,006	$3	1,292
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	157	358	$29,299	$187	$82	2
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	156	1,743	$770,249	$4,937	$442	11
Environmental Modification		S5165		Service	4	5	$1,855	$464	$371	1
Enhanced Medical Equipment-Supplies		S5199		Items	4	4	$1,063	$266	$266	1
Occupational or Physical Therapy		S8990		Encounter	52	83,447	$192,763	$3,707	$2	1,605
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	1	499	$16,831	$16,831	$34	499
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	3	8,204	$222,082	$74,027	$27	2,735
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	3	3	$248	$83	$83	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

CMH for Central Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	2	2	$150	$75	$75	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	18	18	$4,050	$225	$225	1
Health Services		T1002		Up to 15 min	319	2,030	$110,777	$347	$55	6
Respite Care		T1005		15 Minutes	147	106,885	$123,987	$843	$1	727
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	1	411	$2,610	$2,610	$6	411
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,038	42,542	$3,191,075	$3,074	$75	41
Targeted Case Management		T1017		15 minutes	135	2,644	$198,274	$1,469	$75	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	165	48,429	$764,210	$4,632	$16	294
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	104	34,139	$1,595,998	$15,346	$47	328
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	125	39,288	$4,029,377	$32,235	$103	314
Assessments		T1023		Encounter	6	7	$1,126	$188	$161	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	24	$716	$143	$30	5
Transportation		T2001		Encounter	1	1	$0	$0	$0	1
Transportation		T2002		Per Diem	713	481,897	$901,147	$1,264	$2	676
Transportation		T2003		Encounter / Trip	1	192	$3,297	$3,297	$17	192
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	83	821	$70,294	$847	$86	10
Enhanced Medical Equipment-Supplies		T2028		Items	5	36	$2,041	$408	$57	7
Enhanced Medical Equipment-Supplies		T2029		Items	37	47	$52,085	$1,408	$1,108	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	16	18	$8,117	$507	$451	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	1	2	$294	$294	$147	2
Housing Assistance		T2038		Month	19	76	$27,772	$1,462	$365	4
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					19	0	$13,165	$693	$0	0
Aggregate for 'J' Codes		ALL			4	0	$30,629	$7,657	$0	0
Total Population and Cost					**1,148**		**$37,053,737**			

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	1	$624	$0	$624	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	4	29	$2,675	$669	$92	7
Assessment-Psychiatric Assessment		90801		Encounter	12	12	$4,718	$393	$393	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	4	$390	$130	$98	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	9	28	$3,985	$443	$142	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	6	20	$3,929	$655	$196	3
Therapy-Family Therapy		90847		Encounter	7	11	$2,019	$288	$184	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	22	60	$10,746	$488	$179	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	1	2	$1,390	$1,390	$695	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	3	20	$8,300	$2,767	$415	7
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	20	$14,173	$7,087	$709	10
Occupational or Physical Therapy		97532		15 Minutes	4	26	$2,497	$624	$96	7
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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	3	20	$12,542	$4,181	$627	7
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99204		Encounter	1	1	$577	$577	$577	1
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	11	11	$4,314	$392	$392	1
Additional Codes-Physician Services		99213		Encounter	21	41	$25,537	$1,216	$623	2
Additional Codes-Physician Services		99214		Encounter	33	36	$9,667	$293	$269	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	63	69	$17,482	$277	$253	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	78	161	$42,175	$541	$262	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	69	$5,074	$5,074	$74	69
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	4	34	$1,798	$450	$53	9
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	29	168	$11,915	$411	$71	6
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3	15	$3,433	$1,144	$229	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	29	4,499	$77,313	$2,666	$17	155
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	54	123,671	$578,632	$10,715	$5	2,290
Community Living Supports (15 Minutes)		H2015		15 Minutes	78	50,581	$542,402	$6,954	$11	648
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	88	10,399	$102,948	$1,170	$10	118
Community Living Supports (Daily)		H2016		Per Diem	13	3,391	$93,731	$7,210	$28	261
Community Living Supports (Daily)		H2016	*TF*	Per Diem	7	1,291	$69,858	$9,980	$54	184
Community Living Supports (Daily)		H2016	*TG*	Per Diem	63	20,332	$3,557,707	$56,472	$175	323
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	11	2,509	$35,731	$3,248	$14	228
Supported Employment Services		H2023	*TT*	15 Minutes	14	1,201	$17,104	$1,222	$14	86
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	6,648	$39,247	$19,623	$6	3,324
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	36	134	$27,022	$751	$202	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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	25	20,921	$23,222	$929	$1	837
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	1	12	$556	$556	$46	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	1	1	$129	$129	$129	1
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	18	$4,315	$2,158	$240	9
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Copper Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	26	160	$13,439	$517	$84	6
Health Services		T1002		Up to 15 min	94	1,008	$190,064	$2,022	$189	11
Respite Care		T1005		15 Minutes	6	2,923	$23,267	$3,878	$8	487
Respite Care		T1005	*TD*	15 Minutes	1	1,235	$10,399	$10,399	$8	1,235
Respite Care		T1005	*TE*	15 Minutes	1	144	$1,787	$1,787	$12	144
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	180	4,473	$472,875	$2,627	$106	25
Targeted Case Management		T1017		15 minutes	2	109	$12,136	$6,068	$111	55
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	66	21,142	$259,781	$3,936	$12	320
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	6	1,277	$51,741	$8,623	$41	213
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	3	732	$53,002	$17,667	$72	244
Assessments		T1023		Encounter	4	6	$2,367	$592	$394	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	54	553	$10,978	$203	$20	10
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	30	27,257	$397,590	$13,253	$15	909
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	24	$2,666	$1,333	$111	12
Enhanced Medical Equipment-Supplies		T2028		Items	10	15	$226	$23	$15	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$2,372	$2,372	$0	0
Total Population and Cost					**198**		**$6,864,570**			

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	12	1,810	$800,335	$66,695	$442	151
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	40	10,806	$2,615,243	$65,381	$242	270
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	148	2,431	$1,335,465	$9,023	$549	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	35	348	$197,497	$5,643	$568	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	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	3	3	$1,025	$342	$342	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
Crisis Observation Care	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	30	397	$109,225	$3,641	$275	13
Outpatient Partial Hospitalization	0913			Days	4	41	$15,362	$3,840	$375	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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	11	167	$7,897	$718	$47	15
Assessment-Psychiatric Assessment		90801		Encounter	1,320	1,688	$345,389	$262	$205	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	19	27	$3,061	$161	$113	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	917	3,953	$231,253	$252	$59	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	168	272	$14,895	$89	$55	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1,097	9,468	$907,066	$827	$96	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	401	608	$49,489	$123	$81	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	147	570	$90,280	$614	$158	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	12	13	$1,399	$117	$108	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	10	26	$1,040	$104	$40	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	203	593	$50,670	$250	$85	3
Therapy-Family Therapy		90847		Encounter	850	3,626	$534,352	$629	$147	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	299	2,440	$92,272	$309	$38	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	5	65	$3,566	$713	$55	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	1,713	6,156	$812,827	$475	$132	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1,043	2,348	$139,677	$134	$59	2
Speech & Language Therapy		92506		Encounter	276	442	$59,263	$215	$134	2
Speech & Language Therapy		92507		Encounter	335	8,724	$696,753	$2,080	$80	26
Speech & Language Therapy		92508		Encounter	13	176	$12,436	$957	$71	14
Speech & Language Therapy		92526		Encounter	546	926	$152,790	$280	$165	2
Speech & Language Therapy		92610		Encounter	67	72	$11,790	$176	$164	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1,001	3,739	$652,555	$652	$175	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	1,488	7,174	$675,506	$454	$94	5
Assessments-Other		96111		Encounter	170	265	$16,631	$98	$63	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	740	2,952	$209,522	$283	$71	4
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	84	87	$12,346	$147	$142	1
Physical Therapy		97002		Encounter	39	49	$7,242	$186	$148	1
Occupational Therapy		97003		Encounter	336	354	$55,648	$166	$157	1
Occupational Therapy		97004		Encounter	922	2,355	$368,354	$400	$156	3
Occupational or Physical Therapy		97110		15 Minutes	436	31,476	$820,423	$1,882	$26	72
Occupational or Physical Therapy		97112		15 Minutes	1	10	$660	$660	$66	10
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	5	20	$214	$43	$11	4
Occupational or Physical Therapy		97124		15 Minutes	2	101	$1,511	$755	$15	51
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	34	246	$3,072	$90	$12	7
Occupational or Physical Therapy		97530		15 Minutes	90	672	$98,803	$1,098	$147	7
Occupational or Physical Therapy		97532		15 Minutes	2	6	$330	$165	$55	3
Occupational or Physical Therapy		97533		15 Minutes	96	1,408	$19,697	$205	$14	15
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

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	145	684	$24,456	$169	$36	5
Assessment or Health Services		97803		15 Minutes	855	4,900	$366,243	$428	$75	6
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	1	3	$255	$255	$85	3
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	2	674	$13,480	$6,740	$20	337
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	261	394	$152,757	$585	$388	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	168	1,021	$38,630	$230	$38	6
Assessment		H0002		Encounter	531	560	$94,581	$178	$169	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	2	24	$7,920	$3,960	$330	12
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	1	1	$30	$30	$30	1
Prevention Services - Direct Model		H0025		Face to Face Contact	29	169	$17,698	$610	$105	6
Assessment		H0031		Encounter	2,094	7,176	$452,257	$216	$63	3
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1,222	2,977	$510,901	$418	$172	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	94	439	$12,273	$131	$28	5
Home Based Services		H0036		15 Minutes	20	3,658	$192,438	$9,622	$53	183
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	74	$666	$95	$9	11
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	8	$358	$358	$45	8
Community Living Supports in Independent living/own home		H0043		Per diem	941	286,603	$39,047,636	$41,496	$136	305
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	335	98,099	$13,687,052	$40,857	$140	293
Respite		H0045		Per Diem	162	3,165	$980,029	$6,050	$310	20
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	1,399	2,701	$186,084	$133	$69	2
Monitoring Activities		H2000	*TS*	Encounter	5	13	$541	$108	$42	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	176	697	$85,009	$483	$122	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	3,216	8,521,098	$26,262,086	$8,166	$3	2,650
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	320	452,522	$905,023	$2,828	$2	1,414
Community Living Supports (15 Minutes)		H2015		15 Minutes	665	4,683,361	$14,516,362	$21,829	$3	7,043
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	853	255,747	$25,926,306	$30,394	$101	300
Community Living Supports (Daily)		H2016	*TF*	Per Diem	220	58,814	$2,815,510	$12,798	$48	267
Community Living Supports (Daily)		H2016	*TG*	Per Diem	588	178,592	$18,586,508	$31,610	$104	304
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	4	317	$11,214	$2,804	$35	79
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	647	887,979	$4,128,464	$6,381	$5	1,372
Supported Employment Services		H2023	*TT*	15 Minutes	181	213,004	$539,851	$2,983	$3	1,177
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	11,575	$43,370	$14,457	$4	3,858
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	2	3	$42	$21	$14	2
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	214	1,224	$56,872	$266	$46	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	7	885	$65,066	$9,295	$74	126
Foster Care		S5145		Days	26	7,558	$1,600,067	$61,541	$212	291
Respite		S5150		15 Minutes	127	69,526	$244,429	$1,925	$4	547
Respite		S5151		Per Diem	4	52	$16,563	$4,141	$319	13
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	29	31	$50,761	$1,750	$1,637	1
Enhanced Medical Equipment-Supplies		S5199		Items	1	2	$116	$116	$58	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	5	5,067	$230,444	$46,089	$45	1,013
Private Duty Nursing		S9123		Hour	5	5,067	$230,444	$46,089	$45	1,013
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	9	15,937	$510,272	$56,697	$32	1,771
Private Duty Nursing		S9124		Hour	9	15,937	$510,272	$56,697	$32	1,771
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1,554	3,902	$554,502	$357	$142	3
Health Services		S9446		Encounter	6	10	$995	$166	$100	2

Detroit-Wayne

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	5	35	$2,087	$417	$60	7
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	21	39	$17,477	$832	$448	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	3	17,860	$126,141	$42,047	$7	5,953
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1,759	5,891	$976,906	$555	$166	3
Health Services		T1002		Up to 15 min	140	920	$46,794	$334	$51	7
Respite Care		T1005		15 Minutes	366	258,974	$639,317	$1,747	$2	708
Respite Care		T1005	*TD*	15 Minutes	1	2,679	$21,432	$21,432	$8	2,679
Respite Care		T1005	*TE*	15 Minutes	2	2,551	$17,857	$8,929	$7	1,276
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	6,465	171,705	$20,880,778	$3,230	$122	27
Targeted Case Management		T1017		15 minutes	387	7,951	$946,420	$2,446	$119	21
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1,333	414,747	$10,151,415	$7,615	$24	311
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	221	51,089	$2,296,123	$10,390	$45	231
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	126	24,205	$1,930,777	$15,324	$80	192
Assessments		T1023		Encounter	167	181	$65,323	$391	$361	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	13	26	$10,410	$801	$400	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	63	49,824	$392,479	$6,230	$8	791
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	671	7,144	$1,129,748	$1,684	$158	11
Enhanced Medical Equipment-Supplies		T2028		Items	2	7	$335	$167	$48	4
Enhanced Medical Equipment-Supplies		T2029		Items	2	3	$6,554	$3,277	$2,185	2
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	9	96	$8,347	$927	$87	11
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	480	4,752	$1,160,952	$2,419	$244	10
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**8,044**		**$206,739,333**			

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	3	558	$250,706	$83,569	$449	186
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	11	3,377	$1,517,263	$137,933	$449	307
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	33	289	$158,654	$4,808	$549	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				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
Crisis Observation Care	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	1	16	$4,400	$4,400	$275	16
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	19	317	$10,677	$562	$34	17
Assessment-Psychiatric Assessment		90801		Encounter	571	613	$142,830	$250	$233	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	8	13	$1,195	$149	$92	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	51	266	$16,458	$323	$62	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$144	$144	$144	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	18	26	$3,200	$178	$123	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	25	94	$11,155	$446	$119	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	2	41	$2,665	$1,333	$65	21
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	6	6	$826	$138	$138	1
Therapy-Family Therapy		90847		Encounter	21	38	$5,289	$252	$139	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	17	$425	$213	$25	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	616	2,423	$513,479	$834	$212	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	14	15	$4,691	$335	$313	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	54	135	$42,217	$782	$313	3
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	11	$3,489	$498	$317	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	12	15	$4,691	$391	$313	1
Physical Therapy		97002		Encounter	94	207	$64,733	$689	$313	2
Occupational Therapy		97003		Encounter	62	64	$20,134	$325	$315	1
Occupational Therapy		97004		Encounter	107	114	$35,650	$333	$313	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	4	$1,251	$1,251	$313	4
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	2	$625	$625	$313	2
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

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	24	115	$35,963	$1,498	$313	5
Assessment or Health Services		97803		15 Minutes	179	827	$258,621	$1,445	$313	5
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			2	2	$123	$61	$61	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			2	10	$204	$102	$20	5
Additional Codes-Physician Services		99232			2	12	$351	$176	$29	6
Additional Codes-Physician Services		99233			1	1	$39	$39	$39	1
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	2	2	$453	$227	$227	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	233	251	$84,989	$365	$339	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	7	54	$13,335	$1,905	$247	8
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	453	656	$149,042	$329	$227	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	589	3,283	$990,643	$1,682	$302	6
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	6	581	$29,181	$4,863	$50	97
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	12	128	$6,161	$513	$48	11
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	217	$15,824	$15,824	$73	217
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	111	142	$44,406	$400	$313	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	91	1,061	$58,910	$647	$56	12
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	822	2,707,165	$6,688,951	$8,137	$2	3,293
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	82	370,316	$1,277,077	$15,574	$3	4,516
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	94	20,159	$587,564	$6,251	$29	214
Community Living Supports (Daily)		H2016	*TF*	Per Diem	218	58,296	$2,829,308	$12,978	$49	267
Community Living Supports (Daily)		H2016	*TG*	Per Diem	481	93,512	$9,344,440	$19,427	$100	194
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	3	51	$219	$73	$4	17
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	114	40,484	$253,025	$2,220	$6	355
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	20	47,391	$262,286	$13,114	$6	2,370
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	23	39	$7,446	$324	$191	2
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	78	256	$34,606	$444	$135	3
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	14	$869	$290	$62	5
Chore Services		S5120		15 Minutes	1	32	$1,115	$1,115	$35	32
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	3	25	$8,910	$2,970	$356	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	3	3	$1,507	$502	$502	1
Enhanced Medical Equipment-Supplies		S5199		Items	15	17	$5,039	$336	$296	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	2	1,474	$23,785	$11,892	$16	737
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	204	349	$102,041	$500	$292	2
Health Services		S9446		Encounter	7	7	$1,579	$226	$226	1

Genesee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	27	34	$10,632	$394	$313	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	14	101	$14,140	$1,010	$140	7
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	307	317	$37,336	$122	$118	1
Health Services		T1002		Up to 15 min	268	7,026	$982,670	$3,667	$140	26
Respite Care		T1005		15 Minutes	329	715,914	$2,217,541	$6,740	$3	2,176
Respite Care		T1005	*TD*	15 Minutes	1	3,096	$14,493	$14,493	$5	3,096
Respite Care		T1005	*TE*	15 Minutes	27	18,292	$67,021	$2,482	$4	677
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	570	26,941	$1,852,625	$3,250	$69	47
Targeted Case Management		T1017		15 minutes	977	50,119	$3,192,253	$3,267	$64	51
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	107	24,242	$682,472	$6,378	$28	227
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	154	39,864	$2,133,202	$13,852	$54	259
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	348	54,702	$5,185,986	$14,902	$95	157
Assessments		T1023		Encounter	61	114	$16,454	$270	$144	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	8	39	$2,885	$361	$74	5
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	642	120,365	$2,459,313	$3,831	$20	187
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	6	72	$21,868	$3,645	$304	12
Fiscal Intermediary Services		T2025		Month	31	244	$23,855	$770	$98	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	14	16	$7,070	$505	$442	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	7	12	$6,374	$911	$531	2
Enhanced Medical Equipment-Supplies		T2039		Items	2	2	$16,669	$8,335	$8,335	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					38	0	$21,873	$576	$0	0
Aggregate for 'J' Codes		ALL			19	0	$32,588	$1,715	$0	0
Total Population and Cost					**1,573**		**$44,934,176**			

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	58	$14,932	$14,932	$257	58
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	7	$788	$788	$113	7
Assessment-Psychiatric Assessment		90801		Encounter	11	11	$4,972	$452	$452	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	$188	$188	$188	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2	5	$1,268	$634	$254	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$262	$262	$262	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	5	19	$3,368	$674	$177	4
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	44	203	$36,920	$839	$182	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$178	$178	$178	1
Speech & Language Therapy		92507		Encounter	1	1	$283	$283	$283	1
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	1	5	$1,223	$1,223	$245	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	4	4	$2,550	$638	$638	1
Occupational Therapy		97004		Encounter	21	21	$9,563	$455	$455	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	1	40	$2,198	$2,198	$55	40
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$278	$278	$278	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	22	24	$13,128	$597	$547	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	28	79	$32,441	$1,159	$411	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	23	110	$12,643	$550	$115	5
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	15	35	$11,613	$774	$332	2
Monitoring Activities		H2000	*TS*	Encounter	5	7	$1,550	$310	$221	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1	3	$179	$179	$60	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	6	379	$11,419	$1,903	$30	63
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	29	105,498	$208,886	$7,203	$2	3,638
Community Living Supports (15 Minutes)		H2015		15 Minutes	39	13,665	$222,876	$5,715	$16	350
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	56	22,071	$90,050	$1,608	$4	394
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TF*	Per Diem	1	342	$18,123	$18,123	$53	342
Community Living Supports (Daily)		H2016	*TG*	Per Diem	25	8,769	$1,492,747	$59,710	$170	351
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	11	1,246	$37,480	$3,407	$30	113
Supported Employment Services		H2023	*TT*	15 Minutes	1	31	$932	$932	$30	31
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	24	11,561	$35,955	$1,498	$3	482
Respite		S5151		Per Diem	1	5	$2,323	$2,323	$465	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$19	$19	$19	1
Occupational or Physical Therapy		S8990		Encounter	2	103	$13,849	$6,925	$134	52
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	1	7	$1,908	$1,908	$273	7

Gogebic

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	4	9	$583	$146	$65	2
Respite Care		T1005		15 Minutes	1	2,960	$14,830	$14,830	$5	2,960
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	91	5,315	$273,988	$3,011	$52	58
Targeted Case Management		T1017		15 minutes	16	1,291	$67,571	$4,223	$52	81
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	18	4,399	$55,691	$3,094	$13	244
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	13	2,966	$160,298	$12,331	$54	228
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	8	1,746	$238,690	$29,836	$137	218
Assessments		T1023		Encounter	1	1	$426	$426	$426	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	2	$198	$99	$99	1
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	3	3,296	$6,526	$2,175	$2	1,099
Targeted Case Management (Children's Waiver)		T2023		Month	1	12	$8,907	$8,907	$742	12
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**102**		**$3,114,798**			

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	366	$114,499	$114,499	$313	366
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	16	$16,039	$8,020	$1,002	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	3	15	$15,037	$5,012	$1,002	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	6	6	$2,196	$366	$366	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	11	96	$14,055	$1,278	$146	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	6	9	$2,283	$380	$254	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	41	$5,906	$5,906	$144	41
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	65	338	$59,133	$910	$175	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	20	$2,195	$274	$110	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	32	37	$4,061	$127	$110	1
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$355	$177	$177	1
Occupational Therapy		97004		Encounter	31	32	$2,836	$91	$89	1
Occupational or Physical Therapy		97110		15 Minutes	14	26	$1,152	$82	$44	2
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	1	64	$4,934	$4,934	$77	64
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	21	58	$2,571	$122	$44	3
Occupational or Physical Therapy		97535		15 Minutes	1	2	$89	$89	$44	2
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	14	45	$1,994	$142	$44	3
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	146	157	$34,267	$235	$218	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	41	158	$19,728	$481	$125	4
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	104	$6,198	$6,198	$60	104
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	33	93	$9,575	$290	$103	3
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	1	9	$945	$945	$105	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	78	166,890	$667,560	$8,558	$4	2,140
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	59	271,623	$1,627,022	$27,577	$6	4,604
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	14	4,301	$444,895	$31,778	$103	307
Community Living Supports (Daily)		H2016	*TF*	Per Diem	8	2,449	$259,031	$32,379	$106	306
Community Living Supports (Daily)		H2016	*TG*	Per Diem	36	11,612	$1,529,765	$42,493	$132	323
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	55	61,924	$326,339	$5,933	$5	1,126
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	6	27	$2,682	$447	$99	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	2	15	$2,092	$1,046	$139	8
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	51	61,273	$115,193	$2,259	$2	1,201
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	51	284	$4,862	$95	$17	6
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	2	36	$6,779	$3,389	$188	18

Gratiot

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$194	$194	$194	1
Health Services		T1002		Up to 15 min	30	152	$6,737	$225	$44	5
Respite Care		T1005		15 Minutes	2	7,284	$38,678	$19,339	$5	3,642
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	1	4,219	$22,403	$22,403	$5	4,219
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	170	7,474	$429,680	$2,528	$57	44
Targeted Case Management		T1017		15 minutes	6	65	$2,334	$389	$36	11
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	34	10,878	$276,954	$8,146	$25	320
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	19	6,422	$220,531	$11,607	$34	338
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	4	1,063	$53,745	$13,436	$51	266
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	57	543	$6,467	$113	$12	10
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	3	12	$822	$274	$69	4
Fiscal Intermediary Services		T2025		Month	4	12	$2,086	$521	$174	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	5	5	$613	$123	$123	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**208**		**$6,367,514**			

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	4	366	$79,430	$19,858	$217	92
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	15	73	$793	$53	$11	5
Assessment-Psychiatric Assessment		90801		Encounter	10	10	$534	$53	$53	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Hiawatha

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Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	22	65	$2,881	$131	$44	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$35	$35	$35	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Hiawatha

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Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	285	421	$13,061	$46	$31	1
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$499	$499	$499	1
Speech & Language Therapy		92507		Encounter	64	154	$45,950	$718	$298	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	23	55	$77,483	$3,369	$1,409	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	3	3	$2,161	$720	$720	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	5	5	$2,042	$408	$408	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	88	359	$40,532	$461	$113	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	5	60	$2,604	$521	$43	12
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Hiawatha

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Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$608	$608	$608	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	45	46	$72,012	$1,600	$1,565	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	47	58	$36,421	$775	$628	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	4	$40	$40	$10	4
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	131	135	$14,802	$113	$110	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	359	141,235	$662,703	$1,846	$5	393
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	616	235,406	$1,255,208	$2,038	$5	382
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	22	1,732	$47,273	$2,149	$27	79
Community Living Supports (Daily)		H2016	*TF*	Per Diem	13	1,171	$76,146	$5,857	$65	90
Community Living Supports (Daily)		H2016	*TG*	Per Diem	272	23,173	$3,498,647	$12,863	$151	85
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	56	2,659	$8,204	$147	$3	47
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	300	$11,074	$5,537	$37	150
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	73	81	$1,056	$14	$13	1
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	59	104	$2,785	$47	$27	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	5	14	$3,430	$686	$245	3
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$8	$8	$8	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Hiawatha

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	41	47	$44,824	$1,093	$954	1
Health Services		T1002		Up to 15 min	8	17	$465	$58	$27	2
Respite Care		T1005		15 Minutes	181	51,513	$136,499	$754	$3	285
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	826	4,646	$635,041	$769	$137	6
Targeted Case Management		T1017		15 minutes	53	326	$36,415	$687	$112	6
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	231	19,120	$210,876	$913	$11	83
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	69	5,985	$259,937	$3,767	$43	87
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	11	869	$64,657	$5,878	$74	79
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	110	284	$7,586	$69	$27	3
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	5	$2,000	$2,000	$400	5
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	$33	$33	$33	1
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$912	$912	$912	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					2	0	$24,674	$12,337	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**278**		**$7,382,340**			

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	3	24	$15,249	$5,083	$635	8
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	21	$1,086	$1,086	$52	21
Assessment-Psychiatric Assessment		90801		Encounter	4	4	$653	$163	$163	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	6	21	$3,291	$548	$157	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$349	$349	$349	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	10	$517	$259	$52	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	16	29	$2,129	$133	$73	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	31	157	$38,542	$1,243	$245	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$146	$73	$73	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	4	6	$373	$93	$62	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	3	3	$1,803	$601	$601	1
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	23	105	$26,425	$1,149	$252	5
Additional Codes-Physician Services		99215		Encounter	4	4	$1,991	$498	$498	1
Additional Codes-Physician Services		99221			1	1	$84	$84	$84	1
Additional Codes-Physician Services		99222			2	3	$394	$197	$131	2
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			2	9	$411	$205	$46	5
Additional Codes-Physician Services		99232			1	1	$39	$39	$39	1
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	2	2	$101	$51	$51	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	5	8	$873	$175	$109	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	4	56	$33,110	$8,278	$591	14
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	18	18	$4,881	$271	$271	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	4	4	$1,357	$339	$339	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	6	$415	$415	$69	6
Home Based Services		H0036		15 Minutes	1	77	$5,322	$5,322	$69	77
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	9	2,364	$9,593	$1,066	$4	263
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	34	$89	$89	$3	34
Community Living Supports in Independent living/own home		H0043		Per diem	7	29	$10,702	$1,529	$369	4
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	24	96	$11,042	$460	$115	4
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	27	39	$8,900	$330	$228	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3	9	$756	$252	$84	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	34	3,633	$16,331	$480	$4	107
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	22	5,667	$19,421	$883	$3	258
Community Living Supports (15 Minutes)		H2015		15 Minutes	84	243,601	$961,710	$11,449	$4	2,900
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	72	18,444	$105,889	$1,471	$6	256
Community Living Supports (Daily)		H2016		Per Diem	11	2,642	$46,726	$4,248	$18	240
Community Living Supports (Daily)		H2016	*TF*	Per Diem	1	335	$21,225	$21,225	$63	335
Community Living Supports (Daily)		H2016	*TG*	Per Diem	19	5,600	$1,441,141	$75,850	$257	295
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	77	65,812	$505,296	$6,562	$8	855
Supported Employment Services		H2023	*TT*	15 Minutes	60	50,113	$233,233	$3,887	$5	835
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	1	1	$110	$110	$110	1
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	4	164	$1,224	$306	$7	41
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	1	$58	$58	$58	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Huron

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	11	11	$2,818	$256	$256	1
Health Services		T1002		Up to 15 min	22	141	$9,705	$441	$69	6
Respite Care		T1005		15 Minutes	13	7,768	$18,914	$1,455	$2	598
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	57	2,154	$251,620	$4,414	$117	38
Targeted Case Management		T1017		15 minutes	106	3,553	$254,500	$2,401	$72	34
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	22	$1,576	$788	$72	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	4,405	$39,335	$2,458	$9	275
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	13	3,837	$293,677	$22,591	$77	295
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	1	335	$26,981	$26,981	$81	335
Assessments		T1023		Encounter	4	13	$4,621	$1,155	$355	3
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	24	$8,779	$4,390	$366	12
Fiscal Intermediary Services		T2025		Month	7	20	$52	$7	$3	3
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**201**		**$4,445,565**			

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	618	$120,659	$60,329	$195	309
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	10	$5,568	$2,784	$557	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	20	22	$13,159	$658	$598	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	5	$209	$70	$42	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	15	88	$7,349	$490	$84	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$142	$71	$71	1
Therapy-Family Therapy		90847		Encounter	4	19	$1,587	$397	$84	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	3	13	$499	$166	$38	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	1	1	$37	$37	$37	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	89	344	$72,986	$820	$212	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	2	$158	$158	$79	2
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	9	9	$2,269	$252	$252	1
Occupational Therapy		97004		Encounter	7	13	$1,510	$216	$116	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	11	46	$1,069	$97	$23	4
Assessment or Health Services		97803		15 Minutes	2	6	$113	$57	$19	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	14	17	$1,439	$103	$85	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	54	114	$11,193	$207	$98	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	7	603	$33,346	$4,764	$55	86
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	176	$9,335	$4,668	$53	88
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	7	2,356	$1,244,358	$177,765	$528	337
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	21	40	$2,347	$112	$59	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	7	69	$5,295	$756	$77	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	6	244	$5,507	$918	$23	41
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	87	11,895	$117,056	$1,345	$10	137
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	14	4,861	$107,846	$7,703	$22	347
Community Living Supports (Daily)		H2016	*TF*	Per Diem	5	1,646	$56,538	$11,308	$34	329
Community Living Supports (Daily)		H2016	*TG*	Per Diem	15	4,887	$216,473	$14,432	$44	326
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	40	3,095	$132,730	$3,318	$43	77
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	28	73	$13,841	$494	$190	3
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	8	105	$23,700	$2,962	$226	13
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	3	26	$24,530	$8,177	$943	9
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Ionia

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	2	3	$326	$163	$109	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	15	16	$7,566	$504	$473	1
Health Services		T1002		Up to 15 min	20	395	$26,747	$1,337	$68	20
Respite Care		T1005		15 Minutes	37	29,312	$181,942	$4,917	$6	792
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	49	3,089	$160,361	$3,273	$52	63
Targeted Case Management		T1017		15 minutes	172	6,571	$341,125	$1,983	$52	38
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	18	6,087	$93,769	$5,209	$15	338
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	5	1,636	$109,819	$21,964	$67	327
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	11	3,671	$524,496	$47,681	$143	334
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	50	435	$61,365	$1,227	$141	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	4	4	$1,621	$405	$405	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**241**		**$3,741,986**			

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	3	261	$162,268	$54,089	$622	87
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	3	480	$98,765	$32,922	$206	160
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	9	$1,731	$577	$192	3
Assessment-Psychiatric Assessment		90801		Encounter	271	286	$211,263	$780	$739	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	42	384	$40,501	$964	$105	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	4	$300	$150	$75	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	17	$619	$310	$36	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	167	434	$96,299	$577	$222	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$124	$124	$124	1
Speech & Language Therapy		92507		Encounter	2	8	$682	$341	$85	4
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	9	20	$806	$90	$40	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	1	1	$84	$84	$84	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	1	5	$373	$373	$75	5
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	3	3	$372	$124	$124	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	9	9	$1,364	$152	$152	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	255	$4,177	$1,044	$16	64
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	5	784	$11,082	$2,216	$14	157
Occupational or Physical Therapy		97140		15 Minutes	3	91	$1,325	$442	$15	30
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	19	1,259	$34,780	$1,831	$28	66
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	9	$294	$294	$33	9
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	1	2	$31	$31	$16	2
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	4	65	$12,501	$3,125	$192	16
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	4	12	$2,016	$504	$168	3
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	1	1	$385	$385	$385	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$44	$44	$44	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	12	158	$43,327	$3,611	$274	13
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	58	62	$3,853	$66	$62	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	139	453	$83,920	$604	$185	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	17	4,179	$107,335	$6,314	$26	246
Community Living Supports in Independent living/own home		H0043		Per diem	71	20,807	$2,506,285	$35,300	$120	293
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	102	340	$54,519	$535	$160	3
Monitoring Activities		H2000	*TS*	Encounter	52	178	$38,520	$741	$216	3
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	35	222	$1,669	$48	$8	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	201	641,156	$2,564,624	$12,759	$4	3,190
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	147	438,374	$459,531	$3,126	$1	2,982
Community Living Supports (15 Minutes)		H2015		15 Minutes	177	627,548	$2,336,781	$13,202	$4	3,545
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	69	215,671	$431,432	$6,253	$2	3,126
Community Living Supports (Daily)		H2016		Per Diem	10	1,971	$281,052	$28,105	$143	197
Community Living Supports (Daily)		H2016	*TF*	Per Diem	109	34,234	$2,418,884	$22,192	$71	314
Community Living Supports (Daily)		H2016	*TG*	Per Diem	94	27,884	$3,533,660	$37,592	$127	297
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	133	61,033	$653,842	$4,916	$11	459
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	25	26,953	$101,566	$4,063	$4	1,078
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	211	844	$37,400	$177	$44	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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	59	$41,983	$6,997	$712	10
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	221	202,637	$370,874	$1,678	$2	917
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	5	60	$2,974	$595	$50	12
Environmental Modification		S5165		Service	1	1	$3,474	$3,474	$3,474	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Kalamazoo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	87	91	$13,114	$151	$144	1
Health Services		T1002		Up to 15 min	292	1,607	$122,729	$420	$76	6
Respite Care		T1005		15 Minutes	17	6,979	$108,941	$6,408	$16	411
Respite Care		T1005	*TD*	15 Minutes	2	9,538	$75,863	$37,932	$8	4,769
Respite Care		T1005	*TE*	15 Minutes	3	862	$5,271	$1,757	$6	287
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	618	58,904	$2,369,619	$3,834	$40	95
Targeted Case Management		T1017		15 minutes	64	4,238	$195,768	$3,059	$46	66
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	18	4,383	$165,447	$9,192	$38	244
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	137	43,668	$2,329,481	$17,004	$53	319
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	51	14,606	$1,250,453	$24,519	$86	286
Assessments		T1023		Encounter	17	32	$527	$31	$16	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	75	610	$63,775	$850	$105	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	4	5	$2,840	$710	$568	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	8	68	$14,069	$1,759	$207	9
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$472	$0	$0	0
Total Population and Cost					**876**		**$23,478,060**			

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	1	23	$13,154	$13,154	$572	23
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	4	$899	$899	$225	4
Assessment-Psychiatric Assessment		90801		Encounter	19	19	$4,877	$257	$257	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	14	$963	$241	$69	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	12	154	$17,149	$1,429	$111	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	2	$351	$351	$175	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	3	5	$593	$198	$119	2
Therapy-Family Therapy		90847		Encounter	10	76	$9,165	$916	$121	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	3	21	$2,498	$833	$119	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	114	490	$59,932	$526	$122	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	9	$5,884	$841	$654	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$253	$253	$253	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	5	5	$2,351	$470	$470	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	1	20	$5,054	$5,054	$253	20
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	67	75	$13,045	$195	$174	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	76	462	$100,729	$1,325	$218	6
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	3	359	$19,347	$6,449	$54	120
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	9	$290	$290	$32	9
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	23	6,478	$282,928	$12,301	$44	282
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	1	10	$894	$894	$89	10
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

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Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	88	149	$82,891	$942	$556	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4	28	$905	$226	$32	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	208	780,202	$2,642,340	$12,704	$3	3,751
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	30	34,858	$130,370	$4,346	$4	1,162
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	49	12,765	$688,756	$14,056	$54	261
Community Living Supports (Daily)		H2016	*TF*	Per Diem	28	2,752	$112,383	$4,014	$41	98
Community Living Supports (Daily)		H2016	*TG*	Per Diem	51	16,268	$1,793,555	$35,168	$110	319
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	3,966	$22,085	$22,085	$6	3,966
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Lapeer

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	5	5	$1,325	$265	$265	1
Health Services		T1002		Up to 15 min	6	41	$7,490	$1,248	$183	7
Respite Care		T1005		15 Minutes	40	52,402	$178,616	$4,465	$3	1,310
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	298	5,731	$499,864	$1,677	$87	19
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	14	$1,008	$1,008	$72	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	59	17,824	$199,128	$3,375	$11	302
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	45	12,138	$562,809	$12,507	$46	270
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	7	1,823	$108,731	$15,533	$60	260
Assessments		T1023		Encounter	2	3	$422	$211	$141	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	6	2,657	$23,039	$3,840	$9	443
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	24	$2,101	$1,050	$88	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	31	662	$59,185	$1,909	$89	21
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	7	31	$2,771	$396	$89	4
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**312**		**$7,660,132**			

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	548	$113,151	$56,576	$206	274
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	46	$4,644	$2,322	$101	23
Assessment-Psychiatric Assessment		90801		Encounter	4	4	$999	$250	$250	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1	2	$148	$148	$74	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	78	383	$47,831	$613	$125	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	25	74	$87,377	$3,495	$1,181	3
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	7	$1,234	$247	$176	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	77	205	$35,624	$463	$174	3
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	34	329	$24,934	$733	$76	10
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	9	13	$573	$64	$44	1
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	79	171,680	$440,573	$5,577	$3	2,173
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	75	163,834	$414,605	$5,528	$3	2,184
Community Living Supports (15 Minutes)		H2015		15 Minutes	33	228,766	$849,530	$25,743	$4	6,932
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	12	3,669	$114,860	$9,572	$31	306
Community Living Supports (Daily)		H2016	*TF*	Per Diem	25	7,593	$451,628	$18,065	$59	304
Community Living Supports (Daily)		H2016	*TG*	Per Diem	39	12,133	$1,464,979	$37,564	$121	311
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	27	$5,594	$5,594	$207	27
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	2,493	$13,337	$6,669	$5	1,247
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	67	30,400	$60,800	$907	$2	454
Respite		S5151		Per Diem	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5160		Encounter	3	3	$1,442	$481	$481	1
Personal Emergency Response System (PERS)		S5161		Month	3	28	$13,292	$4,431	$475	9
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Lenawee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	76	77	$61,599	$811	$800	1
Health Services		T1002		Up to 15 min	115	1,530	$148,754	$1,294	$97	13
Respite Care		T1005		15 Minutes	22	6,361	$33,745	$1,534	$5	289
Respite Care		T1005	*TD*	15 Minutes	2	8,167	$66,972	$33,486	$8	4,084
Respite Care		T1005	*TE*	15 Minutes	1	32	$224	$224	$7	32
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	274	5,044	$586,920	$2,142	$116	18
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	16	5,536	$103,432	$6,465	$19	346
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	23	7,349	$399,530	$17,371	$54	320
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	29	8,994	$1,014,109	$34,969	$113	310
Assessments		T1023		Encounter	1	1	$531	$531	$531	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	12	$3,499	$3,499	$292	12
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**258**		**$6,566,470**			

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	23	509	$280,669	$12,203	$551	22
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	6	111	$2,720	$453	$25	19
Assessment-Psychiatric Assessment		90801		Encounter	157	158	$16,742	$107	$106	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	7	$359	$72	$51	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	39	226	$18,114	$464	$80	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	7	$847	$423	$121	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	8	84	$3,693	$462	$44	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	299	1,127	$108,821	$364	$97	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	1	1	$187	$187	$187	1
Speech & Language Therapy		92507		Encounter	1	60	$3,318	$3,318	$55	60
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	18	68	$6,759	$376	$99	4
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	16	17	$3,055	$191	$180	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	11	104	$2,249	$204	$22	9
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	18	72	$2,392	$133	$33	4
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	1	1	$3,000	$3,000	$3,000	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	111	117	$16,418	$148	$140	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	15	72	$21,476	$1,432	$298	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	85	123	$21,197	$249	$172	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	337	6,209	$399,480	$1,185	$64	18
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	24	3,818	$167,992	$7,000	$44	159
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	7	3,516	$97,956	$13,994	$28	502
Community Living Supports in Independent living/own home		H0043		Per diem	106	27,802	$3,611,380	$34,070	$130	262
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	12	182	$10,283	$857	$57	15
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	101	136	$7,583	$75	$56	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	68	522	$10,503	$154	$20	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	390	311,062	$1,319,046	$3,382	$4	798
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	63	74,335	$322,054	$5,112	$4	1,180
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	60	17,823	$768,570	$12,809	$43	297
Community Living Supports (Daily)		H2016	*TF*	Per Diem	59	18,783	$863,154	$14,630	$46	318
Community Living Supports (Daily)		H2016	*TG*	Per Diem	67	21,405	$2,296,271	$34,273	$107	319
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	20	2,740	$11,672	$584	$4	137
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	17	38,379	$126,651	$7,450	$3	2,258
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	26	32	$1,733	$67	$54	1
Transportation		S0209		Per Mile	0	0	$0	$0	$0	0
Transportation		S0215		Per Mile	6	756	$242	$40	$0	126
Family Training		S5110		15 Minutes	0	0	$0	$0	$0	0
Family Training		S5111		Encounter	5	143	$10,571	$2,114	$74	29
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	20	$1,242	$414	$62	7
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	360	$630	$630	$2	360
Respite		S5151		Per Diem	3	21	$5,231	$1,744	$249	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$1,537	$1,537	$1,537	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Lifeways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	13	255	$18,309	$1,408	$72	20
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	3	22,136	$206,433	$68,811	$9	7,379
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	15	15	$2,278	$152	$152	1
Health Services		T1002		Up to 15 min	152	1,204	$40,849	$269	$34	8
Respite Care		T1005		15 Minutes	64	42,806	$135,005	$2,109	$3	669
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	361	27,372	$773,405	$2,142	$28	76
Targeted Case Management		T1017		15 minutes	226	15,065	$434,080	$1,921	$29	67
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	9	296	$5,328	$592	$18	33
Personal Care in Licensed Specialized Residential Setting		T1020		Days	44	13,018	$307,951	$6,999	$24	296
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	37	11,003	$543,464	$14,688	$49	297
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	81	27,518	$3,029,222	$37,398	$110	340
Assessments		T1023		Encounter	4	4	$479	$120	$120	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	167	752	$11,217	$67	$15	5
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	27	3,422	$39,565	$1,465	$12	127
Targeted Case Management (Children's Waiver)		T2023		Month	4	28	$5,732	$1,433	$205	7
Fiscal Intermediary Services		T2025		Month	79	714	$77,580	$982	$109	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**741**		**$16,176,693**			

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	291	$58,855	$58,855	$202	291
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	6	$3,870	$3,870	$645	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	17	17	$4,915	$289	$289	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$90	$90	$90	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	11	57	$10,335	$940	$181	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	11	$3,903	$1,952	$355	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	2	$377	$377	$189	2
Therapy-Family Therapy		90847		Encounter	1	1	$181	$181	$181	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	5	$368	$368	$74	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	73	289	$29,227	$400	$101	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	17	22	$2,766	$163	$126	1
Speech & Language Therapy		92507		Encounter	21	342	$43,000	$2,048	$126	16
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	30	44	$29,400	$980	$668	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	3	3	$2,005	$668	$668	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	14	16	$1,121	$80	$70	1
Occupational Therapy		97004		Encounter	5	5	$371	$74	$74	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	2	145	$3,267	$1,634	$23	73
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	17	$1,262	$1,262	$74	17
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	5	272	$20,185	$4,037	$74	54
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	4	26	$1,929	$482	$74	7
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	1	1	$74	$74	$74	1
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	7	69	$2,133	$305	$31	10
Assessment or Health Services		97803		15 Minutes	5	67	$2,071	$414	$31	13
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	3	3	$189	$63	$63	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	73	89	$34,069	$467	$383	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	75	349	$17,258	$230	$49	5
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	107	$6,685	$3,343	$62	54
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	8	113	$5,059	$632	$45	14
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	31	74	$18,678	$603	$252	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3	14	$1,498	$499	$107	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	102	194,178	$679,623	$6,663	$4	1,904
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	118	1,082,549	$2,782,359	$23,579	$3	9,174
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	5	1,512	$43,546	$8,709	$29	302
Community Living Supports (Daily)		H2016	*TF*	Per Diem	20	6,233	$326,422	$16,321	$52	312
Community Living Supports (Daily)		H2016	*TG*	Per Diem	23	6,740	$1,158,404	$50,365	$172	293
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	35	29,449	$86,875	$2,482	$3	841
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	2,926	$17,497	$17,497	$6	2,926
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	8	16	$10,691	$1,336	$668	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	8	21	$14,032	$1,754	$668	3
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	576	$559	$559	$1	576
Respite		S5151		Per Diem	3	48	$9,434	$3,145	$197	16
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	21	187	$166,365	$7,922	$890	9
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	6	6	$745	$124	$124	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Livingston

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	3	8	$247	$82	$31	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	38	38	$51,435	$1,354	$1,354	1
Health Services		T1002		Up to 15 min	48	950	$158,450	$3,301	$167	20
Respite Care		T1005		15 Minutes	91	45,609	$414,586	$4,556	$9	501
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	321	7,111	$833,196	$2,596	$117	22
Targeted Case Management		T1017		15 minutes	4	36	$2,262	$566	$63	9
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	5	59	$3,707	$741	$63	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	11	2,949	$84,931	$7,721	$29	268
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	10	2,641	$138,309	$13,831	$52	264
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	26	8,125	$553,962	$21,306	$68	313
Assessments		T1023		Encounter	1	1	$367	$367	$367	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	5	8	$457	$91	$57	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	17	8,605	$70,905	$4,171	$8	506
Targeted Case Management (Children's Waiver)		T2023		Month	10	102	$62,214	$6,221	$610	10
Fiscal Intermediary Services		T2025		Month	111	636	$47,115	$424	$74	6
Enhanced Medical Equipment-Supplies		T2028		Items	8	16	$51	$6	$3	2
Enhanced Medical Equipment-Supplies		T2029		Items	8	9	$112	$14	$12	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	4	$181	$181	$45	4
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**353**		**$8,024,180**			

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	6	1,573	$411,723	$68,621	$262	262
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	94	2,825	$1,074,450	$11,430	$380	30
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	225	163	$56,426	$251	$346	1
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	40	53	$5,885	$147	$111	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
Crisis Observation Care	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	31	176	$43,152	$1,392	$245	6
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	18	174	$23,274	$1,293	$134	10
Assessment-Psychiatric Assessment		90801		Encounter	280	333	$68,557	$245	$206	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	66	166	$15,155	$230	$91	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	214	1,951	$232,676	$1,087	$119	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	8	30	$14,629	$1,829	$488	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	5	9	$2,345	$469	$261	2
Therapy-Family Therapy		90847		Encounter	41	189	$42,901	$1,046	$227	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	27	419	$15,447	$572	$37	16
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	923	4,584	$451,274	$489	$98	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	109	117	$20,948	$192	$179	1
Speech & Language Therapy		92507		Encounter	136	3,554	$249,026	$1,831	$70	26
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	1	1	$49	$49	$49	1
Speech & Language Therapy		92610		Encounter	24	25	$37,575	$1,566	$1,503	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	62	133	$42,096	$679	$317	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	254	593	$219,146	$863	$370	2
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	55	56	$6,220	$113	$111	1
Physical Therapy		97002		Encounter	17	18	$412	$24	$23	1
Occupational Therapy		97003		Encounter	298	313	$119,118	$400	$381	1
Occupational Therapy		97004		Encounter	27	28	$789	$29	$28	1
Occupational or Physical Therapy		97110		15 Minutes	85	10,574	$229,970	$2,706	$22	124
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	22	65	$5,466	$248	$84	3
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	2	6	$505	$253	$84	3
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	146	21,985	$500,286	$3,427	$23	151
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	12	269	$6,317	$526	$23	22
Occupational or Physical Therapy		97535		15 Minutes	48	174	$14,632	$305	$84	4
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	97	571	$48,017	$495	$84	6
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	47	358	$29,427	$626	$82	8
Occupational Therapy		97760		15 Minutes	16	49	$4,121	$258	$84	3
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	44	221	$17,721	$403	$80	5
Assessment or Health Services		97803		15 Minutes	195	993	$70,675	$362	$71	5
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	4	29	$3,765	$941	$130	7
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	2	71	$719	$360	$10	36
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	7	21	$10,413	$1,488	$496	3
Activity Therapy (Children's Waiver)		G0176		Encounter	45	1,524	$102,879	$2,286	$68	34
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	7	49	$17,280	$2,469	$353	7
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,899	2,275	$580,282	$306	$255	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	1,021	2,923	$722,188	$707	$247	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	266	759	$188,013	$707	$248	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	122	1,720	$67,787	$556	$39	14
Home Based Services		H0036		15 Minutes	15	1,915	$77,139	$5,143	$40	128
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	9	616	$58,167	$6,463	$94	68
Community Living Supports in Independent living/own home		H0043		Per diem	102	29,662	$3,623,307	$35,523	$122	291
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	19	5,370	$655,887	$34,520	$122	283
Respite		H0045		Per Diem	188	3,038	$689,144	$3,666	$227	16
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	195	209	$27,315	$140	$131	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	39	201	$20,027	$514	$100	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1,060	3,615,768	$9,917,135	$9,356	$3	3,411
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	36	122,526	$336,055	$9,335	$3	3,404
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,076	5,553,938	$18,546,275	$17,236	$3	5,162
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	200	1,033,616	$3,451,556	$17,258	$3	5,168
Community Living Supports (Daily)		H2016		Per Diem	272	84,941	$3,484,536	$12,811	$41	312
Community Living Supports (Daily)		H2016	*TF*	Per Diem	200	52,565	$4,120,568	$20,603	$78	263
Community Living Supports (Daily)		H2016	*TG*	Per Diem	292	82,658	$9,573,218	$32,785	$116	283
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	5	102	$4,081	$816	$40	20
Wraparound		H2022		Days	7	40	$15,150	$2,164	$379	6
Supported Employment Services		H2023		15 minutes	222	198,539	$771,700	$3,476	$4	894
Supported Employment Services		H2023	*TT*	15 Minutes	33	29,465	$114,535	$3,471	$4	893
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	26	40,220	$121,410	$4,670	$3	1,547
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	328	1,714	$226,591	$691	$132	5
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	88	768	$68,917	$783	$90	9
Chore Services		S5120		15 Minutes	2	288	$1,798	$899	$6	144
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	69	69,928	$149,712	$2,170	$2	1,013
Respite		S5151		Per Diem	124	4,642	$457,720	$3,691	$99	37
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	3	35	$1,224	$408	$35	12
Environmental Modification		S5165		Service	42	65	$153,610	$3,657	$2,363	2
Enhanced Medical Equipment-Supplies		S5199		Items	189	483	$101,293	$536	$210	3
Occupational or Physical Therapy		S8990		Encounter	73	4,143	$263,103	$3,604	$64	57
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	1	7	$3,849	$3,849	$550	7
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	1	2	$129	$129	$65	2

Macomb

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	38	106	$14,224	$374	$134	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	3	6	$1,806	$602	$301	2
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	4	38,177	$301,432	$75,358	$8	9,544
Assessment		T1001		Encounter	495	537	$218,460	$441	$407	1
Health Services		T1002		Up to 15 min	486	4,086	$364,429	$750	$89	8
Respite Care		T1005		15 Minutes	819	1,251,380	$4,606,138	$5,624	$4	1,528
Respite Care		T1005	*TD*	15 Minutes	8	10,781	$39,677	$4,960	$4	1,348
Respite Care		T1005	*TE*	15 Minutes	63	95,546	$351,699	$5,583	$4	1,517
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	2,467	95,508	$6,636,639	$2,690	$69	39
Targeted Case Management		T1017		15 minutes	187	6,333	$519,921	$2,780	$82	34
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	34	1,400	$112,228	$3,301	$80	41
Personal Care in Licensed Specialized Residential Setting		T1020		Days	292	82,468	$1,409,562	$4,827	$17	282
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	203	55,217	$2,761,545	$13,604	$50	272
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	261	82,468	$7,018,169	$26,890	$85	316
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	157	1,358	$49,342	$314	$36	9
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	188	164,020	$2,252,629	$11,982	$14	872
Targeted Case Management (Children's Waiver)		T2023		Month	99	1,011	$495,948	$5,010	$491	10
Fiscal Intermediary Services		T2025		Month	15	171	$11,773	$785	$69	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	56	387	$56,700	$1,013	$147	7
Enhanced Medical Equipment-Supplies		T2039		Items	4	4	$15,615	$3,904	$3,904	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					107	0	$250,988	$2,346	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**2,983**		**$90,297,811**			

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	2	521	$136,868	$68,434	$263	261
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	11	$7,301	$3,651	$664	6
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	29	$754	$377	$26	15
Assessment-Psychiatric Assessment		90801		Encounter	6	6	$5,663	$944	$944	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	1	1	$1,025	$1,025	$1,025	1
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	8	$458	$92	$57	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	9	50	$4,886	$543	$98	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	1	$113	$113	$113	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	48	292	$62,486	$1,302	$214	6
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	9	$1,285	$321	$143	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$213	$106	$106	1
Occupational Therapy		97004		Encounter	23	39	$1,853	$81	$48	2
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	2	$27	$27	$13	2
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

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	2	12	$541	$271	$45	6
Assessment or Health Services		97803		15 Minutes	2	62	$2,686	$1,343	$43	31
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$291	$145	$145	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	24	$6,482	$6,482	$270	24
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	3	34	$3,888	$1,296	$114	11
Assessment		H0031		Encounter	9	9	$2,562	$285	$285	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	35	43	$3,619	$103	$84	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	20	194	$16,327	$816	$84	10
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	5	$289	$289	$58	5
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	86	$2,751	$2,751	$32	86
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	46	15,842	$2,342,413	$50,922	$148	344
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	18	385	$39,246	$2,180	$102	21
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	38	221	$16,418	$432	$74	6
Monitoring Activities		H2000	*TS*	Encounter	28	48	$3,566	$127	$74	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	6	19	$680	$113	$36	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	5	3,901	$48,835	$9,767	$13	780
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	3	27	$183	$61	$7	9
Community Living Supports (15 Minutes)		H2015		15 Minutes	88	85,682	$1,035,143	$11,763	$12	974
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	84	51,610	$275,080	$3,275	$5	614
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TF*	Per Diem	2	732	$32,381	$16,191	$44	366
Community Living Supports (Daily)		H2016	*TG*	Per Diem	24	7,774	$988,333	$41,181	$127	324
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	48	5,175	$216,302	$4,506	$42	108
Supported Employment Services		H2023	*TT*	15 Minutes	37	7,293	$94,523	$2,555	$13	197
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	17	110	$11,776	$693	$107	6
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	1	12	$300	$300	$25	12
Environmental Modification		S5165		Service	3	3	$123	$41	$41	1
Enhanced Medical Equipment-Supplies		S5199		Items	20	79	$25,413	$1,271	$322	4
Occupational or Physical Therapy		S8990		Encounter	2	416	$66,320	$33,160	$159	208
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Manistee-Benzie

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	2	2	$622	$311	$311	1
Health Services		T1002		Up to 15 min	17	527	$26,286	$1,546	$50	31
Respite Care		T1005		15 Minutes	22	16,825	$52,943	$2,407	$3	765
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	88	3,928	$260,612	$2,961	$66	45
Targeted Case Management		T1017		15 minutes	90	3,716	$202,462	$2,250	$54	41
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	4	29	$1,251	$313	$43	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	4	729	$9,168	$2,292	$13	182
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	19	7,314	$318,521	$16,764	$44	385
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	4	449	$50,233	$12,558	$112	112
Assessments		T1023		Encounter	1	1	$362	$362	$362	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	1	1	$17	$17	$17	1
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	$70	$35	$35	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**192**		**$6,381,951**			

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	29	$14,527	$14,527	$501	29
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	4	17	$13,509	$3,377	$795	4
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	26	$10,155	$10,155	$391	26
Assessment-Psychiatric Assessment		90801		Encounter	31	32	$5,326	$172	$166	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	7	47	$1,487	$212	$32	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	6	70	$4,767	$795	$68	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	4	11	$2,423	$606	$220	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	9	76	$2,405	$267	$32	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	156	855	$168,461	$1,080	$197	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	6	29	$8,190	$1,365	$282	5
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	13	16	$17,068	$1,313	$1,067	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	20	22	$9,891	$495	$450	1
Occupational Therapy		97004		Encounter	41	235	$102,173	$2,492	$435	6
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	101	549	$210,800	$2,087	$384	5
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	34	$1,270	$1,270	$37	34
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	3	824	$202,894	$67,631	$246	275
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	38	485	$30,482	$802	$63	13
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	19	32	$36	$2	$1	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	3	7	$1,140	$380	$163	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	96	308,974	$1,130,845	$11,780	$4	3,218
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	178	1,640,361	$4,445,378	$24,974	$3	9,216
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	1	63	$3,340	$3,340	$53	63
Community Living Supports (Daily)		H2016	*TF*	Per Diem	32	9,571	$453,378	$14,168	$47	299
Community Living Supports (Daily)		H2016	*TG*	Per Diem	54	14,388	$1,645,556	$30,473	$114	266
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	40	34,122	$232,030	$5,801	$7	853
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	6	16,504	$66,841	$11,140	$4	2,751
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	10	$1,474	$1,474	$147	10
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	67	$8,630	$1,438	$129	11
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	3	34	$1,992	$664	$59	11
Personal Emergency Response System (PERS)		S5160		Encounter	4	4	$5,352	$1,338	$1,338	1
Personal Emergency Response System (PERS)		S5161		Month	4	40	$15,540	$3,885	$389	10
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	1	$182	$182	$182	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Monroe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	89	439	$165,797	$1,863	$378	5
Health Services		T1002		Up to 15 min	3	18	$319	$106	$18	6
Respite Care		T1005		15 Minutes	88	90,569	$463,713	$5,269	$5	1,029
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	134	2,473	$680,372	$5,077	$275	18
Targeted Case Management		T1017		15 minutes	254	3,803	$272,029	$1,071	$72	15
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	44	410	$29,327	$667	$72	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	6	2,011	$49,290	$8,215	$25	335
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	10	3,492	$308,204	$30,820	$88	349
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	57	18,519	$1,878,938	$32,964	$101	325
Assessments		T1023		Encounter	9	15	$3,686	$410	$246	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	35	26,532	$270,096	$7,717	$10	758
Targeted Case Management (Children's Waiver)		T2023		Month	6	71	$15,185	$2,531	$214	12
Fiscal Intermediary Services		T2025		Month	56	476	$38,090	$680	$80	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**394**		**$12,992,588**			

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	134	$73,814	$73,814	$551	134
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	43	$21,735	$3,622	$505	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	11	11	$5,383	$489	$489	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	2	$182	$182	$91	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	2	18	$2,783	$1,391	$155	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	51	203	$32,527	$638	$160	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	6	32	$6,122	$1,020	$191	5
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	2	$294	$294	$147	2
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$24	$24	$24	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	6	$44	$44	$7	6
Additional Codes-Physician Services		99232			1	3	$39	$39	$13	3
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	55	58	$35,433	$644	$611	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	59	370	$56,564	$959	$153	6
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	7	$479	$239	$68	4
Home Based Services		H0036		15 Minutes	10	1,303	$50,852	$5,085	$39	130
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	10	17	$1,330	$133	$78	2
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	11	21,031	$69,088	$6,281	$3	1,912
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	4	54,649	$611,192	$152,798	$11	13,662
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	18	5,180	$122,174	$6,787	$24	288
Community Living Supports (Daily)		H2016	*TF*	Per Diem	3	1,091	$57,368	$19,123	$53	364
Community Living Supports (Daily)		H2016	*TG*	Per Diem	28	8,000	$984,203	$35,150	$123	286
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	25	33,327	$80,793	$3,232	$2	1,333
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	19	25,100	$160,483	$8,446	$6	1,321
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	12	37	$5,173	$431	$140	3
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	1	$274	$274	$274	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	2	$253	$127	$127	1
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Montcalm

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	19	19	$6,462	$340	$340	1
Health Services		T1002		Up to 15 min	24	626	$45,133	$1,881	$72	26
Respite Care		T1005		15 Minutes	46	34,691	$222,868	$4,845	$6	754
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	41	1,703	$99,825	$2,435	$59	42
Targeted Case Management		T1017		15 minutes	136	3,316	$193,901	$1,426	$58	24
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	7,460	$110,405	$4,800	$15	324
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	9	2,892	$133,255	$14,806	$46	321
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	16	3,919	$328,763	$20,548	$84	245
Assessments		T1023		Encounter	6	9	$5,965	$994	$663	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	28	2,391	$55,744	$1,991	$23	85
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	1	600	$8,926	$8,926	$15	600
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	1	12	$2,127	$2,127	$177	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**174**		**$3,591,981**			

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	2	239	$95,507	$47,753	$400	120
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	7	1,695	$693,960	$99,137	$409	242
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	4	60	$97,057	$24,264	$1,618	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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	4	$97	$49	$24	2
Assessment-Psychiatric Assessment		90801		Encounter	65	66	$41,781	$643	$633	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	16	32	$2,370	$148	$74	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	51	192	$32,689	$641	$170	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	12	23	$8,916	$743	$388	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	4	4	$593	$148	$148	1
Therapy-Family Therapy		90847		Encounter	4	35	$4,600	$1,150	$131	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	36	277	$13,656	$379	$49	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	216	594	$191,301	$886	$322	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	47	53	$15,522	$330	$293	1
Speech & Language Therapy		92507		Encounter	3	9	$3,558	$1,186	$395	3
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	1	1	$117	$117	$117	1
Speech & Language Therapy		92610		Encounter	13	13	$1,458	$112	$112	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	62	120	$17,323	$279	$144	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	2	5	$790	$395	$158	3
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	2	$338	$169	$169	1
Physical Therapy		97002		Encounter	66	70	$8,051	$122	$115	1
Occupational Therapy		97003		Encounter	21	22	$7,364	$351	$335	1
Occupational Therapy		97004		Encounter	99	106	$25,834	$261	$244	1
Occupational or Physical Therapy		97110		15 Minutes	18	306	$30,727	$1,707	$100	17
Occupational or Physical Therapy		97112		15 Minutes	1	100	$12,101	$12,101	$121	100
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	3	98	$10,248	$3,416	$105	33
Occupational or Physical Therapy		97124		15 Minutes	3	222	$21,027	$7,009	$95	74
Occupational or Physical Therapy		97140		15 Minutes	1	72	$5,224	$5,224	$73	72
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	10	48	$3,846	$385	$80	5
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	3	11	$1,394	$465	$127	4
Occupational or Physical Therapy		97535		15 Minutes	60	206	$28,444	$474	$138	3
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	72	537	$72,725	$1,010	$135	7
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	3	5	$232	$77	$46	2
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	5	50	$731	$146	$15	10
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	2	4	$631	$316	$158	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	9	10	$692	$77	$69	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	2	$10,039	$5,020	$5,020	1
Assessment		H0031		Encounter	158	175	$27,424	$174	$157	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	257	745	$119,167	$464	$160	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	284	1,975	$327,235	$1,152	$166	7
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	38	$4,182	$4,182	$110	38
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	4	28	$1,334	$333	$48	7
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	138	241	$57,538	$417	$239	2
Monitoring Activities		H2000	*TS*	Encounter	132	477	$73,829	$559	$155	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	9	26	$1,010	$112	$39	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	389	1,075,829	$1,864,887	$4,794	$2	2,766
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	156	218,007	$1,525,499	$9,779	$7	1,397
Community Living Supports (15 Minutes)		H2015		15 Minutes	298	404,712	$1,378,327	$4,625	$3	1,358
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	155	134,706	$948,664	$6,120	$7	869
Community Living Supports (Daily)		H2016		Per Diem	30	8,386	$172,956	$5,765	$21	280
Community Living Supports (Daily)		H2016	*TF*	Per Diem	87	18,893	$1,027,876	$11,815	$54	217
Community Living Supports (Daily)		H2016	*TG*	Per Diem	171	44,546	$4,116,097	$24,071	$92	261
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	74	89,409	$174,988	$2,365	$2	1,208
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	2	6	$0	$0	$0	3
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	9	$3,100	$3,100	$344	9
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	63	150	$14,285	$227	$95	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	2	1,005	$31,967	$15,984	$32	503
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	2	4,702	$126,071	$63,036	$27	2,351
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Muskegon

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	2	2	$155	$78	$78	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	198	49,186	$1,781,866	$8,999	$36	248
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	54	67	$22,104	$409	$330	1
Health Services		T1002		Up to 15 min	419	4,718	$440,419	$1,051	$93	11
Respite Care		T1005		15 Minutes	199	56,642	$557,557	$2,802	$10	285
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	952	21,319	$2,543,325	$2,672	$119	22
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	18	$2,126	$2,126	$118	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	77	12,881	$347,848	$4,518	$27	167
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	126	25,004	$1,308,353	$10,384	$52	198
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	101	27,245	$2,589,342	$25,637	$95	270
Assessments		T1023		Encounter	13	57	$17,536	$1,349	$308	4
Enhanced Medical Supplies or Pharmacy		T1999		Items	20	78	$2,227	$111	$29	4
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	144	50,697	$384,099	$2,667	$8	352
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	18	20,566	$142,856	$7,936	$7	1,143
Targeted Case Management (Children's Waiver)		T2023		Month	9	76	$24,765	$2,752	$326	8
Fiscal Intermediary Services		T2025		Month	29	229	$39,685	$1,368	$173	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	6	7	$20,359	$3,393	$2,908	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$240,516	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$7,548	$0	$0	0
Total Population and Cost					**996**		**$23,930,064**			

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	2	573	$359,667	$179,834	$628	287
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	4	372	$123,596	$30,899	$332	93
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	685	9,227	$618,975	$904	$67	13
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	102	106	$25,518	$250	$241	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	55	621	$44,902	$816	$72	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	101	869	$61,846	$612	$71	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	43	747	$35,890	$835	$48	17
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	584	1,716	$186,694	$320	$109	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	3	3	$760	$253	$253	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	10	32	$2,872	$287	$90	3
Psychological Testing by Technician		96102		Per Hour	14	50	$1,841	$132	$37	4
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	43	47	$11,192	$260	$238	1
Occupational Therapy		97004		Encounter	53	64	$10,025	$189	$157	1
Occupational or Physical Therapy		97110		15 Minutes	0	0	$169	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	5	62	$1,057	$211	$17	12
Occupational or Physical Therapy		97532		15 Minutes	5	88	$1,309	$262	$15	18
Occupational or Physical Therapy		97533		15 Minutes	5	69	$1,090	$218	$16	14
Occupational or Physical Therapy		97535		15 Minutes	5	76	$1,374	$275	$18	15
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

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	86	578	$19,461	$226	$34	7
Assessment or Health Services		97803		15 Minutes	181	1,206	$23,102	$128	$19	7
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	2	20	$726	$363	$36	10
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	9	23	$1,552	$172	$67	3
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	1	1	$171	$171	$171	1
Activity Therapy (Children's Waiver)		G0176		Encounter	1	25	$1,673	$1,673	$67	25
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	198	198	$107,140	$541	$541	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	225	342	$64,518	$287	$189	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	205	301	$35,943	$175	$119	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	11	12	$1,380	$125	$115	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	8	54	$2,183	$273	$40	7
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4	200	$5,800	$1,450	$29	50
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	66	15,374	$1,688,759	$25,587	$110	233
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	3	116	$15,892	$5,297	$137	39
Respite		H0045		Per Diem	49	529	$76,369	$1,559	$144	11
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	209	261	$38,154	$183	$146	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	536	120,456	$339,703	$634	$3	225
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	663	2,302,028	$6,610,357	$9,970	$3	3,472
Community Living Supports (15 Minutes)		H2015		15 Minutes	209	253,267	$871,031	$4,168	$3	1,212
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	75	215,640	$653,301	$8,711	$3	2,875
Community Living Supports (Daily)		H2016		Per Diem	160	46,212	$1,719,929	$10,750	$37	289
Community Living Supports (Daily)		H2016	*TF*	Per Diem	61	17,674	$794,611	$13,026	$45	290
Community Living Supports (Daily)		H2016	*TG*	Per Diem	362	110,205	$12,645,346	$34,932	$115	304
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	245	44,279	$356,386	$1,455	$8	181
Supported Employment Services		H2023	*TT*	15 Minutes	39	57,492	$450,611	$11,554	$8	1,474
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	1	3,031	$4,994	$4,994	$2	3,031
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	80	94	$3,779	$47	$40	1
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	22	218	$14,044	$638	$64	10
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	366	298,934	$383,129	$1,047	$1	817
Respite		S5151		Per Diem	12	89	$24,485	$2,040	$275	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	3	3	$93,209	$31,070	$31,070	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	2	19	$14,238	$7,119	$749	10
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	1	4	$2,365	$2,365	$591	4
Health Services		S9445		Encounter	4	16	$1,872	$468	$117	4
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Network180

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	19	44	$4,532	$239	$103	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	5	34,634	$296,652	$59,330	$9	6,927
Private Duty Nursing		T1000	*TE*	Up to 15 min	8	52,866	$398,491	$49,811	$8	6,608
Assessment		T1001		Encounter	355	464	$73,938	$208	$159	1
Health Services		T1002		Up to 15 min	631	10,326	$439,803	$697	$43	16
Respite Care		T1005		15 Minutes	95	46,768	$433,176	$4,560	$9	492
Respite Care		T1005	*TD*	15 Minutes	5	5,115	$41,645	$8,329	$8	1,023
Respite Care		T1005	*TE*	15 Minutes	7	13,590	$94,153	$13,450	$7	1,941
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,816	82,728	$4,142,677	$2,281	$50	46
Targeted Case Management		T1017		15 minutes	96	8,476	$269,431	$2,807	$32	88
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	196	57,580	$907,458	$4,630	$16	294
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	4	1,355	$63,631	$15,908	$47	339
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	374	115,673	$9,507,794	$25,422	$82	309
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	28	330	$102,271	$3,653	$310	12
Fiscal Intermediary Services		T2025		Month	46	371	$29,441	$640	$79	8
Enhanced Medical Equipment-Supplies		T2028		Items	1	14	$198	$198	$14	14
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	$4,107	$2,054	$2,054	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	6	$1,350	$1,350	$225	6
Enhanced Medical Equipment-Supplies		T2039		Items	2	1	$2,885	$1,443	$2,885	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$55,687	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**2,174**		**$45,424,310**			

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	23	$5,337	$5,337	$232	23
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	5	50	$39,004	$7,801	$780	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	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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	5	54	$2,590	$518	$48	11
Assessment-Psychiatric Assessment		90801		Encounter	43	43	$12,255	$285	$285	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	18	79	$4,345	$241	$55	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	13	39	$5,265	$405	$135	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	4	$780	$390	$195	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$162	$162	$162	1
Therapy-Family Therapy		90847		Encounter	18	85	$11,053	$614	$130	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	19	155	$20,366	$1,072	$131	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	11	63	$8,278	$753	$131	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	43	197	$30,122	$701	$153	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	1	$127	$127	$127	1
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	56	$11,725	$733	$209	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	2	$237	$119	$119	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	83	$3,477	$3,477	$42	83
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	1	1	$4,566	$4,566	$4,566	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	5	6	$1,146	$229	$191	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	3	$996	$996	$332	3
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	7	12	$1,186	$169	$99	2
Assessment		H0031		Encounter	45	79	$12,842	$285	$163	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	40	60	$8,767	$219	$146	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	103	$5,322	$2,661	$52	52
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	8	468	$12,347	$1,543	$26	59
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	251	$15,936	$7,968	$63	126
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	4	13,077	$58,637	$14,659	$4	3,269
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	61	120	$16,054	$263	$134	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	8	38	$2,581	$323	$68	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	24	3,644	$84,588	$3,525	$23	152
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	27	99,722	$444,424	$16,460	$4	3,693
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	8	2,593	$77,000	$9,625	$30	324
Community Living Supports (Daily)		H2016	*TF*	Per Diem	18	6,042	$331,033	$18,391	$55	336
Community Living Supports (Daily)		H2016	*TG*	Per Diem	20	7,009	$742,604	$37,130	$106	350
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	4	59	$1,121	$280	$19	15
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	11	8,658	$88,840	$8,076	$10	787
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	31	237	$30,842	$995	$130	8
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$11,971	$11,971	$11,971	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Newaygo

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	1	1	$52	$52	$52	1
Health Services		T1002		Up to 15 min	64	537	$27,435	$429	$51	8
Respite Care		T1005		15 Minutes	82	51,031	$108,866	$1,328	$2	622
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	33	436	$30,112	$912	$69	13
Targeted Case Management		T1017		15 minutes	113	3,603	$235,229	$2,082	$65	32
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	2	$131	$131	$66	2
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	9,082	$69,088	$2,559	$8	336
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	4	1,464	$90,099	$22,525	$62	366
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	14	5,124	$500,947	$35,782	$98	366
Assessments		T1023		Encounter	5	25	$4,956	$991	$198	5
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	2	$182	$91	$91	1
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	42	$13,962	$3,491	$332	11
Fiscal Intermediary Services		T2025		Month	33	279	$15,335	$465	$55	8
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$274	$274	$274	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**167**		**$3,204,594**			

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	4	39	$19,925	$4,981	$511	10
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	15	$10,305	$5,153	$687	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	15	140	$67,129	$4,475	$479	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	31	31	$9,255	$299	$299	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	7	20	$1,286	$184	$64	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	20	118	$13,986	$699	$119	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$170	$170	$170	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	7	30	$3,542	$506	$118	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$116	$116	$116	1
Therapy-Family Therapy		90847		Encounter	6	19	$2,091	$349	$110	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	28	$1,979	$990	$71	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	183	620	$72,902	$398	$118	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	5	143	$9,000	$1,800	$63	29
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	1	15	$1,858	$1,858	$124	15
Speech & Language Therapy		92610		Encounter	2	2	$367	$184	$184	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	64	281	$59,758	$934	$213	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	37	41	$7,483	$202	$183	1
Physical Therapy		97002		Encounter	2	2	$248	$124	$124	1
Occupational Therapy		97003		Encounter	86	107	$25,423	$296	$238	1
Occupational Therapy		97004		Encounter	75	188	$22,987	$306	$122	3
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	1	4	$114	$114	$29	4
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	68	$3,614	$3,614	$53	68
Occupational or Physical Therapy		97535		15 Minutes	24	132	$8,398	$350	$64	6
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	1	4	$309	$309	$77	4
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	23	76	$6,848	$298	$90	3
Assessment or Health Services		97803		15 Minutes	5	12	$1,082	$216	$90	2
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			1	10	$213	$213	$21	10
Additional Codes-Physician Services		99222			1	3	$4	$4	$1	3
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			2	103	$2,894	$1,447	$28	52
Additional Codes-Physician Services		99232			2	24	$1,357	$679	$57	12
Additional Codes-Physician Services		99233			1	6	$450	$450	$75	6
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	6	6	$8,835	$1,473	$1,473	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	4	8	$1,010	$253	$126	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	2	7	$3,324	$1,662	$475	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	24	34	$9,659	$402	$284	1
Assessment		H0031		Encounter	145	170	$38,679	$267	$228	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	236	440	$81,773	$346	$186	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	169	555	$103,145	$610	$186	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	64	266	$21,342	$333	$80	4
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	17	67	$13,035	$767	$195	4
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	10	6,750	$1,041,272	$104,127	$154	675
Respite		H0045		Per Diem	1	3	$202	$202	$67	3
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	46	54	$6,570	$143	$122	1
Monitoring Activities		H2000	*TS*	Encounter	25	37	$4,502	$180	$122	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	22	79	$6,828	$310	$86	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	33	10,007	$34,039	$1,031	$3	303
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	225	707,393	$2,406,208	$10,694	$3	3,144
Community Living Supports (15 Minutes)		H2015		15 Minutes	150	105,604	$536,692	$3,578	$5	704
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	163	720,769	$2,138,392	$13,119	$3	4,422
Community Living Supports (Daily)		H2016		Per Diem	33	9,927	$221,208	$6,703	$22	301
Community Living Supports (Daily)		H2016	*TF*	Per Diem	33	8,244	$407,889	$12,360	$49	250
Community Living Supports (Daily)		H2016	*TG*	Per Diem	129	40,254	$5,387,041	$41,760	$134	312
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	54	33,875	$260,644	$4,827	$8	627
Supported Employment Services		H2023	*TT*	15 Minutes	27	12,084	$97,972	$3,629	$8	448
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	7	17,157	$96,161	$13,737	$6	2,451
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	83	152	$16,448	$198	$108	2
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	15	147	$24,024	$1,602	$163	10
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	195	114,998	$164,468	$843	$1	590
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	2	24	$1,144	$572	$48	12
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	3	3	$143	$48	$48	1
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

North Country

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	3	3	$506	$169	$169	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	5	10	$685	$137	$69	2
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	195	213	$66,753	$342	$313	1
Health Services		T1002		Up to 15 min	57	351	$18,435	$323	$53	6
Respite Care		T1005		15 Minutes	11	16,793	$69,130	$6,285	$4	1,527
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	403	7,207	$582,712	$1,446	$81	18
Targeted Case Management		T1017		15 minutes	372	7,901	$547,509	$1,472	$69	21
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	5	41	$2,841	$568	$69	8
Personal Care in Licensed Specialized Residential Setting		T1020		Days	99	28,000	$423,946	$4,282	$15	283
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	42	9,491	$468,100	$11,145	$49	226
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	69	21,058	$2,058,861	$29,839	$98	305
Assessments		T1023		Encounter	14	21	$2,651	$189	$126	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	27	1,906	$27,293	$1,011	$14	71
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1	68	$673	$673	$10	68
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	1	750	$12,581	$12,581	$17	750
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	15	175	$9,267	$618	$53	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**753**		**$17,779,685**			

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	366	$74,194	$74,194	$203	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	35	$2,092	$697	$60	12
Assessment-Psychiatric Assessment		90801		Encounter	12	12	$4,542	$378	$378	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$27	$27	$27	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	22	$1,831	$366	$83	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	4	$689	$689	$172	4
Therapy-Individual Therapy		90819		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90821		Encounter 75-80 Min	1	1	$258	$258	$258	1
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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	26	$669	$669	$26	26
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	100	273	$43,900	$439	$161	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	1	28	$2,428	$2,428	$87	28
Speech & Language Therapy		92506		Encounter	2	8	$1,361	$681	$170	4
Speech & Language Therapy		92507		Encounter	1	28	$5,742	$5,742	$205	28
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	2	2	$189	$94	$94	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	28	176	$35,360	$1,263	$201	6
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	3	3	$513	$171	$171	1
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	1	2	$207	$207	$104	2
Occupational Therapy		97003		Encounter	51	53	$19,723	$387	$372	1
Occupational Therapy		97004		Encounter	2	3	$562	$281	$187	2
Occupational or Physical Therapy		97110		15 Minutes	1	120	$4,085	$4,085	$34	120
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	7	$359	$359	$51	7
Occupational or Physical Therapy		97124		15 Minutes	1	92	$3,145	$3,145	$34	92
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	91	$3,941	$3,941	$43	91
Occupational or Physical Therapy		97532		15 Minutes	1	2	$103	$103	$51	2
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	1	40	$1,908	$1,908	$48	40
Occupational or Physical Therapy		97537		15 Minutes	1	89	$2,957	$2,957	$33	89
Occupational or Physical Therapy		97542		15 Minutes	1	2	$803	$803	$401	2
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	1	$283	$283	$283	1
Assessment or Health Services		97803		15 Minutes	1	1	$71	$71	$71	1
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	1	1	$88	$88	$88	1
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	1	1	$280	$280	$280	1
Additional Codes-Physician Services		99204		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	3	3	$525	$175	$175	1
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	2	2	$724	$362	$362	1
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$99	$99	$99	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	5	$1,141	$1,141	$228	5
Assessment		H0031		Encounter	35	37	$6,210	$177	$168	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	136	229	$39,349	$289	$172	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	20	66	$2,104	$105	$32	3
Home Based Services		H0036		15 Minutes	1	99	$5,936	$5,936	$60	99
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	*TS*	Encounter	46	196	$7,694	$167	$39	4
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	14	46	$1,246	$89	$27	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	21	7,725	$41,355	$1,969	$5	368
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	8	70	$2,026	$253	$29	9
Community Living Supports (15 Minutes)		H2015		15 Minutes	242	335,627	$1,949,695	$8,057	$6	1,387
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	158	226,834	$1,182,795	$7,486	$5	1,436
Community Living Supports (Daily)		H2016		Per Diem	31	8,732	$258,100	$8,326	$30	282
Community Living Supports (Daily)		H2016	*TF*	Per Diem	36	9,337	$487,696	$13,547	$52	259
Community Living Supports (Daily)		H2016	*TG*	Per Diem	109	34,467	$4,545,068	$41,698	$132	316
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	159	108,290	$1,122,027	$7,057	$10	681
Supported Employment Services		H2023	*TT*	15 Minutes	63	79,532	$719,447	$11,420	$9	1,262
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	6	4,730	$46,551	$7,759	$10	788
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	56	143	$13,820	$247	$97	3
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	1	14	$2,794	$2,794	$200	14
Personal Emergency Response System (PERS)		S5160		Encounter	5	5	$371	$74	$74	1
Personal Emergency Response System (PERS)		S5161		Month	22	222	$340,266	$15,467	$1,533	10
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	111	151	$17,348	$156	$115	1
Health Services		T1002		Up to 15 min	140	2,256	$104,065	$743	$46	16
Respite Care		T1005		15 Minutes	45	73,628	$81,607	$1,813	$1	1,636
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	206	3,735	$452,228	$2,195	$121	18
Targeted Case Management		T1017		15 minutes	177	2,848	$363,462	$2,053	$128	16
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	5	68	$6,048	$1,210	$89	14
Personal Care in Licensed Specialized Residential Setting		T1020		Days	82	24,452	$246,138	$3,002	$10	298
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	32	7,909	$419,843	$13,120	$53	247
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	68	20,315	$1,916,953	$28,190	$94	299
Assessments		T1023		Encounter	6	8	$651	$109	$81	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	109	1,734	$23,167	$213	$13	16
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	1	12	$217	$217	$18	12
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	54	$19,437	$19,437	$360	54
Fiscal Intermediary Services		T2025		Month	16	164	$19,037	$1,190	$116	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$728	$728	$728	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			2	0	$542	$271	$0	0
Total Population and Cost					**402**		**$14,660,821**			

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	6	944	$323,065	$53,844	$342	157
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	10	242	$189,232	$18,923	$782	24
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	52	$3,291	$1,646	$63	26
Assessment-Psychiatric Assessment		90801		Encounter	68	70	$18,987	$279	$271	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	40	$3,183	$265	$80	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	49	396	$61,855	$1,262	$156	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	1	$211	$211	$211	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	8	$2,282	$571	$285	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	6	129	$18,306	$3,051	$142	22
Therapy-Family Therapy		90847		Encounter	10	68	$9,324	$932	$137	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	7	67	$6,987	$998	$104	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	273	1,108	$128,547	$471	$116	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	377	444	$81,448	$216	$183	1
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	1	2	$530	$530	$265	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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	55	310	$48,027	$873	$155	6
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	31	69	$18,284	$590	$265	2
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	35	36	$8,181	$234	$227	1
Physical Therapy		97002		Encounter	5	5	$1,146	$229	$229	1
Occupational Therapy		97003		Encounter	26	32	$6,999	$269	$219	1
Occupational Therapy		97004		Encounter	3	3	$296	$99	$99	1
Occupational or Physical Therapy		97110		15 Minutes	1	122	$7,896	$7,896	$65	122
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	2	4	$173	$87	$43	2
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	1	$58	$58	$58	1
Occupational or Physical Therapy		97532		15 Minutes	9	101	$5,764	$640	$57	11
Occupational or Physical Therapy		97533		15 Minutes	10	21	$1,128	$113	$54	2
Occupational or Physical Therapy		97535		15 Minutes	1	1	$54	$54	$54	1
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

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	14	134	$1,542	$110	$12	10
Assessment or Health Services		97803		15 Minutes	8	98	$1,128	$141	$12	12
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	6	15	$14,468	$2,411	$965	3
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	3	3	$383	$128	$128	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	2	16	$3,861	$1,931	$241	8
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	8	276	$8,967	$1,121	$32	35
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	397	422	$70,072	$177	$166	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	134	223	$53,946	$403	$242	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	1	$36	$36	$36	1
Home Based Services		H0036		15 Minutes	2	177	$7,976	$3,988	$45	89
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	219	$6,627	$947	$30	31
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	3	461	$28,921	$9,640	$63	154
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	3	51	$10,462	$3,487	$205	17
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	7	$1,658	$553	$237	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	45	324	$23,921	$532	$74	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	126	27,433	$232,783	$1,847	$8	218
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	331	611,670	$1,771,166	$5,351	$3	1,848
Community Living Supports (15 Minutes)		H2015		15 Minutes	270	284,492	$1,467,532	$5,435	$5	1,054
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	315	325,821	$1,680,725	$5,336	$5	1,034
Community Living Supports (Daily)		H2016		Per Diem	20	2,351	$67,625	$3,381	$29	118
Community Living Supports (Daily)		H2016	*TF*	Per Diem	101	26,365	$1,495,011	$14,802	$57	261
Community Living Supports (Daily)		H2016	*TG*	Per Diem	132	37,064	$4,186,324	$31,715	$113	281
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	141	$6,354	$3,177	$45	71
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	19	24,478	$64,073	$3,372	$3	1,288
Supported Employment Services		H2023	*TT*	15 Minutes	118	88,810	$232,466	$1,970	$3	753
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	16	25,030	$92,877	$5,805	$4	1,564
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	140	451	$42,378	$303	$94	3
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	5	6	$1,024	$205	$171	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	66	$4,787	$1,596	$73	22
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	114	65,666	$54,147	$475	$1	576
Respite		S5151		Per Diem	5	58	$12,068	$2,414	$208	12
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	2	18	$1,070	$535	$59	9
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	2	2,049	$58,938	$29,469	$29	1,025
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	2	7,475	$329,689	$164,845	$44	3,738
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	4	4	$146	$37	$37	1

Northern Lakes

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	35	37	$6,577	$188	$178	1
Health Services		T1002		Up to 15 min	118	364	$22,626	$192	$62	3
Respite Care		T1005		15 Minutes	295	204,666	$523,953	$1,776	$3	694
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	214	3,228	$329,933	$1,542	$102	15
Targeted Case Management		T1017		15 minutes	718	9,823	$508,596	$708	$52	14
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	11	78	$4,039	$367	$52	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	88	20,823	$598,963	$6,806	$29	237
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	89	25,067	$1,490,148	$16,743	$59	282
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	72	18,660	$1,914,391	$26,589	$103	259
Assessments		T1023		Encounter	15	22	$5,762	$384	$262	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	2	$554	$554	$277	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	52	14,106	$256,976	$4,942	$18	271
Targeted Case Management (Children's Waiver)		T2023		Month	6	46	$15,437	$2,573	$336	8
Fiscal Intermediary Services		T2025		Month	1	12	$1,507	$1,507	$126	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$196	$196	$196	1
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$3,305	$3,305	$3,305	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**1,036**		**$18,663,368**			

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	4	114	$76,744	$19,186	$673	29
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	4	69	$21,029	$5,257	$305	17
Assessment-Psychiatric Assessment		90801		Encounter	24	25	$7,808	$325	$312	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	11	$753	$151	$68	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	7	$761	$761	$109	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	5	38	$5,455	$1,091	$144	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	2	3	$410	$205	$137	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	1	8	$547	$547	$68	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	101	472	$51,302	$508	$109	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	17	18	$23,396	$1,376	$1,300	1
Speech & Language Therapy		92507		Encounter	5	7	$9,098	$1,820	$1,300	1
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	28	$5,200	$743	$186	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	2	5	$2,188	$1,094	$438	3
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$89	$89	$89	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	60	62	$46,059	$768	$743	1
Occupational Therapy		97004		Encounter	12	12	$8,915	$743	$743	1
Occupational or Physical Therapy		97110		15 Minutes	3	13	$1,207	$402	$93	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	1	7	$650	$650	$93	7
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	1	$93	$93	$93	1
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	41	$3,807	$3,807	$93	41
Occupational or Physical Therapy		97535		15 Minutes	1	2	$186	$186	$93	2
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	12	41	$3,426	$286	$84	3
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	4	12	$1,114	$279	$93	3
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	49	294	$9,943	$203	$34	6
Assessment or Health Services		97803		15 Minutes	43	167	$5,648	$131	$34	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	8	13	$1,619	$202	$125	2
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	3	$641	$321	$214	2
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	89	95	$19,496	$219	$205	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	107	185	$39,664	$371	$214	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	94	485	$106,127	$1,129	$219	5
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	1	1	$102	$102	$102	1
Home Based Services		H0036		15 Minutes	2	19	$1,504	$752	$79	10
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	7	93	$538	$77	$6	13
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	24	170	$29,376	$1,224	$173	7
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	44	74	$28,572	$649	$386	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	9	37	$2,938	$326	$79	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	30	8,296	$28,538	$951	$3	277
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	129	399,580	$1,338,593	$10,377	$3	3,098
Community Living Supports (15 Minutes)		H2015		15 Minutes	50	122,798	$542,767	$10,855	$4	2,456
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	1	1,328	$5,949	$5,949	$4	1,328
Community Living Supports (Daily)		H2016		Per Diem	3	1,033	$24,857	$8,286	$24	344
Community Living Supports (Daily)		H2016	*TF*	Per Diem	17	5,412	$251,556	$14,797	$46	318
Community Living Supports (Daily)		H2016	*TG*	Per Diem	57	19,032	$2,836,253	$49,759	$149	334
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	1	1	$61	$61	$61	1
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	*TT*	15 Minutes	42	76,052	$281,044	$6,692	$4	1,811
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	53	380	$49,240	$929	$130	7
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	46	13,121	$23,051	$501	$2	285
Respite		S5151		Per Diem	17	81	$13,997	$823	$173	5
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	2	12	$33,530	$16,765	$2,794	6
Enhanced Medical Equipment-Supplies		S5199		Items	13	14	$1,717	$132	$123	1
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Northpointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	34	37	$16,956	$499	$458	1
Health Services		T1002		Up to 15 min	66	376	$38,717	$587	$103	6
Respite Care		T1005		15 Minutes	10	13,778	$25,765	$2,576	$2	1,378
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	208	5,427	$294,740	$1,417	$54	26
Targeted Case Management		T1017		15 minutes	20	396	$21,507	$1,075	$54	20
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	7	$435	$435	$62	7
Personal Care in Licensed Specialized Residential Setting		T1020		Days	50	15,621	$210,076	$4,202	$13	312
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	23	6,363	$304,241	$13,228	$48	277
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	12	3,125	$252,422	$21,035	$81	260
Assessments		T1023		Encounter	14	23	$5,251	$375	$228	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	44	471	$9,943	$226	$21	11
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	5	$1,004	$1,004	$201	5
Fiscal Intermediary Services		T2025		Month	5	60	$6,767	$1,353	$113	12
Enhanced Medical Equipment-Supplies		T2028		Items	37	97	$5,138	$139	$53	3
Enhanced Medical Equipment-Supplies		T2029		Items	3	8	$255	$85	$32	3
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	12	$4,086	$4,086	$341	12
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**296**		**$7,144,864**			

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	3	856	$482,462	$160,821	$564	285
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	12	93	$46,394	$3,866	$499	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	97	$45,256	$22,628	$467	49
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	18	$481	$481	$27	18
Assessment-Psychiatric Assessment		90801		Encounter	135	143	$30,011	$222	$210	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	65	154	$21,827	$336	$142	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	231	1,707	$265,939	$1,151	$156	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	95	324	$124,626	$1,312	$385	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	14	30	$4,841	$346	$161	2
Therapy-Family Therapy		90847		Encounter	54	315	$111,335	$2,062	$353	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	62	615	$30,002	$484	$49	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	866	3,528	$425,703	$492	$121	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	6	21	$1,362	$227	$65	4
Speech & Language Therapy		92506		Encounter	24	25	$13,184	$549	$527	1
Speech & Language Therapy		92507		Encounter	3	42	$2,308	$769	$55	14
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	2	2	$362	$181	$181	1
Speech & Language Therapy		92610		Encounter	23	28	$14,193	$617	$507	1
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	230	683	$181,609	$790	$266	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	18	56	$5,212	$290	$93	3
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	514	1,802	$459,078	$893	$255	4
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	389	415	$173,302	$446	$418	1
Occupational Therapy		97004		Encounter	4	10	$1,808	$452	$181	3
Occupational or Physical Therapy		97110		15 Minutes	3	11	$716	$239	$65	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	14	44	$3,118	$223	$71	3
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	13	44	$3,118	$240	$71	3
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	9	590	$11,056	$1,228	$19	66
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	12	173	$8,091	$674	$47	14
Occupational or Physical Therapy		97535		15 Minutes	76	325	$23,032	$303	$71	4
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	171	988	$70,017	$409	$71	6
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	102	677	$47,977	$470	$71	7
Occupational Therapy		97760		15 Minutes	55	384	$27,213	$495	$71	7
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	67	298	$15,816	$236	$53	4
Assessment or Health Services		97803		15 Minutes	367	1,670	$87,785	$239	$53	5
Health Services		97804		30 Minutes	13	60	$858	$66	$14	5
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	5	9	$1,252	$250	$139	2
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	4	18	$2,670	$668	$148	5
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	3	3	$7,029	$2,343	$2,343	1
Activity Therapy (Children's Waiver)		G0176		Encounter	15	422	$32,991	$2,199	$78	28
Family Training/Support EBP only		G0177		Encounter	1	4	$1,779	$1,779	$445	4
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	26	26	$2,103	$81	$81	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	1,255	1,438	$363,533	$290	$253	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	2,580	5,176	$1,353,490	$525	$261	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	18	83	$4,874	$271	$59	5
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	7	$274	$274	$39	7
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	137	20,283	$3,185,029	$23,248	$157	148
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	116	18,386	$2,704,232	$23,312	$147	159
Respite		H0045		Per Diem	200	3,488	$524,253	$2,621	$150	17
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	570	672	$176,216	$309	$262	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	100	568	$40,311	$403	$71	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	561	391,778	$1,670,208	$2,977	$4	698
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	1,002	3,411,341	$11,525,683	$11,503	$3	3,405
Community Living Supports (15 Minutes)		H2015		15 Minutes	1,223	5,986,539	$25,177,878	$20,587	$4	4,895
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	18	36,439	$114,287	$6,349	$3	2,024
Community Living Supports (Daily)		H2016		Per Diem	536	165,806	$9,547,442	$17,812	$58	309
Community Living Supports (Daily)		H2016	*TF*	Per Diem	309	74,894	$5,715,830	$18,498	$76	242
Community Living Supports (Daily)		H2016	*TG*	Per Diem	564	157,742	$16,908,419	$29,979	$107	280
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	466	804,365	$4,688,126	$10,060	$6	1,726
Supported Employment Services		H2023	*TT*	15 Minutes	160	277,487	$1,485,315	$9,283	$5	1,734
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	2	47	$1,676	$838	$36	24
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	52	112	$28,017	$539	$250	2
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	18	46	$11,023	$612	$240	3
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1,300	2,147,496	$3,789,835	$2,915	$2	1,652
Respite		S5151		Per Diem	170	2,596	$497,072	$2,924	$191	15
Personal Emergency Response System (PERS)		S5160		Encounter	1	2	$2,022	$2,022	$1,011	2
Personal Emergency Response System (PERS)		S5161		Month	2	13	$748	$374	$58	7
Environmental Modification		S5165		Service	22	22	$27,619	$1,255	$1,255	1
Enhanced Medical Equipment-Supplies		S5199		Items	375	941	$273,906	$730	$291	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	2	18	$13,679	$6,840	$760	9
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	16	99	$5,394	$337	$54	6
Health Services		S9446		Encounter	29	83	$2,723	$94	$33	3

Oakland

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	47	57	$8,936	$190	$157	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	6	32,174	$267,565	$44,594	$8	5,362
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	685	802	$323,235	$472	$403	1
Health Services		T1002		Up to 15 min	716	3,213	$266,196	$372	$83	4
Respite Care		T1005		15 Minutes	292	315,254	$1,277,797	$4,376	$4	1,080
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	3,187	136,036	$9,070,739	$2,846	$67	43
Targeted Case Management		T1017		15 minutes	6	414	$26,926	$4,488	$65	69
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	18	$1,015	$1,015	$56	18
Personal Care in Licensed Specialized Residential Setting		T1020		Days	565	158,086	$4,193,009	$7,421	$27	280
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	309	74,894	$4,602,191	$14,894	$61	242
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	536	165,806	$15,302,365	$28,549	$92	309
Assessments		T1023		Encounter	6	7	$3,432	$572	$490	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	228	1,779	$97,513	$428	$55	8
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	367	291,501	$3,932,498	$10,715	$13	794
Targeted Case Management (Children's Waiver)		T2023		Month	48	518	$184,578	$3,845	$356	11
Fiscal Intermediary Services		T2025		Month	405	3,741	$270,188	$667	$72	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	67	445	$98,418	$1,469	$221	7
Enhanced Medical Equipment-Supplies		T2039		Items	10	11	$17,802	$1,780	$1,618	1
Pharmacy (Drugs and Other Biologicals)					1,029	0	$175,197	$170	$0	0
Other					230	0	$510,900	$2,221	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**4,047**		**$133,257,530**			

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	4	1,464	$295,745	$73,936	$202	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	17	$11,635	$11,635	$684	17
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	42	$24,389	$4,065	$581	7
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	4	78	$8,973	$2,243	$115	20
Assessment-Psychiatric Assessment		90801		Encounter	32	32	$16,918	$529	$529	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	10	65	$2,603	$260	$40	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	17	113	$8,888	$523	$79	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	10	$1,087	$1,087	$109	10
Therapy-Family Therapy		90847		Encounter	2	2	$188	$94	$94	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	5	66	$2,358	$472	$36	13
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	162	427	$89,175	$550	$209	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	15	15	$4,520	$301	$301	1
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	7	47	$8,365	$1,195	$178	7
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	7	27	$4,879	$697	$181	4
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	20	20	$533	$27	$27	1
Physical Therapy		97002		Encounter	3	3	$15	$5	$5	1
Occupational Therapy		97003		Encounter	23	23	$7,955	$346	$346	1
Occupational Therapy		97004		Encounter	18	18	$4,742	$263	$263	1
Occupational or Physical Therapy		97110		15 Minutes	8	17	$127	$16	$7	2
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	2	11	$63	$31	$6	6
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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	1	8	$360	$360	$45	8
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	3	$36	$36	$12	3
Assessment or Health Services		97803		15 Minutes	4	11	$83	$21	$8	3
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	4	4	$323	$81	$81	1
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	6	9	$8,814	$1,469	$979	2
Activity Therapy (Children's Waiver)		G0176		Encounter	5	89	$4,850	$970	$54	18
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	1	4	$863	$863	$216	4
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	92	100	$17,179	$187	$172	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	158	541	$107,654	$681	$199	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	6	6	$910	$152	$152	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	9	$831	$831	$92	9
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	9	770	$16,538	$1,838	$21	86
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	16	5,229	$704,223	$44,014	$135	327
Respite		H0045		Per Diem	76	906	$89,068	$1,172	$98	12
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	44	59	$15,159	$345	$257	1
Monitoring Activities		H2000	*TS*	Encounter	30	30	$3,063	$102	$102	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	12	71	$14,546	$1,212	$205	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	283	1,088,813	$3,410,178	$12,050	$3	3,847
Community Living Supports (15 Minutes)		H2015		15 Minutes	177	381,973	$1,513,198	$8,549	$4	2,158
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	115	234,906	$1,744,813	$15,172	$7	2,043
Community Living Supports (Daily)		H2016		Per Diem	60	24,840	$617,293	$10,288	$25	414
Community Living Supports (Daily)		H2016	*TF*	Per Diem	18	5,163	$224,939	$12,497	$44	287
Community Living Supports (Daily)		H2016	*TG*	Per Diem	96	29,926	$3,597,800	$37,477	$120	312
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	33	12,099	$280,143	$8,489	$23	367
Supported Employment Services		H2023	*TT*	15 Minutes	57	29,015	$242,956	$4,262	$8	509
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	9	23,110	$65,455	$7,273	$3	2,568
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	118	202	$50,205	$425	$249	2
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	25	343	$31,215	$1,249	$91	14
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	19	181	$11,372	$599	$63	10
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	68	4,196	$47,622	$700	$11	62
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	1	5	$495	$495	$99	5
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	1	5,759	$146,558	$146,558	$25	5,759
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	33	$170	$85	$5	17
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Ottawa

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	5	56	$3,688	$738	$66	11
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	30	43	$73,232	$2,441	$1,703	1
Health Services		T1002		Up to 15 min	19	58	$7,415	$390	$128	3
Respite Care		T1005		15 Minutes	128	139,202	$462,117	$3,610	$3	1,088
Respite Care		T1005	*TD*	15 Minutes	1	1,656	$16,530	$16,530	$10	1,656
Respite Care		T1005	*TE*	15 Minutes	2	1,449	$11,671	$5,836	$8	725
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	498	4,361	$1,110,408	$2,230	$255	9
Targeted Case Management		T1017		15 minutes	40	1,173	$102,360	$2,559	$87	29
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	71	23,406	$476,506	$6,711	$20	330
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	35	10,946	$562,236	$16,064	$51	313
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	60	19,859	$1,723,604	$28,727	$87	331
Assessments		T1023		Encounter	7	9	$5,925	$846	$658	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	1	91	$206	$206	$2	91
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	26	29,604	$204,105	$7,850	$7	1,139
Targeted Case Management (Children's Waiver)		T2023		Month	28	320	$266,889	$9,532	$834	11
Fiscal Intermediary Services		T2025		Month	6	60	$6,052	$1,009	$101	10
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	3	3	$1,776	$592	$592	1
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**657**		**$18,496,790**			

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	104	$33,315	$33,315	$320	104
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	73	$50,890	$25,445	$697	37
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	2	23	$2,621	$1,310	$114	12
Assessment-Psychiatric Assessment		90801		Encounter	16	16	$6,609	$413	$413	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	4	19	$2,252	$563	$119	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	24	238	$51,441	$2,143	$216	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	11	$3,564	$1,782	$324	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	5	$1,129	$1,129	$226	5
Therapy-Family Therapy		90847		Encounter	7	22	$4,310	$616	$196	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	20	$1,456	$728	$73	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	116	516	$72,875	$628	$141	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	15	15	$7,664	$511	$511	1
Speech & Language Therapy		92507		Encounter	24	304	$56,614	$2,359	$186	13
Speech & Language Therapy		92508		Encounter	5	13	$2,421	$484	$186	3
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	15	112	$30,203	$2,014	$270	7
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	1	1	$137	$137	$137	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	63	68	$38,743	$615	$570	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	3	124	$6,185	$2,062	$50	41
Occupational or Physical Therapy		97150		Encounter	3	6	$1,141	$380	$190	2
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	19	224	$17,989	$947	$80	12
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	9	52	$1,908	$212	$37	6
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			2	2	$145	$73	$73	1
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			2	10	$726	$363	$73	5
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	1	1	$18	$18	$18	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	1	1	$412	$412	$412	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	33	963	$24,374	$739	$25	29
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	56	56	$15,212	$272	$272	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	83	117	$27,279	$329	$233	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	47	155	$36,138	$769	$233	3
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	2	2	$158	$79	$79	1
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	2	57	$899	$450	$16	29
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	61	176	$70,396	$1,154	$400	3
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	15	80	$5,287	$352	$66	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	127	23,266	$274,073	$2,158	$12	183
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	197	342,992	$4,040,446	$20,510	$12	1,741
Community Living Supports (15 Minutes)		H2015		15 Minutes	214	401,846	$2,326,688	$10,872	$6	1,878
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	144	59,563	$344,870	$2,395	$6	414
Community Living Supports (Daily)		H2016		Per Diem	41	11,864	$484,526	$11,818	$41	289
Community Living Supports (Daily)		H2016	*TF*	Per Diem	59	14,544	$955,541	$16,196	$66	247
Community Living Supports (Daily)		H2016	*TG*	Per Diem	101	29,151	$4,143,523	$41,025	$142	289
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	38	4,832	$39,236	$1,033	$8	127
Supported Employment Services		H2023	*TT*	15 Minutes	40	28,721	$233,215	$5,830	$8	718
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	41	268	$20,620	$503	$77	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	6	127	$935	$156	$7	21
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	1	366	$27,208	$27,208	$74	366
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	14	36	$360	$26	$10	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	2	17	$5,641	$2,821	$332	9
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	1	1,950	$71,253	$71,253	$37	1,950
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Pathways

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	9	43	$18,100	$2,011	$421	5
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	33	93	$37,417	$1,134	$402	3
Health Services		T1002		Up to 15 min	0	0	$0	$0	$0	0
Respite Care		T1005		15 Minutes	109	106,434	$901,496	$8,271	$8	976
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	491	11,752	$1,360,764	$2,771	$116	24
Targeted Case Management		T1017		15 minutes	26	1,252	$91,872	$3,534	$73	48
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	24	$1,761	$881	$73	12
Personal Care in Licensed Specialized Residential Setting		T1020		Days	90	28,552	$532,495	$5,917	$19	317
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	38	8,159	$542,247	$14,270	$66	215
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	62	17,645	$2,167,688	$34,963	$123	285
Assessments		T1023		Encounter	9	23	$4,459	$495	$194	3
Enhanced Medical Supplies or Pharmacy		T1999		Items	27	230	$7,438	$275	$32	9
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	27	11,738	$146,960	$5,443	$13	435
Targeted Case Management (Children's Waiver)		T2023		Month	10	141	$10,340	$1,034	$73	14
Fiscal Intermediary Services		T2025		Month	18	176	$27,259	$1,514	$155	10
Enhanced Medical Equipment-Supplies		T2028		Items	1	2	$10,254	$10,254	$5,127	2
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**555**		**$19,403,197**			

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	366	$63,318	$63,318	$173	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	3	$3,564	$1,782	$1,188	2
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	5	$255	$255	$51	5
Assessment-Psychiatric Assessment		90801		Encounter	34	36	$10,858	$319	$302	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	18	26	$2,214	$123	$85	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	57	322	$54,832	$962	$170	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	57	$14,559	$7,280	$255	29
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$341	$171	$171	1
Therapy-Family Therapy		90847		Encounter	1	1	$170	$170	$170	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	5	91	$8,755	$1,751	$96	18
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	1	1	$53	$53	$53	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	114	461	$51,033	$448	$111	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	4	4	$681	$170	$170	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	19	23	$1,380	$73	$60	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	3	11	$220	$73	$20	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	4	10	$300	$75	$30	3
Assessment or Health Services		97803		15 Minutes	2	7	$210	$105	$30	4
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	1	7	$426	$426	$61	7
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	57	57	$6,066	$106	$106	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	74	$525	$263	$7	37
Assessment		H0031		Encounter	34	36	$5,705	$168	$158	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	58	73	$10,322	$178	$141	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	3	630	$26,820	$8,940	$43	210
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$55,000	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	3	920	$39,165	$13,055	$43	307
Community Living Supports in Independent living/own home		H0043		Per diem	4	1,373	$155,402	$38,851	$113	343
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	17	29	$3,137	$185	$108	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	21	100	$4,257	$203	$43	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	1	3,172	$6,404	$6,404	$2	3,172
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	105	350,186	$853,891	$8,132	$2	3,335
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	6	2,131	$94,085	$15,681	$44	355
Community Living Supports (Daily)		H2016	*TF*	Per Diem	8	2,832	$139,176	$17,397	$49	354
Community Living Supports (Daily)		H2016	*TG*	Per Diem	29	9,837	$999,769	$34,475	$102	339
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	33	2,626	$37,079	$1,124	$14	80
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	13	44,001	$95,021	$7,309	$2	3,385
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	5	55	$3,072	$614	$56	11
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	1	24	$255	$255	$11	24
Family Training		S5111		Encounter	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Pines

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	18	18	$1,124	$62	$62	1
Health Services		T1002		Up to 15 min	52	184	$9,403	$181	$51	4
Respite Care		T1005		15 Minutes	17	10,427	$31,699	$1,865	$3	613
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	1	2	$511	$511	$256	2
Supports Coordination/Wrap Facilitation		T1016		15 minutes	144	4,091	$208,990	$1,451	$51	28
Targeted Case Management		T1017		15 minutes	80	1,193	$61,523	$769	$52	15
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	5	24	$1,022	$204	$43	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	8	2,468	$44,650	$5,581	$18	309
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	13	4,673	$212,045	$16,311	$45	359
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	21	7,659	$861,656	$41,031	$113	365
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	2	14	$715	$358	$51	7
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$6,640	$6,640	$6,640	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**274**		**$4,188,298**			

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	5	1,104	$485,484	$97,097	$440	221
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	6	1,347	$296,286	$49,381	$220	225
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	69	$45,703	$45,703	$662	69
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	5	107	$69,375	$13,875	$648	21
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	18	223	$9,370	$521	$42	12
Assessment-Psychiatric Assessment		90801		Encounter	49	51	$8,102	$165	$159	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	12	22	$1,886	$157	$86	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	107	1,301	$131,817	$1,232	$101	12
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	7	18	$3,713	$530	$206	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	4	$274	$274	$69	4
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	3	88	$9,322	$3,107	$106	29
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	2	$431	$216	$216	1
Therapy-Family Therapy		90847		Encounter	4	11	$1,506	$377	$137	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	35	$2,465	$1,233	$70	18
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	348	995	$86,794	$249	$87	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	162	602	$42,736	$264	$71	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	44	44	$3,255	$74	$74	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	26	26	$1,123	$43	$43	1
Occupational Therapy		97004		Encounter	116	121	$3,493	$30	$29	1
Occupational or Physical Therapy		97110		15 Minutes	29	353	$7,039	$243	$20	12
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	31	133	$2,294	$74	$17	4
Assessment or Health Services		97803		15 Minutes	31	175	$3,019	$97	$17	6
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			4	4	$539	$135	$135	1
Additional Codes-Physician Services		99222			4	4	$461	$115	$115	1
Additional Codes-Physician Services		99223			1	1	$171	$171	$171	1
Additional Codes-Physician Services		99231			9	42	$1,960	$218	$47	5
Additional Codes-Physician Services		99232			5	8	$456	$91	$57	2
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	1	448	$24,461	$24,461	$55	448
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	2	2	$220	$110	$110	1
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	13	86	$23,690	$1,822	$275	7
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	33	34	$5,029	$152	$148	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	237	3,058	$221,827	$936	$73	13
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	11	1,184	$62,634	$5,694	$53	108
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	59	16,393	$913,090	$15,476	$56	278
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	15	2,041	$67,822	$4,521	$33	136
Respite		H0045		Per Diem	20	108	$25,700	$1,285	$238	5
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	147	451	$85,613	$582	$190	3
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	43	243	$18,322	$426	$75	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	282	902,141	$4,339,298	$15,388	$5	3,199
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	74	493,965	$2,563,678	$34,644	$5	6,675
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	2	47,114	$129,092	$64,546	$3	23,557
Community Living Supports (Daily)		H2016		Per Diem	43	11,402	$283,112	$6,584	$25	265
Community Living Supports (Daily)		H2016	*TF*	Per Diem	30	6,727	$355,993	$11,866	$53	224
Community Living Supports (Daily)		H2016	*TG*	Per Diem	139	44,999	$5,306,282	$38,175	$118	324
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	13	$1,168	$1,168	$90	13
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	55	116,145	$886,186	$16,112	$8	2,112
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	31	41,822	$96,191	$3,103	$2	1,349
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	3	20	$799	$266	$40	7
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	14	$1,438	$1,438	$103	14
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	3	4	$69	$23	$17	1
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	8	56	$19,004	$2,376	$339	7
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	3	4	$2,132	$711	$533	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	1	6	$697	$697	$116	6
Health Services		S9446		Encounter	29	183	$5,871	$202	$32	6

Saginaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	15	161	$2,619	$175	$16	11
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	90	96	$18,328	$204	$191	1
Health Services		T1002		Up to 15 min	360	1,146	$61,540	$171	$54	3
Respite Care		T1005		15 Minutes	103	85,304	$236,292	$2,294	$3	828
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	775	16,642	$422,707	$545	$25	21
Targeted Case Management		T1017		15 minutes	12	357	$12,356	$1,030	$35	30
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	25	$1,086	$1,086	$43	25
Personal Care in Licensed Specialized Residential Setting		T1020		Days	68	18,994	$175,884	$2,587	$9	279
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	99	30,217	$1,230,134	$12,426	$41	305
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	63	20,073	$1,299,526	$20,627	$65	319
Assessments		T1023		Encounter	39	66	$18,198	$467	$276	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	2	3	$308	$154	$103	2
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	1	193	$3,360	$3,360	$17	193
Transportation		T2003		Encounter / Trip	1	42	$635	$635	$15	42
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	12	790	$13,612	$1,134	$17	66
Targeted Case Management (Children's Waiver)		T2023		Month	8	90	$9,000	$1,125	$100	11
Fiscal Intermediary Services		T2025		Month	18	133	$13,300	$739	$100	7
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	16	16	$7,504	$469	$469	1
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	22	22	$9,504	$432	$432	1
Housing Assistance		T2038		Month	3	8	$2,070	$690	$259	3
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**851**		**$20,196,455**			

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	18	$4,238	$4,238	$235	18
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	41	$20,437	$10,218	$498	21
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	11	11	$6,811	$619	$619	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	4	$358	$119	$90	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	50	534	$60,075	$1,201	$112	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$474	$237	$237	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	2	3	$337	$168	$112	2
Therapy-Family Therapy		90847		Encounter	10	51	$8,773	$877	$172	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	3	60	$12,077	$4,026	$201	20
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	139	603	$140,389	$1,010	$233	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	16	$2,931	$209	$183	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	39	39	$11,993	$308	$308	1
Physical Therapy		97002		Encounter	1	2	$180	$180	$90	2
Occupational Therapy		97003		Encounter	7	7	$1,238	$177	$177	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	2	291	$7,140	$3,570	$25	146
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	3	483	$16,915	$5,638	$35	161
Occupational or Physical Therapy		97140		15 Minutes	1	118	$3,653	$3,653	$31	118
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	90	$2,991	$1,496	$33	45
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	2	28	$1,253	$626	$45	14
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	2	38	$8,990	$4,495	$237	19
Assessment		H0031		Encounter	89	99	$25,460	$286	$257	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	114	477	$180,708	$1,585	$379	4
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	8	162	$12,991	$1,624	$80	20
Home Based Services		H0036		15 Minutes	5	282	$20,838	$4,168	$74	56
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	2	294	$18,424	$9,212	$63	147
Community Living Supports in Independent living/own home		H0043		Per diem	21	6,841	$796,010	$37,905	$116	326
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	141	196	$7,757	$55	$40	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	7	37	$1,932	$276	$52	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	170	487,963	$3,739,016	$21,994	$8	2,870
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	143	137,132	$1,014,064	$7,091	$7	959
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	13	4,198	$115,822	$8,909	$28	323
Community Living Supports (Daily)		H2016	*TF*	Per Diem	14	3,735	$245,375	$17,527	$66	267
Community Living Supports (Daily)		H2016	*TG*	Per Diem	63	21,248	$2,649,052	$42,048	$125	337
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	2	96	$25,570	$12,785	$266	48
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	6	1,340	$28,969	$4,828	$22	223
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	3	5,600	$27,907	$9,302	$5	1,867
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	8	$2,412	$2,412	$301	8
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	2	3	$11,066	$5,533	$3,689	2
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Sanilac

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	60	63	$55,174	$920	$876	1
Health Services		T1002		Up to 15 min	169	884	$52,145	$309	$59	5
Respite Care		T1005		15 Minutes	51	62,216	$183,705	$3,602	$3	1,220
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	289	6,791	$654,766	$2,266	$96	23
Targeted Case Management		T1017		15 minutes	0	0	$0	$0	$0	0
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	10	$1,301	$650	$130	5
Personal Care in Licensed Specialized Residential Setting		T1020		Days	38	12,546	$277,066	$7,291	$22	330
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	25	7,899	$408,803	$16,352	$52	316
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	25	8,753	$487,945	$19,518	$56	350
Assessments		T1023		Encounter	4	5	$2,712	$678	$542	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	1	24	$153	$153	$6	24
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	2	23	$2,814	$1,407	$122	12
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	2	$2,885	$1,443	$1,443	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	2	10	$1,069	$535	$107	5
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**293**		**$11,365,166**			

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	14	$9,849	$4,924	$703	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	4	31	$22,712	$5,678	$733	8
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	7	$41	$41	$6	7
Assessment-Psychiatric Assessment		90801		Encounter	14	14	$5,150	$368	$368	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	27	$2,508	$836	$93	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	6	47	$11,337	$1,890	$241	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$217	$217	$217	1
Therapy-Family Therapy		90847		Encounter	3	15	$2,882	$961	$192	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	41	152	$15,810	$386	$104	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	2	6	$322	$161	$54	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$446	$446	$446	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	54	56	$12,149	$225	$217	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	19	26	$6,927	$365	$266	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	10	13	$3,569	$357	$275	1
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	4	4	$242	$61	$61	1
Home Based Services		H0036		15 Minutes	11	1,648	$113,730	$10,339	$69	150
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4	601	$5,614	$1,403	$9	150
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	35	11,178	$1,503,739	$42,964	$135	319
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	6	90	$11,316	$1,886	$126	15
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	32	51	$2,830	$88	$55	2
Monitoring Activities		H2000	*TS*	Encounter	4	4	$114	$29	$29	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	6	26	$4,633	$772	$178	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	127	316,069	$1,229,726	$9,683	$4	2,489
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	64	373,453	$1,200,279	$18,754	$3	5,835
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	14	8,414	$26,360	$1,883	$3	601
Community Living Supports (Daily)		H2016		Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TF*	Per Diem	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016	*TG*	Per Diem	23	8,266	$969,012	$42,131	$117	359
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	69	29,324	$273,915	$3,970	$9	425
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	4	7	$394	$99	$56	2
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	4	31	$5,580	$1,395	$180	8
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	16	$2,880	$720	$180	4
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	4	33	$6,825	$1,706	$207	8
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$1,241	$1,241	$1,241	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Shiawassee

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	1	4,330	$54,941	$54,941	$13	4,330
Private Duty Nursing		T1000	*TD*	Up to 15 min	1	6,088	$77,247	$77,247	$13	6,088
Private Duty Nursing		T1000	*TE*	Up to 15 min	1	5,713	$72,489	$72,489	$13	5,713
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	4	$221	$221	$55	4
Respite Care		T1005		15 Minutes	10	11,573	$51,927	$5,193	$4	1,157
Respite Care		T1005	*TD*	15 Minutes	1	4,070	$38,677	$38,677	$10	4,070
Respite Care		T1005	*TE*	15 Minutes	1	449	$6,836	$6,836	$15	449
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	180	4,114	$416,143	$2,312	$101	23
Targeted Case Management		T1017		15 minutes	38	1,136	$118,894	$3,129	$105	30
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	23	8,061	$56,478	$2,456	$7	350
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	1	205	$6,529	$6,529	$32	205
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	0	0	$0	$0	$0	0
Assessments		T1023		Encounter	8	19	$16,278	$2,035	$857	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	20	189	$5,876	$294	$31	9
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	49	5,991	$65,289	$1,332	$11	122
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	1	538	$8,376	$8,376	$16	538
Targeted Case Management (Children's Waiver)		T2023		Month	6	39	$27,300	$4,550	$700	7
Fiscal Intermediary Services		T2025		Month	13	145	$13,200	$1,015	$91	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	1	$45	$45	$45	1
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$540	$540	$540	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**223**		**$6,489,635**			

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	3	959	$196,235	$65,412	$205	320
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	2	91	$47,379	$23,690	$521	46
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	18	207	$110,806	$6,156	$535	12
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	63	63	$12,577	$200	$200	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	146	1,468	$192,377	$1,318	$131	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	115	846	$107,775	$937	$127	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	7	$1,519	$380	$217	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	4	12	$1,814	$454	$151	3
Therapy-Family Therapy		90847		Encounter	32	165	$24,584	$768	$149	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	49	687	$63,632	$1,299	$93	14
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	387	1,903	$178,352	$461	$94	5
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	24	$3,056	$218	$127	2
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	193	199	$172,796	$895	$868	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	33	238	$24,537	$744	$103	7
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	4	416	$1,580	$395	$4	104
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	3	19	$18,994	$6,331	$1,000	6
Occupational or Physical Therapy		97530		15 Minutes	36	466	$65,280	$1,813	$140	13
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	18	94	$9,237	$513	$98	5
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

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	5	94	$9,433	$1,887	$100	19
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	1	15	$1,800	$1,800	$120	15
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	21	30	$35,651	$1,698	$1,188	1
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	3	67	$11,784	$3,928	$176	22
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	32	$4,370	$4,370	$137	32
Assessment		H0031		Encounter	311	488	$96,785	$311	$198	2
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	340	928	$240,676	$708	$259	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	19	278	$28,640	$1,507	$103	15
Home Based Services		H0036		15 Minutes	27	7,346	$200,788	$7,437	$27	272
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	1	16	$875	$875	$55	16
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	106	$5,141	$5,141	$49	106
Community Living Supports in Independent living/own home		H0043		Per diem	15	4,371	$272,268	$18,151	$62	291
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	13	123	$13,106	$1,008	$107	9
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	23	29	$5,463	$238	$188	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	11	42	$2,171	$197	$52	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	366	907,142	$2,678,533	$7,318	$3	2,479
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	450	979,374	$4,844,526	$10,766	$5	2,176
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	4	11,500	$43,690	$10,923	$4	2,875
Community Living Supports (Daily)		H2016		Per Diem	36	10,443	$161,091	$4,475	$15	290
Community Living Supports (Daily)		H2016	*TF*	Per Diem	16	3,945	$69,652	$4,353	$18	247
Community Living Supports (Daily)		H2016	*TG*	Per Diem	177	56,769	$7,964,606	$44,998	$140	321
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	43	48,015	$160,176	$3,725	$3	1,117
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	34	35,000	$155,558	$4,575	$4	1,029
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	111	829	$181,423	$1,634	$219	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	28	9,302	$27,413	$979	$3	332
Respite		S5151		Per Diem	3	9	$476	$159	$53	3
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	5	5	$23,918	$4,784	$4,784	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	3	7	$1,243	$414	$178	2
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

St. Clair

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	69	72	$61,065	$885	$848	1
Health Services		T1002		Up to 15 min	107	2,095	$182,826	$1,709	$87	20
Respite Care		T1005		15 Minutes	109	59,056	$342,599	$3,143	$6	542
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	1,024	28,492	$2,952,206	$2,883	$104	28
Targeted Case Management		T1017		15 minutes	3	15	$1,049	$350	$70	5
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	6	149	$7,504	$1,251	$50	25
Personal Care in Licensed Specialized Residential Setting		T1020		Days	120	35,359	$513,746	$4,281	$15	295
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	87	23,424	$1,106,971	$12,724	$47	269
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	47	12,374	$1,058,080	$22,512	$86	263
Assessments		T1023		Encounter	1	1	$917	$917	$917	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	12	157	$3,592	$299	$23	13
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	8	95	$103,328	$12,916	$1,088	12
Fiscal Intermediary Services		T2025		Month	13	149	$5,284	$406	$35	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	16	160	$8,787	$549	$55	10
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	1	6	$7,737	$7,737	$1,290	6
Enhanced Medical Equipment-Supplies		T2039		Items	1	1	$281	$281	$281	1
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			6	0	$25,073	$4,179	$0	0
Total Population and Cost					**1,102**		**$24,854,831**			

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	366	$74,053	$74,053	$202	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	3	$1,188	$594	$396	2
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	22	23	$7,292	$331	$317	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	5	21	$995	$199	$47	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	12	116	$10,969	$914	$95	10
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	12	$1,704	$852	$142	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	5	15	$1,165	$233	$78	3
Therapy-Family Therapy		90847		Encounter	9	98	$8,355	$928	$85	11
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	2	$121	$60	$60	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	35	90	$9,731	$278	$108	3
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	11	12	$2,325	$211	$194	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	2	3	$400	$200	$133	2
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	1	1	$195	$195	$195	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	2	2	$239	$120	$120	1
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	5	5	$759	$152	$152	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	3	17	$1,752	$584	$103	6
Assessment		H0031		Encounter	34	40	$8,891	$261	$222	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	15	24	$2,515	$168	$105	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	1	51	$1,841	$1,841	$36	51
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	4	825	$27,803	$6,951	$34	206
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	11	3,665	$365,304	$33,209	$100	333
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	22	59	$14,454	$657	$245	3
Monitoring Activities		H2000	*TS*	Encounter	9	12	$696	$77	$58	1
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4	53	$3,486	$871	$66	13
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	0	0	$0	$0	$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	66	176,437	$485,202	$7,352	$3	2,673
Community Living Supports (15 Minutes)		H2015		15 Minutes	40	23,741	$81,906	$2,048	$3	594
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	119	263,105	$728,801	$6,124	$3	2,211
Community Living Supports (Daily)		H2016		Per Diem	1	366	$55,815	$55,815	$152	366
Community Living Supports (Daily)		H2016	*TF*	Per Diem	34	10,880	$1,291,814	$37,995	$119	320
Community Living Supports (Daily)		H2016	*TG*	Per Diem	11	3,093	$443,310	$40,301	$143	281
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	0	0	$0	$0	$0	0
Supported Employment Services		H2023	*TT*	15 Minutes	6	1,319	$9,233	$1,539	$7	220
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	4	10,700	$31,137	$7,784	$3	2,675
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	79	268	$28,325	$359	$106	3
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	1	12	$372	$372	$31	12
Family Training		S5111		Encounter	12	78	$5,884	$490	$75	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

St. Joseph

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	30	$1,630	$1,630	$54	30
Respite Care		T1005		15 Minutes	25	19,823	$83,455	$3,338	$4	793
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	2	6	$1,099	$550	$183	3
Supports Coordination/Wrap Facilitation		T1016		15 minutes	118	2,619	$141,793	$1,202	$54	22
Targeted Case Management		T1017		15 minutes	166	4,586	$245,810	$1,481	$54	28
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	5	46	$2,485	$497	$54	9
Personal Care in Licensed Specialized Residential Setting		T1020		Days	1	366	$2,100	$2,100	$6	366
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	14	4,278	$175,982	$12,570	$41	306
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	30	9,695	$436,158	$14,539	$45	323
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	21	105	$5,610	$267	$53	5
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**238**		**$4,804,153**			

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	366	$178,608	$178,608	$488	366
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	366	$63,318	$63,318	$173	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	7	49	$31,664	$4,523	$646	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	23	720	$215,000	$9,348	$299	31
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	47	49	$12,512	$266	$255	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	30	65	$5,144	$171	$79	2
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	72	391	$72,269	$1,004	$185	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$226	$226	$226	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	7	30	$5,587	$798	$186	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	6	28	$3,228	$538	$115	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	270	588	$72,384	$268	$123	2
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	1	265	$8,944	$8,944	$34	265
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Technician		96102		Per Hour	1	2	$639	$639	$319	2
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	25	26	$3,975	$159	$153	1
Occupational Therapy		97004		Encounter	17	32	$2,600	$153	$81	2
Occupational or Physical Therapy		97110		15 Minutes	5	44	$550	$110	$13	9
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	1	464	$15,660	$15,660	$34	464
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97535		15 Minutes	3	20	$250	$83	$13	7
Occupational or Physical Therapy		97537		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97542		15 Minutes	3	34	$425	$142	$13	11
Occupational Therapy		97703		15 Minutes	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	1	1	$13	$13	$13	1
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	1	14	$210	$210	$15	14
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99203		Encounter	2	2	$461	$231	$231	1
Additional Codes-Physician Services		99204		Encounter	4	4	$993	$248	$248	1
Additional Codes-Physician Services		99205		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	29	487	$43,192	$1,489	$89	17
Additional Codes-Physician Services		99212		Encounter	41	45	$2,395	$58	$53	1
Additional Codes-Physician Services		99213		Encounter	198	441	$27,378	$138	$62	2
Additional Codes-Physician Services		99214		Encounter	54	62	$6,049	$112	$98	1
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			17	24	$4,896	$288	$204	1
Additional Codes-Physician Services		99222			8	8	$2,554	$319	$319	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			24	194	$18,926	$789	$98	8
Additional Codes-Physician Services		99232			18	54	$7,902	$439	$146	3
Additional Codes-Physician Services		99233			5	5	$976	$195	$195	1
Additional Codes-Physician Services		99238		30 Minutes or less	24	32	$5,108	$213	$160	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	5	6	$1,650	$330	$275	1
Additional Codes-Physician Services		99253		Encounter	5	5	$1,774	$355	$355	1
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	2	2	$157	$78	$78	1
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	2	14	$10,767	$5,383	$769	7
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	9	9	$2,042	$227	$227	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	7	35	$9,220	$1,317	$263	5
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	28	28	$6,896	$246	$246	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	0	0	$0	$0	$0	0
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	17	2,466	$72,151	$4,244	$29	145
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	4	356	$2,213	$553	$6	89
Peer Directed and Operated Support Services		NA			0	0	$362,858	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	8	2,506	$206,851	$25,856	$83	313
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	12	237	$59,064	$4,922	$249	20
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	39	406	$43,209	$1,108	$106	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	183	72,867	$553,309	$3,024	$8	398
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	260	708,177	$3,036,081	$11,677	$4	2,724
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	13	2,878	$86,827	$6,679	$30	221
Community Living Supports (Daily)		H2016	*TF*	Per Diem	15	4,884	$235,026	$15,668	$48	326
Community Living Supports (Daily)		H2016	*TG*	Per Diem	71	22,877	$2,883,885	$40,618	$126	322
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	88	32,401	$215,377	$2,447	$7	368
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	1	6	$198	$198	$33	6
Environmental Modification		S5165		Service	1	1	$1,850	$1,850	$1,850	1
Enhanced Medical Equipment-Supplies		S5199		Items	2	3	$283	$141	$94	2
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Summit Pointe

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	0	0	$0	$0	$0	0
Health Services		T1002		Up to 15 min	1	6	$128	$128	$21	6
Respite Care		T1005		15 Minutes	123	217,853	$296,718	$2,412	$1	1,771
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	2	10	$6,409	$3,204	$641	5
Supports Coordination/Wrap Facilitation		T1016		15 minutes	420	12,811	$1,693,058	$4,031	$132	31
Targeted Case Management		T1017		15 minutes	104	2,782	$286,300	$2,753	$103	27
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	11	126	$12,292	$1,117	$98	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	53	16,749	$286,146	$5,399	$17	316
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	29	7,692	$387,848	$13,374	$50	265
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	23	6,229	$592,080	$25,743	$95	271
Assessments		T1023		Encounter	0	0	$0	$0	$0	0
Enhanced Medical Supplies or Pharmacy		T1999		Items	13	121	$7,444	$573	$62	9
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	11	28	$4,203	$382	$150	3
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	4	249	$12,773	$3,193	$51	62
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	3	26	$10,696	$3,565	$411	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	2	6	$1,046	$523	$174	3
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**665**		**$12,202,862**			

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	1	366	$72,106	$72,106	$197	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	6	$4,329	$4,329	$721	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	2	9	$1,247	$623	$139	5
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	17	257	$17,022	$1,001	$66	15
Assessment-Psychiatric Assessment		90801		Encounter	22	23	$4,752	$216	$207	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	3	$132	$132	$44	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	10	73	$8,380	$838	$115	7
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	1	1	$57	$57	$57	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	108	402	$28,461	$264	$71	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	8	32	$3,668	$459	$115	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	17	21	$3,364	$198	$160	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	91	98	$7,579	$83	$77	1
Occupational Therapy		97004		Encounter	5	5	$478	$96	$96	1
Occupational or Physical Therapy		97110		15 Minutes	31	507	$16,886	$545	$33	16
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	63	172	$6,783	$108	$39	3
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	51	86	$1,435	$28	$17	2
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	25	25	$1,570	$63	$63	1
Additional Codes-Physician Services		99214		Encounter	54	54	$5,421	$100	$100	1
Additional Codes-Physician Services		99215		Encounter	7	7	$1,060	$151	$151	1
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			1	1	$29	$29	$29	1
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			1	5	$44	$44	$9	5
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	1	1	$16	$16	$16	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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	9	4,918	$2,187	$243	$0	546
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	67	74	$14,390	$215	$194	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	115	290	$79,025	$687	$273	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	114	534	$58,731	$515	$110	5
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	5	515	$24,587	$4,917	$48	103
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	17	1,702	$373,122	$21,948	$219	100
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	20	4,091	$892,719	$44,636	$218	205
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	63	212	$12,042	$191	$57	3
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	4	21	$1,417	$354	$67	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	146	443,968	$2,633,450	$18,037	$6	3,041
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	8	158	$1,018	$127	$6	20
Community Living Supports (15 Minutes)		H2015		15 Minutes	12	52,757	$140,646	$11,720	$3	4,396
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	9	12,084	$31,801	$3,533	$3	1,343
Community Living Supports (Daily)		H2016		Per Diem	19	5,886	$83,902	$4,416	$14	310
Community Living Supports (Daily)		H2016	*TF*	Per Diem	23	7,033	$411,402	$17,887	$58	306
Community Living Supports (Daily)		H2016	*TG*	Per Diem	41	11,103	$1,345,656	$32,821	$121	271
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	13	125	$1,223	$94	$10	10
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Tuscola

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	47	51	$10,212	$217	$200	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	80	92	$10,691	$134	$116	1
Health Services		T1002		Up to 15 min	100	1,479	$107,180	$1,072	$72	15
Respite Care		T1005		15 Minutes	23	8,326	$37,528	$1,632	$5	362
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	215	6,150	$644,696	$2,999	$105	29
Targeted Case Management		T1017		15 minutes	7	144	$9,074	$1,296	$63	21
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	27	9,048	$191,835	$7,105	$21	335
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	38	11,031	$775,702	$20,413	$70	290
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	11	3,569	$347,628	$31,603	$97	324
Assessments		T1023		Encounter	3	4	$1,122	$374	$281	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	42	224	$6,688	$159	$30	5
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	1	8	$2,333	$2,333	$292	8
Fiscal Intermediary Services		T2025		Month	25	274	$2,560	$102	$9	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	1	1	$4,605	$4,605	$4,605	1
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					1	0	$78	$78	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			1	0	$6	$6	$0	0
Total Population and Cost					**234**		**$8,444,075**			

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	1	98	$35,770	$35,770	$365	98
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	1	16	$11,400	$11,400	$713	16
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	20	20	$6,840	$342	$342	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	27	127	$8,686	$322	$68	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	32	134	$17,737	$554	$132	4
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	4	21	$2,299	$575	$109	5
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	5	9	$1,300	$260	$144	2
Therapy-Family Therapy		90847		Encounter	7	8	$889	$127	$111	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	32	200	$10,943	$342	$55	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	128	507	$43,346	$339	$85	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	16	64	$8,755	$547	$137	4
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	1	2	$274	$274	$137	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	71	75	$7,695	$108	$103	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	1	2	$68	$68	$34	2
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	42	681	$23,289	$555	$34	16
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	1	8	$274	$274	$34	8
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

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	16	16	$1,642	$103	$103	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	1	12	$4,309	$4,309	$359	12
Assessment		H0031		Encounter	69	72	$14,774	$214	$205	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	94	132	$18,057	$192	$137	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	2	304	$29,109	$14,555	$96	152
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	1	293	$28,056	$28,056	$96	293
Community Living Supports in Independent living/own home		H0043		Per diem	5	1,440	$110,816	$22,163	$77	288
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	80	134	$49,984	$625	$373	2
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	18	93	$3,180	$177	$34	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	75	92,154	$756,018	$10,080	$8	1,229
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	126	126,444	$726,692	$5,767	$6	1,004
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	13	4,094	$90,400	$6,954	$22	315
Community Living Supports (Daily)		H2016	*TF*	Per Diem	20	4,257	$210,848	$10,542	$50	213
Community Living Supports (Daily)		H2016	*TG*	Per Diem	29	8,331	$1,088,597	$37,538	$131	287
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	5	427	$40,887	$8,177	$96	85
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	66	25,806	$197,854	$2,998	$8	391
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	5	4,824	$52,791	$10,558	$11	965
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	1	$205	$205	$205	1
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	2	10	$684	$342	$68	5
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Van Buren

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	0	0	$0	$0	$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	79	89	$9,131	$116	$103	1
Health Services		T1002		Up to 15 min	58	205	$7,011	$121	$34	4
Respite Care		T1005		15 Minutes	29	23,694	$179,065	$6,175	$8	817
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	218	3,382	$323,842	$1,486	$96	16
Targeted Case Management		T1017		15 minutes	55	1,281	$122,661	$2,230	$96	23
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	14	58	$5,554	$397	$96	4
Personal Care in Licensed Specialized Residential Setting		T1020		Days	34	9,533	$109,031	$3,207	$11	280
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	17	4,392	$201,569	$11,857	$46	258
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	10	2,239	$198,561	$19,856	$89	224
Assessments		T1023		Encounter	3	3	$616	$205	$205	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	0	0	$0	$0	$0	0
Fiscal Intermediary Services		T2025		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**303**		**$4,761,509**			

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	6	1,654	$317,618	$52,936	$192	276
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	3	41	$31,203	$10,401	$761	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	6	53	$40,336	$6,723	$761	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				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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	3	27	$2,153	$718	$80	9
Assessment-Psychiatric Assessment		90801		Encounter	94	106	$102,954	$1,095	$971	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	36	202	$28,369	$788	$140	6
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	48	366	$99,728	$2,078	$272	8
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	2	2	$710	$355	$355	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	2	29	$4,615	$2,308	$159	15
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	1	1	$126	$126	$126	1
Therapy-Family Therapy		90847		Encounter	7	65	$16,698	$2,385	$257	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	55	867	$134,567	$2,447	$155	16
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	235	888	$85,958	$366	$97	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	3	6	$237	$79	$40	2
Speech & Language Therapy		92507		Encounter	3	30	$1,066	$355	$36	10
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	5	6	$4,561	$912	$760	1
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	24	41	$43,033	$1,793	$1,050	2
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	43	50	$50,651	$1,178	$1,013	1
Occupational Therapy		97004		Encounter	71	216	$249,115	$3,509	$1,153	3
Occupational or Physical Therapy		97110		15 Minutes	1	188	$3,324	$3,324	$18	188
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	2	336	$4,267	$2,134	$13	168
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	34	$620	$310	$18	17
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	25	109	$19,960	$798	$183	4
Assessment or Health Services		97803		15 Minutes	34	123	$5,338	$157	$43	4
Health Services		97804		30 Minutes	16	93	$4,207	$263	$45	6
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	6	69	$17,721	$2,954	$257	12
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	13	295	$21,305	$1,639	$72	23
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	1	1	$77	$77	$77	1
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	1	10	$246	$246	$25	10
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	2	9	$1,124	$562	$125	5
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	1	24	$3,078	$3,078	$128	24
Crisis Residential Services		H0018		Days	3	30	$4,995	$1,665	$167	10
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	18	18	$3,517	$195	$195	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	228	512	$41,682	$183	$81	2
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	3	4	$2,446	$815	$612	1
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	24	188	$3,549	$148	$19	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	102	250,404	$1,885,542	$18,486	$8	2,455
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (15 Minutes)		H2015		15 Minutes	210	1,660,092	$6,109,139	$29,091	$4	7,905
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	0	0	$0	$0	$0	0
Community Living Supports (Daily)		H2016		Per Diem	31	9,835	$142,608	$4,600	$15	317
Community Living Supports (Daily)		H2016	*TF*	Per Diem	25	7,146	$379,238	$15,170	$53	286
Community Living Supports (Daily)		H2016	*TG*	Per Diem	57	16,654	$1,759,162	$30,862	$106	292
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	1	58	$9,642	$9,642	$166	58
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	225	161,176	$1,468,313	$6,526	$9	716
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	8	5,169	$33,702	$4,213	$7	646
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	0	0	$0	$0	$0	0
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	14	91	$36,869	$2,634	$405	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	0	0	$0	$0	$0	0
Respite		S5151		Per Diem	12	91	$34,560	$2,880	$380	8
Personal Emergency Response System (PERS)		S5160		Encounter	27	28	$16,197	$600	$578	1
Personal Emergency Response System (PERS)		S5161		Month	31	243	$119,311	$3,849	$491	8
Environmental Modification		S5165		Service	1	1	$6,792	$6,792	$6,792	1
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

Washtenaw

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	3	4	$109	$36	$27	1
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	1	7,814	$84,079	$84,079	$11	7,814
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	68	72	$11,781	$173	$164	1
Health Services		T1002		Up to 15 min	261	2,597	$254,999	$977	$98	10
Respite Care		T1005		15 Minutes	147	232,161	$631,478	$4,296	$3	1,579
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	657	15,942	$1,753,779	$2,669	$110	24
Targeted Case Management		T1017		15 minutes	13	135	$9,023	$694	$67	10
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	2	59	$3,944	$1,972	$67	30
Personal Care in Licensed Specialized Residential Setting		T1020		Days	26	7,773	$149,553	$5,752	$19	299
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	26	7,416	$393,864	$15,149	$53	285
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	56	16,649	$2,041,334	$36,452	$123	297
Assessments		T1023		Encounter	27	57	$7,733	$286	$136	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	0	0	$0	$0	$0	0
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	80	71,462	$2,802,740	$35,034	$39	893
Targeted Case Management (Children's Waiver)		T2023		Month	26	239	$75,634	$2,909	$316	9
Fiscal Intermediary Services		T2025		Month	44	414	$46,318	$1,053	$112	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	21	114	$35,109	$1,672	$308	5
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**748**		**$21,653,706**			

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	443	$86,877	$43,438	$196	222
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	0	0	$0	$0	$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	1	4	$3,021	$3,021	$755	4
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	1	9	$1,748	$1,748	$194	9
Assessment-Psychiatric Assessment		90801		Encounter	10	12	$4,703	$470	$392	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	3	4	$267	$89	$67	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	12	108	$14,403	$1,200	$133	9
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90817		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90818		Encounter 45-50 Min	0	0	$0	$0	$0	0
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	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	0	0	$0	$0	$0	0
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90828		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90829		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	1	3	$383	$383	$128	3
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	2	35	$4,315	$2,158	$123	18
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	85	317	$58,727	$691	$185	4
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92506		Encounter	6	8	$651	$109	$81	1
Speech & Language Therapy		92507		Encounter	8	25	$1,755	$219	$70	3
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	3	9	$1,486	$495	$165	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96110		Encounter	0	0	$0	$0	$0	0
Assessments-Other		96111		Encounter	0	0	$0	$0	$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	15	17	$1,499	$100	$88	1
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	25	28	$8,429	$337	$301	1
Occupational Therapy		97004		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97110		15 Minutes	4	17	$529	$132	$31	4
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	1	6	$187	$187	$31	6
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	38	239	$11,885	$313	$50	6
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	0	0	$0	$0	$0	0
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

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	24	49	$1,927	$80	$39	2
Health Services		97804		30 Minutes	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	2	2	$186	$93	$93	1
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	0	0	$0	$0	$0	0
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	48	152	$54,826	$1,142	$361	3
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	14	15	$2,193	$157	$146	1
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	0	0	$0	$0	$0	0
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	2	47	$599	$299	$13	24
Peer Directed and Operated Support Services		NA			0	0	$0	$0	$0	0
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	0	0	$0	$0	$0	0
Respite		H0045		Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	0	0	$0	$0	$0	0
Monitoring Activities		H2000	*TS*	Encounter	28	53	$3,291	$118	$62	2
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	9	57	$3,419	$380	$60	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	89	17,458	$137,394	$1,544	$8	196
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	108	73,791	$369,693	$3,423	$5	683
Community Living Supports (15 Minutes)		H2015		15 Minutes	131	109,238	$783,236	$5,979	$7	834
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	124	155,275	$1,096,242	$8,841	$7	1,252
Community Living Supports (Daily)		H2016		Per Diem	1	30	$1,348	$1,348	$45	30
Community Living Supports (Daily)		H2016	*TF*	Per Diem	4	1,084	$43,154	$10,789	$40	271
Community Living Supports (Daily)		H2016	*TG*	Per Diem	47	16,004	$1,901,435	$40,456	$119	341
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	33	3,709	$36,979	$1,121	$10	112
Supported Employment Services		H2023	*TT*	15 Minutes	54	7,474	$27,355	$507	$4	138
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	40	61	$6,698	$167	$110	2
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	18	110	$20,669	$1,148	$188	6
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	0	0	$0	$0	$0	0
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	47	55,577	$87,812	$1,868	$2	1,182
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	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		S5199		Items	0	0	$0	$0	$0	0
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	0	0	$0	$0	$0	0
Health Services		S9446		Encounter	0	0	$0	$0	$0	0

West Michigan

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	36	103	$5,715	$159	$55	3
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	42	46	$19,957	$475	$434	1
Health Services		T1002		Up to 15 min	56	1,413	$109,847	$1,962	$78	25
Respite Care		T1005		15 Minutes	5	13,764	$56,157	$11,231	$4	2,753
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	77	3,065	$121,068	$1,572	$40	40
Targeted Case Management		T1017		15 minutes	187	10,490	$570,446	$3,051	$54	56
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	0	0	$0	$0	$0	0
Personal Care in Licensed Specialized Residential Setting		T1020		Days	13	3,370	$131,127	$10,087	$39	259
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	22	6,397	$459,177	$20,872	$72	291
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	28	8,655	$903,582	$32,271	$104	309
Assessments		T1023		Encounter	1	2	$292	$292	$146	2
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	96	11,579	$106,295	$1,107	$9	121
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	3	25	$7,551	$2,517	$302	8
Fiscal Intermediary Services		T2025		Month	10	106	$12,992	$1,299	$123	11
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					1	0	$270	$270	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**238**		**$7,283,794**			

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		*PT22*	Days	0	0	$0	$0	$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		*PT65*	Days	2	731	$184,943	$92,472	$253	366
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		*PT68*	Days	3	41	$5,000	$1,667	$122	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		*PT73*	Days	0	0	$0	$0	$0	0
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
Crisis Observation Care	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	0	0	$0	$0	$0	0
Outpatient Partial Hospitalization	0913			Days	0	0	$0	$0	$0	0
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
Drug Screen for Methadone Clients Only		80100		Per Screen	0	0	$0	$0	$0	0
Drug Screen for Methadone Clients Only		80101		Per Screen	0	0	$0	$0	$0	0
Alcohol Breath Test for Methadone Clients Only		82075		Per Test	0	0	$0	$0	$0	0
Medication Administration		90772		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90801		Encounter	27	27	$7,321	$271	$271	1
Substance Abuse: Psychiatric Evaluation		90801		Encounter	0	0	$0	$0	$0	0
Assessment-Psychiatric Assessment		90802		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Psychiatric Evaluation		90802		Encounter	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90804		Encounter 20-30 Min	1	1	$119	$119	$119	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90804		Encounter 20-30 Min	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90805		Encounter 20-30 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90805		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90806		Encounter 45-50 Min	1	1	$199	$199	$199	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90806		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90807		Encounter 45-50 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90807		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90808		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90809		Encounter 75-80 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90809		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90810		Encounter 20-30 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90810		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90811		Encounter 20-30 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90811		Encounter 20-30 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90812		Encounter 45-50 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90812		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90813		Encounter 45-50 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90813		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90814		Encounter 75-80 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90814		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90815		Encounter 75-80 Min	1	1	$0	$0	$0	1
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90815		Encounter 75-80 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90816		Encounter 20-30 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90817		Encounter 20-30 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90818		Encounter 45-50 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90819		Encounter 45-50 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90821		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90822		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90823		Encounter 20-30 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90824		Encounter 20-30 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90826		Encounter 45-50 Min	1	1	$0	$0	$0	1
Substance Abuse: Psychotherapy (Individual Therapy)		90826		Encounter 45-50 Min	0	0	$0	$0	$0	0
Therapy-Individual Therapy		90827		Encounter 45-50 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90828		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Individual Therapy		90829		Encounter 75-80 Min	1	1	$0	$0	$0	1
Therapy-Family Therapy		90846		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90847		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90847		Encounter	0	0	$0	$0	$0	0
Therapy-Family Therapy		90849		Encounter	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Family Therapy		90849	*HS*	Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90853		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90853		Encounter	0	0	$0	$0	$0	0
Therapy-Group Therapy		90857		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	90857		Encounter	0	0	$0	$0	$0	0
Medication Review		90862		Encounter	43	60	$12,187	$283	$203	1
Substance Abuse: Medication Review	0900, 0914, 0915, 0916, 0919	90862		Encounter	0	0	$0	$0	$0	0
Additional Codes-ECT Physician		90870		Encounter	0	0	$0	$0	$0	0
Assessments-Other		90887		Encounter	7	7	$0	$0	$0	1
Speech & Language Therapy		92506		Encounter	3	5	$626	$209	$125	2
Speech & Language Therapy		92507		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92508		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92526		Encounter	0	0	$0	$0	$0	0
Speech & Language Therapy		92610		Encounter	0	0	$0	$0	$0	0
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 Preling Hearing Loss (Children's Waiver)		92630		Encounter	0	0	$0	$0	$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		Encounter	0	0	$0	$0	$0	0
Psychological Testing PSYCH/PHYS		96101		Per Hour	14	44	$10,494	$750	$239	3
Psychological Testing by Technician		96102		Per Hour	0	0	$0	$0	$0	0
Psychological Testing by Comp		96103		Per Hour	0	0	$0	$0	$0	0
Assessments-Other		96105		Encounter	7	7	$0	$0	$0	1
Assessments-Other		96110		Encounter	7	7	$0	$0	$0	1
Assessments-Other		96111		Encounter	7	7	$1,857	$265	$265	1
Neurobehavioral Status Exam (Children's Waiver)		96116		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Psych/Phys		96118		Per Hour	0	0	$0	$0	$0	0
Neuropsych test by Tech		96119		Per Hour	0	0	$0	$0	$0	0
Neuropsych test Admin w/Comp		96120		Per Hour	0	0	$0	$0	$0	0
Physical Therapy		97001		Encounter	0	0	$0	$0	$0	0
Physical Therapy		97002		Encounter	0	0	$0	$0	$0	0
Occupational Therapy		97003		Encounter	2	2	$420	$210	$210	1
Occupational Therapy		97004		Encounter	12	18	$3,129	$261	$174	2
Occupational or Physical Therapy		97110		15 Minutes	2	5	$299	$150	$60	3
Occupational or Physical Therapy		97112		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97113		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97116		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97124		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97140		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97150		Encounter	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97530		15 Minutes	2	5	$299	$150	$60	3
Occupational or Physical Therapy		97532		15 Minutes	0	0	$0	$0	$0	0
Occupational or Physical Therapy		97533		15 Minutes	2	123	$12,266	$6,133	$100	62
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

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97755		15 Minutes	0	0	$0	$0	$0	0
Occupational Therapy		97760		15 Minutes	0	0	$0	$0	$0	0
Prosthetic Training (Children's Waiver)		97761		15 Minutes	0	0	$0	$0	$0	0
C/O for Orthotic/Prosth Use		97762		15 minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97802		15 Minutes	0	0	$0	$0	$0	0
Assessment or Health Services		97803		15 Minutes	0	0	$0	$0	$0	0
Health Services		97804		30 Minutes	34	53	$0	$0	$0	2
Additional Codes-Physician Services		99201		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99202		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99211		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99212		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99213		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99214		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99215		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99221			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99222			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99223			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99231			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99232			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99233			0	0	$0	$0	$0	0
Additional Codes-Physician Services		99238		30 Minutes or less	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99251		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99252		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99253		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99254		Encounter	0	0	$0	$0	$0	0
Additional Codes-Physician Services		99255		Encounter	0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Transportation		A0080		Per mile	0	0	$0	$0	$0	0
Transportation		A0090		Per mile	0	0	$0	$0	$0	0
Transportation		A0100		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0110		Per one-way trip	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Transportation		A0120		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0130		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0140		Per one-way trip	0	0	$0	$0	$0	0
Transportation		A0160		Per Mile	0	0	$0	$0	$0	0
Transportation		A0170			0	0	$0	$0	$0	0
Additional Codes-Transportation		A0425		Per Mile	0	0	$0	$0	$0	0
Additional Codes-Transportation		A0427		Refer to code descriptions.	0	0	$0	$0	$0	0
Additional codes - Transportation		A0428			0	0	$0	$0	$0	0
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	0	0	$0	$0	$0	0
Activity Therapy (Children's Waiver)		G0176		Encounter	0	0	$0	$0	$0	0
Family Training/Support EBP only		G0177		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0001		Encounter	0	0	$0	$0	$0	0
Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0002		Encounter	0	0	$0	$0	$0	0
Substance Abuse:Laboratory		H0003		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0004		15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Treatment	0900, 0914, 0915, 0916, 0919	H0005		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Case Management		H0006		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0010		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0012		Days	0	0	$0	$0	$0	0
Substance Abuse: Sub-Acute Detoxification	1002	H0014		Days	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care	0900, 0906, 0914, 0915, 0916, 0919	H0015		Days	0	0	$0	$0	$0	0
Crisis Residential Services		H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0018		Days	0	0	$0	$0	$0	0
Substance Abuse: Residential	1002	H0019		Days	0	0	$0	$0	$0	0
Substance Abuse: Methadone		H0020		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Early Intervention		H0022		Encounter	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0023		Encounter	10	4,626	$0	$0	$0	463
Prevention Services - Direct Model		H0025		Face to Face Contact	0	0	$0	$0	$0	0
Assessment		H0031		Encounter	25	25	$4,739	$190	$190	1
Substance Abuse: Assessment		H0031		Encounter	0	0	$0	$0	$0	0
Treatment Planning		H0032		Encounter	31	80	$9,347	$302	$117	3
Monitoring of Treatment - Physician		H0032	*TS*	Encounter	0	0	$0	$0	$0	0
Substance Abuse: Pharmalogical Support - Suboxane		H0033		Encounter	0	0	$0	$0	$0	0
Health Services		H0034		15 Minutes	34	53	$5,432	$160	$102	2
Home Based Services		H0036		15 Minutes	0	0	$0	$0	$0	0
Community Psychiatric Supportive Treatment		H0037		Per diem	0	0	$0	$0	$0	0
Peer Directed and Operated Support Services		H0038		15 minutes	10	4,626	$43,702	$4,370	$9	463
Peer Directed and Operated Support Services		NA			10	4,626	$0	$0	$0	463
Assertive Community Treatment (ACT)		H0039		15 Minutes	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043		Per diem	0	0	$0	$0	$0	0
Community Living Supports in Independent living/own home		H0043	*TT*	Per diem	5	69	$9,281	$1,856	$135	14
Respite		H0045		Per Diem	7	278	$62,422	$8,917	$225	40
Respite (Children's Waiver)		H0045	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite (Children's Waiver)		H0045	*TE*	Per Diem	0	0	$0	$0	$0	0

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Substance Abuse:Laboratory		H0048		Encounter	0	0	$0	$0	$0	0
Substance Abuse: Individual Assessment		H0049		Encounter	0	0	$0	$0	$0	0
Behavior Management Review		H2000		Encounter	14	75	$11,055	$790	$147	5
Monitoring Activities		H2000	*TS*	Encounter	0	0	$0	$0	$0	0
Comprehensive Medication Services - EBP only		H2010		15 minutes	0	0	$0	$0	$0	0
Crisis Intervention		H2011		15 Minutes	5	16	$775	$155	$48	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014		15 minutes	47	30,000	$339,000	$7,213	$11	638
Skill-Building and Out of Home Non Vocational Habilitation		H2014	*TT*	15 Minutes	31	13,008	$146,927	$4,740	$11	420
Community Living Supports (15 Minutes)		H2015		15 Minutes	97	172,734	$577,439	$5,953	$3	1,781
Community Living Supports (15 Minutes)		H2015	*TT*	15 Minutes	68	49,779	$166,411	$2,447	$3	732
Community Living Supports (Daily)		H2016		Per Diem	1	363	$15,612	$15,612	$43	363
Community Living Supports (Daily)		H2016	*TF*	Per Diem	3	244	$14,791	$4,930	$61	81
Community Living Supports (Daily)		H2016	*TG*	Per Diem	32	10,287	$1,502,462	$46,952	$146	321
Behavior Services		H2019		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2021		15 Minutes	0	0	$0	$0	$0	0
Wraparound		H2022		Days	0	0	$0	$0	$0	0
Supported Employment Services		H2023		15 minutes	10	1,874	$84,243	$8,424	$45	187
Supported Employment Services		H2023	*TT*	15 Minutes	0	0	$0	$0	$0	0
Mental Health Therapy		H2027		15 Minutes	0	0	$0	$0	$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030		15 Minutes	11	17,114	$81,292	$7,390	$5	1,556
Substance Abuse: Outpatient Care		H2035		Hour	0	0	$0	$0	$0	0
Substance Abuse: Outpatient Care		H2036		Days	0	0	$0	$0	$0	0
Medication Review		M0064		Encounter Face-to-Face	63	162	$22,139	$351	$137	3
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	9	64	$8,373	$930	$131	7
Home Care Training, Non-Family (Children's Waiver)		S5116		Encounter	4	90	$11,610	$2,903	$129	23
Chore Services		S5120		15 Minutes	0	0	$0	$0	$0	0
Foster Care		S5140		Days	0	0	$0	$0	$0	0
Foster Care		S5145		Days	0	0	$0	$0	$0	0
Respite		S5150		15 Minutes	1	4	$0	$0	$0	4
Respite		S5151		Per Diem	1	4	$1,253	$1,253	$313	4
Personal Emergency Response System (PERS)		S5160		Encounter	0	0	$0	$0	$0	0
Personal Emergency Response System (PERS)		S5161		Month	0	0	$0	$0	$0	0
Environmental Modification		S5165		Service	1	1	$1,725	$1,725	$1,725	1
Enhanced Medical Equipment-Supplies		S5199		Items	2	6	$474	$237	$79	3
Occupational or Physical Therapy		S8990		Encounter	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9123	*TT*	Hour	0	0	$0	$0	$0	0
Private Duty Nursing	0582	S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124		Hour	0	0	$0	$0	$0	0
Private Duty Nursing		S9124	*TT*	Hour	0	0	$0	$0	$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	*TD*	Per Diem	0	0	$0	$0	$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	*TE*	Per Diem	0	0	$0	$0	$0	0
Health Services		S9445		Encounter	34	53	$0	$0	$0	2
Health Services		S9446		Encounter	34	53	$0	$0	$0	2

Woodlands

Service Category	Revenue Code	HCPCS Code	Modifier	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Health Services		S9470		Encounter	34	53	$0	$0	$0	2
Intensive Crisis Stabilization-Enrolled Program		S9484		Hour	0	0	$0	$0	$0	0
Reidential Room and Board		S9976		Days	0	0	$0	$0	$0	0
Private Duty Nursing		T1000		Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TD*	Up to 15 min	0	0	$0	$0	$0	0
Private Duty Nursing		T1000	*TE*	Up to 15 min	0	0	$0	$0	$0	0
Assessment		T1001		Encounter	3	4	$547	$182	$137	1
Health Services		T1002		Up to 15 min	2	8	$820	$410	$102	4
Respite Care		T1005		15 Minutes	27	32,590	$126,319	$4,678	$4	1,207
Respite Care		T1005	*TD*	15 Minutes	0	0	$0	$0	$0	0
Respite Care		T1005	*TE*	15 Minutes	0	0	$0	$0	$0	0
Substance Abuse: Recovery Support Services		T1012		Encounter	0	0	$0	$0	$0	0
Family Psycho-Education		T1015		Encounter	0	0	$0	$0	$0	0
Supports Coordination/Wrap Facilitation		T1016		15 minutes	48	953	$53,886	$1,123	$57	20
Targeted Case Management		T1017		15 minutes	148	3,308	$188,622	$1,274	$57	22
Nursing Home Mental Health Monitoring		T1017	*SE*	15 minutes	1	11	$627	$627	$57	11
Personal Care in Licensed Specialized Residential Setting		T1020		Days	28	7,653	$334,954	$11,963	$44	273
Personal Care in Licensed Specialized Residential Setting		T1020	*TF*	Days	17	2,911	$179,842	$10,579	$62	171
Personal Care in Licensed Specialized Residential Setting		T1020	*TG*	Days	4	302	$38,886	$9,722	$129	76
Assessments		T1023		Encounter	3	3	$567	$189	$189	1
Enhanced Medical Supplies or Pharmacy		T1999		Items	0	0	$0	$0	$0	0
Transportation		T2001		Encounter	0	0	$0	$0	$0	0
Transportation		T2002		Per Diem	0	0	$0	$0	$0	0
Transportation		T2003		Encounter / Trip	2	141	$2,573	$1,287	$18	71
Transportation		T2004		Encounter	0	0	$0	$0	$0	0
Transportation		T2005		Encounter	0	0	$0	$0	$0	0
Out of Home Prevocational Service		T2015		Hour	0	0	$0	$0	$0	0
Targeted Case Management (Children's Waiver)		T2023		Month	4	48	$9,749	$2,437	$203	12
Fiscal Intermediary Services		T2025		Month	3	27	$20,257	$6,752	$750	9
Enhanced Medical Equipment-Supplies		T2028		Items	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2029		Items	0	0	$0	$0	$0	0
Community Living Supports-Therapeutic Camping		T2036		Encounter / Trip	1	9	$505	$505	$56	9
Community Living Supports-Therapeutic Camping		T2037		Encounter / Trip	0	0	$0	$0	$0	0
Housing Assistance		T2038		Month	0	0	$0	$0	$0	0
Enhanced Medical Equipment-Supplies		T2039		Items	0	0	$0	$0	$0	0
Pharmacy (Drugs and Other Biologicals)					0	0	$0	$0	$0	0
Other					0	0	$0	$0	$0	0
Aggregate for 'J' Codes		ALL			0	0	$0	$0	$0	0
Total Population and Cost					**178**		**$4,317,816**			

SECTION 404 (2) (d)
SERVICE OUTCOMES
FY 2008

APPENDIX

Consumer Satisfaction Survey

Youth Satisfaction Survey for Families

The Consumer Satisfaction Report is not yet available.

CONSUMER SATISFACTION SURVEY

In order to provide the best mental health services possible, we'd like to know what you think about the Assertive Community Treatment (ACT) team services you have received during the last **six** months, the people who provided these services to you, and the results that have been achieved. There are no right or wrong answers to the questions in this survey. Please indicate your agreement or disagreement with each of the following statements by filling in the circle that best represents your opinion. If a question does not apply to you, then fill in the "NA" circle for "not applicable." Your answers will remain strictly confidential.

☐ **Completed without assistance** ☐ **Completed with assistance**

	Strongly Agree (SA)	Agree (A)	I am Neutral (N)	Disagree (D)	Strongly Disagree (SD)	Not Applicable (NA)
1. I like the services that I received.	SA 1	A 2	N 3	D 4	SD 5	NA 9
2. If I had other choices, I would still choose to get services from this mental healthcare provider.	SA 1	A 2	N 3	D 4	SD 5	NA 9
3. I would recommend this agency to a friend or family member.	SA 1	A 2	N 3	D 4	SD 5	NA 9
4. The location of services was convenient.	SA 1	A 2	N 3	D 4	SD 5	NA 9
5. Staff were willing to see me as often as I felt it was necessary.	SA 1	A 2	N 3	D 4	SD 5	NA 9
6. Staff returned my calls within 24 hours.	SA 1	A 2	N 3	D 4	SD 5	NA 9
7. Services were available at times that were good for me.	SA 1	A 2	N 3	D 4	SD 5	NA 9
8. I was able to get all the services I thought I needed.	SA 1	A 2	N 3	D 4	SD 5	NA 9
9. I was able to see a psychiatrist when I wanted to.	SA 1	A 2	N 3	D 4	SD 5	NA 9
10. Staff believed that I could grow, change and recover.	SA 1	A 2	N 3	D 4	SD 5	NA 9
11. I felt comfortable asking questions about my treatment, services, and medication.	SA 1	A 2	N 3	D 4	SD 5	NA 9
12. I felt free to complain.	SA 1	A 2	N 3	D 4	SD 5	NA 9
13. I was given information about my rights.	SA 1	A 2	N 3	D 4	SD 5	NA 9
14. Staff encouraged me to take responsibility for how I live my life.	SA 1	A 2	N 3	D 4	SD 5	NA 9
15. Staff told me what side effects to watch for.	SA 1	A 2	N 3	D 4	SD 5	NA 9

16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	SA 1	A 2	N 3	D 4	SD 5	NA 9
17. I, not staff, decided my treatment goals.	SA 1	A 2	N 3	D 4	SD 5	NA 9
18. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	SA 1	A 2	N 3	D 4	SD 5	NA 9
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	SA 1	A 2	N 3	D 4	SD 5	NA 9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	SA 1	A 2	N 3	D 4	SD 5	NA 9
As a direct result of the services I received:	Strongly Agree (SA)	Agree (A)	I am Neutral (N)	Disagree (D)	Strongly Disagree (SD)	Not Applicable (NA)
21. I deal more effectively with daily problems.	SA 1	A 2	N 3	D 4	SD 5	NA 9
22. I am better able to control my life.	SA 1	A 2	N 3	D 4	SD 5	NA 9
23. I am better able to deal with crisis.	SA 1	A 2	N 3	D 4	SD 5	NA 9
24. I am getting along better with my family.	SA 1	A 2	N 3	D 4	SD 5	NA 9
25. I do better in social situations.	SA 1	A 2	N 3	D 4	SD 5	NA 9
26. I do better in school and/or work.	SA 1	A 2	N 3	D 4	SD 5	NA 9
27. My housing situation has improved.	SA 1	A 2	N 3	D 4	SD 5	NA 9
28. My symptoms are not bothering me as much.	SA 1	A 2	N 3	D 4	SD 5	NA 9
29. I do things that are more meaningful to me.	SA 1	A 2	N 3	D 4	SD 5	NA 9
30. I am better able to take care of my needs.	SA 1	A 2	N 3	D 4	SD 5	NA 9
31. I am better able to handle things when they go wrong.	SA 1	A 2	N 3	D 4	SD 5	NA 9

32.	I am better able to do things that I want to do.	SA 1	A 2	N 3	D 4	SD 5	NA 9
	For questions 33-36 please answer for relationships with persons other than your mental health provider(s)						
33.	I am happy with the friendships I have.	SA 1	A 2	N 3	D 4	SD 5	NA 9
34.	I have people with who I can do enjoyable things.	SA 1	A 2	N 3	D 4	SD 5	NA 9
35.	I feel I belong in my community.	SA 1	A 2	N 3	D 4	SD 5	NA 9
36.	In a crisis, I would have the support I need from family or friends.	SA 1	A 2	N 3	D 4	SD 5	NA 9

Please answer the following questions to let us know how you are doing.

37. Are you currently (still) receiving Assertive Community Treatment (ACT) team services?
(Fill in the circle that represents your choice)

◯ 1 YES

◯ 2 NO

38. How long have you received Assertive Community Treatment (ACT) team services?
(Fill in the circle that represents your choice)

◯ 1 LESS THAN A YEAR

◯ 2 ONE YEAR OR MORE

42. Were you arrested during the last 12 months?

◯ 1 YES

◯ 2 NO

43. Were you arrested during the 12 months prior to that?

◯ 1 YES

◯ 2 NO

44. Over the last year, have your encounters with the police

◯ 1 BEEN REDUCED

◯ 2 STAYED THE SAME

◯ 3 INCREASED

◯ 9 NOT APPLICABLE
(i.e., no police encounters this year or last year)

39. Were you arrested since your began to receive ACT services?

◯ 1 YES

◯ 2 NO

40. Were you arrested during the 12 months prior to that?

◯ 1 YES

◯ 2 NO

41. Since you began to receive ACT services, have your encounters with the police

◯ 1 BEEN REDUCED

◯ 2 STAYED THE SAME

◯ 3 INCREASED

◯ 9 NOT APPLICABLE
(i.e., no police encounters this year or last year)

Thank you for completing this survey.

YOUTH SERVICES SURVEY FOR FAMILIES

In order to provide the best care possible, we'd like to know what you think about the services your child has received from our agency **over the last 6 months.** There are no right or wrong answers to the questions in this survey. Please indicate your agreement or disagreement with each of the following statements by filling in the circle that best represents your opinion. All responses will remain strictly confidential.

☐ **Completed without assistance** ☐ **Completed with assistance**

	Strongly Disagree (SD)	Disagree (D)	Undecided (UN)	Agree (A)	Strongly Agree (SA)
1. Overall, I am satisfied with the services my child received.	SD 1	D 2	UN 3	A 4	SA 5
2. I helped to choose my child's services.	SD 1	D 2	UN 3	A 4	SA 5
3. I helped to choose the goals in my child's service plan.	SD 1	D 2	UN 3	A 4	SA 5
4. The people helping my child stuck with us no matter what.	SD 1	D 2	UN 3	A 4	SA 5
5. I felt my child had someone to talk to when he/she was troubled.	SD 1	D 2	UN 3	A 4	SA 5
6. I participated in my child's treatment/services.	SD 1	D 2	UN 3	A 4	SA 5
7. The services my child and/or family received were right for us.	SD 1	D 2	UN 3	A 4	SA 5
8. The location of services was convenient for us.	SD 1	D 2	UN 3	A 4	SA 5
9. Services were available at times that were convenient for us.	SD 1	D 2	UN 3	A 4	SA 5
10. My family got the help we wanted for my child.	SD 1	D 2	UN 3	A 4	SA 5
11. My family got as much help as we needed for my child.	SD 1	D 2	UN 3	A 4	SA 5
12. Staff treated me with respect.	SD 1	D 2	UN 3	A 4	SA 5
13. Staff respected my family s religious/spiritual beliefs.	SD 1	D 2	UN 3	A 4	SA 5
14. Staff spoke with me in a way that I understood.	SD 1	D 2	UN 3	A 4	SA 5

15. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language)	SD 1	D 2	UN 3	A 4	SA 5
As a direct result of the services I received:	Strongly Disagree (SD)	Disagree (D)	Undecided (UN)	Agree (A)	Strongly Agree (SA)
16. My child is better at handling daily life.	SD 1	D 2	UN 3	A 4	SA 5
17. My child gets along better with family members.	SD 1	D 2	UN 3	A 4	SA 5
18. My child gets along better with friends and other people.	SD 1	D 2	UN 3	A 4	SA 5
19. My child is doing better in school and/or work.	SD 1	D 2	UN 3	A 4	SA 5
20. My child is better able to cope when things go wrong.	SD 1	D 2	UN 3	A 4	SA 5
21. I am satisfied with our family life right now.	SD 1	D 2	UN 3	A 4	SA 5
22. My child is better able to do things he or she wants to do.	SD 1	D 2	UN 3	A 4	SA 5
As a result of the services my child and/or family received: *please answer for relationships with persons other than your mental health provider(s)*	Strongly Disagree (SD)	Disagree (D)	Undecided (UN)	Agree (A)	Strongly Agree (SA)
23. I know people who will listen and understand me when I need to talk.	SD 1	D 2	UN 3	A 4	SA 5
24. I have people that I am comfortable talking with about my child's problems.	SD 1	D 2	UN 3	A 4	SA 5
25. In a crisis, I would have the support I need from family or friends.	SD 1	D 2	UN 3	A 4	SA 5
26. I have people with whom I can do enjoyable things.	SD 1	D 2	UN 3	A 4	SA 5

Please answer the following questions to let us know how your child is doing.

27. Is your child currently living with you? (Fill in the circle that represents your response)

○ 1 YES

○ 2 NO

28. Has your child lived in any of the following places in the **last 6 months?** (Answer a-m)

a. With one or both parents	◯ 1 YES	◯ 2 NO
b. With another family	◯ 1 YES	◯ 2 NO
c. Foster home	◯ 1 YES	◯ 2 NO
d. Therapeutic foster home	◯ 1 YES	◯ 2 NO
e. Crisis shelter	◯ 1 YES	◯ 2 NO
f. Homeless shelter	◯ 1 YES	◯ 2 NO
g. Group home	◯ 1 YES	◯ 2 NO
h. Residential treatment center	◯ 1 YES	◯ 2 NO
i. Hospital	◯ 1 YES	◯ 2 NO
j. Local jail or detention facility	◯ 1 YES	◯ 2 NO
k. State correctional facility	◯ 1 YES	◯ 2 NO
l. Runaway/homeless/on the streets	◯ 1 YES	◯ 2 NO
m. Other	◯ 1 YES	◯ 2 NO

29. In the last year, did your child see a medical doctor, or nurse, for a health check up or because he/she was sick?

◯ 1 IN A CLINIC OR OFFICE
◯ 2 YES, BUT ONLY IN A HOSPITAL EMERGENCY ROOM
◯ 3 NO
◯ 9 DO NOT REMEMBER

30. Is your child on medication for emotional or behavioral problems?

◯ 1 YES
◯ 2 NO

30a. Did the doctor or nurse tell you and/or your child what side effects to watch for?

◯ 1 YES
◯ 2 NO

31. Is your child still receiving home-based program services?

◯ 1 YES
◯ 2 NO

32. How long did your child receive home-based program services?

- ○ 1 LESS THAN 1 MONTH
- ○ 2 1 – 5 MONTHS
- ○ 3 6 MONTHS TO 1 YEAR
- ○ 4 MORE THAN 1 YEAR → GO DIRECTLY TO QUESTIONS 39 THROUGH 44 ON THE NEXT PAGE

33. Was your child arrested since beginning to receive home-based program services?

- ○ 1 YES
- ○ 2 NO

34. Was your child arrested during the 12 months prior to that?

- ○ 1 YES
- ○ 2 NO

35. Since your child began to receive home-based program services, have their encounters with the police has

- ○ 1 BEEN REDUCED
- ○ 2 STAYED THE SAME
- ○ 3 INCREASED
- ○ 9 NOT APPLICABLE (i.e., no police encounters this year or last)

36. Was your child expelled or suspended since beginning home-based program services?

- ○ 1 YES
- ○ 2 NO

37. Was your child expelled or suspended during the 12 months prior to that?

- ○ 1 YES
- ○ 2 NO

38. Since starting to receive home-based program services, the number of days my child was in school is

- ○ 1 GREATER
- ○ 2 ABOUT THE SAME
- ○ 3 LESS
- ○ 9 NOT APPLICABLE

STOP!

39. Was your child arrested during the last 12 months?

- ○ 1 YES
- ○ 2 NO

40. Was your child arrested during the 12 months prior to that?

- ○ 1 YES
- ○ 2 NO

41. Since your child began to receive home-based program services, have their encounters with the police has

- ○ 1 BEEN REDUCED
- ○ 2 STAYED THE SAME
- ○ 3 INCREASED
- ○ 9 NOT APPLICABLE (i.e., no police encounters this year or last)

42. Was your child expelled or suspended during the last 12 months?

- ○ 1 YES
- ○ 2 NO

43. Was your child expelled or suspended during the 12 months prior to that?

- ○ 1 YES
- ○ 2 NO

44. Since starting to receive home-based program services, the number of days my child was in school is

- ○ 1 GREATER
- ○ 2 ABOUT THE SAME
- ○ 3 LESS
- ○ 9 NOT APPLICABLE

STOP!

Thank you for completing this survey.

SECTION 404 (2) (e) (i)
NUMBERS SERVED
FY2008

CMHSP PERSONS SERVED - MI and DD Totals

SERVED'08.XLS

CMH	Total MI & DD			Other			Grand Total		
	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj
Allegan	1,792	1,689	1,808	0	0	0	1,792	1,689	1,808
Ausable	2,359	2,395	2,417	0	0	0	2,359	2,395	2,417
Barry	1,673	1,756	1,878	0	0	0	1,673	1,756	1,878
Bay	4,806	4,863	0	0	0	0	4,806	4,863	0
Berrien	5,198	5,482	5,763	0	0	0	5,198	5,482	5,763
CEI	13,501	16,367	18,079	0	0	0	13,501	16,367	18,079
Central	8,524	8,415	8,520	0	0	0	8,524	8,415	8,520
Copper	1,034	1,040	1,057	0	0	0	1,034	1,040	1,057
Detroit	59,221	60,823	62,425	0	0	0	59,221	60,823	62,425
Genesee	10,775	10,372	10,604	0	0	0	10,775	10,372	10,604
Gogebic	561	484	520	72	79	80	633	563	600
Gratiot	2,284	2,279	2,299	0	0	0	2,284	2,279	2,299
Hiawatha	1,543	1,237	1,390	0	0	0	1,543	1,237	1,390
Huron	1,207	1,187	1,219	394	336	386	1,601	1,523	1,605
Ionia	2,508	2,445	3,015	404	435	465	2,912	2,880	3,480
Kalamazoo	5,456	5,792	6,039	9	13	6	5,465	5,805	6,045
Kent	10,743	11,880	12,800	0	0	0	10,743	11,880	12,800
Lapeer	1,287	1,369	1,425	0	0	0	1,287	1,369	1,425
Lenawee	1,545	1,643	1,674	0	0	0	1,545	1,643	1,674
Lifeways	7,929	8,288	8,673	0	0	0	7,929	8,288	8,673
Livingston	1,365	1,370	1,403	0	0	0	1,365	1,370	1,403
Macomb	12,513	12,301	12,775	8,051	8,041	7,700	20,564	20,342	20,475
Manistee	1,393	1,415	1,428	0	0	0	1,393	1,415	1,428
Monroe	1,980	1,719	2,095	0	0	0	1,980	1,719	2,095
Montcalm	1,333	1,171	1,245	0	0	0	1,333	1,171	1,245
Muskegon	4,348	4,450	4,565	0	0	0	4,348	4,450	4,565
Newaygo	1,334	1,324	1,354	0	0	0	1,334	1,324	1,354
North Country	4,535	4,449	4,402	0	0	0	4,535	4,449	4,402
Northeast	2,425	2,620	2,820	0	0	0	2,425	2,620	2,820
Northern Lakes	5,274	5,434	5,651	0	0	0	5,274	5,434	5,651
Northpointe	1,734	1,545	1,621	0	0	0	1,734	1,545	1,621
Oakland	16,729	18,112	19,160	0	0	0	16,729	18,112	19,160
Ottawa	2,961	2,993	3,023	0	0	0	2,961	2,993	3,023
Pathways	2,671	2,691	2,731	0	0	0	2,671	2,691	2,731
Pines	433	2,047	2,128	0	0	0	433	2,047	2,128
Saginaw	738	815	5,208	4,558	5,208	5,208	5,296	6,023	10,416
Sanilac	1,042	1,128	1,208	0	0	0	1,042	1,128	1,208
Shiawassee	1,271	1,297	1,322	0	0	0	1,271	1,297	1,322
St Clair	3,510	3,940	4,372	0	0	0	3,510	3,940	4,372
St Joseph	2,102	1,985	2,025	0	0	0	2,102	1,985	2,025
Summit	5,466	4,894	5,355	0	0	0	5,466	4,894	5,355
Tuscola	1,193	1,375	1,483	0	0	0	1,193	1,375	1,483
Van Buren	2,478	2,436	2,557	0	0	0	2,478	2,436	2,557
Washtenaw	2,946	2,938	2,963	0	0	0	2,946	2,938	2,963
West MI	2,261	2,299	2,307	0	0	0	2,261	2,299	2,307
Woodlands	1,126	1,083	1,147	0	59	0	1,126	1,142	1,147
Totals:	229,107	237,637	247,953	13,488	14,171	13,845	242,595	251,808	261,798

CMHSP PERSONS SERVED -
MENTAL ILLNESS
SERVED'08.XLS

CMH	Age: 0-17			Age: 18-54			Age: 55+			Age: Unknown			Total MI		
	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj
Allegan	269	289	295	931	832	910	178	170	180	0	0	0	1,378	1,291	1,385
Ausable	713	740	770	1,201	1,198	1,200	227	229	200	2	0	2	2,143	2,167	2,172
Barry	294	309	331	1,010	1,064	1,140	182	189	202	0	2	0	1,486	1,564	1,673
Bay	792	701	0	2,785	2,824	0	508	537	0	0	0	0	4,085	4,062	0
Berrien	732	710	750	3,094	3,211	3,332	709	786	871	0	0	0	4,535	4,707	4,953
CEI	2,484	2,926	3,219	7,831	9,622	10,584	1,584	2,094	2,479	143	161	152	12,042	14,803	16,434
Central	1,758	1,780	1,838	4,299	4,134	4,192	834	872	930	82	77	0	6,973	6,863	6,960
Copper	160	165	170	530	506	510	156	176	180	0	0	0	846	847	860
Detroit	13,088	14,244	15,400	29,858	30,437	31,016	6,218	6,319	6,420	0	0	0	49,164	51,000	52,836
Genesee	1,597	1,687	1,845	6,384	5,978	6,074	839	810	748	0	0	0	8,820	8,475	8,667
Gogebic	105	81	100	284	242	250	65	58	60	0	0	0	454	381	410
Gratiot	612	565	580	848	893	900	558	575	580	36	21	15	2,054	2,054	2,075
Hiawatha	237	199	218	680	600	640	321	159	240	0	0	0	1,238	958	1,098
Huron	196	171	193	579	568	579	246	246	246	2	1	0	1,023	986	1,018
Ionia	456	396	525	1,457	1,438	1,750	294	299	360	3	12	0	2,210	2,145	2,635
Kalamazoo	1,388	1,201	1,100	2,523	3,012	3,235	616	695	765	0	6	0	4,527	4,914	5,100
Kent	1,945	2,300	2,600	5,672	6,200	6,600	1,044	1,200	1,300	0	0	0	8,661	9,700	10,500
Lapeer	149	200	225	684	716	720	140	148	168	0	0	0	973	1,064	1,113
Lenawee	227	261	280	876	931	940	170	173	175	0	0	0	1,273	1,365	1,395
Lifeways	1,234	1,266	1,299	5,152	5,411	5,683	794	859	929	0	0	0	7,180	7,536	7,911
Livingston	282	248	250	560	578	580	133	139	140	0	0	0	975	965	970
Macomb	1,539	1,623	1,700	6,803	6,389	6,750	1,342	1,287	1,300	2	4	0	9,686	9,303	9,750
Manistee	354	349	350	614	693	690	219	185	200	0	0	0	1,187	1,227	1,240
Monroe	287	283	340	1,103	849	1,125	212	200	210	0	0	0	1,602	1,332	1,675
Montcalm	253	238	260	745	671	700	138	72	80	0	0	0	1,136	981	1,040
Muskegon	578	584	600	2,357	2,398	2,465	423	474	485	0	0	0	3,358	3,456	3,550
Newaygo	289	270	290	721	757	749	144	134	145	0	0	0	1,154	1,161	1,184
North Country	1,013	962	945	2,101	1,998	1,934	696	742	743	0	0	0	3,810	3,702	3,622
Northeast	350	398	415	1,265	1,378	1,516	404	439	477	0	0	0	2,019	2,215	2,408
Northern Lakes	1,019	1,020	1,061	2,638	2,758	2,868	629	644	670	0	0	0	4,286	4,422	4,599
Northpointe	338	259	300	894	776	800	217	214	215	0	0	0	1,449	1,249	1,315
Oakland	1,928	2,052	2,151	8,601	9,401	10,057	2,350	2,408	2,453	0	0	0	12,879	13,861	14,661
Ottawa	351	335	338	1,847	1,849	1,855	225	238	245	0	0	0	2,423	2,422	2,438
Pathways	396	352	380	1,394	1,442	1,445	310	344	345	0	0	0	2,100	2,138	2,170
Pines	433	458	478	1,089	1,109	1,132	199	206	236	0	1	0	1,721	1,774	1,846
Saginaw	738	815	815	2,169	2,655	2,655	848	890	890	3	2	2	3,758	4,362	4,362
Sanilac	134	159	189	486	516	547	140	163	179	0	0	0	760	838	915
Shiawassee	249	283	302	684	692	695	105	92	92	0	0	0	1,038	1,067	1,089
St Clair	471	511	551	1,760	1,905	2,050	274	442	610	0	0	0	2,505	2,858	3,211
St Joseph	504	502	505	1,188	1,078	1,100	214	189	200	0	0	0	1,906	1,769	1,805
Summit	1,042	872	960	2,825	2,488	2,736	917	882	970	0	0	0	4,784	4,242	4,666
Tuscola	208	278	322	638	745	810	127	124	119	0	0	0	973	1,147	1,251
Van Buren	486	432	453	1,393	1,385	1,454	348	317	333	0	0	0	2,227	2,134	2,240
Washtenaw	455	438	463	1,301	1,260	1,293	423	441	420	0	0	0	2,179	2,139	2,176
West MI	584	650	650	1,200	1,201	1,200	237	210	215	0	0	0	2,021	2,061	2,065
Woodlands	216	229	250	600	551	575	132	121	135	0	0	0	948	901	960
Totals:	42,933	44,791	47,056	123,654	127,339	130,036	27,089	28,191	29,140	273	287	171	193,949	200,608	206,403

CMHSP PERSONS SERVED -
DEVELOPMENTAL DISABILITY

SERVED'08.XLS

CMH	Age: 0-17			Age: 18-54			Age: 55+			Age: Unknown			Total MI		
	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj	FY 06-07 Actual	FY 07-08 Actual	FY 08-09 Proj
Allegan	47	42	48	298	282	295	69	74	80	0	0	0	414	398	423
Ausable	12	17	18	168	170	186	36	41	41	0	0	0	216	228	245
Barry	33	29	31	117	125	134	37	38	40	0	0	0	187	192	205
Bay	112	124	0	462	524	0	147	153	0	0	0	0	721	801	0
Berrien	58	90	100	494	553	570	111	132	140	0	0	0	663	775	810
CEI	229	262	288	977	1,030	1,081	244	253	262	9	19	14	1,459	1,564	1,645
Central	282	282	280	983	979	985	286	291	295	0	0	0	1,551	1,552	1,560
Copper	20	21	22	116	122	125	52	50	50	0	0	0	188	193	197
Detroit	1,769	1,889	2,009	6,449	6,128	5,807	1,839	1,806	1,773	0	0	0	10,057	9,823	9,589
Genesee	466	403	391	1,216	1,211	1,246	273	283	300	0	0	0	1,955	1,897	1,937
Gogebic	31	33	40	57	53	53	19	17	17	0	0	0	107	103	110
Gratiot	42	40	42	124	120	122	62	61	60	2	4	0	230	225	224
Hiawatha	75	69	72	160	148	154	70	62	66	0	0	0	305	279	292
Huron	18	18	18	115	121	121	51	62	62	0	0	0	184	201	201
Ionia	54	60	70	185	192	235	59	48	75	0	0	0	298	300	380
Kalamazoo	168	143	190	604	576	585	157	159	164	0	0	0	929	878	939
Kent	312	320	350	1,421	1,480	1,550	349	380	400	0	0	0	2,082	2,180	2,300
Lapeer	28	30	32	196	186	190	90	89	90	0	0	0	314	305	312
Lenawee	35	32	32	171	177	177	66	69	70	0	0	0	272	278	279
Lifeways	128	127	131	458	458	460	163	167	171	0	0	0	749	752	762
Livingston	114	99	115	224	241	250	52	65	68	0	0	0	390	405	433
Macomb	750	810	820	1,692	1,775	1,780	385	413	425	0	0	0	2,827	2,998	3,025
Manistee	21	17	15	122	111	112	63	60	61	0	0	0	206	188	188
Monroe	51	66	55	265	261	300	62	60	65	0	0	0	378	387	420
Montcalm	30	35	40	132	125	135	35	30	30	0	0	0	197	190	205
Muskegon	234	219	225	628	638	650	128	137	140	0	0	0	990	994	1,015
Newaygo	48	40	40	108	99	105	24	24	25	0	0	0	180	163	170
North Country	190	180	193	396	422	441	139	145	146	0	0	0	725	747	780
Northeast	37	35	50	256	244	240	113	126	122	0	0	0	406	405	412
Northern Lakes	315	312	324	526	540	562	147	160	166	0	0	0	988	1,012	1,052
Northpointe	61	66	76	168	174	175	56	56	55	0	0	0	285	296	306
Oakland	882	949	1,003	2,451	2,758	2,931	517	544	565	0	0	0	3,850	4,251	4,499
Ottawa	52	52	55	406	430	435	80	89	95	0	0	0	538	571	585
Pathways	103	106	114	368	348	348	100	99	99	0	0	0	571	553	561
Pines	433	52	62	175	172	169	47	49	51	0	0	0	655	273	282
Saginaw	738	123	123	507	549	549	176	174	174	0	0	0	1,421	846	846
Sanilac	55	55	56	144	141	142	83	94	95	0	0	0	282	290	293
Shiawassee	33	40	44	156	149	149	44	41	40	0	0	0	233	230	233
St Clair	328	406	484	537	537	537	140	139	140	0	0	0	1,005	1,082	1,161
St Joseph	13	18	20	137	147	150	46	51	50	0	0	0	196	216	220
Summit	153	128	140	431	418	438	98	106	111	0	0	0	682	652	689
Tuscola	15	17	17	138	157	168	67	54	47	0	0	0	220	228	232
Van Buren	44	73	77	160	188	197	47	41	43	0	0	0	251	302	317
Washtenaw	72	63	81	579	613	589	116	123	117	0	0	0	767	799	787
West MI	43	50	50	162	153	155	35	35	37	0	0	0	240	238	242
Woodlands	30	23	25	127	134	137	21	25	25	0	0	0	178	182	187
Totals:	8,764	8,065	8,468	25,766	26,159	25,920	7,001	7,175	7,148	11	23	14	41,542	41,422	41,550

SECTION 404 (2) (e) (ii)
INFORMAL DENIALS
FY 2008

CMHSP INFORMAL DENIALS	Adult Medicaid beneficiaries with SMI							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	142	127	15	15	0	0	0	0
Ausable	393	379	0	9	5	0	0	0
Barry	194	173	0	7	0	2	0	0
Bay	384	292	92	27	0	33	0	32
Berrien	576	483	91	19	0	72	0	2
CEI	227	227	0	0	0	0	0	0
Central	1,105	1,084	21	1	3	17	0	0
Copper	73	71	2	2	0	0	0	0
Detroit	8,542	7,834	708	472	166	70	0	1,261
Genesee	1,516	802	714	469	89	0	0	0
Gogebic	66	29	37	54	9	0	0	0
Gratiot	101	98	3	0	1	2	0	0
Hiawatha	137	47	90	30	114	0	0	0
Huron	92	82	10	7	0	3	0	0
Ionia	305	272	21	15	2	4	0	12
Kalamazoo	864	785	79	7	9	62	1	150
Kent	5,271	3,331	1,940	133	0	816	61	930
Lapeer	198	154	44	0	0	44	0	0
Lenawee	251	115	136	118	8	10	0	0
Lifeways	742	693	49	39	0	10	0	0
Livingston	56	56	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	206	178	28	1	1	18	8	0
Monroe	97	97	0	0	0	0	0	0
Montcalm	130	103	27	8	0	10	0	9
Muskegon	926	705	0	97	31	93	0	0
Newaygo	11	9	2	1	0	1	0	0
North Country	578	470	108	72	32	4	0	0
Northeast	260	209	16	29	22	16	0	0
Northern Lakes	58	50	4	0	0	4	0	0
Northpointe	182	114	68	52	16	0	0	0
Oakland	2,401	1,188	1,213	722	1	381	2	107
Ottawa	400	232	168	54	0	114	0	0
Pathways	265	94	171	96	102	0	0	0
Pines	237	234	0	2	0	1	0	0
Saginaw	0	103	0	0	0	0	0	0
Sanilac	113	96	17	0	0	17	0	0
Shiawassee	144	113	31	9	0	20	2	9
St Clair	475	407	68	7	0	61	0	0
St Joseph	0	124	0	0	0	0	0	0
Summit	297	245	0	0	0	52	0	0
Tuscola	101	80	21	6	0	9	0	6
Van Buren	182	173	0	0	0	0	0	9
Washtenaw	216	118	8	20	12	1	57	242
West MI	407	174	233	59	0	127	0	47
Woodlands	113	95	0	0	0	0	0	0
Totals:	29,034	22,545	6,235	2,659	623	2,074	131	2,816

CMHSP INFORMAL DENIALS	Child Medicaid beneficiaries with SED							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	105	104	1	1	0	0	0	0
Ausable	345	337	0	7	1	0	0	0
Barry	114	99	0	16	0	0	0	0
Bay	281	175	106	48	0	43	0	15
Berrien	242	216	26	3	0	23	0	0
CEI	718	718	0	0	0	0	0	0
Central	609	600	9	0	1	8	0	0
Copper	61	59	2	2	0	0	0	0
Detroit	4,483	4,144	339	252	50	37	0	1,470
Genesee	821	515	306	261	1	0	0	0
Gogebic	29	20	9	9	5	0	0	0
Gratiot	145	143	2	0	0	2	0	0
Hiawatha	110	58	52	18	18	0	0	0
Huron	56	41	15	8	0	7	0	0
Ionia	185	157	22	17	1	4	0	6
Kalamazoo	184	160	24	13	0	10	1	18
Kent	1,407	1,010	397	39	0	127	16	215
Lapeer	36	32	4	0	0	4	0	0
Lenawee	195	79	116	102	5	9	0	0
Lifeways	441	369	72	63	0	9	0	0
Livingston	62	62	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	115	96	19	4	2	8	5	0
Monroe	92	92	0	0	0	0	0	0
Montcalm	150	106	44	23	0	15	0	6
Muskegon	363	301	0	36	1	25	0	0
Newaygo	0	0	0	0	0	0	0	0
North Country	636	494	142	106	34	2	0	0
Northeast	154	108	12	25	21	12	0	0
Northern Lakes	66	60	1	0	0	1	0	0
Northpointe	131	91	40	32	8	0	0	0
Oakland	1,186	589	597	394	0	186	0	17
Ottawa	177	137	40	22	0	18	0	0
Pathways	194	121	73	48	24	0	0	0
Pines	161	161	0	0	0	0	0	0
Saginaw	0	158	0	0	0	0	0	0
Sanilac	25	23	2	0	0	2	0	0
Shiawassee	140	100	40	17	0	18	2	8
St Clair	145	123	22	3	0	19	0	0
St Joseph	0	141	0	0	0	0	0	0
Summit	210	168	0	0	0	42	0	0
Tuscola	115	83	32	13	0	12	0	7
Van Buren	68	64	0	0	0	0	0	4
Washtenaw	285	237	1	26	5	0	16	271
West MI	282	122	160	35	0	102	0	23
Woodlands	77	61	0	0	0	0	0	0
Totals:	15,401	12,734	2,727	1,643	177	745	40	2,060

CMHSP INFORMAL DENIALS	Adult Medicaid beneficiaries with DD							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	4	4	0	0	0	0	0	0
Ausable	40	0	1	0	0	40	0	2
Barry	8	8	0	0	0	0	0	0
Bay	14	14	0	0	0	0	0	0
Berrien	55	53	2	1	0	1	0	0
CEI	59	59	0	0	0	0	0	0
Central	84	84	0	0	0	0	0	0
Copper	10	10	0	0	0	0	0	0
Detroit	405	282	122	46	16	60	0	76
Genesee	69	62	7	3	0	0	0	0
Gogebic	1	1	0	0	0	0	0	0
Gratiot	5	5	0	0	0	0	0	0
Hiawatha	3	3	0	0	0	0	0	0
Huron	6	5	1	0	0	1	0	0
Ionia	13	12	0	0	0	0	0	1
Kalamazoo	34	34	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0
Lapeer	7	5	2	0	0	2	0	0
Lenawee	4	4	0	0	0	0	0	0
Lifeways	36	36	0	0	0	0	0	0
Livingston	18	18	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	4	4	0	0	0	0	0	0
Monroe	26	26	0	0	0	0	0	0
Montcalm	9	9	0	0	0	0	0	0
Muskegon	75	55	0	2	0	18	0	0
Newaygo	386	244	142	0	0	133	5	4
North Country	22	22	0	0	0	0	0	0
Northeast	20	20	2	0	0	2	0	0
Northern Lakes	1,035	960	36	0	0	36	0	4
Northpointe	16	16	0	0	0	0	0	0
Oakland	116	114	2	0	0	2	0	0
Ottawa	49	45	4	0	0	4	0	0
Pathways	8	8	0	0	0	0	0	0
Pines	24	24	0	0	0	0	0	0
Saginaw	0	45	0	0	0	0	0	0
Sanilac	6	5	1	0	0	1	0	0
Shiawassee	15	15	0	0	0	1	0	0
St Clair	52	51	1	0	0	1	0	0
St Joseph	0	15	0	0	0	0	0	0
Summit	28	26	0	0	0	2	0	0
Tuscola	10	10	0	0	0	0	0	0
Van Buren	11	11	0	0	0	0	0	0
Washtenaw	65	57	4	0	0	2	2	62
West MI	10	6	4	0	0	0	0	4
Woodlands	1	1	0	0	0	0	0	0
Totals:	2,863	2,488	331	52	16	306	7	153

CMHSP INFORMAL DENIALS	Child Medicaid beneficiaries with DD							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	4	4	0	0	0	0	0	0
Ausable	5	0	0	0	0	0	0	0
Barry	5	4	0	0	0	0	0	0
Bay	14	12	2	0	0	1	0	1
Berrien	26	24	2	0	0	2	0	0
CEI	52	52	0	0	0	0	0	0
Central	75	74	1	1	0	0	0	0
Copper	4	4	0	0	0	0	0	0
Detroit	221	185	34	22	12	0	0	156
Genesee	71	63	8	6	0	0	0	0
Gogebic	1	1	0	0	0	0	0	0
Gratiot	10	10	0	0	0	0	0	0
Hiawatha	8	8	0	0	0	0	0	0
Huron	4	4	0	0	0	0	0	0
Ionia	14	11	1	0	0	1	0	2
Kalamazoo	3	3	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0
Lapeer	2	2	0	0	0	0	0	0
Lenawee	4	4	0	0	0	0	0	0
Lifeways	26	26	0	0	0	0	0	0
Livingston	7	7	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	3	2	1	0	0	1	0	0
Monroe	11	11	0	0	0	0	0	0
Montcalm	5	5	0	0	0	0	0	0
Muskegon	45	41	0	2	0	2	0	0
Newaygo	40	28	12	0	0	12	0	0
North Country	38	38	0	0	0	0	0	0
Northeast	9	9	0	0	0	0	0	0
Northern Lakes	131	122	7	0	0	7	0	2
Northpointe	12	12	0	0	0	0	0	0
Oakland	75	75	0	0	0	0	0	0
Ottawa	8	8	0	0	0	0	0	0
Pathways	19	19	0	0	0	0	0	0
Pines	16	16	0	0	0	0	0	0
Saginaw	0	25	0	0	0	0	0	0
Sanilac	2	2	0	0	0	0	0	0
Shiawassee	7	4	3	0	0	3	0	0
St Clair	29	28	1	0	0	1	0	0
St Joseph	0	6	0	0	0	0	0	0
Summit	10	7	0	0	0	3	0	0
Tuscola	12	11	1	1	0	0	0	0
Van Buren	20	20	0	0	0	0	0	0
Washtenaw	4	2	0	1	0	1	0	10
West MI	9	4	5	0	0	0	0	5
Woodlands	4	2	0	0	0	0	0	0
Totals:	1,065	995	78	33	12	34	0	176

CMHSP INFORMAL DENIALS	MI Adults without Medicaid who were priority population							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	407	188	219	0	0	92	127	0
Ausable	450	450	0	0	0	0	0	0
Barry	328	299	0	0	0	2	0	0
Bay	312	265	47	0	0	20	0	27
Berrien	1,355	1,355	0	0	0	0	0	0
CEI	411	411	0	0	0	0	0	0
Central	773	767	6	0	0	6	0	0
Copper	53	40	13	0	0	13	0	0
Detroit	3,037	2,832	205	0	0	205	0	420
Genesee	1,685	422	1,263	0	0	1,263	0	0
Gogebic	76	21	55	0	0	55	0	0
Gratiot	75	71	4	0	0	4	0	0
Hiawatha	264	75	189	0	0	189	0	0
Huron	56	43	13	0	0	5	0	8
Ionia	488	415	51	22	23	6	0	22
Kalamazoo	514	444	70	0	17	52	1	106
Kent	320	232	88	1	0	39	3	45
Lapeer	191	137	54	0	0	54	0	0
Lenawee	267	180	87	0	0	87	0	0
Lifeways	752	458	294	166	0	128	0	0
Livingston	90	90	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	100	89	11	0	0	11	0	0
Monroe	173	173	0	0	0	0	0	0
Montcalm	115	100	15	0	0	10	0	5
Muskegon	944	351	0	267	120	206	0	0
Newaygo	10	9	1	0	0	1	0	0
North Country	951	951	0	0	0	0	0	0
Northeast	353	353	186	0	0	25	0	0
Northern Lakes	13	12	0	0	0	0	0	0
Northpointe	173	71	102	0	0	102	0	0
Oakland	3,964	1,907	2,057	0	0	1,891	8	158
Ottawa	471	471	0	0	0	0	0	0
Pathways	424	71	353	0	0	353	0	0
Pines	277	276	0	0	0	1	0	0
Saginaw	0	140	0	0	0	0	0	0
Sanilac	131	105	26	0	0	26	0	0
Shiawassee	113	90	23	0	0	16	0	7
St Clair	638	506	132	5	0	127	0	0
St Joseph	0	117	0	0	0	0	0	0
Summit	200	173	0	0	0	27	0	0
Tuscola	102	81	21	0	0	16	0	5
Van Buren	422	414	0	0	0	0	0	8
Washtenaw	346	236	15	0	18	14	63	300
West MI	1,133	535	598	0	0	402	0	196
Woodlands	96	78	0	0	0	0	0	0
Totals:	23,053	16,504	6,198	461	178	5,448	202	1,307

CMHSP INFORMAL DENIALS	SED Children without Medicaid who were priority population							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	38	32	6	0	0	6	0	0
Ausable	84	84	0	0	0	0	0	0
Barry	52	49	0	0	0	0	0	0
Bay	39	32	7	0	0	2	0	5
Berrien	94	94	0	0	0	0	0	0
CEI	304	304	0	0	0	0	0	0
Central	135	129	6	0	0	6	0	0
Copper	25	25	0	0	0	0	0	0
Detroit	524	466	58	0	0	58	0	174
Genesee	190	120	70	0	0	70	0	0
Gogebic	12	7	5	0	0	5	0	0
Gratiot	11	10	1	0	0	1	0	0
Hiawatha	51	23	28	0	0	28	0	0
Huron	3	1	2	0	0	1	0	1
Ionia	85	70	10	6	2	2	0	5
Kalamazoo	82	67	15	0	12	3	0	4
Kent	38	28	10	0	0	5	0	5
Lapeer	16	8	8	0	0	8	0	0
Lenawee	20	14	6	0	0	5	0	1
Lifeways	62	38	24	11	0	13	0	0
Livingston	25	25	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	11	6	5	0	0	3	2	0
Monroe	32	32	0	0	0	0	0	0
Montcalm	11	8	3	0	0	2	0	1
Muskegon	45	28	0	13	0	4	0	0
Newaygo	0	0	0	0	0	0	0	0
North Country	184	184	0	0	0	0	0	0
Northeast	45	45	0	0	0	0	0	0
Northern Lakes	20	16	3	0	0	3	0	0
Northpointe	59	28	31	0	0	31	0	0
Oakland	220	106	114	0	0	92	0	22
Ottawa	33	33	0	0	0	0	0	0
Pathways	63	29	34	0	0	34	0	0
Pines	36	36	0	0	0	0	0	0
Saginaw	0	45	0	0	0	0	0	0
Sanilac	6	4	2	0	0	2	0	0
Shiawassee	12	10	2	0	0	2	0	0
St Clair	37	24	13	3	0	10	0	0
St Joseph	0	31	0	0	0	0	0	0
Summit	40	40	0	0	0	0	0	0
Tuscola	12	11	1	0	0	3	0	1
Van Buren	64	59	0	0	0	0	0	5
Washtenaw	97	95	2	0	0	0	0	73
West MI	166	61	105	0	0	75	0	30
Woodlands	18	15	0	0	0	0	0	0
Totals:	3,101	2,572	571	33	14	474	2	327

CMHSP INFORMAL DENIALS	DD Adults without Medicaid who were priority population							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	7	5	0	0	0	0	2	0
Ausable	0	0	0	0	0	0	0	0
Barry	5	5	0	0	0	0	0	0
Bay	8	5	3	0	0	1	0	2
Berrien	21	19	2	0	0	2	0	0
CEI	32	32	0	0	0	0	0	0
Central	26	18	8	0	7	1	0	0
Copper	4	4	0	0	0	0	0	0
Detroit	27	27	0	0	0	0	0	6
Genesee	22	14	8	0	0	8	0	0
Gogebic	1	1	0	0	0	0	0	0
Gratiot	5	5	0	0	0	0	0	0
Hiawatha	6	3	3	0	0	3	0	0
Huron	3	2	1	0	0	1	0	0
Ionia	2	2	0	0	0	0	0	0
Kalamazoo	2	2	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0
Lapeer	1	1	0	0	0	0	0	0
Lenawee	1	1	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0
Livingston	14	14	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0
Monroe	8	8	0	0	0	0	0	0
Montcalm	3	3	0	0	0	0	0	0
Muskegon	6	6	0	0	0	0	0	0
Newaygo	248	7	241	0	0	225	11	5
North Country	11	11	0	0	0	0	0	0
Northeast	5	5	2	0	0	2	0	0
Northern Lakes	329	0	231	0	0	231	0	60
Northpointe	6	5	1	0	0	1	0	0
Oakland	21	20	1	0	0	1	0	0
Ottawa	12	12	0	0	0	0	0	0
Pathways	2	1	1	0	0	1	0	0
Pines	12	12	0	0	0	0	0	0
Saginaw	0	19	0	0	0	0	0	0
Sanilac	3	0	3	0	0	3	0	0
Shiawassee	1	1	0	0	0	0	0	0
St Clair	15	13	2	0	0	2	0	0
St Joseph	0	3	0	0	0	0	0	0
Summit	3	2	0	0	0	1	0	0
Tuscola	2	2	0	0	0	0	0	0
Van Buren	4	4	0	0	0	0	0	0
Washtenaw	29	25	3	0	0	1	0	30
West MI	11	3	8	0	0	0	0	8
Woodlands	0	0	0	0	0	0	0	0
Totals:	918	322	518	0	7	484	13	111

CMHSP INFORMAL DENIALS	DD Children without Medicaid who were priority population							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	2	2	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0
Barry	3	3	0	0	0	0	0	0
Bay	3	3	0	0	0	0	0	0
Berrien	4	3	1	0	0	1	0	0
CEI	40	40	0	0	0	0	0	0
Central	7	2	5	0	5	0	0	0
Copper	0	0	0	0	0	0	0	0
Detroit	52	47	5	0	0	5	0	23
Genesee	23	12	11	0	0	11	0	0
Gogebic	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0
Hiawatha	1	1	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0
Ionia	3	3	0	0	0	0	0	0
Kalamazoo	2	2	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0
Lapeer	1		1	0	0	1	0	0
Lenawee	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0
Livingston	6	6	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0
Monroe	4	4	0	0	0	0	0	0
Montcalm	2	2	0	0	0	0	0	0
Muskegon	8	8	0	0	0	0	0	0
Newaygo	99	98	1	0	0	1	0	0
North Country	14	14	0	0	0	0	0	0
Northeast	4	4	0	0	0	0	0	0
Northern Lakes	38	0	23	0	0	23	0	7
Northpointe	5	5	0	0	0	0	0	0
Oakland	13	12	1	0	0	1	0	0
Ottawa	5	3	2	0	0	2	0	0
Pathways	16	14	2	0	0	2	0	0
Pines	5	5	0	0	0	0	0	0
Saginaw	0	12	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	1	1	0	0	0	0	0	0
St Clair	10	9	1	0	0	1	0	0
St Joseph	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0
Tuscola	3	3	0	0	0	0	0	0
Van Buren	3	3	0	0	0	0	0	0
Washtenaw	2	2	0	0	0	0	0	5
West MI	4	3	1	0	0	0	0	1
Woodlands	1	1	0	0	0	0	0	0
Totals:	384	327	54	0	5	48	0	36

CMHSP INFORMAL DENIALS	Adults who were not Medicaid eligible and were not priority population							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	0	0	0	0	0	0	0	0
Ausable	35	0	33	0	0	34	0	6
Barry	43	0	0	0	0	10	5	1
Bay	339	223	116	0	0	59	0	57
Berrien	492	0	481	0	0	481	0	11
CEI	1,337	0	0	0	0	1,337	0	0
Central	465	58	338	1	17	316	4	69
Copper	36	0	36	14	0	22	0	0
Detroit	4,160	120	4,040	0	0	4,040	0	485
Genesee	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0
Gratiot	66	0	66	0	0	64	2	0
Hiawatha	0	0	0	0	0	0	0	0
Huron	148	136	12	0	0	10	0	2
Ionia	203	110	74	38	17	19	0	19
Kalamazoo	1,269	931	338	0	68	259	11	433
Kent	3,678	2,377	1,301	27	0	652	51	571
Lapeer	0	0	0	0	0	0	0	0
Lenawee	124	5	119	0	0	117	0	2
Lifeways	851	679	172	125	0	47	0	0
Livingston	21	0	21	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	211	0	43	0	0	43	0	168
Monroe	0	2	21	19	0	2	0	0
Montcalm	150	124	26	0	0	16	0	10
Muskegon	578	458	0	3	25	92	0	0
Newaygo	0	0	0	0	0	0	0	0
North Country	196	0	0	0	0	166	0	30
Northeast	95	0	0	0	87	0	0	8
Northern Lakes	280	0	217	56	10	217	0	58
Northpointe	66	0	66	0	0	66	0	0
Oakland	443	109	334	0	0	302	0	0
Ottawa	392	0	392	18	0	374	0	0
Pathways	0	0	0	0	0	0	0	0
Pines	175	175	0	0	0	7	0	0
Saginaw	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	96	72	26	0	0	20	0	6
St Clair	0	0	0	0	0	0	0	0
St Joseph	75	0	75	0	0	71	4	0
Summit	799	643	0	0	0	156	0	0
Tuscola	79	66	13	0	0	10	0	3
Van Buren	89	72	0	0	0	0	0	17
Washtenaw	1,765	0	165	2	102	227	1,269	2,768
West MI	78	0	78	0	0	60	0	18
Woodlands	77	28	0	0	0	0	0	0
Totals:	18,911	6,388	8,603	303	326	9,296	1,346	4,742

CMHSP INFORMAL DENIALS	Children who were not Medicaid eligible and were not priority population							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	0	0	0	0	0	0	0	0
Ausable	5	0	34	0	0	8	0	2
Barry	10	0	0	0	0	3	0	0
Bay	50	30	20	0	0	8	0	12
Berrien	6	0	6	0	0	6	0	0
CEI	2,005	0	0	0	0	2,005	0	0
Central	305	42	232	0	14	166	52	31
Copper	3	0	3	1	0	3	0	0
Detroit	905	71	834	0	0	834	0	41
Genesee	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0
Gratiot	9	0	9	0	0	9	0	0
Hiawatha	0	0	0	0	0	0	0	0
Huron	17	14	3	0	0	1	0	2
Ionia	79	30	38	25	4	9	0	11
Kalamazoo	726	542	184	0	101	69	14	116
Kent	121	78	43	4	0	15	5	19
Lapeer	0	0	0	0	0	0	0	0
Lenawee	24	0	24	0	0	24	0	0
Lifeways	453	292	161	128	0	33	0	0
Livingston	10	0	10	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0
Manistee	7	0	1	0	0	1	0	6
Monroe	0	0	1	0	0	1	0	0
Montcalm	20	17	3	0	0	3	0	0
Muskegon	54	40	0	0	1	13	0	0
Newaygo	0	0	0	0	0	0	0	0
North Country	65	0	0	0	0	53	0	12
Northeast	16	0	0	0	12	0	0	4
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	23	0	23	0	0	23	0	0
Oakland	88	17	71	0	0	71	0	0
Ottawa	51	25	26	0	0	26	0	0
Pathways	0	0	0	0	0	0	0	0
Pines	56	56	0	0	0	4	0	0
Saginaw	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	18	14	8	0	0	5	1	2
St Clair	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0
Summit	600	478	0	0	0	122	0	0
Tuscola	10	8	2	0	0	2	0	0
Van Buren	23	17	0	0	0	0	0	6
Washtenaw	34	0	4	7	0	7	16	147
West MI	58	0	58	0	0	41	0	17
Woodlands	13	4	0	0	0	0	0	0
Totals:	5,864	1,775	1,798	165	132	3,565	88	428

CMHSP INFORMAL DENIALS	Others not categorized above							
INFORMAL-DENIALS'08.XLS								
CMH	# Who Telephoned or Wlaked in for Screening	# Who were accepted as CMHSP clients	# Who were denied	# Who were denied and referred to Medicaid Health Plan	# Who were denied and referred to Medicaid FFS Practitioner	# Who were denied and referred elsewhere	# Who were denied and not referred	# Of calls or walk-ins that were about non-mental health services (eg food stamps)
Allegan	0	0	0	0	0	0	0	0
Ausable	0	0	43	0	0	7	0	0
Barry	16	0	4	1	0	3	4	0
Bay	1	0	1	0	0	0	0	1
Berrien	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0
Central	2,013	0	386	0	1	323	62	1,627
Copper	52	0	0	0	0	0	0	0
Detroit	200	0	0	0	0	200	0	1,517
Genesee	0	0	0	0	0	0	0	2,844
Gogebic	117	10	0	0	0	0	0	0
Gratiot	127	60	67	0	11	56	0	0
Hiawatha	378	35	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0
Ionia	494	1	272	78	90	104	0	221
Kalamazoo	262	252	10	0	1	9	0	14
Kent	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0
Lenawee	51	3	48	7	0	31	1	9
Lifeways	50,228	0	0	0	0	0	0	50,228
Livingston	515	0	0	0	0	0	0	1,400
Macomb	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0
Monroe	3,385	0	0	24	0	3,371	0	1,126
Montcalm	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0
North Country	14	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0
Northpointe	349	15	0	0	0	259	0	75
Oakland	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0
Pathways	975	74	0	0	0	0	0	0
Pines	26	0	0	26	0	0	0	144
Saginaw	2,671	547	2,124	0	0	451	0	1,673
Sanilac	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0
St Clair	1,401	1,161	240	18	0	222	0	715
St Joseph	25	0	25	0	0	21	4	19
Summit	1,424	1,214	0	0	0	210	0	0
Tuscola	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0
Totals:	64,724	3,372	3,220	154	103	5,267	71	61,613

SECTION 404 (2) (f)
SECOND OPINIONS
FY 2008

Number of Second Opionions Requested Resulting in Delivery of Services

	October - December 2007 QTR 1		January - March 2008 QTR 2		July - September 2008 QTR 4	
	# of Persons Requesting Second Opinion	# of Persons Receiving Mental Health Service Following 2nd Opinion	# of Persons Requesting Second Opinion	# of Persons Receiving Mental Health Service Following 2nd Opinion	# of Persons Requesting Second Opinion	# of Persons Receiving Mental Health Service Following 2nd Opinion
Allegan	1	0	2	1	0	0
AuSable	0	0	0	0	0	0
Barry	0	0	0	0	0	0
Bay-Arenac	0	0	0	0	0	0
Berrien	0	0	3	3	1	1
CEI	1	0	0	0	0	0
CMH Central MI	0	.	0	0	0	0
Copper	0	0	0	0	1	0
Detroit-Wayne	0	0	0	0	0	0
Genesee	1	1	1	0	1	0
Gogebic	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0
Huron	0	0	0	0	0	0
Ionia	0	0	0	0	0	0
Kalamazoo	0	0	3	3	0	0
Lapeer	0	0	0	0	0	0
Lenawee	1	0	4	2	0	0
Lifeways	0	0	0	0	0	0
Livingston	0	0	0	0	0	0
Macomb	4	2	4	1	6	0
Manistee-Benzie	0	0	0	0	2	2
Monroe	1	0	0	0	4	0
Montcalm	0	0	0	0	1	0
Muskegon	0	0	0	0	1	0
network180	2	1	5	1	1	0
Newaygo	0	0	0	0	0	0
Northern Lakes	14	3	11	2	7	3
Northeast	0	0	0	0	0	0
North Country	1	0	3	2	0	0
Northpointe	3	2	4	0	0	0
Oakland	12	6	0	0	0	0
Ottawa	7	1	7	2	5	1
Pathways	0	0	0	0	0	0
Pines	0	0	1	1	2	2
Saginaw	0	0	0	0	1	0
Sanilac	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0
St. Clair	0	0	0	0	0	0
St. Joseph	0	0	0	0	0	0
Summit Pointe	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0
Washtenaw	0	0	0	0	1	0
West Michigan	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0
Total	48	16	48	18	34	9

Source: Performance Indicatior Reports

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

SECTION 404 (2) (g)
CMHSP NEEDS ASSESSMENT
&
BED CAPACITY
FY 2008

Current Client Need

Adults with Mental Illness

ASSESSMENT OF CURRENT CLIENT NEED SUMMARY

Client Group: ADULTS WITH MENTAL ILLNESS

CMH	FY 08 Cases Served	Cases which are clinically appropriate for and have requested services in a different program		
		Current Services Program(s) Cases	Requested/Recommended Service Program(s) Cases	Associated Gross Cost
Allegan	1,584	2	2	5,426
Ausable	2,109	0	0	0
Barry	391	0	0	0
Bay	0	7	7	-40,102
Berrien	0	0	0	0
CEI	10,522	0	0	0
Central	0	0	0	0
Copper	2,333	11	11	59,400
Detroit	78,432	41,184	10,876	24,115,755
Genesee	10,068	0	0	0
Gogebic	370	0	0	0
Gratiot	1,356	0	0	0
Hiawatha	1,428	0	0	0
Huron	1,517	10	10	33,500
Ionia	2,431	10	10	26,580
Kalamazoo	6,738	338	133	1,757,190
Kent	12,088	0	968	725,000
Lapeer	1,793	0	0	0
Lenawee	1,660	12	14	138,489
Lifeways	8,471	40	27	140,237
Livingston	1,654	0	0	0
Macomb	18,846	43	78	1,831,080
Manistee	1,347	0	0	0
Monroe	0	0	0	0
Montcalm	1,336	18	19	179,160
Muskegon	0	0	0	0
Newaygo	0	0	0	0

ASSESSMENT OF CURRENT CLIENT NEED SUMMARY

Client Group: ADULTS WITH MENTAL ILLNESS

CMH	FY 08 Cases Served	Cases which are clinically appropriate for and have requested services in a different program		
		Current Services Program(s) Cases	Requested/Recommended Service Program(s) Cases	Associated Gross Cost
North Country	4,205	20	20	152,930
Northeast	3,267	216	216	186,836
Northern Lakes	7,331	4	4	0
Northpointe	2,467	45	0	0
Oakland	20,175	1,888	4,930	35,829,743
Ottawa	4,132	0	1,229	1,701,199
Pathways	3,510	0	0	0
Pines	0	0	0	0
Saginaw	0	0	0	0
Sanilac	1,488	55	66	287,327
Shiawassee	0	0	0	0
St Clair	4,478	0	0	0
St Joseph	1,691	-5	18	95,200
Summit	5,053	0	0	0
Tuscola	0	0	0	0
Van Buren	0	0	0	0
Washtenaw	4,885	355	36	4,519,058
West MI	2,627	0	0	0
Woodlands	910	0	0	0
Totals:	232,693	44,253	18,674	71,744,009

Current Client Need

Children with Severe Emotional Disturbance

ASSESSMENT OF CURRENT CLIENT NEED SUMMARY

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE

CMH	FY 08 Cases Served	Cases which are clinically appropriate for and have requested services in a different program		
		Current Services Program(s) Cases	Requested/Recommended Service Program(s) Cases	Associated Gross Cost
Allegan	447	1	2	146,000
Ausable	2,268	0	0	0
Barry	82	0	0	0
Bay	0	6	6	20,551
Berrien	0	0	0	0
CEI	2,482	0	0	0
Central	0	0	0	0
Copper	580	5	5	16,940
Detroit	22,489	10,674	4,632	25,236,689
Genesee	1,957	0	0	0
Gogebic	108	0	0	0
Gratiot	713	0	0	0
Hiawatha	314	0	0	0
Huron	275	0	0	0
Ionia	605	7	7	18,606
Kalamazoo	2,261	-17	67	112,554
Kent	0	0	0	0
Lapeer	456	0	0	0
Lenawee	415	9	15	34,993
Lifeways	2,287	6	6	3,742
Livingston	307	0	0	0
Macomb	3,331	0	0	0
Manistee	483	0	0	0
Monroe	0	0	0	0
Montcalm	533	1	1	62,000
Muskegon	0	0	0	0
Newaygo	0	0	0	0

ASSESSMENT OF CURRENT CLIENT NEED SUMMARY

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE

CMH	FY 08 Cases Served	Cases which are clinically appropriate for and have requested services in a different program		
		Current Services Program(s) Cases	Requested/Recommended Service Program(s) Cases	Associated Gross Cost
North Country	1,310	3	6	180,675
Northeast	690	0	0	0
Northern Lakes	2,140	-160	152	236,196
Northpointe	572	0	0	0
Oakland	2,087	24	525	1,207,687
Ottawa	664	0	56	59,584
Pathways	595	0	0	0
Pines	0	0	0	0
Saginaw	0	0	0	0
Sanilac	290	5	5	31,548
Shiawassee	0	0	0	0
St Clair	1,020	0	0	0
St Joseph	847	-5	325	768,200
Summit	1,578	0	0	0
Tuscola	0	0	0	0
Van Buren	0	0	0	0
Washtenaw	871	0	0	0
West MI	1,054	0	0	0
Woodlands	261	0	0	0
Totals:	56,372	10,559	5,810	28,135,965

Current Client Need

Persons with Developmental Disabilities

ASSESSMENT OF CURRENT CLIENT NEED SUMMARY

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES

CMH	FY 08 Cases Served	Cases which are clinically appropriate for and have requested services in a different program		
		Current Services Program(s) Cases	Requested/Recommended Service Program(s) Cases	Associated Gross Cost
Allegan	954	18	20	176,715
Ausable	746	0	0	0
Barry	223	1	0	0
Bay	0	2	2	371,372
Berrien	0	0	0	0
CEI	3,855	0	0	0
Central	0	0	0	0
Copper	663	5	5	150,000
Detroit	18,372	4,018	43	785,731
Genesee	3,594	0	0	0
Gogebic	273	0	0	0
Gratiot	736	1	1	180,000
Hiawatha	0	0	0	0
Huron	396	1	1	3,500
Ionia	298	0	0	0
Kalamazoo	1,775	15	15	96,500
Kent	0	0	0	0
Lapeer	792	0	0	0
Lenawee	519	26	26	212,618
Lifeways	1,855	0	0	0
Livingston	920	0	0	0
Macomb	8,504	22	27	1,259,500
Manistee	330	0	0	0
Monroe	0	0	0	0
Montcalm	392	5	4	603,712
Muskegon	0	0	0	0
Newaygo	0	0	0	0

ASSESSMENT OF CURRENT CLIENT NEED SUMMARY

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES

CMH	FY 08 Cases Served	Cases which are clinically appropriate for and have requested services in a different program		
		Current Services Program(s) Cases	Requested/Recommended Service Program(s) Cases	Associated Gross Cost
North Country	1,854	35	35	489,348
Northeast	1,274	0	100	344,218
Northern Lakes	2,510	5	5	0
Northpointe	721	0	0	0
Oakland	11,327	14	465	5,041,561
Ottawa	1,687	25	212	1,085,161
Pathways	1,501	0	0	0
Pines	0	0	0	0
Saginaw	0	0	0	0
Sanilac	790	731	15	89,642
Shiawassee	0	0	0	0
St Clair	2,489	0	0	0
St Joseph	419	-10	21	18,850
Summit	1,320	0	0	0
Tuscola	0	0	0	0
Van Buren	0	0	0	0
Washtenaw	2,132	1	1	201,000
West MI	504	1	1	95,630
Woodlands	401	0	0	0
Totals:	74,126	4,916	999	11,205,058

Community Needs

Adults with Mental Illness

COMMUNITY NEEDS - MIA	Sub Population #1				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #1	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	1. Persons in jail needing Speciality Supports and Services	22	22	4,212	92,664
Ausable	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Barry	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Bay	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Berrien	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
CEI	1. Persons in jail needing Speciality Supports and Services	850	850	2,350	1,975,500
Central	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Copper	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Detroit	1. Persons in jail needing Speciality Supports and Services	3,780	869	6,842	5,945,524
Genesee	1. Persons in jail needing Speciality Supports and Services	273	273	27,771	7,581,542
Gogebic	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Gratiot	1. Persons in jail needing Speciality Supports and Services	375	237	253	60,000
Hiawatha	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Huron	1. Persons in jail needing Speciality Supports and Services	25	10	unknown	unknown
Ionia	1. Persons in jail needing Speciality Supports and Services	20	20	4,920	98,400
Kalamazoo	1. Persons in jail needing Speciality Supports and Services	75	56	6,000	337,500
Kent	1. Persons in jail needing Speciality Supports and Services	25	20	400	240,000
Lapeer	1. Persons in jail needing Speciality Supports and Services	5	5	1,500	7,500
Lenawee	1. Persons in jail needing Speciality Supports and Services	28	28	3,686	103,208
Lifeways	1. Persons in jail needing Speciality Supports and Services	513	513	1,664	853,632
Livingston	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Macomb	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Manistee	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Monroe	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Montcalm	1. Persons in jail needing Speciality Supports and Services	164	164	1,746	286,262
Muskegon	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Newaygo	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
North Country	1. Persons in jail needing Speciality Supports and Services	20	20	2,534	50,676
Northeast	1. Persons in jail needing Speciality Supports and Services	44	44	1,284	56,501
Northern Lakes	1. Persons with mild to moderate mental health needs in Jail	679	679	263	178,902
Northpointe	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Oakland	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Ottawa	1. Persons in jail needing Speciality Supports and Services	200	200	1,084	216,700
Pathways	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Pines	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Saginaw	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Sanilac	1. Persons in jail needing Speciality Supports and Services	50	50	2,500	125,000
Shiawassee	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
St Clair	1. Persons in jail needing Speciality Supports and Services	129	129	5,344	689,376
St Joseph	1. Persons in jail needing Speciality Supports and Services	67	67	6,000	402,000
Summit	1. Persons in jail needing Speciality Supports and Services	145	145	3,513	509,375
Tuscola	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Van Buren	1. Persons in jail needing Speciality Supports and Services	0	0	0	0
Washtenaw	1. Persons in jail needing Speciality Supports and Services	201	409	1772-41245	724,748
West MI	1. Persons in jail needing Speciality Supports and Services	180	180	0	0
Woodlands	1. Persons in jail needing Speciality Supports and Services	35	15	7,500	112,500
Totals:		7,905	5,005	91,366	20,647,510

COMMUNITY NEEDS - MIA	**Sub Population #2**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #2	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	2. Persons with co-occurring disorders	500	500	4,212	2,106,000
Ausable	2. Persons with co-occurring disorders	20	20	0	0
Barry	2. Persons with co-occurring disorders	0	0	0	0
Bay	2. Persons with co-occurring disorders	300	100	1,883	188,300
Berrien	2. Persons with co-occurring disorders	0	0	0	0
CEI	2. Persons with co-occurring disorders	800	800	3,085	2,468,800
Central	2. Persons with co-occurring disorders	0	0	0	0
Copper	2. Persons with co-occurring disorders	0	0	0	0
Detroit	2. Persons with co-occurring disorders	16,690	7,300	8,005	58,437,960
Genesee	2. Persons with co-occurring disorders	13,095	2,257	5,818	13,131,821
Gogebic	2. Persons with co-occurring disorders	79	0	0	0
Gratiot	2. Persons with co-occurring disorders	750	180	1,000	180,000
Hiawatha	2. Persons with co-occurring disorders	1,062	38	6,566	249,508
Huron	2. Persons with co-occurring disorders	350	200	unknown	unknown
Ionia	2. Persons with co-occurring disorders	354	354	7,240	2,562,960
Kalamazoo	2. Persons with co-occurring disorders	400	260	1,500	390,000
Kent	2. Persons with co-occurring disorders	371	250	700	160,000
Lapeer	2. Persons with co-occurring disorders	305	20	2,500	50,000
Lenawee	2. Persons with co-occurring disorders	520	520	3,686	1,916,720
Lifeways	2. Persons with co-occurring disorders	890	890	3,473	3,090,970
Livingston	2. Persons with co-occurring disorders	0	0	0	0
Macomb	2. Persons with co-occurring disorders	0	0	0	0
Manistee	2. Persons with co-occurring disorders	0	0	0	0
Monroe	2. Persons with co-occurring disorders	0	0	0	0
Montcalm	2. Persons with co-occurring disorders	315	60	9,555	573,300
Muskegon	2. Persons with co-occurring disorders	0	0	0	0
Newaygo	2. Persons with co-occurring disorders	0	0	0	0
North Country	2. Persons with co-occurring disorders	100	100	2,112	211,150
Northeast	2. Persons with co-occurring disorders	82	82	1,037	85,000
Northern Lakes	3. Persons without community access to Psychiatric and Medica	100	100	48	4,760
Northpointe	2. Persons with co-occurring disorders	0	0	0	0
Oakland	2. Persons with co-occurring disorders	0	0	0	0
Ottawa	2. Persons with co-occurring disorders	20	20	26,061	521,220
Pathways	2. Persons with co-occurring disorders	0	0	0	0
Pines	2. Persons with co-occurring disorders	0	0	0	0
Saginaw	2. Persons with co-occurring disorders	0	0	0	0
Sanilac	2. Persons with co-occurring disorders	135	75	2,500	125,000
Shiawassee	2. Persons with co-occurring disorders	0	0	0	0
St Clair	2. Persons with co-occurring disorders	1,142	1,142	4,645	5,304,590
St Joseph	2. Persons with co-occurring disorders	74	74	1,500	111,000
Summit	2. Persons with co-occurring disorders	585	585	2,021	1,182,405
Tuscola	2. Persons with co-occurring disorders	0	0	0	0
Van Buren	2. Persons with co-occurring disorders	0	0	0	0
Washtenaw	2. Persons with co-occurring disorders	560	199	10,000	1,990,000
West MI	2. Persons with co-occurring disorders	500	318	0	0
Woodlands	2. Persons with co-occurring disorders	100	50	1,500	75,000
Totals:		40,199	16,494	110,646	95,116,464

COMMUNITY NEEDS - MIA	Sub Population #3				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #3	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	3. Persons transitioning from Special Education	1	1	4,212	4,212
Ausable	3. Persons transitioning from Special Education	0	0	0	0
Barry	3. Persons transitioning from Special Education	0	0	0	0
Bay	3. Persons transitioning from Special Education	0	0	0	0
Berrien	3. Persons transitioning from Special Education	0	0	0	0
CEI	3. Persons transitioning from Special Education	0	0	0	0
Central	3. Persons transitioning from Special Education	0	0	0	0
Copper	3. Persons transitioning from Special Education	0	0	0	0
Detroit	3. Persons transitioning from Special Education	70	70	8,896	622,692
Genesee	3. Persons transitioning from Special Education	150	150	3,104	465,607
Gogebic	3. Persons transitioning from Special Education	0	0	0	0
Gratiot	3. Persons transitioning from Special Education	0	0	0	0
Hiawatha	3. Persons transitioning from Special Education	10	3	6,566	19,698
Huron	3. Persons transitioning from Special Education	5	2	unknown	unknown
Ionia	3. Persons transitioning from Special Education	12	12	6,920	83,040
Kalamazoo	3. Persons transitioning from Special Education	40	36	3,750	135,000
Kent	3. Persons transitioning from Special Education	0	0	0	0
Lapeer	3. Persons transitioning from Special Education	0	0	0	0
Lenawee	3. Persons transitioning from Special Education	27	3	3,686	11,058
Lifeways	3. Persons transitioning from Special Education	0	0	3,473	0
Livingston	3. Persons transitioning from Special Education	0	0	0	0
Macomb	3. Persons transitioning from Special Education	0	0	0	0
Manistee	3. Persons transitioning from Special Education	0	0	0	0
Monroe	3. Persons transitioning from Special Education	0	0	0	0
Montcalm	3. Persons transitioning from Special Education	0	0	0	0
Muskegon	3. Persons transitioning from Special Education	0	0	0	0
Newaygo	3. Persons transitioning from Special Education	0	0	0	0
North Country	3. Persons transitioning from Special Education	25	25	6,334	158,362
Northeast	3. Persons transitioning from Special Education	0	0	0	0
Northern Lakes	4. Persons with mild to moderate mental heatlh needs who are	228	139	802	111,432
Northpointe	3. Persons transitioning from Special Education	0	0	0	0
Oakland	3. Persons transitioning from Special Education	0	0	0	0
Ottawa	3. Persons transitioning from Special Education	0	0	0	0
Pathways	3. Persons transitioning from Special Education	0	0	0	0
Pines	3. Persons transitioning from Special Education	0	0	0	0
Saginaw	3. Persons transitioning from Special Education	0	0	0	0
Sanilac	3. Persons transitioning from Special Education	20	20	2,500	50,000
Shiawassee	3. Persons transitioning from Special Education	0	0	0	0
St Clair	3. Persons transitioning from Special Education	2	2	12,906	25,812
St Joseph	3. Persons transitioning from Special Education	28	28	3,750	105,000
Summit	3. Persons transitioning from Special Education	10	10	2,873	28,730
Tuscola	3. Persons transitioning from Special Education	0	0	0	0
Van Buren	3. Persons transitioning from Special Education	0	0	0	0
Washtenaw	3. Persons transitioning from Special Education	0	0	0	0
West MI	3. Persons transitioning from Special Education	5	5	0	0
Woodlands	3. Persons transitioning from Special Education	2	2	5,000	10,000
Totals:		635	508	74,772	1,830,643

COMMUNITY NEEDS - MIA	Sub Population #4				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #4	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	4. Persons who are Homeless	3	3	4,212	12,636
Ausable	4. Persons who are Homeless	0	0	0	0
Barry	4. Persons who are Homeless	0	0	0	0
Bay	4. Persons who are Homeless	0	0	0	0
Berrien	4. Persons who are Homeless	0	0	0	0
CEI	4. Persons who are Homeless	600	600	2,350	1,410,000
Central	4. Persons who are Homeless	0	0	0	0
Copper	4. Persons who are Homeless	0	0	0	0
Detroit	4. Persons who are Homeless	5,895	2,100	32,522	68,295,465
Genesee	4. Persons who are Homeless	553	1,200	7,870	9,443,824
Gogebic	4. Persons who are Homeless	0	0	0	0
Gratiot	4. Persons who are Homeless	20	9	500	4,500
Hiawatha	4. Persons who are Homeless	0	0	0	0
Huron	4. Persons who are Homeless	100	50	unknown	unknown
Ionia	4. Persons who are Homeless	26	26	8,800	228,800
Kalamazoo	4. Persons who are Homeless	250	125	2,700	337,500
Kent	4. Persons who are Homeless	425	270	1,200	300,000
Lapeer	4. Persons who are Homeless	10	0	0	0
Lenawee	4. Persons who are Homeless	239	30	11,577	347,810
Lifeways	4. Persons who are Homeless	115	115	1,664	191,360
Livingston	4. Persons who are Homeless	0	0	0	0
Macomb	4. Persons who are Homeless	0	0	0	0
Manistee	4. Persons who are Homeless	0	0	0	0
Monroe	4. Persons who are Homeless	0	0	0	0
Montcalm	4. Persons who are Homeless	14	6	5,091	30,546
Muskegon	4. Persons who are Homeless	0	0	0	0
Newaygo	4. Persons who are Homeless	0	0	0	0
North Country	4. Persons who are Homeless	25	25	4,751	118,772
Northeast	4. Persons who are Homeless	40	40	1,132	45,260
Northern Lakes	5. Older Adults age 65 and older	297	297	294	87,388
Northpointe	4. Persons who are Homeless	0	0	0	0
Oakland	4. Persons who are Homeless	0	0	0	0
Ottawa	4. Persons who are Homeless	268	75	1,170	87,750
Pathways	4. Persons who are Homeless	0	0	0	0
Pines	4. Persons who are Homeless	0	0	0	0
Saginaw	4. Persons who are Homeless	0	0	0	0
Sanilac	4. Persons who are Homeless	20	20	2,500	50,000
Shiawassee	4. Persons who are Homeless	0	0	0	0
St Clair	4. Persons who are Homeless	84	84	4,824	405,216
St Joseph	4. Persons who are Homeless	35	35	2,700	94,500
Summit	4. Persons who are Homeless	274	274	3,689	1,010,852
Tuscola	4. Persons who are Homeless	0	0	0	0
Van Buren	4. Persons who are Homeless	0	0	0	0
Washtenaw	4. Persons who are Homeless	597	530	13,122	6,954,660
West MI	4. Persons who are Homeless	32	23	8,175	188,025
Woodlands	4. Persons who are Homeless	35	15	12,000	180,000
Totals:		9,957	5,952	132,842	89,824,865

COMMUNITY NEEDS - MIA	Sub Population #5				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #5	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	5. Older Adults age 60 and older	1,649	150	4,212	631,800
Ausable	5. Older Adults age 60 and older	0	0	0	0
Barry	5. Older Adults age 60 and older	0	0	0	0
Bay	5. Older Adults age 60 and older	0	0	0	0
Berrien	5. Older Adults age 60 and older	0	0	0	0
CEI	5. Older Adults age 60 and older	0	0	0	0
Central	5. Older Adults age 60 and older	0	0	0	0
Copper	5. Older Adults age 60 and older	0	0	0	0
Detroit	5. Older Adults age 60 and older	19,100	3,999	12,852	51,395,148
Genesee	5. Older Adults age 60 and older	5,933	377	8,315	3,134,644
Gogebic	5. Older Adults age 60 and older	16	0	0	0
Gratiot	5. Older Adults age 60 and older	7,378	48	1,250	60,000
Hiawatha	5. Older Adults age 60 and older	465	15	6,566	98,490
Huron	5. Older Adults age 60 and older	2,500	350	unknown	unknown
Ionia	5. Older Adults age 60 and older	523	523	3,675	1,922,025
Kalamazoo	5. Older Adults age 60 and older	220	110	2,750	302,500
Kent	5. Older Adults age 60 and older	552	25	10,000	250,000
Lapeer	5. Older Adults age 60 and older	86	12	1,800	21,600
Lenawee	5. Older Adults age 60 and older	82	82	3,686	302,252
Lifeways	5. Older Adults age 60 and older	0	0	1,664	0
Livingston	5. Older Adults age 60 and older	0	0	0	0
Macomb	5. Older Adults age 60 and older	0	0	0	0
Manistee	5. Older Adults age 60 and older	0	0	0	0
Monroe	5. Older Adults age 60 and older	0	0	0	0
Montcalm	5. Older Adults age 60 and older	61	61	3,491	212,951
Muskegon	5. Older Adults age 60 and older	0	0	0	0
Newaygo	5. Older Adults age 60 and older	0	0	0	0
North Country	5. Older Adults age 60 and older	60	60	3,167	190,035
Northeast	5. Older Adults age 60 and older	0	0	0	0
Northern Lakes	6.Persons with moderate mental health needs who are un/unde	1,152	384	568	217,938
Northpointe	5. Older Adults age 60 and older	0	0	0	0
Oakland	5. Older Adults age 60 and older	0	0	0	0
Ottawa	5. Older Adults age 60 and older	0	0	0	0
Pathways	5. Older Adults age 60 and older	0	0	0	0
Pines	5. Older Adults age 60 and older	0	0	0	0
Saginaw	5. Older Adults age 60 and older	0	0	0	0
Sanilac	5. Older Adults age 60 and older	91	60	2,500	150,000
Shiawassee	5. Older Adults age 60 and older	0	0	0	0
St Clair	5. Older Adults age 60 and older	244	244	4,314	1,052,616
St Joseph	5. Older Adults age 60 and older	107	107	2,750	294,250
Summit	5. Older Adults age 60 and older	1,038	1,038	1,750	1,815,981
Tuscola	5. Older Adults age 60 and older	0	0	0	0
Van Buren	5. Older Adults age 60 and older	0	0	0	0
Washtenaw	5. Older Adults age 60 and older	195	0	0	0
West MI	5. Older Adults age 60 and older	300	180	0	0
Woodlands	5. Older Adults age 60 and older	7,186	75	1,500	112,500
Totals:		48,938	7,900	76,810	62,164,730

COMMUNITY NEEDS - MIA	Sub Population #6				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #6	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	6. Persons with dementia	1,837	50	4,212	210,600
Ausable	6. Persons with dementia	0	0	0	0
Barry	6. Persons with dementia	0	0	0	0
Bay	6. Persons with dementia	6	6	3,294	19,764
Berrien	6. Persons with dementia	0	0	0	0
CEI	6. Persons with dementia	0	0	0	0
Central	6. Persons with dementia	0	0	0	0
Copper	6. Persons with dementia	0	0	0	0
Detroit	6. Persons with dementia	6,320	1,040	16,216	16,864,848
Genesee	6. Persons with dementia	13,653	332	9,010	2,991,415
Gogebic	6. Persons with dementia	3	0	0	0
Gratiot	6. Persons with dementia	148	45	1,042	50,000
Hiawatha	6. Persons with dementia	0	0	0	0
Huron	6. Persons with dementia	380	80	unknown	unknown
Ionia	6. Persons with dementia	62	62	4,670	289,540
Kalamazoo	6. Persons with dementia	820	410	2,700	1,107,000
Kent	6. Persons with dementia	46	10	500	150,000
Lapeer	6. Persons with dementia	5	0	0	0
Lenawee	6. Persons with dementia	45	45	3,686	165,870
Lifeways	6. Persons with dementia	36	36	1,664	59,904
Livingston	6. Persons with dementia	0	0	0	0
Macomb	6. Persons with dementia	0	0	0	0
Manistee	6. Persons with dementia	0	0	0	0
Monroe	6. Persons with dementia	0	0	0	0
Montcalm	6. Persons with dementia	10	10	3,491	34,910
Muskegon	6. Persons with dementia	0	0	0	0
Newaygo	6. Persons with dementia	0	0	0	0
North Country	6. Persons with dementia	30	30	2,667	80,000
Northeast	6. Persons with dementia	0	0	0	0
Northern Lakes	7	0	0	0	0
Northpointe	6. Persons with dementia	0	0	0	0
Oakland	6. Persons with dementia	0	0	0	0
Ottawa	6. Persons with dementia	0	0	0	0
Pathways	6. Persons with dementia	0	0	0	0
Pines	6. Persons with dementia	0	0	0	0
Saginaw	6. Persons with dementia	0	0	0	0
Sanilac	6. Persons with dementia	10	10	2,500	25,000
Shiawassee	6. Persons with dementia	0	0	0	0
St Clair	6. Persons with dementia	29	29	4,947	143,463
St Joseph	6. Persons with dementia	20	20	2,700	54,000
Summit	6. Persons with dementia	56	56	2,873	160,888
Tuscola	6. Persons with dementia	0	0	0	0
Van Buren	6. Persons with dementia	0	0	0	0
Washtenaw	6. Persons with dementia	10	0	0	0
West MI	6. Persons with dementia	47	11	0	0
Woodlands	6. Persons with dementia	720	25	7,500	187,500
Totals:		24,293	2,307	73,672	22,594,702

COMMUNITY NEEDS - MIA	**Sub Population #7**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #7	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	7.	300	300	1,709	512,700
Ausable	7.	0	0	0	0
Barry	7.	0	0	0	0
Bay	7.	0	0	0	0
Berrien	7.	0	0	0	0
CEI	7. Persons not meeting SPMI criteria for AMHS services	1,200	1,200	2,350	2,820,000
Central	7.	0	0	0	0
Copper	7.	0	0	0	0
Detroit	7.	0	0	0	0
Genesee	7.	0	0	0	0
Gogebic	7.	0	0	0	0
Gratiot	7.	0	0	0	0
Hiawatha	7.	840	264	6,566	1,733,424
Huron	7.	0	0	0	0
Ionia	7.	0	0	0	0
Kalamazoo	7. Persons needing Bi-lingual Services	344	172	930	159,780
Kent	7.	0	0	0	0
Lapeer	7.	0	0	0	0
Lenawee	7.	0	0	0	0
Lifeways	7.	0	0	0	0
Livingston	7.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	7. Supported Employment	29	29	2,278	66,062
Monroe	7.	0	0	0	0
Montcalm	7.	0	0	0	0
Muskegon	7.	0	0	0	0
Newaygo	7.	0	0	0	0
North Country	7.	0	0	0	0
Northeast	7.	0	0	0	0
Northern Lakes	8	0	0	0	0
Northpointe	7.	0	0	0	0
Oakland	7.	0	0	0	0
Ottawa	7. Persons with moderate mental health needs	575	575	203	116,725
Pathways	Adults needing services funded by general fund dollars	32,109	60	14,213	852,780
Pines	7.	0	0	0	0
Saginaw	7.	0	0	0	0
Sanilac	7.	0	0	0	0
Shiawassee	7.	0	0	0	0
St Clair	7.	0	0	0	0
St Joseph	7.	0	0	0	0
Summit	7.	0	0	0	0
Tuscola	7.	0	0	0	0
Van Buren	7.	0	0	0	0
Washtenaw	7.	0	0	0	0
West MI	7.	0	0	0	0
Woodlands	7.	0	0	0	0
Totals:		35,397	2,600	28,249	6,261,471

COMMUNITY NEEDS - MIA	**Sub Population #8**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #8	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	8.	130	130	1,709	222,170
Ausable	8.	0	0	0	0
Barry	8.	0	0	0	0
Bay	8.	0	0	0	0
Berrien	8.	0	0	0	0
CEI	8.	0	0	0	0
Central	8.	0	0	0	0
Copper	8.	0	0	0	0
Detroit	8.	0	0	0	0
Genesee	8.	0	0	0	0
Gogebic	8.	0	0	0	0
Gratiot	8.	0	0	0	0
Hiawatha	8.	0	0	0	0
Huron	8.	0	0	0	0
Ionia	8.	0	0	0	0
Kalamazoo	8.	0	0	0	0
Kent	8.	0	0	0	0
Lapeer	8.	0	0	0	0
Lenawee	8.	0	0	0	0
Lifeways	8.	0	0	0	0
Livingston	8.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	8.	0	0	0	0
Monroe	8.	0	0	0	0
Montcalm	8.	0	0	0	0
Muskegon	8.	0	0	0	0
Newaygo	8.	0	0	0	0
North Country	8.	0	0	0	0
Northeast	8.	0	0	0	0
Northern Lakes	CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE	0	0	0	0
Northpointe	8.	0	0	0	0
Oakland	8.	0	0	0	0
Ottawa	8. Jail Diversion and Related Services	120	100	5,660	566,000
Pathways	8.	0	0	0	0
Pines	8.	0	0	0	0
Saginaw	8.	0	0	0	0
Sanilac	8.	0	0	0	0
Shiawassee	8.	0	0	0	0
St Clair	8.	0	0	0	0
St Joseph	8.	0	0	0	0
Summit	8.	0	0	0	0
Tuscola	8.	0	0	0	0
Van Buren	8.	0	0	0	0
Washtenaw	8.	0	0	0	0
West MI	8.	0	0	0	0
Woodlands	8.	0	0	0	0
Totals:		250	230	7,369	788,170

COMMUNITY NEEDS - MIA	**Sub Population #9**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #9	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	9.	0	0	0	0
Ausable	9.	0	0	0	0
Barry	9.	0	0	0	0
Bay	9.	0	0	0	0
Berrien	9.	0	0	0	0
CEI	9.	0	0	0	0
Central	9.	0	0	0	0
Copper	9.	0	0	0	0
Detroit	9.	0	0	0	0
Genesee	9.	0	0	0	0
Gogebic	9.	0	0	0	0
Gratiot	9.	0	0	0	0
Hiawatha	9.	0	0	0	0
Huron	9.	0	0	0	0
Ionia	9.	0	0	0	0
Kalamazoo	9.	0	0	0	0
Kent	9.	0	0	0	0
Lapeer	9.	0	0	0	0
Lenawee	9.	0	0	0	0
Lifeways	9.	0	0	0	0
Livingston	9.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	9.	0	0	0	0
Monroe	9.	0	0	0	0
Montcalm	9.	0	0	0	0
Muskegon	9.	0	0	0	0
Newaygo	9.	0	0	0	0
North Country	9.	0	0	0	0
Northeast	9.	0	0	0	0
Northern Lakes	1.Childern with moderate mental health needs who are un/unde	707	116	1,253	145,292
Northpointe	9.	0	0	0	0
Oakland	9.	0	0	0	0
Ottawa	9. Minority Outreach Services	100	100	754	75,400
Pathways	9.	0	0	0	0
Pines	9.	0	0	0	0
Saginaw	9.	0	0	0	0
Sanilac	9.	0	0	0	0
Shiawassee	9.	0	0	0	0
St Clair	9.	0	0	0	0
St Joseph	9.	0	0	0	0
Summit	9.	0	0	0	0
Tuscola	9.	0	0	0	0
Van Buren	9.	0	0	0	0
Washtenaw	9.	0	0	0	0
West MI	9.	0	0	0	0
Woodlands	9.	0	0	0	0
Totals:		807	216	2,007	220,692

COMMUNITY NEEDS - MIA	**Sub Population #10**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #10	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	10.	0	0	0	0
Ausable	10.	0	0	0	0
Barry	10.	0	0	0	0
Bay	10.	0	0	0	0
Berrien	10.	0	0	0	0
CEI	10.	0	0	0	0
Central	10.	0	0	0	0
Copper	10.	0	0	0	0
Detroit	10.	0	0	0	0
Genesee	10.	0	0	0	0
Gogebic	10.	0	0	0	0
Gratiot	10.	0	0	0	0
Hiawatha	10.	0	0	0	0
Huron	10.	0	0	0	0
Ionia	10.	0	0	0	0
Kalamazoo	10.	0	0	0	0
Kent	10.	0	0	0	0
Lapeer	10.	0	0	0	0
Lenawee	10.	0	0	0	0
Lifeways	10.	0	0	0	0
Livingston	10.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	10.	0	0	0	0
Monroe	10.	0	0	0	0
Montcalm	10.	0	0	0	0
Muskegon	10.	0	0	0	0
Newaygo	10.	0	0	0	0
North Country	10.	0	0	0	0
Northeast	10.	0	0	0	0
Northern Lakes	2. Children who are Homeless	less than 10	less than 10	covered under adult (s	0
Northpointe	10.	0	0	0	0
Oakland	10.	0	0	0	0
Ottawa	10. Community Inpatient Shortages	12	12	4,308	51,696
Pathways	10.	0	0	0	0
Pines	10.	0	0	0	0
Saginaw	10.	0	0	0	0
Sanilac	10.	0	0	0	0
Shiawassee	10.	0	0	0	0
St Clair	10.	0	0	0	0
St Joseph	10.	0	0	0	0
Summit	10.	0	0	0	0
Tuscola	10.	0	0	0	0
Van Buren	10.	0	0	0	0
Washtenaw	10.	0	0	0	0
West MI	10.	0	0	0	0
Woodlands	10.	0	0	0	0
Totals:		12	12	4,308	51,696

COMMUNITY NEEDS - MIA	**Sub Population #11**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #11	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	11.	0	0	0	0
Ausable	11.	0	0	0	0
Barry	11.	0	0	0	0
Bay	11.	0	0	0	0
Berrien	11.	0	0	0	0
CEI	11.	0	0	0	0
Central	11.	0	0	0	0
Copper	11.	0	0	0	0
Detroit	11. Older adults with co-occurring disorders	0	0	0	0
Genesee	11.	0	0	0	0
Gogebic	11.	0	0	0	0
Gratiot	11.	0	0	0	0
Hiawatha	11.	0	0	0	0
Huron	11.	0	0	0	0
Ionia	11.	0	0	0	0
Kalamazoo	11.	0	0	0	0
Kent	11.	0	0	0	0
Lapeer	11.	0	0	0	0
Lenawee	11.	0	0	0	0
Lifeways	11.	0	0	0	0
Livingston	11.	0	0	0	0
Macomb	11.	0	0	0	0
Manistee	11.	0	0	0	0
Monroe	11.	0	0	0	0
Montcalm	11.	0	0	0	0
Muskegon	11.	0	0	0	0
Newaygo	11.	0	0	0	0
North Country	11.	0	0	0	0
Northeast	11.	0	0	0	0
Northern Lakes	11.	0	0	0	0
Northpointe	11.	0	0	0	0
Oakland	11.	0	0	0	0
Ottawa	11.	0	0	0	0
Pathways	11.	0	0	0	0
Pines	11.	0	0	0	0
Saginaw	11.	0	0	0	0
Sanilac	11.	0	0	0	0
Shiawassee	11.	0	0	0	0
St Clair	11.	0	0	0	0
St Joseph	11.	0	0	0	0
Summit	11.	0	0	0	0
Tuscola	11.	0	0	0	0
Van Buren	11.	0	0	0	0
Washtenaw	11.	0	0	0	0
West MI	11.	0	0	0	0
Woodlands	11.	0	0	0	0
Totals:		0	0	0	0

Community Needs

Children with Severe Emotional Disturbance

COMMUNITY NEEDS - MIC	Sub Population #1				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #1	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	1. Children in Foster Care	53	53	4,092	216,876
Ausable	1. Children in Foster Care	10	10	0	0
Barry	1. Children in Foster Care	0	0	0	0
Bay	1. Children in Foster Care	0	0	0	0
Berrien	1. Children in Foster Care	0	0	0	0
CEI	1. Children in Foster Care	400	200	9,000	1,000,000
Central	1. Children in Foster Care	0	0	0	0
Copper	1. Children in Foster Care	0	0	0	0
Detroit	1. Children in Foster Care	1,000	500	3,822	1,911,000
Genesee	1. Children in Foster Care	1,550	317	5,837	1,850,442
Gogebic	1. Children in Foster Care	2	0	0	0
Gratiot	1. Children in Foster Care	25	0	0	0
Hiawatha	1. Children in Foster Care	0	0	0	0
Huron	1. Children in Foster Care	12	6	unknown	unknown
Ionia	1. Children in Foster Care	4	4	3,100	12,400
Kalamazoo	1. Children in Foster Care	420	210	3,100	651,000
Kent	1. Children in Foster Care	0	0	0	0
Lapeer	1. Children in Foster Care	2	2	3,360	6,720
Lenawee	1. Children in Foster Care	205	190	1,246	236,740
Lifeways	1. Children in Foster Care	0	0	1,968	0
Livingston	1. Children in Foster Care	0	0	0	0
Macomb	1. Children in Foster Care	0	0	0	0
Manistee	1. Children in Foster Care	0	0	0	0
Monroe	1. Children in Foster Care	0	0	0	0
Montcalm	1. Children in Foster Care	40	19	2,832	53,808
Muskegon	1. Children in Foster Care	0	0	0	0
Newaygo	1. Children in Foster Care	0	0	0	0
North Country	1. Children in Foster Care	24	24	5,279	126,690
Northeast	1. Children in Foster Care	48	48	1,177	56,501
Northern Lakes	4. Children with mild to moderate mental heatlh needs in teatme	1 (fluctuates)	1 (fluctuates)	32,120	32,120
Northpointe	1. Children in Foster Care	0	0	0	0
Oakland	1. Children in Foster Care	0	0	0	0
Ottawa	1. Children in Foster Care	207	165	2,060	339,900
Pathways	1. Children in Foster Care	0	0	0	0
Pines	1. Children in Foster Care	0	0	0	0
Saginaw	1. Children in Foster Care	0	0	0	0
Sanilac	1. Children in Foster Care	20	20	2,500	50,000
Shiawassee	1. Children in Foster Care	0	0	0	0
St Clair	1. Children in Foster Care	0	0	0	0
St Joseph	1. Children in Foster Care	100	100	3,100	310,000
Summit	1. Children in Foster Care	4	4	3,103	12,412
Tuscola	1. Children in Foster Care	0	0	0	0
Van Buren	1. Children in Foster Care	0	0	0	0
Washtenaw	1. Children in Foster Care	30	30	9,826	294,780
West MI	1. Children in Foster Care	28	11	0	0
Woodlands	1. Children in Foster Care	127	25	5,000	125,000
Totals:		4,311	1,938	102,522	7,286,389

COMMUNITY NEEDS - MIC	Sub Population #2				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #2	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	2. Children who are Homeless	0	0	0	0
Ausable	2. Children who are Homeless	0	0	0	0
Barry	2. Children who are Homeless	0	0	0	0
Bay	2. Children who are Homeless	0	0	0	0
Berrien	2. Children who are Homeless	0	0	0	0
CEI	2. Children who are Homeless	100	100	8,000	800,000
Central	2. Children who are Homeless	0	0	0	0
Copper	2. Children who are Homeless	0	0	0	0
Detroit	2. Children who are Homeless	122	74	5,263	389,432
Genesee	2. Children who are Homeless	59	59	1,260	74,315
Gogebic	2. Children who are Homeless	0	0	0	0
Gratiot	2. Children who are Homeless	0	0	0	0
Hiawatha	2. Children who are Homeless	0	0	0	0
Huron	2. Children who are Homeless	50	25	unknown	unknown
Ionia	2. Children who are Homeless	5	5	11,120	55,600
Kalamazoo	2. Children who are Homeless	90	68	2,700	182,250
Kent	2. Children who are Homeless	0	0	0	0
Lapeer	2. Children who are Homeless	0	0	0	0
Lenawee	2. Children who are Homeless	402	44	11,577	509,388
Lifeways	2. Children who are Homeless	27	27	1,968	53,136
Livingston	2. Children who are Homeless	0	0	0	0
Macomb	2. Children who are Homeless	0	0	0	0
Manistee	2. Children who are Homeless	0	0	0	0
Monroe	2. Children who are Homeless	0	0	0	0
Montcalm	2. Children who are Homeless	1	1	23,232	23,232
Muskegon	2. Children who are Homeless	0	0	0	0
Newaygo	2. Children who are Homeless	0	0	0	0
North Country	2. Children who are Homeless	25	25	5,279	131,969
Northeast	2. Children who are Homeless	5	5	1,132	5,661
Northern Lakes	5.Children with SED in Foster Care	10	10	4,232	42,324
Northpointe	2. Children who are Homeless	0	0	0	0
Oakland	2. Children who are Homeless	0	0	0	0
Ottawa	2. Children who are Homeless	159	20	1,422	28,440
Pathways	2. Children who are Homeless	0	0	0	0
Pines	2. Children who are Homeless	0	0	0	0
Saginaw	2. Children who are Homeless	0	0	0	0
Sanilac	2. Children who are Homeless	0	0	0	0
Shiawassee	2. Children who are Homeless	0	0	0	0
St Clair	2. Children who are Homeless	5	5	4,047	20,235
St Joseph	2. Children who are Homeless	3	3	2,700	8,100
Summit	2. Children who are Homeless	0	0	0	0
Tuscola	2. Children who are Homeless	0	0	0	0
Van Buren	2. Children who are Homeless	0	0	0	0
Washtenaw	2. Children who are Homeless	4	4	9,761	39,044
West MI	2. Children who are Homeless	0	0	0	0
Woodlands	2. Children who are Homeless	25	10	15,000	150,000
Totals:		1,092	485	108,692	2,513,126

COMMUNITY NEEDS - MIC	**Sub Population #3**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #3	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	3. Respite	10	10	1,717	17,170
Ausable	3. Respite	10	10	0	0
Barry	3. Respite	0	0	0	0
Bay	3. Respite	0	0	0	0
Berrien	3. Respite	0	0	0	0
CEI	3. Respite	100	100	1,500	150,000
Central	3. Respite	0	0	0	0
Copper	3. Respite	0	0	0	0
Detroit	3. Respite	2,204	500	7,967	3,983,700
Genesee	3. Respite	143	143	2,561	366,157
Gogebic	3. Respite	9	0	0	0
Gratiot	3. Respite	120	50	420	21,000
Hiawatha	3. Respite	0	0	0	0
Huron	3. Respite	15	10	unknown	unknown
Ionia	3. Respite	167	167	5,670	946,890
Kalamazoo	3. Respite	40	30	950	28,500
Kent	3. Respite	0	0	0	0
Lapeer	3. Respite	10	5	2,500	12,500
Lenawee	3. Respite	25	25	2,343	58,575
Lifeways	3. Respite	217	217	4,361	946,337
Livingston	3. Respite	0	0	0	0
Macomb	3. Respite	0	0	0	0
Manistee	3. Respite	0	0	0	0
Monroe	3. Respite	0	0	0	0
Montcalm	3. Respite	57	57	5,760	328,320
Muskegon	3. Respite	0	0	0	0
Newaygo	3. Respite	0	0	0	0
North Country	3. Respite	48	48	721	34,608
Northeast	3. Respite	0	0	0	0
Northern Lakes	0	0	0	0	0
Northpointe	3. Respite	0	0	0	0
Oakland	3. Respite	0	0	0	0
Ottawa	3. Respite	0	0	0	0
Pathways	3. Respite	0	0	0	0
Pines	3. Respite	0	0	0	0
Saginaw	3. Respite	0	0	0	0
Sanilac	3. Respite	10	10	1,500	15,000
Shiawassee	3. Respite	0	0	0	0
St Clair	3. Respite	26	26	2,120	55,120
St Joseph	3. Respite	20	20	950	19,000
Summit	3. Respite	21	21	3,993	83,843
Tuscola	3. Respite	0	0	0	0
Van Buren	3. Respite	0	0	0	0
Washtenaw	3. Respite	47	47	4,458	209,526
West MI	3. Respite	400	150	288	43,200
Woodlands	3. Respite	25	10	7,000	70,000
Totals:		3,724	1,656	56,779	7,389,446

COMMUNITY NEEDS - MIC	**Sub Population #4**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #4	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	4.	100	100	1,709	170,900
Ausable	4.	0	0	0	0
Barry	4.	0	0	0	0
Bay	4. Home Based Services - IMH	7	7	4,395	30,765
Berrien	4.	0	0	0	0
CEI	4. Non-SED Children Outpatient/Outreach	1,200	320	878	280,960
Central	4.	0	0	0	0
Copper	4.	0	0	0	0
Detroit	4.	3	0	0	0
Genesee	4.	0	0	0	0
Gogebic	4.	0	0	0	0
Gratiot	4. Prevention- Parent Management Training-Oregon model	250	60	2,000	120,000
Hiawatha	4.	645	80	4,111	328,880
Huron	4.	0	0	0	0
Ionia	4.	0	0	0	0
Kalamazoo	4. Co-occurring	100	75	6,500	487,500
Kent	4.	0	0	0	0
Lapeer	4.	0	0	0	0
Lenawee	4.	0	0	0	0
Lifeways	4.	0	0	0	0
Livingston	4.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	4.	0	0	0	0
Monroe	4.	0	0	0	0
Montcalm	4.	0	0	0	0
Muskegon	4.	0	0	0	0
Newaygo	4.	0	0	0	0
North Country	4.	0	0	0	0
Northeast	4.	0	0	0	0
Northern Lakes	7.	0	0	0	0
Northpointe	4.	0	0	0	0
Oakland	4.	0	0	0	0
Ottawa	4. Children with moderate mental health needs	75	75	1,064	79,800
Pathways	4.	0	0	0	0
Pines	4.	0	0	0	0
Saginaw	4.	0	0	0	0
Sanilac	4.	0	0	0	0
Shiawassee	4.	0	0	0	0
St Clair	4.	0	0	0	0
St Joseph	4.	0	0	0	0
Summit	4.	0	0	0	0
Tuscola	4.	0	0	0	0
Van Buren	4.	0	0	0	0
Washtenaw	4.	0	0	0	0
West MI	4.	0	0	0	0
Woodlands	4.	0	0	0	0
Totals:		2,380	717	20,657	1,498,805

COMMUNITY NEEDS - MIC	**Sub Population #5**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #5	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	5.	0	0	0	0
Ausable	5.	0	0	0	0
Barry	5.	0	0	0	0
Bay	5. Children Psychiatric Services	50	50	882	44,100
Berrien	5.	0	0	0	0
CEI	5.	0	0	0	0
Central	5.	0	0	0	0
Copper	5.	0	0	0	0
Detroit	5.	4,051	0	0	0
Genesee	5.	0	0	0	0
Gogebic	5.	0	0	0	0
Gratiot	5.	0	0	0	0
Hiawatha	5.	0	0	0	0
Huron	5.	0	0	0	0
Ionia	5.	0	0	0	0
Kalamazoo	5. Youth needing Bi-lingual Services	104	52	935	48,540
Kent	5.	0	0	0	0
Lapeer	5. Juvenule Jutice/SED Children	3	3	5,000	15,000
Lenawee	5.	0	0	0	0
Lifeways	5.	0	0	0	0
Livingston	5.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	5.	0	0	0	0
Monroe	5.	0	0	0	0
Montcalm	5.	0	0	0	0
Muskegon	5.	0	0	0	0
Newaygo	5.	0	0	0	0
North Country	5.	0	0	0	0
Northeast	5.	0	0	0	0
Northern Lakes	PERSONS WITH DEVELOPMENTAL DISABILITIES	0	0	0	0
Northpointe	5.	0	0	0	0
Oakland	5.	0	0	0	0
Ottawa	5. Prebooking Referrals - Child	24	24	997	23,928
Pathways	5.	0	0	0	0
Pines	5.	0	0	0	0
Saginaw	5.	0	0	0	0
Sanilac	5.	0	0	0	0
Shiawassee	5.	0	0	0	0
St Clair	5.	0	0	0	0
St Joseph	5.	0	0	0	0
Summit	5.	0	0	0	0
Tuscola	5.	0	0	0	0
Van Buren	5.	0	0	0	0
Washtenaw	5.	0	0	0	0
West MI	5.	0	0	0	0
Woodlands	5.	0	0	0	0
Totals:		4,232	129	7,814	131,568

COMMUNITY NEEDS - MIC	**Sub Population #6**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #6	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	6.	0	0	0	0
Ausable	6.	0	0	0	0
Barry	6.	0	0	0	0
Bay	6.	0	0	0	0
Berrien	6.	0	0	0	0
CEI	6.	0	0	0	0
Central	6.	0	0	0	0
Copper	6.	0	0	0	0
Detroit	6.	93	0	0	0
Genesee	6.	0	0	0	0
Gogebic	6.	0	0	0	0
Gratiot	6.	0	0	0	0
Hiawatha	6.	0	0	0	0
Huron	6.	0	0	0	0
Ionia	6.	0	0	0	0
Kalamazoo	6.	0	0	0	0
Kent	6.	0	0	0	0
Lapeer	6. Children of Parents with SPMI	2	2	3,360	6,720
Lenawee	6.	0	0	0	0
Lifeways	6.	0	0	0	0
Livingston	6.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	6.	0	0	0	0
Monroe	6.	0	0	0	0
Montcalm	6.	0	0	0	0
Muskegon	6.	0	0	0	0
Newaygo	6.	0	0	0	0
North Country	6.	0	0	0	0
Northeast	6.	0	0	0	0
Northern Lakes	1. Adults in jail needing Speciality Services and Supports	this is a very low	0	0	0
Northpointe	6.	0	0	0	0
Oakland	6.	0	0	0	0
Ottawa	6. Infant Mental Health	15	15	4,011	60,165
Pathways	6.	0	0	0	0
Pines	6.	0	0	0	0
Saginaw	6.	0	0	0	0
Sanilac	6.	0	0	0	0
Shiawassee	6.	0	0	0	0
St Clair	6.	0	0	0	0
St Joseph	6.	0	0	0	0
Summit	6.	0	0	0	0
Tuscola	6.	0	0	0	0
Van Buren	6.	0	0	0	0
Washtenaw	6.	0	0	0	0
West MI	6.	0	0	0	0
Woodlands	6.	0	0	0	0
Totals:		110	17	7,371	66,885

COMMUNITY NEEDS - MIC	**Sub Population #7**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #7	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	7.	0	0	0	0
Ausable	7.	0	0	0	0
Barry	7.	0	0	0	0
Bay	7.	0	0	0	0
Berrien	7.	0	0	0	0
CEI	7.	0	0	0	0
Central	7.	0	0	0	0
Copper	7.	0	0	0	0
Detroit	7.	42	0	0	0
Genesee	7.	0	0	0	0
Gogebic	7.	0	0	0	0
Gratiot	7.	0	0	0	0
Hiawatha	7.	0	0	0	0
Huron	7.	0	0	0	0
Ionia	7.	0	0	0	0
Kalamazoo	7.	0	0	0	0
Kent	7.	0	0	0	0
Lapeer	7. Children under 5 expelled from daycare	2	2	3,360	6,720
Lenawee	7.	0	0	0	0
Lifeways	7.	0	0	0	0
Livingston	7.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	7.	0	0	0	0
Monroe	7.	0	0	0	0
Montcalm	7.	0	0	0	0
Muskegon	7.	0	0	0	0
Newaygo	7.	0	0	0	0
North Country	7.	0	0	0	0
Northeast	7.	0	0	0	0
Northern Lakes	2. Persons transitioning from Special Education	16	16	20,897	334,344
Northpointe	7.	0	0	0	0
Oakland	7.	0	0	0	0
Ottawa	7. Minority Outreach Services	100	100	754	75,400
Pathways	7.	0	0	0	0
Pines	7.	0	0	0	0
Saginaw	7.	0	0	0	0
Sanilac	7.	0	0	0	0
Shiawassee	7.	0	0	0	0
St Clair	7.	0	0	0	0
St Joseph	7.	0	0	0	0
Summit	7.	0	0	0	0
Tuscola	7.	0	0	0	0
Van Buren	7.	0	0	0	0
Washtenaw	7.	0	0	0	0
West MI	7.	0	0	0	0
Woodlands	7.	0	0	0	0
Totals:		160	118	25,011	416,464

Community Needs

Persons with Developmental Disabilities

COMMUNITY NEEDS - DD	Sub Population #1				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #1	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Ausable	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Barry	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Bay	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Berrien	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
CEI	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Central	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Copper	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Detroit	1. Adults in jail needing Speciality Services and Supports	42	17	13,230	224,910
Genesee	1. Adults in jail needing Speciality Services and Supports	260	260	8,200	2,132,067
Gogebic	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Gratiot	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Hiawatha	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Huron	1. Adults in jail needing Speciality Services and Supports	0	0	unknown	unknown
Ionia	1. Adults in jail needing Speciality Services and Supports	1	1	24,750	24,750
Kalamazoo	1. Adults in jail needing Speciality Services and Supports	8	6	5,500	33,000
Kent	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Lapeer	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Lenawee	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Lifeways	1. Adults in jail needing Speciality Services and Supports	0	0	1,900	0
Livingston	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Macomb	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Manistee	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Monroe	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Montcalm	1. Adults in jail needing Speciality Services and Supports	3	3	56,430	169,290
Muskegon	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Newaygo	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
North Country	1. Adults in jail needing Speciality Services and Supports	1	1	25,000	25,000
Northeast	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Northern Lakes	7.	0	0	0	0
Northpointe	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Oakland	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Ottawa	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Pathways	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Pines	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Saginaw	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Sanilac	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Shiawassee	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
St Clair	1. Adults in jail needing Speciality Services and Supports	6	6	4,229	25,374
St Joseph	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Summit	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Tuscola	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Van Buren	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Washtenaw	1. Adults in jail needing Speciality Services and Supports	6	6	41,245	247,470
West MI	1. Adults in jail needing Speciality Services and Supports	3	3	0	0
Woodlands	1. Adults in jail needing Speciality Services and Supports	0	0	0	0
Totals:		330	303	180,484	2,881,861

COMMUNITY NEEDS - DD	**Sub Population #2**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #2	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	2. Persons transitioning from Special Education	168	168	20,737	3,483,816
Ausable	2. Persons transitioning from Special Education	5	0	0	0
Barry	2. Persons transitioning from Special Education	0	0	0	0
Bay	2. Persons transitioning from Special Education	0	0	0	0
Berrien	2. Persons transitioning from Special Education	0	0	0	0
CEI	2. Persons transitioning from Special Education	20	20	30,000	600,000
Central	2. Persons transitioning from Special Education	0	0	0	0
Copper	2. Persons transitioning from Special Education	0	0	0	0
Detroit	2. Persons transitioning from Special Education	900	450	15,158	6,821,010
Genesee	2. Persons transitioning from Special Education	31	31	8,200	254,208
Gogebic	2. Persons transitioning from Special Education	27	6	13,200	79,200
Gratiot	2. Persons transitioning from Special Education	0	0	0	0
Hiawatha	2. Persons transitioning from Special Education	0	0	0	0
Huron	2. Persons transitioning from Special Education	15	8	unknown	unknown
Ionia	2. Persons transitioning from Special Education	29	29	27,250	790,250
Kalamazoo	2. Persons transitioning from Special Education	20	20	11,250	225,000
Kent	2. Persons transitioning from Special Education	0	0	0	0
Lapeer	2. Persons transitioning from Special Education	10	4	15,000	60,000
Lenawee	2. Persons transitioning from Special Education	109	20	7,053	141,060
Lifeways	2. Persons transitioning from Special Education	47	47	24,428	1,148,116
Livingston	2. Persons transitioning from Special Education	0	0	0	0
Macomb	2. Persons transitioning from Special Education	0	0	0	0
Manistee	2. Persons transitioning from Special Education	0	0	0	0
Monroe	2. Persons transitioning from Special Education	0	0	0	0
Montcalm	2. Persons transitioning from Special Education	5	5	16,498	82,490
Muskegon	2. Persons transitioning from Special Education	0	0	0	0
Newaygo	2. Persons transitioning from Special Education	0	0	0	0
North Country	2. Persons transitioning from Special Education	8	8	8,584	68,675
Northeast	2. Persons transitioning from Special Education	13	13	0	68,000
Northern Lakes	8.	0	0	0	0
Northpointe	2. Persons transitioning from Special Education	0	0	0	0
Oakland	2. Persons transitioning from Special Education	0	0	0	0
Ottawa	2. Persons transitioning from Special Education	17	17	13,109	222,853
Pathways	2. Persons transitioning from Special Education	0	0	0	0
Pines	2. Persons transitioning from Special Education	0	0	0	0
Saginaw	2. Persons transitioning from Special Education	0	0	0	0
Sanilac	2. Persons transitioning from Special Education	2	2	14,136	28,271
Shiawassee	2. Persons transitioning from Special Education	0	0	0	0
St Clair	2. Persons transitioning from Special Education	21	21	12,906	271,026
St Joseph	2. Persons transitioning from Special Education	3	3	11,250	33,750
Summit	2. Persons transitioning from Special Education	4	4	3,103	12,412
Tuscola	2. Persons transitioning from Special Education	0	0	0	0
Van Buren	2. Persons transitioning from Special Education	0	0	0	0
Washtenaw	2. Persons transitioning from Special Education	0	0	0	0
West MI	2. Persons transitioning from Special Education	7	7	0	0
Woodlands	2. Persons transitioning from Special Education	5	5	13,500	67,500
Totals:		1,466	888	265,362	14,457,637

COMMUNITY NEEDS - DD	**Sub Population #3**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #3	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	3. Persons who are Homeless	1	1	20,737	20,737
Ausable	3. Persons who are Homeless	0	0	0	0
Barry	3. Persons who are Homeless	0	0	0	0
Bay	3. Persons who are Homeless	0	0	0	0
Berrien	3. Persons who are Homeless	0	0	0	0
CEI	3. Persons who are Homeless	0	0	0	0
Central	3. Persons who are Homeless	0	0	0	0
Copper	3. Persons who are Homeless	0	0	0	0
Detroit	3. Persons who are Homeless	7	5	34,416	172,079
Genesee	3. Persons who are Homeless	111	111	5,920	657,169
Gogebic	3. Persons who are Homeless	0	0	0	0
Gratiot	3. Persons who are Homeless	0	0	0	0
Hiawatha	3. Persons who are Homeless	0	0	0	0
Huron	3. Persons who are Homeless	10	10	unknown	unknown
Ionia	3. Persons who are Homeless	4	4	26,715	106,860
Kalamazoo	3. Persons who are Homeless	50	38	6,500	243,750
Kent	3. Persons who are Homeless	0	0	0	0
Lapeer	3. Persons who are Homeless	0	0	0	0
Lenawee	3. Persons who are Homeless	0	0	0	0
Lifeways	3. Persons who are Homeless	53	53	1,900	100,700
Livingston	3. Persons who are Homeless	0	0	0	0
Macomb	3. Persons who are Homeless	0	0	0	0
Manistee	3. Persons who are Homeless	0	0	0	0
Monroe	3. Persons who are Homeless	0	0	0	0
Montcalm	3. Persons who are Homeless	0	0	0	0
Muskegon	3. Persons who are Homeless	0	0	0	0
Newaygo	3. Persons who are Homeless	0	0	0	0
North Country	3. Persons who are Homeless	0	0	0	0
Northeast	3. Persons who are Homeless	0	0	0	0
Northern Lakes	5	0	0	0	0
Northpointe	3. Persons who are Homeless	0	0	0	0
Oakland	3. Persons who are Homeless	0	0	0	0
Ottawa	3. Persons who are Homeless	0	0	0	0
Pathways	3. Persons who are Homeless	0	0	0	0
Pines	3. Persons who are Homeless	0	0	0	0
Saginaw	3. Persons who are Homeless	0	0	0	0
Sanilac	3. Persons who are Homeless	0	0	0	0
Shiawassee	3. Persons who are Homeless	0	0	0	0
St Clair	3. Persons who are Homeless	5	5	4,845	24,225
St Joseph	3. Persons who are Homeless	0	0	0	0
Summit	3. Persons who are Homeless	0	0	0	0
Tuscola	3. Persons who are Homeless	0	0	0	0
Van Buren	3. Persons who are Homeless	0	0	0	0
Washtenaw	3. Persons who are Homeless	0	0	0	0
West MI	3. Persons who are Homeless	33	33	0	0
Woodlands	3. Persons who are Homeless	1	1	10,000	10,000
Totals:		275	261	111,033	1,335,520

COMMUNITY NEEDS - DD	**Sub Population #4**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #4	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	4. Respite	92	92	902	82,984
Ausable	4. Respite	0	0	0	0
Barry	4. Respite	0	0	0	0
Bay	4. Respite	0	0	0	0
Berrien	4. Respite	0	0	0	0
CEI	4. Respite	0	0	0	0
Central	4. Respite	0	0	0	0
Copper	4. Respite	0	0	0	0
Detroit	4. Respite	3,047	3,040	7,622	23,170,728
Genesee	4. Respite	367	367	6,039	2,216,175
Gogebic	4. Respite	24	0	0	0
Gratiot	4. Respite	25	25	1,200	30,000
Hiawatha	4. Respite	0	0	0	0
Huron	4. Respite	10	10	unknown	unknown
Ionia	4. Respite	378	378	8,530	3,224,340
Kalamazoo	4. Respite	60	54	250	13,500
Kent	4. Respite	0	0	0	0
Lapeer	4. Respite	30	15	2,500	37,500
Lenawee	4. Respite	83	83	2,205	183,015
Lifeways	4. Respite	789	789	1,621	1,278,969
Livingston	4. Respite	0	0	0	0
Macomb	4. Respite	0	0	0	0
Manistee	4. Respite	0	0	0	0
Monroe	4. Respite	0	0	0	0
Montcalm	4. Respite	28	28	4,800	134,400
Muskegon	4. Respite	0	0	0	0
Newaygo	4. Respite	0	0	0	0
North Country	4. Respite	0	0	0	0
Northeast	4. Respite	0	0	0	0
Northern Lakes	6	0	0	0	0
Northpointe	4. Respite	0	0	0	0
Oakland	4. Respite	0	0	0	0
Ottawa	4. Respite	0	0	0	0
Pathways	4. Respite	0	0	0	0
Pines	4. Respite	0	0	0	0
Saginaw	4. Respite	0	0	0	0
Sanilac	4. Respite	0	0	0	0
Shiawassee	4. Respite	0	0	0	0
St Clair	4. Respite	126	126	2,990	376,740
St Joseph	4. Respite	24	24	250	6,000
Summit	4. Respite	20	20	3,103	62,060
Tuscola	4. Respite	0	0	0	0
Van Buren	4. Respite	0	0	0	0
Washtenaw	4. Respite	153	153	4,458	682,074
West MI	4. Respite	0	0	0	0
Woodlands	4. Respite	10	5	7,000	35,000
Totals:		5,266	5,209	53,470	31,533,485

COMMUNITY NEEDS - DD	**Sub Population #5**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #5	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	5.	0	0	0	0
Ausable	5.	0	0	0	0
Barry	5.	0	0	0	0
Bay	5.	0	0	0	0
Berrien	5.	0	0	0	0
CEI	5.	0	0	0	0
Central	5.	0	0	0	0
Copper	5.	0	0	0	0
Detroit	5.	0	0	0	0
Genesee	5.	0	0	0	0
Gogebic	5.	0	0	0	0
Gratiot	5.	0	0	0	0
Hiawatha	5.	0	0	0	0
Huron	5.	0	0	0	0
Ionia	5.	0	0	0	0
Kalamazoo	5.	0	0	0	0
Kent	5.	0	0	0	0
Lapeer	5.	0	0	0	0
Lenawee	5.	0	0	0	0
Lifeways	5.	0	0	0	0
Livingston	5.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	5. Supported Employment	2	2	2,278	4,556
Monroe	5.	0	0	0	0
Montcalm	5.	0	0	0	0
Muskegon	5.	0	0	0	0
Newaygo	5.	0	0	0	0
North Country	5. Recently Released From Jail	2	2	127,750	255,500
Northeast	5.	0	0	0	0
Northern Lakes	0	0	0	0	0
Northpointe	5.	0	0	0	0
Oakland	5.	0	0	0	0
Ottawa	5. Community Living Supports for Persons with Autism	6	6	90,418	542,508
Pathways	5.	0	0	0	0
Pines	5.	0	0	0	0
Saginaw	5.	0	0	0	0
Sanilac	5.	12	12	3,386	40,635
Shiawassee	5.	0	0	0	0
St Clair	5.	0	0	0	0
St Joseph	5.	0	0	0	0
Summit	5.	0	0	0	0
Tuscola	5.	0	0	0	0
Van Buren	5.	0	0	0	0
Washtenaw	5.	0	0	0	0
West MI	5.	0	0	0	0
Woodlands	5.	0	0	0	0
Totals:		22	22	223,832	843,199

COMMUNITY NEEDS - DD	**Sub Population #6**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #6	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	6.	0	0	0	0
Ausable	6.	0	0	0	0
Barry	6.	0	0	0	0
Bay	6.	0	0	0	0
Berrien	6.	0	0	0	0
CEI	6.	0	0	0	0
Central	6.	0	0	0	0
Copper	6.	0	0	0	0
Detroit	6.	0	0	0	0
Genesee	6.	0	0	0	0
Gogebic	6.	0	0	0	0
Gratiot	6.	0	0	0	0
Hiawatha	6.	0	0	0	0
Huron	6.	0	0	0	0
Ionia	6.	0	0	0	0
Kalamazoo	6.	0	0	0	0
Kent	6.	0	0	0	0
Lapeer	6.	0	0	0	0
Lenawee	6.	0	0	0	0
Lifeways	6.	0	0	0	0
Livingston	6.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	6.	0	0	0	0
Monroe	6.	0	0	0	0
Montcalm	6.	0	0	0	0
Muskegon	6.	0	0	0	0
Newaygo	6.	0	0	0	0
North Country	6.	0	0	0	0
Northeast	6.	0	0	0	0
Northern Lakes	0	0	0	0	0
Northpointe	6.	0	0	0	0
Oakland	6.	0	0	0	0
Ottawa	6. Community Living Supports for MI/DD consumers	10	10	90,418	542,508
Pathways	6.	0	0	0	0
Pines	6.	0	0	0	0
Saginaw	6.	0	0	0	0
Sanilac	6.	0	0	0	0
Shiawassee	6.	0	0	0	0
St Clair	6.	0	0	0	0
St Joseph	6.	0	0	0	0
Summit	6.	0	0	0	0
Tuscola	6.	0	0	0	0
Van Buren	6.	0	0	0	0
Washtenaw	6.	0	0	0	0
West MI	6.	0	0	0	0
Woodlands	6.	0	0	0	0
Totals:		10	10	90,418	542,508

COMMUNITY NEEDS - DD	**Sub Population #7**				
ASSESSMENT OF COMMUNITY NEED - 2007 SUBMISSION					
COMMNEED'08.DOC					
CMH	Sub Population #7	Meet Criteria	Propose to Serve	Avg Gross Person	Est. Total Cost for Services
Allegan	7.	0	0	0	0
Ausable	7.	0	0	0	0
Barry	7.	0	0	0	0
Bay	7.	0	0	0	0
Berrien	7.	0	0	0	0
CEI	7.	0	0	0	0
Central	7.	0	0	0	0
Copper	7.	0	0	0	0
Detroit	7.	0	0	0	0
Genesee	7.	0	0	0	0
Gogebic	7.	0	0	0	0
Gratiot	7.	0	0	0	0
Hiawatha	7.	0	0	0	0
Huron	7.	0	0	0	0
Ionia	7.	0	0	0	0
Kalamazoo	7.	0	0	0	0
Kent	7.	0	0	0	0
Lapeer	7.	0	0	0	0
Lenawee	7.	0	0	0	0
Lifeways	7.	0	0	0	0
Livingston	7.	0	0	0	0
Macomb	0	0	0	0	0
Manistee	7.	0	0	0	0
Monroe	7.	0	0	0	0
Montcalm	7.	0	0	0	0
Muskegon	7.	0	0	0	0
Newaygo	7.	0	0	0	0
North Country	7.	0	0	0	0
Northeast	7.	0	0	0	0
Northern Lakes	0	0	0	0	0
Northpointe	7.	0	0	0	0
Oakland	7.	0	0	0	0
Ottawa	7. Guardianship Services	25	25	153	3,825
Pathways	7.	0	0	0	0
Pines	7.	0	0	0	0
Saginaw	7.	0	0	0	0
Sanilac	7.	0	0	0	0
Shiawassee	7.	0	0	0	0
St Clair	7.	0	0	0	0
St Joseph	7.	0	0	0	0
Summit	7.	0	0	0	0
Tuscola	7.	0	0	0	0
Van Buren	7.	0	0	0	0
Washtenaw	7.	0	0	0	0
West MI	7.	0	0	0	0
Woodlands	7.	0	0	0	0
Totals:		25	25	153	3,825

Bed Capacity

Adults with Mental Illness

Bed Capacity - MIA

		(B) All Other Specialized Residential								(C) Residential Capacity (not included in (A) or (B))										
CMH	(A) Support Living Slots	All Respite	In-Home thru $64.99	In-Home $65 - $94.99	In-Home $95 - $124.99	In-Home $125 - $154.99	In-Home $155+	All CCI	Total Other Specialized Residental	Crisis Residential	Sub. Rental	Misc FFS	Trans Hous	Respite	MSHDA	Adult Foster Care	Nursing Home	Staffing Only	Total Other	Total Bed Cap (A) + (B) + (C)
Allegan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	57	0	0	57	57
Ausable	9	0	0	0	6	5	3	0	14	1	0	0	0	0	0	0	0	0	1	24
Barry	0	0	0	0	1	3	2	0	6	0	0	0	0	0	0	0	0	0	0	6
Bay	37	0	6	2	34	0	5	0	47	0	0	0	0	0	0	0	0	0	0	84
Berrien	20	0	12	4	13	13	8	0	50	12	0	0	0	0	0	0	0	0	12	82
CEI	23	0	60	18	23	24	12	0	137	16	0	0	0	6	0	0	0	0	22	182
Central	0	4	12	8	3	9	21	0	57	0	0	0	0	0	0	0	0	0	0	57
Copper	199	0	0	5	0	0	17	0	22	0	1	0	0	0	0	0	0	0	1	222
Detroit	199	12	0	1700	0	0	1200	0	2912	6	0	0	49	0	0	116	0	77	248	3359
Genesee	69	0	15	34	48	66	6	0	169	18	0	0	12	0	0	0	0	0	30	268
Gogebic	0	0	0	0	0	0	10	0	10	0	0	0	0	0	0	0	0	0	0	10
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	5	0	1	0	1	4	6	0	12	0	0	0	0	0	0	0	0	0	0	17
Huron	0	0	10	0	0	0	0	0	10	5	0	0	0	0	0	0	0	0	5	15
Ionia	1	0	3	1	0	1	1	0	6	4	0	0	0	0	0	25	24	0	53	60
Kalamazoo	63	0	0	2	5	12	56	75	150	212	52	0	0	0	0	29	159	0	452	665
Kent	0	0	31	1	12	28	72	0	144	16	12	0	0	0	0	0	0	0	28	172
Lapeer	16	0	18	1	7	2	4	0	32	4	1	0	0	0	0	0	0	0	5	53
Lenawee	17	0	5	2	5	2	4	0	18	0	0	0	0	0	0	0	0	0	0	35
Lifeways	42	0	45	45	40	11	8	0	149	6	0	0	0	0	0	298	450	0	754	945
Livingston	23	0	0	0	18	6	6	0	30	0	0	0	0	0	0	0	0	0	0	53
Macomb	105	0	16	100	110	33	65	0	324	6	0	0	0	0	0	0	0	0	6	435
Manistee	1	0	1	1	0	0	3	0	5	6	0	0	0	0	0	79	0	0	85	91
Monroe	96	0	0	0	0	4	6	0	10	0	0	0	0	0	0	0	0	0	0	106
Montcalm	0	0	3	0	0	0	2	0	5	0	0	0	0	0	0	0	0	1	1	6
Muskegon	6	0	2	0	0	0	29	0	31	2	0	0	0	0	22	0	0	0	24	61
Newaygo	0	0	3	2	1	0	0	0	6	0	0	0	0	0	0	0	0	0	0	6
North Country	1	0	30	0	0	18	0	0	48	3	0	0	0	3	0	0	0	0	6	55
Northeast	126	0	3	0	0	0	10	0	13	0	10	0	0	0	0	0	0	0	10	149
Northern Lakes	7	0	22	11	10	9	17	0	69	6	0	0	0	0	0	0	0	0	6	82
Northpointe	62	0	10	0	0	12	3	0	25	0	0	0	0	0	0	0	0	0	0	87
Oakland	667	0	8	42	152	36	57	0	295	16	0	8	2	1	0	0	0	0	27	989
Ottawa	0	39	20	16	17	16	14	17	30	0	0	0	199	0	0	0	0	0	199	0
Pathways	0	0	9	2	0	4	15	0	30	0	0	0	0	0	0	0	0	0	0	30
Pines	1	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	0	0	3
Saginaw	49	0	11	7	5	16	60	0	99	6	50	0	0	0	0	90	11	0	157	305
Sanilac	1	0	2	1	0	6	1	0	10	0	0	0	0	0	0	1	0	0	1	12
Shiawassee	7	0	0	0	0	0	0	0	0	3	5	0	0	0	0	0	0	0	8	15
St Clair	0	0	5	4	4	11	37	0	61	4	0	0	0	0	0	0	0	0	4	65
St Joseph	5	0	0	0	0	0	18	0	18	3	0	0	0	0	13	0	0	0	16	39
Summit	0	0	0	2	0	3	11	0	16	0	0	0	0	0	0	0	0	0	0	16
Tuscola	2	0	0	0	0	3	0	0	3	0	0	0	0	0	0	0	0	0	0	5
Van Buren	0	0	0	1	1	0	18	0	20	0	0	0	0	0	0	0	0	0	0	20
Washtenaw	76	0	0	21	12	13	5	0	51	6	0	0	4	0	31	16	967	0	1024	1151
West MI	3	0	1	0	0	1	11	0	13	1	10	0	0	0	0	0	0	0	11	27
Woodlands	0	0	0	0	0	0	4	0	4	0	0	0	0	0	0	10	0	0	10	14
Totals:	1,938	55	364	2,033	528	372	1,828	92	5,163	362	141	8	266	10	66	721	1,611	78	3,263	10,135

Bed Capacity

Children with Severe Emotional Disturbance

Bed Capacity - MIC

CMH	(A) Support Living Slots	(B) All Other Specialized Residential								(C) Residential Capacity (not included in (A) or (B))										Total Bed Cap (A) + (B) + (C)
		All Respite	In-Home thru $64.99	In-Home $65 - $94.99	In-Home $95 - $124.99	In-Home $125 - $154.99	In-Home $155+	All CCI	Total Other Specialized Residental	Crisis Residential	Sub. Rental	Misc FFS	Trans Hous	Respite	MSHDA	Adult Foster Care	Nursing Home	Staffing Only	Total Other	
Allegan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0	0
Ausable	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1
Barry	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Bay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1
CEI	0	0	0	0	0	0	0	0	0	3	0	0	0	1	0	0	0	0	4	4
Central	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	2
Copper	2	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	3
Detroit	0	6	0	0	0	0	0	578	584	0	0	0	0	0	0	0	0	0	0	584
Genesee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	1	1	0	0	8	10	7	0	0	0	14	0	0	0	0	21	31
Kent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	2
Lenawee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	6	6	0	0	0	0	0	0	0	0	0	0	6
Livingston	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Macomb	0	10	0	0	0	0	0	26	36	0	0	0	0	0	0	0	0	0	0	36
Manistee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20
Montcalm	0	1	0	0	0	0	0	0	1	0.1	0	0	0	0	0	0	0	0	0.1	1.1
Muskegon	0	4	0	0	0	0	0	2	6	2	0	0	0	0	0	0	0	0	2	8
Newaygo	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1
North Country	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
Northeast	1	0	1	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	3
Northern Lakes	0	4	0	4	0	0	3	2	13	0	0	0	0	0	0	0	0	0	0	13
Northpointe	0	0	0	0	0	0	0	6	6	0	0	0	0	0	0	0	0	0	0	6
Oakland	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	2
Ottawa	0	0	10	0	0	0	0	0	40	0	0	0	50	0	0	0	0	0	50	0
Pathways	0	0	0	0	2	1	2	0	5	0	0	0	0	0	0	0	0	0	0	5
Pines	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Saginaw	0	64	1	0	1	0	2	0	68	0	0	0	0	0	0	0	0	0	0	68
Sanilac	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	4	6	10	0	0	0	0	0	0	0	0	0	0	10
St Joseph	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1
Van Buren	1	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3	4
Washtenaw	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals:	37	89	12	5	6	1	14	639	796	14	0	0	50	19	0	0	0	0	83	826

Bed Capacity

Persons with Developmental Disabilities

Bed Capacity - DD

		(B) All Other Specialized Residential								(C) Residential Capacity (not included in (A) or (B))										
CMH	(A) Support Living Slots	All Respite	In-Home thru $64.99	In-Home $65 - $94.99	In-Home $95 - $124.99	In-Home $125 - $154.99	In-Home $155+	All CCI	Total Other Specialized Residential	Crisis Residential	Sub. Rental	Misc FFS	Trans Hous	Respite	MSHDA	Adult Foster Care	Nursing Home	Staffing Only	Total Other	Total Bed Cap (A) + (B) + (C)
Allegan	30	0	80	5	110	30	93	0	318	0	0	0	0	0	0	63	0	0	63	411
Ausable	33	0	0	0	0	0	34	0	34	0	0	0	0	0	0	0	0	0	0	67
Barry	0	0	3	4	0	6	8	0	21	0	0	0	0	0	0	0	0	0	0	21
Bay	80	0	1	13	99	26	1	0	140	0	0	0	0	0	0	0	0	0	0	220
Berrien	144	0	34	8	2	23	38	0	105	0	0	0	0	0	0	0	0	0	0	249
CEI	268	0	161	22	55	136	58	0	432	0	0	0	0	0	0	0	0	0	0	700
Central	0	0	81	45	69	109	61	0	365	0	0	0	0	0	0	0	0	0	0	365
Copper	100	2	10	3	1	0	54	0	70	0	0	0	0	0	0	0	0	0	0	170
Detroit	1,105	680	209	252	405	231	941	395	3,113	12	0	0	0	43	0	42	0	96	193	4,411
Genesee	72	0	45	93	126	248	7	0	519	included in	0	0	0	0	0	0	0	0	0	591
Gogebic	0	0	0	0	0	0	16	0	16	0	0	0	0	0	0	0	0	0	0	16
Gratiot	19	3	7	10	28	6	0	0	54	0	0	0	0	0	0	0	0	0	0	73
Hiawatha	32	0	7	2	5	38	20	0	72	0	0	0	0	0	0	0	0	0	0	104
Huron	9	0	10	0	0	0	20	0	30	0	0	0	0	0	0	0	0	0	0	39
Ionia	5	2	16	1	1	1	20	0	41	0	0	0	0	0	0	33	3	0	36	82
Kalamazoo	122	18	15	14	6	74	77	0	204	10	5	0	0	0	0	30	21	0	66	392
Kent	167	0	133	16	32	34	278	0	493	0	0	0	0	0	0	0	0	0	0	660
Lapeer	18	0	35	10	30	15	0	0	90	0	0	0	0	0	0	0	0	0	0	108
Lenawee	35	0	1	11	24	18	14	0	68	0	0	0	0	0	0	0	0	0	0	103
Lifeways	38	0	122	50	86	11	27	0	296	0	0	0	0	0	0	286	50	0	336	670
Livingston	123	0	0	0	12	18	13	0	43	0	0	0	0	0	0	0	0	0	0	166
Macomb	130	6	9	10	58	212	152	0	447	0	0	0	0	0	0	0	0	0	0	577
Manistee	39	0	1	4	18	2	4	0	29	0	0	0	0	0	0	81	0	0	81	149
Monroe	252	1	1	0	6	26	38	0	72	0	0	0	0	1	0	0	0	0	1	325
Montcalm	0	1	13	2	1	12	11	0	40	0	0	0	0	0	0	0	0	3	3	43
Muskegon	78	2	0	15	17	24	192	0	250	0	0	0	0	14	0	0	0	0	14	342
Newaygo	0	0	22	1	0	12	6	0	41	0	0	0	0	0	0	0	0	0	0	41
North Country	61	0	38	18	0	6	120	0	182	0	0	0	0	0	0	0	0	0	0	243
Northeast	57	0	35	11	7	4	85	0	142	0	31	0	0	0	16	10	4	56	117	316
Northern Lakes	66	0	45	20	44	25	87	0	221	0	0	0	0	0	0	0	0	0	0	287
Northpointe	13	0	14	2	0	16	37	8	77	0	0	0	0	0	0	0	0	0	0	90
Oakland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pathways	14	0	32	15	11	27	75	0	160	0	0	0	0	0	0	0	0	0	0	174
Pines	3	0	1	1	1	12	27	0	42	0	0	0	0	0	0	0	0	0	0	45
Saginaw	55	96	50	14	18	69	45	0	292	0	0	0	0	0	0	110	1	0	111	458
Sanilac	19	0	19	7	36	20	7	0	89	0	0	0	0	0	0	0	0	0	0	108
Shiawassee	35	0	0	0	11	6	5	0	22	0	0	0	0	0	0	0	0	0	0	57
St Clair	10	2	47	2	11	40	88	0	190	0	0	0	0	0	0	0	0	0	0	200
St Joseph	13	0	0	1	2	9	34	0	46	0	0	0	0	0	0	1	0	0	1	60
Summit	0	0	16	2	16	12	31	0	77	0	0	0	0	0	0	0	0	0	0	77
Tuscola	13	0	17	0	22	25	6	0	70	0	0	0	0	0	0	0	0	0	0	83
Van Buren	2	0	12	11	9	8	13	0	53	0	0	0	0	0	0	0	0	3	3	58
Washtenaw	199	2	0	0	18	44	24	0	88	0	0	0	2	2	35	32	2	0	73	360
West MI	0	0	6	4	1	0	41	0	52	0	0	0	0	2	0	0	0	0	2	54
Woodlands	0	0	0	0	0	30	3	1	34	0	0	0	0	0	0	0	0	0	0	34
Totals:	3,459	815	1,348	699	1,398	1,665	2,911	404	9,240	22	36	0	2	62	51	688	81	158	1,100	13,799
																				13,799

CMH Waiting Lists

Children with Severe Emotional Disturbance

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	8	10	0	0	0	2	2	16	50.13
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	65	0	0	1	64	65	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	25	0	0	0	0	0	25	26
Huron	1	2	0	0	0	1	1	2	46
Ionia	1	25	3	1	22	0	26	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	2	0	0	2	0	2	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	14	0	0	0	0	0	14	52
Manistee	0	1	0	0	0	0	0	1	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	3	22	0	0	0	0	0	8	49.25
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	13	0	0	0	0	0	13	10
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	29	0	0	0	0	0	29	26
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	3	4	0	0	0	0	0	7	56.57
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	3	2	0	0	0	0	0	5	61.4
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	19	214	3	1	25	67	96	120	377.35

CMHSP WAITING LIST - MOVEMENT REPORT

REHABILITATION
PEER-OPERATED SUPPORT SERVS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

REHABILITATION
CLUBHOUSE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - ASSISTITVE TECHNOLOGY

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - ENVIRONMENTAL MODIFICATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - SUPPORTS COORDINATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - WRAPAROUND

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	1	4	1	0	2	0	3	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	6	53	2	3	47	1	53	6	5.1
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	7	57	3	3	49	1	56	6	5.1

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - HOUSING ASSISTANCE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	1	1
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	1	1

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - RESPITE CARE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	29	0	5	4	3	0	12	17	185
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	29	0	5	4	3	0	12	17	185

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - FAMILY SKILLS DEVELOPMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - INTEGRATED EMPLOYMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - SKILL-BUILDING ASSISTANCE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - COMMUNITY LIVING TRAINING

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - CASE MANAGEMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	10	0	0	8	0	8	2	2
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	5	0	0	1	0	1	4	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	15	0	0	9	0	9	6	2

CMHSP WAITING LIST - MOVEMENT REPORT

INTENSIVE COMMUNITY SUPPORT - EXTENDED OBSERVATION BEDS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

INTENSIVE COMMUNITY SUPPORT - INTENSIVE CRISIS STABILIZATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	4	0	0	3	0	3	1	2
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	4	0	0	3	0	3	1	2

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

			No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT COMMUNITY BASED IMD

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT COMMUNITY INPATIENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT EMERGENCY SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/06	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMH Waiting Lists

Adults with Serious Mental Illness

CMHSP WAITING LIST - MOVEMENT REPORT

CMHSP: SUMMARY TOTALS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

Service		No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/01/07 through 9/30/08	Persons Removed from Waiting List from 10/1/06 through 9/30/07					Persons Currently on Waiting List	
				Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Emergency Services		0	0	0	0	0	0	0	0	0
Community Inpatient		0	0	0	0	0	0	0	0	0
State Hospital Services/DD Center		0	0	0	0	0	0	0	0	0
Community Based IMD		0	0	0	0	0	0	0	0	0
Outpatient - Partial Hospitalization Service		0	0	0	0	0	0	0	0	0
Housing Services	Personal Care	0	0	0	0	0	0	0	0	0
	Community Living Supports	7	0	1	3	3	0	7	0	0
	Supported Independent Housing	0	0	0	0	0	0	0	0	0
	Crisis Residential	0	0	0	0	0	0	0	0	0
Intensive Community Support	ACT	8	11	0	0	11	0	11	8	4
	Home Based	0	0	0	0	0	0	0	0	0
	Intensive Crisis Stabilization	0	0	0	0	0	0	0	0	0
	Extended Observation Beds	0	0	0	0	0	0	0	0	0
Targeted Support Service Models	Case Management	0	20	1	0	6	0	7	13	4
	Community Living Training	2	8	0	0	1	0	1	0	4
	Skill-Building Assistance	0	2	0	3	1	0	4	0	0
	Integrated Employment	11	4	3	2	5	1	11	4	26
	Family Skills Development	0	0	0	0	0	0	0	0	0
	Respite Care	0	0	0	0	0	0	0	0	0
	Housing Assistance	0	0	0	0	0	0	0	0	0
	Wraparound	0	0	0	0	0	0	0	0	0
	Supports Coordiation	0	0	0	0	0	0	0	0	0
	Environmental Modification	0	0	0	0	0	0	0	0	0
	Assistive Technology	0	0	0	0	0	0	0	0	0
Rehabiltation Services	Clubhouse	0	0	0	0	0	0	0	0	0
	Peer-Operated Support Servs	0	0	0	0	0	0	0	0	0
Mental Health Clinic Services		239	2406	5	9	1066	402	1482	1142	385.92
Prevention - Direct Services		0	0	0	0	0	0	0	0	0
Prevention - Other		0	0	0	0	0	0	0	0	0
Total of All Above Rows		267	2451	10	17	1093	403	1523	1167	423.92

CMHSP WAITING LIST - MOVEMENT REPORT PREVENTION - OTHER

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

PREVENTION - DIRECT SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT MENTAL HEALTH CLINIC SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	129	0	2	7	0	9	120	11
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	62	79	0	0	9	6	15	126	49.75
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	1090	0	0	782	308	1090	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	189	0	0	0	0	0	189	26
Huron	10	15	0	0	1	2	3	22	44.55
Ionia	31	174	5	7	160	27	199	6	4.3
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	4	0	0	0	0	0	0	0
Lifeways	0	103	0	0	103	0	103	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	30	0	0	0	0	0	30	52
Manistee	0	43	0	0	0	43	43	43	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	30	86	0	0	0	7	7	49	51.96
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	67	0	0	0	0	0	67	10
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	337	0	0	0	0	0	337	26
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	47	0	0	0	0	0	0	47	4
Shiawassee	35	34	0	0	2	5	7	62	53.16
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	24	26	0	0	2	4	6	44	53.2
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	239	2406	5	9	1066	402	1482	1142	385.92

CMHSP WAITING LIST - MOVEMENT REPORT

REHABILITATION
PEER-OPERATED SUPPORT SERVS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

REHABILITATION
CLUBHOUSE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - ASSISTITVE TECHNOLOGY

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - ENVIRONMENTAL MODIFICATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - SUPPORTS COORDINATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - WRAPAROUND

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - HOUSING ASSISTANCE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - RESPITE CARE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - FAMILY SKILLS DEVELOPMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - INTEGRATED EMPLOYMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	1	4	1	0	0	0	1	4	26
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	10	0	2	2	5	1	10	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	11	4	3	2	5	1	11	4	26

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - SKILL-BUILDING ASSISTANCE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	2	0	3	1	0	4	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	2	0	3	1	0	4	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - COMMUNITY LIVING TRAINING

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	2	8	0	0	1	0	1	0	4
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	2	8	0	0	1	0	1	0	4

CMHSP WAITING LIST - MOVEMENT REPORT

TARGETED SUPPORT SERVICE MODELS - CASE MANAGEMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	4	1	0	3	0	4	0	4
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	16	0	0	3	0	3	13	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	20	1	0	6	0	7	13	4

CMHSP WAITING LIST - MOVEMENT REPORT

INTENSIVE COMMUNITY SUPPORT - EXTENDED OBSERVATION BEDS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

INTENSIVE COMMUNITY SUPPORT - INTENSIVE CRISIS STABILIZATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

INTENSIVE COMMUNITY SUPPORT - HOME BASED

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

INTENSIVE COMMUNITY SUPPORT - ACT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	8	0	0	0	0	0	0	8	4
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	11	0	0	11	0	11	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	8	11	0	0	11	0	11	8	4

CMHSP WAITING LIST - MOVEMENT REPORT

HOUSING SERVICES - CRISIS RESIDENTIAL

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

HOUSING SERVICES - SUPPORTED INDEPENDENT HOUSIN(

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

HOUSING SERVICES - COMMUNITY LIVING SUPPORTS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	7	0	1	3	3	0	7	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	7	0	1	3	3	0	7	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

HOUSING SERVICES - PERSONAL CARE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

OUTPATIENT - PARTIAL HOSPITALIZATION SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT COMMUNITY BASED IMD

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT STATE HOSPITAL SERVICES/DD CENTER

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT COMMUNITY INPATIENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT EMERGENCY SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIA'08.DOC

Client Group: ADULTS WITH SERIOUS MENTAL ILLNESS WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/01/07 through 9/30/08					Persons Currently on Waiting List as of 9/30/08	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMH Waiting Lists

Persons with Developmental Disabilities

CMHSP WAITING LIST - MOVEMENT REPORT

CMHSP: SUMMARY TOTALS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

Service		No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/1/07 through 9/30/08	Persons Removed from Waiting List from 10/1/06 through 9/30/07					Persons Currently on Waiting List	
				Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Emergency Services		0	0	0	0	0	0	0	0	0
Crisis Stabilization		0	0	0	0	0	0	0	0	0
Community Inpatient		0	0	0	0	0	0	0	0	0
State Hospital/Center Services		1	8	0	0	1	0	1	8	52
Support & Service Coordination		2	66	4	0	46	6	56	12	178.54
Personal Care		0	1	0	0	0	0	0	1	10
Community Living	Support Staff	1	3	0	0	0	1	1	3	2
	Adaptive Equipment	0	0	0	0	0	0	0	0	0
	Environmental Mods	0	0	0	0	0	0	0	0	0
Housing Assistance		19	1	0	1	1	0	2	17	0
Skills-Building Assistance	Integrated Employment	0	0	0	0	0	0	0	0	0
	Skill Buiding Assistance	2	7	0	0	0	0	0	9	33.7
Family Support	Respite Care	0	8	0	0	0	2	2	6	2
	Family Skills	0	0	0	0	0	0	0	0	0
Enhanced Health Care	Pharmacy and/or Dental	0	0	0	0	0	0	0	0	0
Prevention - Direct Services		0	0	0	0	0	0	0	0	0
Prevention - Other		0	0	0	0	0	0	0	0	0
Children's Waiver		48	33	0	1	25	1	27	53	152.85
Total of All Above Rows		73	127	4	2	73	10	89	109	431.09
		73	127	4	2	73	10	89	109	431.09

CMHSP WAITING LIST - MOVEMENT REPORT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	2	0	0	0	0	0	2	12
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	1	0	0	0	0	0	1	40
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	9	60	4	0	47	2	53	16	96.39
Genesee	0	6	0	0	0	6	6	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	3	0	0	0	0	0	3	10
Huron	0	1	0	0	0	1	1	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	2	0	0	0	0	0	2	8
Kent	18	1	0	0	1	0	1	18	52
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	41	28	0	1	25	0	26	42	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	1	1	0	0	0	0	0	1	153
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	2	5	0	0	0	0	0	7	31.7
Northpointe	0	1	0	0	0	0	0	1	10
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	3	0	0	0	0	0	3	10
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	12	0	0	0	0	0	12	8
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	1	0	0	0	0	1	1	0	0
West MI	1	1	0	1	0	0	1	1	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	73	127	4	2	73	10	89	109	431.09

CMHSP WAITING LIST - MOVEMENT REPORT CHILDREN'S WAIVER

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	7	1	0	0	0	1	1	7	40.85
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	2	0	0	0	0	0	2	8
Kent	18	1	0	0	1	0	1	18	52
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	22	27	0	0	24	0	24	25	?
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	1	0	0	0	0	0	0	52
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	1	1	0	1	0	0	1	1	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	48	33	0	1	25	1	27	53	152.85

CMHSP WAITING LIST - MOVEMENT REPORT PREVENTION - OTHER

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

PREVENTION - DIRECT SERVICE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

EMHANCED HEALTH CARE - PHARMACY AND/OR DENTAL

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

FAMILY SUPPORT - FAMILY SKILLS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

FAMILY SUPPORT - RESPITE CARE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	2	0	0	0	2	2	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	6	0	0	0	0	0	6	2
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	8	0	0	0	2	2	6	2

CMHSP WAITING LIST - MOVEMENT REPORT

SKILL-BUILDING ASSISTANCE - SKILL BUILDING ASSISTANCE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	2	5	0	0	0	0	0	7	31.7
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	2	0	0	0	0	0	2	2
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	2	7	0	0	0	0	0	9	33.7

CMHSP WAITING LIST - MOVEMENT REPORT

SKILL-BUILDING ASSISTANCE - INTEGRATED EMPLOYMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT HOUSING ASSISTANCE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	19	1	0	1	1	0	2	17	?
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	19	1	0	1	1	0	2	17	0

CMHSP WAITING LIST - MOVEMENT REPORT

COMMUNITY LIVING - ENVIRONMENTAL MODS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

COMMUNITY LIVING - ADAPTIVE EQUIPMENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

COMMUNITY LIVING - SUPPORT STAFF

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	3	0	0	0	0	0	3	2
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	1	0	0	0	0	1	1	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	1	3	0	0	0	1	1	3	2

CMHSP WAITING LIST - MOVEMENT REPORT PERSONAL CARE

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	1	0	0	0	0	0	1	10
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	1	0	0	0	0	0	1	10

CMHSP WAITING LIST - MOVEMENT REPORT SUPPORT & SERVICE COORDINATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	2	0	0	0	0	0	2	12
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	1	0	0	0	0	0	1	40
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	1	51	4	0	46	1	51	1	3.54
Genesee	0	4	0	0	0	4	4	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	3	0	0	0	0	0	3	10
Huron	0	1	0	0	0	1	1	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	1	0	0	0	0	0	0	1	101
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	3	0	0	0	0	0	3	10
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	1	0	0	0	0	0	1	2
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	2	66	4	0	46	6	56	12	178.54

CMHSP WAITING LIST - MOVEMENT REPORT

STATE HOSPITAL/CENTER SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	1	8	0	0	1	0	1	8	52
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	1	8	0	0	1	0	1	8	52

CMHSP WAITING LIST - MOVEMENT REPORT COMMUNITY INPATIENT

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

CRISIS STABILIZATION

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
			Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	N/A	N/A	0	0	0	0	0	N/A	N/A
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT EMERGENCY SERVICES

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-DD'08.DOC

Client Group: PERSONS WITH DEVELOPMENTAL DISABILITIES WITHOUT MEDICAID ELIGIBILITY

			Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
CMH	No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Allegan	0	0	0	0	0	0	0	0	0
Ausable	0	0	0	0	0	0	0	0	0
Barry	0	0	0	0	0	0	0	0	0
Bay	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0
CEI	0	0	0	0	0	0	0	0	0
Central	0	0	0	0	0	0	0	0	0
Copper	0	0	0	0	0	0	0	0	0
Detroit	0	0	0	0	0	0	0	0	0
Genesee	0	0	0	0	0	0	0	0	0
Gogebic	0	0	0	0	0	0	0	0	0
Gratiot	0	0	0	0	0	0	0	0	0
Hiawatha	0	0	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0	0	0
Ionia	0	0	0	0	0	0	0	0	0
Kalamazoo	0	0	0	0	0	0	0	0	0
Kent	0	0	0	0	0	0	0	0	0
Lapeer	0	0	0	0	0	0	0	0	0
Lenawee	0	0	0	0	0	0	0	0	0
Lifeways	0	0	0	0	0	0	0	0	0
Livingston	0	0	0	0	0	0	0	0	0
Macomb	0	0	0	0	0	0	0	0	0
Manistee	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0
Montcalm	0	0	0	0	0	0	0	0	0
Muskegon	0	0	0	0	0	0	0	0	0
Newaygo	0	0	0	0	0	0	0	0	0
North Country	0	0	0	0	0	0	0	0	0
Northeast	0	0	0	0	0	0	0	0	0
Northern Lakes	0	0	0	0	0	0	0	0	0
Northpointe	0	0	0	0	0	0	0	0	0
Oakland	0	0	0	0	0	0	0	0	0
Ottawa	0	0	0	0	0	0	0	0	0
Pathways	0	0	0	0	0	0	0	0	0
Pines	0	0	0	0	0	0	0	0	0
Saginaw	0	0	0	0	0	0	0	0	0
Sanilac	0	0	0	0	0	0	0	0	0
Shiawassee	0	0	0	0	0	0	0	0	0
St Clair	0	0	0	0	0	0	0	0	0
St Joseph	0	0	0	0	0	0	0	0	0
Summit	0	0	0	0	0	0	0	0	0
Tuscola	0	0	0	0	0	0	0	0	0
Van Buren	0	0	0	0	0	0	0	0	0
Washtenaw	0	0	0	0	0	0	0	0	0
West MI	0	0	0	0	0	0	0	0	0
Woodlands	0	0	0	0	0	0	0	0	0
Totals:	0	0	0	0	0	0	0	0	0

CMHSP WAITING LIST - MOVEMENT REPORT

CMHSP: SUMMARY TOTALS

Average Wait for Non-Emergency Services - Mandatory Submission
WAIT-MIC'08.DOC

Client Group: CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE WITHOUT MEDICAID ELIGIBILITY

Service		No. Persons Waiting for Service as 10/1/07	No. Persons Placed on Waiting List Since 10/1/07	Persons Removed from Waiting List from 10/1/07 through 9/30/08					Persons Currently on Waiting List	
				Requested Removal from List	Service Needs Changed	Received Requested Service	Other	Total	Number of Persons	Average No. of Weeks Waiting for Service Delivery
Emergency Services		0	0	0	0	0	0	0	0	0
Community Inpatient		0	0	0	0	0	0	0	0	0
State Hospital Services/DD Center		0	0	0	0	0	0	0	0	0
Community Based IMD		0	0	0	0	0	0	0	0	0
Outpatient - Partial Hospitalization Service		0	0	0	0	0	0	0	0	0
Housing Services	Personal Care	0	0	0	0	0	0	0	0	0
	Community Living Supports	0	0	0	0	0	0	0	0	0
	Supported Independent Housing	0	0	0	0	0	0	0	0	0
	Crisis Residential	0	0	0	0	0	0	0	0	0
Intensive Community Support	ACT	0	0	0	0	0	0	0	0	0
	Home Based	0	4	0	0	3	0	3	1	2
	Intensive Crisis Stabilization	0	0	0	0	0	0	0	0	0
	Extended Observation Beds	0	0	0	0	0	0	0	0	0
Targeted Support Service Models	Case Management	0	15	0	0	9	0	9	6	2
	Community Living Training	0	0	0	0	0	0	0	0	0
	Skill-Building Assistance	0	0	0	0	0	0	0	0	0
	Integrated Employment	0	0	0	0	0	0	0	0	0
	Family Skills Development	0	0	0	0	0	0	0	0	0
	Respite Care	29	0	5	4	3	0	12	17	185
	Housing Assistance	0	0	0	0	0	0	0	1	1
	Wraparound	7	57	3	3	49	1	56	6	5.1
	Supports Coordiation	0	0	0	0	0	0	0	0	0
	Environmental Modification	0	0	0	0	0	0	0	0	0
	Assistive Technology	0	0	0	0	0	0	0	0	0
Rehabiltation Services	Clubhouse	0	0	0	0	0	0	0	0	0
	Peer-Operated Support Servs	0	0	0	0	0	0	0	0	0
Mental Health Clinic Services		19	214	3	1	25	67	96	120	377.35
Prevention - Direct Services		0	0	0	0	0	0	0	0	0
Prevention - Other		0	0	0	0	0	0	0	0	0
Total of All Above Rows		55	290	11	8	89	68	176	151	572.45

SECTION 404 (2) (h)
LAPSES AND CARRYFORWARDS
FY 2008

FY 2008 CMHSP / PIHP FINAL REPORT ANALYSIS - UNAUDITED CMHSP / PIHP FY 08 REPORTS AS OF 5/01/2009

PIHP	CMHSP	Medicaid Savings	Medicaid Lapse	PIHP MED Risk	MDCH MED Risk	GF Funding Formula Carryforward	GF Lapse	GF on Medicaid	CMHSP GF Risk
Southwest Affiliation	Allegan	n/a	n/a	n/a	n/a	-	-	-	287,423
Northern Affiliation	Ausable Valley	n/a	n/a	n/a	n/a	-	-	-	-
Venture Behavioral Health	Barry	n/a	n/a	n/a	n/a	-	-	-	2,314
Access Alliance of MI	Bay Arenac - Cat lapse	2,855,765	-	-	-	-	25,938	-	455,740
Venture Behavioral Health	Berrien	n/a	n/a	n/a	n/a	127,633	-	-	-
CMH Affiliation of Mid-MI	Clinton-Eaton-Ingham	-	-	-	-	-	-	-	968,200
CMH Central MI	CMH for Central Michigan	-	-	-	-	-	-	-	1,146,277
North Care	Copper Country	n/a	n/a	n/a	n/a	4,128	-	-	-
Detroit-Wayne Co CMH	Detroit-Wayne	-	-	6,957,787	-	-	-	-	2,897,555
Genesee Co CMH Services	Genesee - Cat lapse	-	-	-	-	918,743	129,756	-	-
North Care	Gogebic	n/a	n/a	n/a	n/a	40,427	83,675	-	-
CMH Affiliation of Mid-MI	Gratiot	n/a	n/a	n/a	n/a	-	-	-	45,183
North Care	Hiawatha	n/a	n/a	n/a	n/a	-	-	-	80,562
Access Alliance of MI	Huron	n/a	n/a	n/a	n/a	-	-	-	517,859
CMH Affiliation of Mid-MI	Ionia	n/a	n/a	n/a	n/a	-	-	-	-
Southwest Affiliation	Kalamazoo	2,011,492	-	-	-	384,738	-	-	-
Thumb Alliance PIHP	Lapeer	n/a	n/a	n/a	n/a	82,821	77,618	-	-
CMH Partnership of Southeast MI	Lenawee	n/a	n/a	n/a	n/a	-	-	-	321,299
Lifeways	Lifeways	1,429,092	-	-	-	-	-	-	1,496,432
CMH Partnership of Southeast MI	Livingston	n/a	n/a	n/a	n/a	175,212	114,628	-	-
Macomb Co CMH Services	Macomb - Cat lapse	-	-	-	-	716,396	3,096	-	-
CMH Affiliation of Mid-MI	Manistee-Benzie	n/a	n/a	n/a	n/a	-	-	-	403,625
CMH Partnership of Southeast MI	Monroe	n/a	n/a	n/a	n/a	-	-	-	71,921
Access Alliance of MI	Montcalm	n/a	n/a	n/a	n/a	72,410	-	-	-
Lakeshore Behavioral Health Allia	Muskegon	-	-	-	-	303,150	-	-	-
Network 180	Network 180 (Kent)	1,765,016	-	-	-	37,064	-	-	-
CMH Affiliation of Mid-MI	Newaygo	n/a	n/a	n/a	n/a	28,016	-	-	-
Northern Affiliation	North Country	-	-	-	-	28,039	-	-	-
Northern Affiliation	Northeast - Cat lapse	n/a	n/a	n/a	n/a	24,970	2,802	-	-
Northwest CMH Affiliation	Northern Lakes	-	-	2,239,693	-	225,778	-	-	-
North Care	Northpointe	n/a	n/a	n/a	n/a	139,677	107,746	-	-
Oakland Co CMH Authority	Oakland	-	-	-	-	1,531,468	-	-	-
Lakeshore Behavioral Health Allia	Ottawa - Cat lapse	n/a	n/a	n/a	n/a	-	3,916	-	188,116
North Care	Pathways	3,753,902	-	-	-	-	-	-	14,197
Venture Behavioral Health	Pines Behavioral - Cat lapse = $5,406	n/a	n/a	n/a	n/a	76,565	149,629	-	-
Saginaw Co CMH Authority	Saginaw - Cat lapse	-	-	408,677	-	-	-	-	589,356
Thumb Alliance PIHP	Sanilac - lapse due to 236 trnf	n/a	n/a	n/a	n/a	-	137,147	-	-
Access Alliance of MI	Shiawassee	n/a	n/a	n/a	n/a	-	-	-	110,587
Thumb Alliance PIHP	St. Clair - Cat lapse	2,393,910	-	-	-	-	12,953	-	805,437
Southwest Affiliation	St. Joseph	n/a	n/a	n/a	n/a	-	-	-	-
Venture Behavioral Health	Summit Pointe	-	-	870,145	-	-	-	-	343,320
Access Alliance of MI	Tuscola - Cat lapse	n/a	n/a	n/a	n/a	13,129	5,605	-	-
Venture Behavioral Health	Van Buren	n/a	n/a	n/a	n/a	95,011	-	-	-
CMH Partnership of Southeast MI	Washtenaw	-	-	-	-	-	-	-	1,067,146
Northwest CMH Affiliation	West Michigan	n/a	n/a	n/a	n/a	170,107	-	-	-
Southwest Affiliation	Woodlands	n/a	n/a	n/a	n/a	94,955	1,185	-	-
	Totals	$ 14,209,177	$ -	$ 10,476,302	$ -	$ 5,290,437	$ 855,694	$ -	$ 11,812,549

SECTION 404 (2) (i) (i, ii)
CMHSP PROVIDER CONTRACTS
FY 2008

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Allegan CMHSP (expected FY 09 per instructions)

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	15	$575-$900	$823,320
Outpatient - Partial Hospitalization	3	$259-$351	$5,500
Housing Services	70	$18.50-$226	$983,155
Intensive Community Support Services	15	$11-$18.45	$227,755
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	26	$14.24-$150	$221,655
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	$26.08-$46.04	$78,985
Emergency Services			
Crisis Stabilization			
Community Inpatient	15	$575-$900	0
Support and Service Coordination			
Community Living	18	$11-$50	$2,194,870
Housing Assistance	70	$18.50-$226	$2,867,350
Skill-Building Assistance			
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	26	$14.24-$150	$288,015
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	2	$687-$760	$283,780
Outpatient - Partial Hospitalization	2	$284-$307	0
Housing Services	2	$194.89	$97,445
Intensive Community Support Services	1	$18.45	$24,705
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	3	$50-$185	0

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: AuSable Valley CMH

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services		Northern Affiliation holds the contract	
Community Inpatient		Northern Affiliation holds the contract	
Outpatient - Partial Hospitalization			
Housing Services	5	$ 115 - 270	$837,320
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	1	$ 45 - 75 / hr	4,385
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services			
Crisis Stabilization			
Community Inpatient		Northern Affiliation holds the contract	
Support and Service Coordination			
Community Living	1	$ 14.17 / hr	35,714
Housing Assistance	4	$ 115 - 195	182,268
Skill-Building Assistance			
Family Support			
Enhanced Health Care	1	Omnicare	
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	6	$ 45 / hr - $ 2,114 / yr	48,225
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services		Northern Affiliation holds the contract	
Community Inpatient		Northern Affiliation holds the contract	
Outpatient - Partial Hospitalization			
Housing Services	1	$498	$181,770
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	3	$ 45 - 179 / hr	102,213

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Barry County

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$250 per day	13900
Community Inpatient	8	$594 - $732 per day	228972
Outpatient - Partial Hospitalization	4	$284-$343 per day	686
Housing Services	4	$100-$214 per day	277539
Intensive Community Support Services	1	$40/15 minutes	
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	1	$105/per 45-50 minute session	1938
Prevention	0		
Individual Professional Service Contracts	3	$48-$255 per hour	176526
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	3	$3.44/15 min - $4.67/15 min	25744
Emergency Services	0		
Crisis Stabilization	0		
Community Inpatient	8	$594-$732/day	23560
Support and Service Coordination	0		
Community Living	8	$37.71-$276/day	1059632
Housing Assistance	0		
Skill-Building Assistance	2	$21.74-$26.50/day	41950
Family Support	0		
Enhanced Health Care	1	$62-$70/hour	7902
Assistance for Challenging Behaviors	0		
Individual Professional Service Contracts	2	$35-$50/hour	63237
Prevention	0		
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$148.76 per unit	8810
Community Inpatient	2	$687-$760 per diem	60557
Outpatient - Partial Hospitalization	1	$284 per diem	1657
Housing Services	1	$110 per day	23210
Intensive Community Support Services	1	$59.16/15 minuntes - $63.05/15 minutes	808
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	3	$75-$195 per 45/50 minute session	16460
Prevention	2	$40 per group to $40 per hour	4546
Individual Professional Service Contracts			

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Bay-Arenac Behavioral Health

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	9	$449-915/day	1,127,839
Outpatient - Partial Hospitalization			
Housing Services	14	$28.54-381.46/day	1,616,527
Intensive Community Support Services	4	$3.25unit-280/day	334,403
Targeted Support Service Models	3	$2.30 unit-$40.00/unit	861,955
Rehabilitation Services	3	$2.20 unit - 11.37 unit	493,859
Mental Health Clinic	12	$13.89 - $145 event	1,905,784
Prevention			
Individual Professional Service Contracts			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1	$3.71 - 11.99/unit	39,733
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination	4	$15.00 event - $85.29/unit	36,302
Community Living	42	$40.35-134.14/day	7,301,525
Housing Assistance			
Skill-Building Assistance	11	$1.21 - 13.54/unit	2,159,939
Family Support			
Enhanced Health Care	8	$3.92 - 7.16/unit	195,601
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	5	$12.50/unit - $156.00/event	543,668
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	2	$575 - 650/day	230,842
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services	1	$15/hour	46,492
Targeted Support Service Models	1	$40/unit	24,528
Rehabilitation Services			
Mental Health Clinic	4	$13.89-$145/event	301,907
Prevention			
Individual Professional Service Contracts			

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: BERRIEN MENTAL HEALTH AUTHORITY

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	Net Cost	41,118
Community Inpatient	6	$560-$760	$1,061,366
Outpatient - Partial Hospitalization	0	0	0
Housing Services	1	Net Cost	$115,500
Intensive Community Support Services	4	$2.56-$4.16 per 15 min.	190,000
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	0	0	0
Prevention	0	0	0
Individual Professional Service Contracts	1	$17 per 15 min. - $230 per encounter	228,060
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	0	0	0
Emergency Services	0	0	0
Crisis Stabilization	0	0	0
Community Inpatient	6	$560-$760	$177,724.00
Support and Service Coordination	0	0	0
Community Living	4	$2.56-$4.16 per 15 min.	$1,709,150
Housing Assistance	0	0	0
Skill-Building Assistance	3	$2.56-$8.00 per 15 min.	$1,413,148
Family Support	0	0	0
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	3	$17 per 15 min. - $230 per encounter	10,700
Prevention	0	0	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	0	0	0
Community Inpatient	2	$661-$760	$111,492
Outpatient - Partial Hospitalization	0	0	0
Housing Services	0	0	0
Intensive Community Support Services	4	$2.56-$4.16 per 15 min.	10,000
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	0	0	0
Prevention	0	0	0
Individual Professional Service Contracts	0	0	0

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: CEI

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	5	630 - 760/day	2,956,266
Outpatient - Partial Hospitalization	3	284 - 340/day	4,000
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services	2	12.93/day supported employment	140,040
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	38	15 - 66.54/hour	1,685,130
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination			
Community Living	22	13.68 - 23.36/hour	2,553,342
Housing Assistance			
Skill-Building Assistance	3	14.76 - 15.64hour - 60/day	526,443
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	2	29.37/hour - 220/session	2,500
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	2	667 - 735/day	272,025
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	2	11.50 - 16.50/hour	40,000

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Community Mental Health for Central Michigan

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	$155-307/day	$ 117,143.00
Community Inpatient	7	$633-$875/day	$ 1,523,734.00
Outpatient - Partial Hospitalization	2	$292-$326	
Housing Services	11	$.97-$203.77/day	$ 2,015,592.00
Intensive Community Support Services			
Targeted Support Service Models	1	$1,749.00 per month	$ 20,988.00
Rehabilitation Services	2	$3,758.33-$8,708.33 per month	$ 149,600.00
Mental Health Clinic	9	$51.25-$130 per hour	$ 1,109,764.00
Prevention			
Individual Professional Service Contracts	7	$10/hr; $30-$51 per class session	$ 26,096.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	7	All	$ 598,190.00
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination	10	All	$ 273,338.00
Community Living	125	$15.00/hr	$ 11,973,449.00
Housing Assistance	51	$0.91-$321.38 per day	$ 16,537,235.00
Skill-Building Assistance	17	$1.36-5.89 per 15 min	$ 6,286,705.00
Family Support			
Enhanced Health Care	3	$26-$29.50 per hour	$ 332,893.00
Assistance for Challenging Behaviors	1	$82.00 per hour	$ 3,936.00
Individual Professional Service Contracts	6	$36-$130 per hour	$ 179,670.00
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$46/day	$ 48,475.00
Community Inpatient	2	$707-$803 per day	$ 201,772.00
Outpatient - Partial Hospitalization			
Housing Services	2	$106.33-$166.76 per day	$ 223,321.00
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	6	All	$ 377,534.00
Prevention	1	$34.77 per 15 minute	$ 50,000.00
Individual Professional Service Contracts			

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CMHSP: Copper Country Community Mental Health Services - Submitted 10/08

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	6	$11,718.39-$19,957.80/year	66,777.72
Community Inpatient	3	$600-$699/day	$251,200
Outpatient - Partial Hospitalization	0	0	0
Housing Services	2	$337.05-144/day	$137,314
Intensive Community Support Services	1	0	$0
Targeted Support Service Models	0	0	0
Rehabilitation Services	3	$30/hour-$4541/month	$77,315
Mental Health Clinic	0	0	0
Prevention	5	$11.75-$15.75/hour	$53,724.99
Individual Professional Service Contracts	9	$30-40/day $65-468/session	$20,146.18
		Category total:	**$606,477.89**
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Children's Waiver	0	0	0
Emergency Services	0	0	0
Crisis Stabilization	0	0	0
Community Inpatient	0	0	0
Support and Service Coordination	1	$100/month per consumer	$2,400
Community Living	14	$21.40-$256/day, $9-12.16/hour	$539,920.61
Housing Assistance	0	0	0
Skill-Building Assistance	5	$12.16-$30/hour, $3,847-$23,041/month	$365,082.07
Family Support	0	0	0
Enhanced Health Care	2	$225/month, $3000/year	$5,700.00
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	10	$30-$40/day, $12.16-$35/hour	$32,871.09
Prevention	0	0	0
		Category total:	**945,973.77**
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$20/hr	$720
Community Inpatient	3	$600-$800/day	$70,560
Outpatient - Partial Hospitalization	0	0	0
Housing Services	2	$108-$168.59/day	$83,858.12
Intensive Community Support Services	0	0	0
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	1	$72.74-291.61/unit of service	$5,232
Prevention	2	$6,766.67/month - $9,500/year	$91,623
Individual Professional Service Contracts	1	$60/hour	$693.40

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: D-WCCMHA

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	19	52.95 - 450 per encounter	6663630
Community Inpatient	35	500 - 695 per diem	43435795
Outpatient - Partial Hospitalization	7	200 - 275 perdiem	451769
Housing Services	377	12 - 300 per diem	47939282
Intensive Community Support Services	19	10.63 per 15 min	11774682
Targeted Support Service Models	20	10 - 95 per diem	19646784
Rehabilitation Services	15	4 - 120 per encounter	1486583
Mental Health Clinic	40	15.87 - 148 per encounter	34421338
Prevention	8	54.37	1225065.5
Individual Professional Service Contracts	21	21.53 - 116 per encounter	309105
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	20	80 - 165 all	1400000
Emergency Services	11	52.95 - 450	146615
Crisis Stabilization	4		0
Community Inpatient	22	533 - 650 per diem	1494669
Support and Service Coordination	18	$368 per hour	15345050.91
Community Living	135	10 - 600.00 per diem	112589064
Housing Assistance	6	varies	3735769
Skill-Building Assistance	46	2.25 - 8.36 per 15 minutes	22814154
Family Support	28	60 - 165 per hour	92774.91
Enhanced Health Care	12	28 - 200	4353604.98
Assistance for Challenging Behaviors	15	25 - 250	1080254
Individual Professional Service Contracts	22	10 - 1,000	1546131
Prevention	3	Net Cost	602399
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	9	52.95 - 600 per encounter	774,702
Community Inpatient	8	300 - 550 per diem	4,225,352
Outpatient - Partial Hospitalization	2	275 per diem	700,136
Housing Services	5	12 - 125 per diem	4,154,840
Intensive Community Support Services	11	45 - 183 per encounter	6,382,269
Targeted Support Service Models	11	10 - 95 per encounter	2,963,497
Rehabilitation Services	3	4 -120 per encounter	74,924
Mental Health Clinic	16	15.87-123.60 per encounter	10,273,225
Prevention	8	54.37	1,235,065
Individual Professional Service Contracts	8	21.53 - 116.00 per encounter	10,000

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

-EXCLUDING STATE PROVIDED SERVICES-

CONTRACT'08.XLS

CMHSP: Genesee County CMH

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	3	$0.18 / call - $140.00 / Assessement	1,331,951
Community Inpatient	10	$500.00 - $760.00 / day	5,164,425
Outpatient - Partial Hospitalization	1	$275.00 / day	175,616
Housing Services	22	$250.00/day - $625.00/month	320,000
Intensive Community Support Services	2	$40.00 / 15 minutes	2,244,053
Targeted Support Service Models	4	$43.00 / 15 minutes	5,171,244
Rehabilitation Services	1	$8333/month	100,000
Mental Health Clinic	5	$10.00 - $120.00 / service	340,170
Prevention	0	-	0
Individual Professional Service Contracts	10	$40.80 - $102.00	148,159
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Children=s Waiver	4	$3.03 - $7.99 / 15 minutes	348,823
Emergency Services	3	$0.18 / call - $140.00 / Assessement	44,919
Crisis Stabilization	1	$144.33/enc	14,700
Community Inpatient	1	$500.00 - $760.00 / day	130,481
Support and Service Coordination	3	$45.00 / 15 minutes	185,721
Community Living	5	$3.55 / 15 minutes	1,568,458
Housing Assistance	0	-	0
Skill-Building Assistance	9	$2.27 / 15 minutes	4,410,321
Family Support	0	-	0
Enhanced Health Care	6	$27.16/hr - $13,000 Environ. Mod	61,989
Assistance for Challenging Behaviors	0	-	0
Individual Professional Service Contracts	10	$40.80 - $102.00	296,318
Prevention	0	-	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	3	$0.18 / call - $140.00 / Assessement	236,353
Community Inpatient	3	$500.00 - $760.00 / day	568,137
Outpatient - Partial Hospitalization	1	$275.00 / day	207,350
Housing Services	5	$525.00 - 625.00/month	5,000
Intensive Community Support Services	1	$45.00 / 15 minute - $150.00 / encounter	712,514
Targeted Support Service Models	3	$43.43 / 15 minutes	938,310
Rehabilitation Services	0	-	0
Mental Health Clinic	6	$10.00 - $120.00 / service	124,646
Prevention	0	-	0
Individual Professional Service Contracts	10	$40.80 - $102.00	9,162

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Gogebic County CMHSP

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$4 per call	$3,000
Community Inpatient	2	$540 - $600 per Day	$75,000
Outpatient - Partial Hospitalization	0		
Housing Services	0		
Intensive Community Support Services	0		
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	1	$25 Per Hour	$25,000
Prevention			
Individual Professional Service Contracts	1	$150 Per Hour	$60,000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1	$11.00 Per Hour	$30,463
Emergency Services	1	$4.00 per call	$3,000
Crisis Stabilization	0		
Community Inpatient			
Support and Service Coordination	0		
Community Living	4	$103, 183, 292 Per Day	$183,435
Housing Assistance	0		
Skill-Building Assistance	1	$16,086 Per Month	$193,036
Family Support	0		
Enhanced Health Care	0		
Assistance for Challenging Behaviors	0		
Individual Professional Service Contracts	1	$500 Per Month	$6,000
Prevention	0		
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$4.00 per call	$3,000
Community Inpatient	1	$540 - $600/per day	$25,000
Outpatient - Partial Hospitalization	0		
Housing Services	0		
Intensive Community Support Services	0		
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	0		
Prevention	0		
Individual Professional Service Contracts	1	$150/per hour	$83,500

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Gratiot

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	4	$630 - $1030/day	$120,00
Outpatient - Partial Hospitalization	1	$491/day	$40,000
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	6	$120 - $200/day	$190,000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	$14.55 - 25.65/hr	$100,000
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination			
Community Living	2	$9 - $13.33/hr	$560,000
Housing Assistance			
Skill-Building Assistance	1	$36.73 - $64.84/hr	$360,000
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors	1	$97.50/hr	$36,000
Individual Professional Service Contracts	5	$35 - $150/hr	$78,000
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	2	$760 - 1030/day	$46,000
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention	1	$50/quarter hr	$19,000
Individual Professional Service Contracts	3	$25 - $120/hr	$70,000

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: HIAWATHA CMHSP

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$4,000 Qtr	16000
Community Inpatient	1	$600 day	57637
Outpatient - Partial Hospitalization			
Housing Services	12	30.00 - 201.90 Day	3048363
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	13	30.00 - 136.50 HR	537983
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services	1	$4,000 Qtr	16000
Crisis Stabilization			
Community Inpatient	1	$600 day	57637
Support and Service Coordination			
Community Living			
Housing Assistance	12	30.00 - 201.90 Day	3048363
Skill-Building Assistance	2		585481
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	26	8.30 - 136.50 Hr	505955
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$4,000 Qtr	16000
Community Inpatient			
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	1	150 hr	93133

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: HURON BEHAVIORAL HEALTH

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	3	45/contact;1875/month;13.50/over call	26,000
Community Inpatient	8	575-875/diem;45-145/unit	229,000
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services	1	Actual Cost	142,000
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	16	27.50-67.50/session;30-175/hr;160/eval.	637,737
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services		See Adult MI	
Crisis Stabilization			
Community Inpatient		See Adult MI	
Support and Service Coordination	1	100/facilitation	1,000
Community Living	6	12.24-134/day;2.75/trip	343,218
Housing Assistance			
Skill-Building Assistance	2	3500/year;2.99-9.00/unit	678,068
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	12	70-192/assmt;40-172/hr;15/ck;100/mo	290,525
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services		See Adult MI	
Community Inpatient		See Adult MI	
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	7	27.50-67.50/session;6-172/hr.	88132

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Ionia Co. CMH

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$1,452.98/mo	$12,390.00
Community Inpatient	4	$603.00-$760.00/day	$131,000.00
Outpatient - Partial Hospitalization	3	$284.00-$307.00/day	$0.00
Housing Services	0	0	0
Intensive Community Support Services	1	$15.01/hour	$55,000.00
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	3	All	$223,000.00
Prevention	0	0	0
Individual Professional Service Contracts	1	All	$2,000.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	4	All	$33,800.00
Emergency Services	1	$1,452.98/mo	$2,655
Crisis Stabilization	0	0	0
Community Inpatient	1	$760.00/day	$2,500.00
Support and Service Coordination	1	All	$9,000.00
Community Living	6	$11.05-$20.00/hour	$422,701.00
Housing Assistance	0	0	0
Skill-Building Assistance	2	All	$33,000.00
Family Support	0	0	0
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	7	All	$58,650.00
Prevention	0	0	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$1,452.98/mo	$2,655
Community Inpatient	2	$687.00-$760.00/day	$24,900.00
Outpatient - Partial Hospitalization	2	$284.00-$307.00/day	$0.00
Housing Services	0	0	0
Intensive Community Support Services	1	$13.48/hour	$48,000.00
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	2	$140.00-$155.00/hour	$145,250.00
Prevention	0	0	0
Individual Professional Service Contracts	0	0	0

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Kalamazoo

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$21.68 per 15 min	669,197
Community Inpatient	12	$575 - $760 per day	1,764,593
Outpatient - Partial Hospitalization	4	$259 - $325 per day	0
Housing Services	18	$22 - $276 per day	5,578,657
Intensive Community Support Services	2	$24.50 per day	2,416,626
Targeted Support Service Models	5	$9.00 - $17.25 per day	3,853,054
Rehabilitation Services	2	$49.52 per day - $125,197 (net cost)	799,455
Mental Health Clinic	4	$60.83 - $150 per event	0
Prevention	4	$0 rate inclusive of $9.00 - $24.50 per day	410,000
Individual Professional Service Contracts	31	$30.00 per session - $150.00 event	836,919
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	16	Children's Waiver screens	148,244
Emergency Services	1	$21.68 per 15 min	1,821
Crisis Stabilization	1	$21.68 per 15 min	67,500
Community Inpatient	11	$575 - $760 per day	0
Support and Service Coordination	4	$9.14 - $10.00 per day	363,908
Community Living	14	15 min	12,498,855
Housing Assistance	5	$118 - $195 per month	10,296
Skill-Building Assistance	3	$1.87-$4.73 per 15 min	3,130,264
Family Support	7	$75 event	244,458
Enhanced Health Care	0	0	124,801
Assistance for Challenging Behaviors	3	hour, net cost $53,342	0
Individual Professional Service Contracts	21	$30 per session - $150 event	8,999
Prevention	0	0	10,693
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	2	$21.68 15 min., $285 per day	214,444
Community Inpatient	3	$643 - $760 per day	240,270
Outpatient - Partial Hospitalization	3	$268 - $298 per day	32,797
Housing Services	7	$1.75 - $8.45 per 15 min	640,772
Intensive Community Support Services	1	$8.45 per 15 min	411,764
Targeted Support Service Models	4	$8.14 per 15 min, $9.14 - $10.00 per day	336,885
Rehabilitation Services	7	$12.36 per 15 min. - $124.00 event	40,236
Mental Health Clinic	0	0	0
Prevention	1	$20,000 net cost	177,928
Individual Professional Service Contracts	28	$30.00 per session - $150.00 event	215,778

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: NETWORK180 (Kent County CMH Authority)

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	Annual amount	895,904
Community Inpatient	11	$508 - $735 per day	8,039,801
Outpatient - Partial Hospitalization	2	$268 - $298 per day	281,000
Housing Services	5	$5 - $300 per day	9,760,652
Intensive Community Support Services	1	Annual amount	67,056
Targeted Support Service Models	6	$32 - $900	10,547,123
Rehabilitation Services	3	All	2,913,273
Mental Health Clinic	7	$32 - $180 per encounter	1,580,775
Prevention	1		5,000
Individual Professional Service Contracts	2		5,000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1		916,000
Emergency Services			
Crisis Stabilization	4	$229 - $305 per day	626,190
Community Inpatient			
Support and Service Coordination	5	$148 - $528 per case rate	4,771,687
Community Living	7	$4.55 - $371 per day	25,993,368
Housing Assistance	4	$36 - $234 per day	2,480,505
Skill-Building Assistance	2	$2.24 - $695 per case rate	8,017,430
Family Support	1	$57.20 per unit	534,000
Enhanced Health Care	4	$19 - $325 per encounter	1,866,303
Assistance for Challenging Behaviors	1	$2.40 - $4.50 per unit	292,920
Individual Professional Service Contracts	1	per contract	30,000
Prevention	1	$139,021 annually	139,021
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	2	$687 - $760 per day	773,000
Outpatient - Partial Hospitalization	2	$284 - $307 per day	89,000
Housing Services	2	$84 - $317 per day	1,024,000
Intensive Community Support Services	4	$382 - $704 per month	2,934,000
Targeted Support Service Models	6	$27,000 to $100,000 annual	362,000
Rehabilitation Services			
Mental Health Clinic	6	$33 - $258 per encounter	452,000
Prevention	5	$8,333 - $14,951 per month	1,439,000
Individual Professional Service Contracts	6	$33 - $450 per encounter	99,000

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: LAPEER

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	5	$495 to $615 per day	$684,000.00
Outpatient - Partial Hospitalization	1	$275 per day	$1,375
Housing Services	32	$18.69 to $297.73 per day	$741,356
Intensive Community Support Services	16	$37.68 per day	$180,616
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	2	$40 to $201.61 per unit of service	$58,000
Prevention			
Individual Professional Service Contracts	21	$21.98 per service unit to $125 per hour	$681,184
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination			
Community Living	18	$37.68 per day	$180,616
Housing Assistance	90	$11.20 to $144.08 per day	$3,083,553
Skill-Building Assistance	3	$1.35 to $3.73 per 15 min. unit	$982,618
Family Support	6	$5.50 to $16.00 per hour	$269,376
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	6	$21.98 per service unit to $125 per hour	$180,754
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	2	$495 to $600 per day	$216,000
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services	1	$109,000 per year	$109,000
Targeted Support Service Models	6	$5.50 to $16.00 per hour	$169,633
Rehabilitation Services			
Mental Health Clinic			
Prevention	1	$100 per unit to $500 per training	$2,000
Individual Professional Service Contracts	5	$21.98 per service unit to $125 per hour	$124,285

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Lenawee

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	Actual Phone line fees	93
Community Inpatient	3	$590 - $630 per day	627,267
Outpatient - Partial Hospitalization			
Housing Services	3	$65 - $155 +	625,402
Intensive Community Support Services			
Targeted Support Service Models	1	$3 - $4 per 15 min	426,579
Rehabilitation Services	1	$5.40 per 15 min	72,000
Mental Health Clinic	6	$75 - $125	528,900
Prevention			
Individual Professional Service Contracts	7	$67 - $150 per hr	351,080
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1	$7 - $8 per 15 min	36,000
Emergency Services	1	Actual Phone line fees	93
Crisis Stabilization			
Community Inpatient	2	$590 - $630	10,458
Support and Service Coordination			
Community Living	2	$3 - $4 per 15 min	588,676
Housing Assistance	4	$65 - $155 +	4,042,925
Skill-Building Assistance	2	$2.32 - $3.04	930,000
Family Support			
Enhanced Health Care	1	$7 - $8 per 15 min	38,400
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	8	$67 - $150 per hr	195,790
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	Actual Phone line fees	93
Community Inpatient	1	$550 per day	12,275
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services	1	$22.50 per 15 min	140,000
Targeted Support Service Models	1	$3.75 per 15 min	170,000
Rehabilitation Services			
Mental Health Clinic	5	$75 per hr	63,300
Prevention			
Individual Professional Service Contracts	5	$75 - $150 per hr	172,290

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: LifeWays

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	3	Fixed Budget	738,728.04
Community Inpatient	10	$510.00-$687.00	2,490,352.15
Outpatient - Partial Hospitalization	1	$312.50	86,328.19
Housing Services	12	$3.65-$254.00	2,212,980.92
Intensive Community Support Services	5	$33.50-$44.00	3,402,417.74
Targeted Support Service Models	18	$1.75-$56.50	1,182,756.11
Rehabilitation Services	3	$2.00-$4.50	577,081.60
Mental Health Clinic	12	$18.00-$142.08	2,185,550.32
Prevention	1	Fixed Budget	740.00
Individual Professional Service Contracts	7	$118.00- $145.20	1,145,250.23
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	Fixed Budget	211,346.45
Emergency Services	3	Fixed Budget	38,126.73
Crisis Stabilization	1	Fixed Budget & $245.00	35,944.08
Community Inpatient	0	$510.00-$687.00	242,168.75
Support and Service Coordination	7	$3.65- $142.38	2,148,750.72
Community Living	10	Market Value $4.26	10,694,922.14
Housing Assistance	0	-	0
Skill-Building Assistance	12	$4.16-$104.16	1,288,065.52
Family Support	6	$1.75-$342.14	136,479.43
Enhanced Health Care	0	-	0
Assistance for Challenging Behaviors	1	$26.00	6,579.32
Individual Professional Service Contracts	7	$118.00- $145.20	173,242.60
Prevention	0	-	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	3	Fixed Budget	224,117.95
Community Inpatient	3	$550.00-$687.00	420,386.52
Outpatient - Partial Hospitalization	0	-	0
Housing Services	7	$3.65-$245.00	215,106.92
Intensive Community Support Services	2	Fixed Budget and $44.00	1,112,468.78
Targeted Support Service Models	6	$1.75- $342.14	81,787.75
Rehabilitation Services	0	-	0
Mental Health Clinic	8	$23.73-$186.84	321,523.91
Prevention	1	$10.00	960.00
Individual Professional Service Contracts	2	$138-$145.20	203,051.64

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Livingston

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	WCHO provides night phone ES for Affiliat.	
Community Inpatient	3	550-707	1108294
Outpatient - Partial Hospitalization	0		
Housing Services	1	NA	153464
Intensive Community Support Services	0		
Targeted Support Service Models	0		
Rehabilitation Services	1	NA	26730
Mental Health Clinic	0		
Prevention	0		
Individual Professional Service Contracts	4	65-103	407622
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	0		
Emergency Services	1	WCHO provides night phone ES for Affiliat.	
Crisis Stabilization	0		
Community Inpatient	3	550-707	0
Support and Service Coordination	0		
Community Living	11	3.80 per 15 minutes	2755402
Housing Assistance	0		
Skill-Building Assistance	4	1.72-4.95 per 15 minutes	
Family Support	0		
Enhanced Health Care	0		
Assistance for Challenging Behaviors	1	NA	5000
Individual Professional Service Contracts	10	45-68	197230
Prevention	0		
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	WCHO provides night phone ES for Affiliat.	
Community Inpatient	1	550-707	277362
Outpatient - Partial Hospitalization	0		
Housing Services	0		
Intensive Community Support Services	0		
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	0		
Prevention	0		
Individual Professional Service Contracts	5	30-67	161527

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Macomb County Community Mental Health

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	Fee For Service, various units	$564,940
Community Inpatient	7	$410-664$ per day	$9,913,730
Outpatient - Partial Hospitalization	11	135-275 per Day	$485,223
Housing Services	50	17.25-239.37	$17,477,304
Intensive Community Support Services			
Targeted Support Service Models	4	Fee For Service, various units	$1,252,664
Rehabilitation Services	4	various units	$527,891
Mental Health Clinic	11	12-188.21 per procedure	$2,049,301
Prevention			
Individual Professional Service Contracts	57	27.62-140.07 per Hour	$2,840,842
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Children=s Waiver	22	Fee For Service, various units	$2,915,977
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination	4	Fee For Service, various units	$4,785,634
Community Living	25	Fee For Service, various units	$24,444,430
Housing Assistance	13	19.31-360.92 per Day	$28,529,488
Skill-Building Assistance	6	1.37-8.00 per 1/4 hour	$13,048,223
Family Support	3	10.95-19.40 per 1/4 Hour	$87,258
Enhanced Health Care	18	Fee For Service, various units	$1,319,425
Assistance for Challenging Behaviors	5	160.05-218.25 per Encounter	$177,228
Individual Professional Service Contracts	13	27.62-140.07 per Hour	$272,431
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	4	409.34-825 per Day	$1,439,429
Outpatient - Partial Hospitalization	4	135.80-250.00 per Day	$136,301
Housing Services	3	160.05-291-00 per Day	$1,042,620
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	11	14.55-214.00 per Procedure	$1,465,064
Prevention			
Individual Professional Service Contracts	41	27.62-140.07 per Hour	$461,907

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Manistee-Benzie C.M.H.

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$1925 Per Month	$23,100
Community Inpatient	6	$603 to $760	$220,000
Outpatient - Partial Hospitalization	0		
Housing Services	0		
Intensive Community Support Services	0		
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	0		
Prevention	1	$9.00 per hour	$22,750
Individual Professional Service Contracts	4	$60 to $135	$172,254
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	$15.00 per hour	$102,375
Emergency Services	1	$1925 Per Month	included in Adult
Crisis Stabilization	0		
Community Inpatient	6	$603 to $760	0
Support and Service Coordination	1	All	$2,500
Community Living	35	$9.00 per hour to $16.00 per hour	$3,564,217
Housing Assistance	0		
Skill-Building Assistance	0		
Family Support	0		
Enhanced Health Care	0		
Assistance for Challenging Behaviors	0		
Individual Professional Service Contracts	2	$60 to $75	$25,000
Prevention	0		
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$1925 Per Month	included in Adult
Community Inpatient	2	$687 to $760	$60,000
Outpatient - Partial Hospitalization	0		
Housing Services	0		
Intensive Community Support Services	0		
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	1	All	$16,900
Prevention	0		
Individual Professional Service Contracts	2	$60 to $135	$83,099

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Monroe CMH Authority

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	0	WCHO Admin Contract	0
Community Inpatient	1	$650.00 Per Day - All Inclusive	$869,718.00
Outpatient - Partial Hospitalization	0	0	0
Housing Services	0	0	0
Intensive Community Support Services	0	0	0
Targeted Support Service Models	0	0	0
Rehabilitation Services	1	$34,505 Per Payment 2 Times Per Year	$69,010.00
Mental Health Clinic	2	Varies	$175,000.00
Prevention	0	0	0
Individual Professional Service Contracts	1	$110.00 Per Hour	$95,682.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	9	$12.44 - $46.00 Per Hour	$236,318.80
Emergency Services	0	WCHO Admin Contract	0
Crisis Stabilization	0	0	0
Community Inpatient	0	0	0
Support and Service Coordination	1	$16.25 Per 15 Minutes	$14,290.84
Community Living	16	$12.68-$15.28/Hr / $37.05-$237.56/Day	$8,418,009.54
Housing Assistance	0	0	0
Skill-Building Assistance	3	$9.28 - $14.60 Per Hour	$1,511,425.29
Family Support	11	$12.50 - $31.95 Hr / $69.61 Day	$278,327.72
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	0	0	$0.00
Prevention	1	$8,811.42 Per Month	$26,434.26
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	0	WCHO Admin Contract	0
Community Inpatient	0	0	0
Outpatient - Partial Hospitalization	0	0	0
Housing Services	0	0	0
Intensive Community Support Services	0	0	0
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	0	0	0
Prevention	0	0	0
Individual Professional Service Contracts	1	$135.00 Per Hour	$165,172.00

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: The Montcalm Center for Behavioral Health

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$1,453/month, all populations	$17,436
Community Inpatient	4	$603-$803/day	$447,848
Outpatient - Partial Hospitalization	2	$292-$326/Day	$8,652
Housing Services	1	$275/day (crisis residential)	$16,500
Intensive Community Support Services	6	$16/hour	$150,138
Targeted Support Service Models	2	$16/hour,	$15,000
Rehabilitation Services	1	$12,000/year ; $3,500/month	$54,000
Mental Health Clinic	0	0	0
Prevention	1	$45/hour	$5,000
Individual Professional Service Contracts	7	$80-$265/event; $85-$151/hour	$134,600
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	0	0	0
Emergency Services	1	$1,453/month, all populations	$17,436
Crisis Stabilization	0	0	0
Community Inpatient	1	$774/day	$22,000
Support and Service Coordination	1	$41/hour	$3,000
Community Living	12	$2-$5.50/15 min unit	$2,144,494
Housing Assistance	0	0	0
Skill-Building Assistance	1	$2.43-$6.34/15 min unit	$140,000
Family Support	2	$11-$16/hour	$92,270
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	1	$100/hour	$7,000
Individual Professional Service Contracts	7	$80-$265/event; $85- $151/hour	$134,600
Prevention	0	0	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$1,453/month, all populations	$17,436
Community Inpatient	2	$707-$803/DAY	$126,820
Outpatient - Partial Hospitalization	2	$292-$326/Day	$6,180
Housing Services	0	0	0
Intensive Community Support Services	2	$11-$16/hour	$159,730
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	1	$151/hour	$45,000
Prevention	1	$45/hour	$5,000
Individual Professional Service Contracts	6	$80-$265/event; $85/hour	$86,600

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Muskegon

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	1,500 per month	43,700
Community Inpatient	11	575 - 760 per day	1,204,000
Outpatient - Partial Hospitalization	4	259 - 351 per day	28,500
Housing Services	0		
Intensive Community Support Services	29	All	1,939,000
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	3	All	67,050
Prevention	0		
Individual Professional Service Contracts	9	53.87 - 114.40 hour	799,683
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	9	All	300,000
Emergency Services	1	Included In Adult MI Above	
Crisis Stabilization	0		
Community Inpatient	0		
Support and Service Coordination	1	40.37 per 15 min	30,000
Community Living	47	All	8,119,000
Housing Assistance	0		
Skill-Building Assistance	4	1.42 - 3.05 per 15 min	5,358,000
Family Support	0		
Enhanced Health Care	3	All	256,000
Assistance for Challenging Behaviors	1	All	43,000
Individual Professional Service Contracts	4	Included In Adult MI Above	
Prevention	0		
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	Included In Adult MI Above	
Community Inpatient	2	Included In Adult MI Above	
Outpatient - Partial Hospitalization	2	Included In Adult MI Above	
Housing Services	0		
Intensive Community Support Services	1	79.74 - 159.48 per diem	70,000
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	3	Included In Adult MI Above	
Prevention	0		
Individual Professional Service Contracts	3	Included In Adult MI Above	

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Newago

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	4	$603-732	
Outpatient - Partial Hospitalization	2	$284-307	
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services	1	$25 - 37	
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	3	$50 - 135	
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1	$3.56 - 14.48	
Emergency Services			
Crisis Stabilization			
Community Inpatient	5	$603 - 732	
Support and Service Coordination			
Community Living	1	$17.75	
Housing Assistance			
Skill-Building Assistance	1	$25 - 37.00	
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	3	$50 - 135	
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	3	$687-760	
Outpatient - Partial Hospitalization	2	$284 - 307	
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	2	$75 - 135.00	

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: North Country CMHSP

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	5	$9.50-26.66/hr, $400-575/trip, $5,769/mo.	$104,265
Community Inpatient	14	$500-$875 per day	$1,038,432
Outpatient - Partial Hospitalization	7	$215-$360 per day	$2,160
Housing Services	14	$16.31-$276.45 per day	$738,440
Intensive Community Support Services			
Targeted Support Service Models	1	$150 per unit	$21,590
Rehabilitation Services	3	$9,760/mo, $1.81-$2.50/unit	$125,496
Mental Health Clinic			
Prevention	3	$35 per hour	$18,733
Individual Professional Service Contracts	12	$20-120/hr, $100/visit	$145,343
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services	5	$9.50-26.66/hr, $400-575/trip, $5,769/mo.	Included Above
Crisis Stabilization			
Community Inpatient	14	$500-$875 per day	$86,685
Support and Service Coordination	1	$190.91 per unit	$8,400
Community Living	42	$13.35-$17.00/hr, $16.31-$325.00/day	$10,556,343
Housing Assistance			
Skill-Building Assistance	9	$2.33-$16.00 per unit	$2,526,261
Family Support	1	$2.65 per hour	$12,000
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	15	$25-$120 per hour	$134,329.00
Prevention	3	$35 per hour	$18,733
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	5	$9.50-26.66/hr, $400-575/trip, $5,769/mo.	Included Above
Community Inpatient	3	$525-$803 per day	$206,509
Outpatient - Partial Hospitalization			
Housing Services	3	$37-$253.87 per day	$274,060
Intensive Community Support Services	1	$7,625 per client	$381,250
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention	4	$35-$50 per hour	$36,608
Individual Professional Service Contracts	5	$75-$120 per hour	$141,331

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Northeast Michigan Community Mental Health Authority

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	0	0	0
Community Inpatient	0	0	0
Outpatient - Partial Hospitalization	0	0	0
Housing Services	15	34.00 -300.00	950,000
Intensive Community Support Services	0	0	0
Targeted Support Service Models	7	2.81 - 55.00	55,000
Rehabilitation Services	2	5.00 - 8.21	44,475
Mental Health Clinic	6	72.16 - 246.00	9500
Prevention	0	0	0
Individual Professional Service Contracts	2	80.00 - 85.00 per hour	3500
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	0	0	0
Emergency Services	0	0	0
Crisis Stabilization	0	0	0
Community Inpatient	0	0	0
Support and Service Coordination	4	16.25 - 82.50	14,000
Community Living	3	2.98 (15min) - 40.80 (transportation)	240,000
Housing Assistance	27	20.00 - 418.00	1,950,000
Skill-Building Assistance	5	2.98 - 8.08	990,000
Family Support	0	0	0
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	12	25.00 - 90.00	137,000
Prevention	0	0	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	0	0	0
Community Inpatient	0	0	0
Outpatient - Partial Hospitalization	0	0	0
Housing Services	1	15.00 per day	5500
Intensive Community Support Services	0	0	0
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	0	0	0
Prevention	0	0	0
Individual Professional Service Contracts	1	80.00 per hour	40,500

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Northern Lakes Community Mental Health Authority

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	$10,453/Month or $465/event + mileage	96,926
Community Inpatient	11	$584-$765 per day	2,240,571
Outpatient - Partial Hospitalization	2	$240-$320/day	10,000
Housing Services	8	$13.59-245. per Day or $26,983/month	1,436,628
Intensive Community Support Services	2	$79.70/hour or $4,916/month	33,316
Targeted Support Service Models	6	$75/unit or $65/month	41,357
Rehabilitation Services	1	$4,833/month	57,996
Mental Health Clinic	2	$3.82/15 min	368,000
Prevention	0		
Individual Professional Service Contracts	20	$15.58/15 min-$118.22/hr-$6,193/year	1,102,879
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	$15.58/15 min-$7,163-$10,453/month	286,120
Emergency Services	3	$10,453/Month or $465/event + mileage	6,805
Crisis Stabilization	0		
Community Inpatient	5	$584-$762/day	62,884
Support and Service Coordination	11	$75-$100/event	45,584
Community Living	5	$4.93-$15.58/15 min, $17.85/hour	1,019,368
Housing Assistance	40	$33-$474/day	6,470,603
Skill-Building Assistance	6	$1.53-$4.24/15 min, $4,833/month	2,662,609
Family Support	4	$15.05-$31.52/unit, to $144,000/year	$473,966
Enhanced Health Care	6	$103.41/unit or $24.67/15 min	203,132
Assistance for Challenging Behaviors	0		
Individual Professional Service Contracts	13	$18-$100/hour	$166,193
Prevention	0		
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	2	$4,916-10,453/mo or $465/event + mileage	73,507
Community Inpatient	1	$495/day	26,293
Outpatient - Partial Hospitalization	2	$40-$110/unit	$1,165,027
Housing Services	0		
Intensive Community Support Services	4	$45,000/year	424,109
Targeted Support Service Models	7	$75,000/year	$77,714
Rehabilitation Services	0		
Mental Health Clinic	0		
Prevention	1	$45,000/year	$45,000
Individual Professional Service Contracts	5	$69.13-$125/hour	$333,497

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Northpointe BHS

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$19,000/Year	
Community Inpatient	6	$540 - $948.19/Day	
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services	1	$98/Encounter	
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	2	$95 - $390/Encounter	
Prevention			
Individual Professional Service Contracts	1	$135/Hour	
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services	1	$19,000/Year	
Crisis Stabilization			
Community Inpatient	1	$540/Day	
Support and Service Coordination	1	$80.33/Unit	
Community Living			
Housing Assistance			
Skill-Building Assistance	3	$5.30 - $20/Hour	
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	6	$50 - $175/Hour	
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$19,000/Year	
Community Inpatient	4	$540 - $948.19/Day	
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	4	$95 - $175/Encounter	
Prevention			
Individual Professional Service Contracts	5	$50 - $175/Hour	

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: OCCMHA

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	Net Cost	5,086,269
Community Inpatient	9	$485 - $734	9,460,000
Outpatient - Partial Hospitalization	4	$210 - $220	77,436
Housing Services	5	Net Cost	16,247,025
Intensive Community Support Services	4	Net Cost	7,110,506
Targeted Support Service Models	5	Net Cost	26,623,612
Rehabilitation Services	3	Net Cost	4,455,661
Mental Health Clinic	6	Net Cost	13,778,075
Prevention			
Individual Professional Service Contracts			
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1	Net Cost	1,622,137
Emergency Services	1	Net Cost	26,218
Crisis Stabilization			
Community Inpatient	9	$485 - $734	33,000
Support and Service Coordination	3	Net Cost	9,611,077
Community Living	2	Net Cost	82,372,432
Housing Assistance	3	Net Cost	14,595
Skill-Building Assistance	2	Net Cost	22,600,524
Family Support	2	Net Cost	6,139,101
Enhanced Health Care	2	Net Cost	4,480,072
Assistance for Challenging Behaviors	2	Net Cost	64,550
Individual Professional Service Contracts			
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1		209,743
Community Inpatient	4	$475 - $515	1,518,000
Outpatient - Partial Hospitalization	4	$210	111,140
Housing Services	1	Net Cost	7,015
Intensive Community Support Services	1	Net Cost	3,808,606
Targeted Support Service Models	2	Net Cost	2,097,508
Rehabilitation Services	1	Net Cost	492
Mental Health Clinic	2	Net Cost	3,536,391
Prevention			
Individual Professional Service Contracts			

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Ottawa

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	$255-$286	$51,500
Community Inpatient	11	$584-$798	$869,804
Outpatient - Partial Hospitalization	4	$263-$360	$4,184
Housing Services		Various	$15,000
Intensive Community Support Services	15	Various	$782,501
Targeted Support Service Models	3	Various	$43,462
Rehabilitation Services	2	Various	$95,126
Mental Health Clinic	3	Various	$37,025
Prevention	0	$0	$0
Individual Professional Service Contracts	4	Various	$266,455
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	8	Various	$980,569
Emergency Services	2	$255-$286	$3,300
Crisis Stabilization	0	$0	$0
Community Inpatient	11	$584-$798	$36,802
Support and Service Coordination	3	Various	$24,845
Community Living	45	Various	$8,617,338
Housing Assistance		Various	$2,800
Skill-Building Assistance	3	Various	$2,249,281
Family Support	0	$0	$0
Enhanced Health Care	3	Various	$24,940
Assistance for Challenging Behaviors	0	$0	$0
Individual Professional Service Contracts	2	Various	$28,000
Prevention	0	$0	$0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$300	$2,400
Community Inpatient	2	$687-$798	$94,876
Outpatient - Partial Hospitalization	2	$284-$326	$5,124
Housing Services	0	$0	$0
Intensive Community Support Services	8	Various	$75,500
Targeted Support Service Models	3	Various	$1,360
Rehabilitation Services	0	$0	$0
Mental Health Clinic	3	Various	$88,220
Prevention	0	$0	$0
Individual Professional Service Contracts	1	Various	$122,400

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Pathways

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services			
Community Inpatient	5	$600 to $872 / day	1051374
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models	1	$48.50 / hour	1300
Rehabilitation Services			
Mental Health Clinic	1	$130 / hour	66360
Prevention			
Individual Professional Service Contracts	3	$48.50 to $85 / hour	25000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	5	$12.08 to $57 / hour	148000
Emergency Services			
Crisis Stabilization			
Community Inpatient	5	$600 to $872 / day	12369
Support and Service Coordination			
Community Living	5	$12.36 to $15.76 / hour	890000
Housing Assistance			
Skill-Building Assistance	2	$6.00 to $8.72 / hour	250000
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	7	$28.94 to $130 / hour	45000
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	5	$600 to $872 / day	173168
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	1	$130 / hour	1820
Prevention			
Individual Professional Service Contracts	1	$141 / assessment	2200

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Pines Behavioral Health

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$10.50 per contact	9,234
Community Inpatient	9	$510 - 800 per day	177,190
Outpatient - Partial Hospitalization	0		0
Housing Services	3	$50 - 150	122,000
Intensive Community Support Services	0		0
Targeted Support Service Models	1	$14.12 per hour	19,871
Rehabilitation Services	2	$2.13 - $.40 per quarter hour	151,359
Mental Health Clinic	5	$22 - 105 per hour	$44,500
Prevention	0		0
Individual Professional Service Contracts	5	$20 - 100 hour	$15,540
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	$12 - 140 per hour	58,429
Emergency Services	1	$10.50 per contact	500
Crisis Stabilization	0		0
Community Inpatient	9	$510 - 800	59,582
Support and Service Coordination	0		0
Community Living	2	$2.13 - 14.12	1,034,129
Housing Assistance	7	$25 - 224 per day	2,471,000
Skill-Building Assistance	0		0
Family Support	0		0
Enhanced Health Care	1	Item	6,640
Assistance for Challenging Behaviors	0		0
Individual Professional Service Contracts	4	$20 - 60 per hour	3,690
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$10.50 per contact	1,666
Community Inpatient	2	$700 - 800	25,610
Outpatient - Partial Hospitalization	0		0
Housing Services	0		0
Intensive Community Support Services	0		0
Targeted Support Service Models	0		0
Rehabilitation Services	0		0
Mental Health Clinic	5	$22 - 105	44,590
Prevention	0		0
Individual Professional Service Contracts	2	$30 - 85	2,190

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Saginaw County Community Mental Health Authority

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$124.20 per 15-min - $429.66 per Event	$137,831
Community Inpatient	16	$535 - $762 per day	$2,546,156
Outpatient - Partial Hospitalization			
Housing Services	60	$22.45 per day - $750.50 per month	$161,474
Intensive Community Support Services	1	$25 - $39 per 15 minute	$710,070
Targeted Support Service Models	7	$12.30 per encounter - $76.88 per hr test	$1,427,944
Rehabilitation Services	1	$1.84 per 15 minute	$69,751
Mental Health Clinic	17	$20.50 per event - $76.88 per hour test	$668,733
Prevention	1	$166.44 per Encounter	$2,993
Individual Professional Service Contracts	2	$19.31 per 15 minute-$95.02 per hr testing	$39,692
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	11	$3.56 / 15 minute - $95.02 per hour testing	$425,850
Emergency Services	1	$124.20 per 15-min - $429.66 per Event	$2,748
Crisis Stabilization			
Community Inpatient	6	$625 - $7.60 per day	$115,422
Support and Service Coordination	3	$32.67 - $40 per 15 minute	$72,427
Community Living	87	$3.62 per 15 minute - $250 pe day	$7,588,935
Housing Assistance	7	$22.45 per day - $750.50 per month	$6,721
Skill-Building Assistance	7	$1.72 - $2.95 per 15 minute	$561,965
Family Support			
Enhanced Health Care	11	$8.80 per 15 minute - $95.02 per hr testing	$107,178
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	2	$19.31 per 15 minute-$95.02 per hr testing	$403,009
Prevention	1	$166.44 per Encounter	$3,065
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$124.20 per 15-min - $429.66 per Event	$8,994
Community Inpatient	5	$625 - $7.60 per day	$179,532
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services	1	$91 per day	$54,742
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic	6	$20.50 per event - $76.88 per hour test	$165,539
Prevention	1	$166.44 per Encounter	$93,223
Individual Professional Service Contracts	1	$3.35 per 15 min	$106,566

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Sanilac

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	$29.07-238.38 per day	65,163.66
Community Inpatient	6	$570-762 per day	338,949.75
Outpatient - Partial Hospitalization			
Housing Services	14	$1.17-221.29 per day	564,179.86
Intensive Community Support Services			
Targeted Support Service Models	1	varies	18,000
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	6	$51-145 per hour	653,000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver			
Emergency Services			
Crisis Stabilization	1	$341.17	1,023.51
Community Inpatient			
Support and Service Coordination			
Community Living	38	$1.17-234.60 per day	3,328,463.43
Housing Assistance			
Skill-Building Assistance	3	$1.98-43.57	35,065
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	6	$40-145 per hour	311,220
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services			
Community Inpatient	1	$550 inpt, $230 pt hosp	22,683.53
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts			

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Shiawassee County CMH Authority

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	varies	$10,000.00
Community Inpatient	3	$703-803 per day	$586,325.00
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	3	$45-132 per hour	$218,268.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	4	$6.79-7.99 per hour	$107,441.71
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination	1	$45 per hour	$7,404.00
Community Living	4	$3.00-132.16 per unit	$2,491,198.96
Housing Assistance			
Skill-Building Assistance	1	$3.37 per unit	$90,000.00
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	4	$22-26 per hour/$60 per session	$147,040.00
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$774 per day	$36,600.00
Community Inpatient			
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention	1	varies	$75,000.00
Individual Professional Service Contracts	2	$120-1200	$86,760.00

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: St. Clair County Community Mental Health

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$8,986.25 per month	$107,835
Community Inpatient	15	$495 - $800 per day	$2,156,300
Outpatient - Partial Hospitalization	2	$204 - $300 per day	$49,900
Housing Services	5	$11.93 - $43.00 per day	$30,028
Intensive Community Support Services	1	$2.52 per 15 minutes	$170,789
Targeted Support Service Models	2	$4.57 - $25.50 per 15 minutes	$10,900
Rehabilitation Services	4	$1.23 per 15 minutes - $95.44 per session	$873,237
Mental Health Clinic	3	PCC, CHR, & NorServ	$1,067,775
Prevention	0	0	0
Individual Professional Service Contracts	1	$94.56 per hour	$125,000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	2	$3.57 - $3.69 per 15 minutes	$120,000
Emergency Services	1	(Included under Adults with MI)	0
Crisis Stabilization	0	0	0
Community Inpatient	0	0	0
Support and Service Coordination	1	$35.52 per 15 minutes	$46,173
Community Living	3	$2.02 - $4.57 per 15 minutes	$1,470,986
Housing Assistance	0	0	0
Skill-Building Assistance	1	$2.17 per 15 minutes	$2,717,937
Family Support	3	$40.00 - $237.00 per day	$10,000
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	1	$16,023 per month	$192,276
Prevention	0		0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	(Included under Adults with MI)	0
Community Inpatient	4	$495 - $650 per day	$236,600
Outpatient - Partial Hospitalization	2	$300 per day	$21,800
Housing Services	0	0	0
Intensive Community Support Services	0	0	0
Targeted Support Service Models	3	$40.00 - $237.50 oer day	$8,500
Rehabilitation Services	0	0	0
Mental Health Clinic	3	$17.53 - $146.25 per 15 minutes	$1,030,072
Prevention	1	$122.18 per session	$104,000
Individual Professional Service Contracts	1	$20,524 per month	$246,288

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: St. Joseph County

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$10.30 per call	
Community Inpatient	14	$594.00 - $760.00 per diem	
Outpatient - Partial Hospitalization	5	$259.00 - $307.00 per diem	
Housing Services	0	0	
Intensive Community Support Services	11	$164.00 - $$276.45 per diem	
Targeted Support Service Models	0	0	
Rehabilitation Services	2	$8.52/hour - $49.52/per diem	
Mental Health Clinic	0	0	
Prevention	0	0	
Individual Professional Service Contracts	4	$5.00/month - $130.00/hour	
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	0	0	
Emergency Services	1	see above	
Crisis Stabilization	0	0	
Community Inpatient	14	see above	
Support and Service Coordination	1	$95.00/contact	
Community Living	5	$6.00/hour - $20.00/hour	
Housing Assistance	0	0	
Skill-Building Assistance	2	$8.90/hour - $15.00/hour	
Family Support	0	0	
Enhanced Health Care	0	0	
Assistance for Challenging Behaviors	0	0	
Individual Professional Service Contracts	5	$5.00/month - $130.00/hour	
Prevention	0	0	
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	see above	
Community Inpatient	3	$667.00 - $760.00 per diem	
Outpatient - Partial Hospitalization	4	$268.00 - $307.00 per diem	
Housing Services	0	0	
Intensive Community Support Services	1	$20.00/hour	
Targeted Support Service Models	0	0	
Rehabilitation Services	0	0	
Mental Health Clinic	0	0	
Prevention	0	0	
Individual Professional Service Contracts	3	$100.00/hour - $130.00/hour	

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: SUMMIT POINTE

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	2	$.46-$10.50/Call	$96,000
Community Inpatient	9	$560-$760/Day	$1,533,178
Outpatient - Partial Hospitalization	4	$284-$342.86/Day	$2,011
Housing Services	26	$14/Hr;$276.45/Day	$1,543,689
Intensive Community Support Services	1	They Pay Us	0
Targeted Support Service Models	5	$2.47-70.95/15 Min;$18.75/Hr	$13,973
Rehabilitation Services	3	Varies by Service	$256,488
Mental Health Clinic	42	$20-$108/Hr; $275/Day/$130/Eval	$2,378,891
Prevention	9	Varies by Service	$257,990
Individual Professional Service Contracts	5	Varies by Service	$129,502
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	3	$1.85/15 Min-$29.30/Hr	$31,008
Emergency Services	1	$10.50/Call -+Cost Above	0
Crisis Stabilization	0	0	0
Community Inpatient	2	$661-$760/Day-+Cost Above	0
Support and Service Coordination	8	$26/Hr-$200/Hr; $238/Mon	$599,906
Community Living	18	$1.56-$12.85/15 Min	$2,595,259
Housing Assistance	0	0	0
Skill-Building Assistance	3	$2.34-$12.85/15 Min;$20,000/Yr	$253,285
Family Support	3	Varies by Service-+Cost Above	$331,422
Enhanced Health Care	12	$20-$50/Hr;$130/Eval-+Cost Above	0
Assistance for Challenging Behaviors	2	$90/Hr-$100/Report-+Cost Above	0
Individual Professional Service Contracts	5	$35/Enc-$8400/Mon-+Cost Above	0
Prevention	8	Varies by Service-+Cost Above	$16,884
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$10.50/Call -+Cost Above	0
Community Inpatient	2	$687-$760/Day-+Cost Above	0
Outpatient - Partial Hospitalization	2	$284-$307/Day-+Cost Above	0
Housing Services	1	$275/Day	$18,975
Intensive Community Support Services	3	$120/Hr-+Cost Above	$687,305
Targeted Support Service Models	11	$18.26-$200/Hr-+Cost Above	$183,056
Rehabilitation Services	0	0	0
Mental Health Clinic	33	$20-$108/Hr-+Cost Above	$34,454
Prevention	18	$23.43-$45.57/Hr-+Cost Above	$723,600
Individual Professional Service Contracts	5	$35-$80/Enc;$8400/Mon-+Cost Above	0

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Tuscola Behavioral Health Systems

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	All	19,600.00
Community Inpatient	11	$500 - 762/day	338,413.00
Outpatient - Partial Hospitalization	0	0	0
Housing Services	2	129.64-150.03/day	207,952.00
Intensive Community Support Services	0	0	0
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	0	0	0
Prevention	1	$30.00/hr	23,600.00
Individual Professional Service Contracts	4	All	232,000.00
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	0	0	0
Emergency Services	0	0	0
Crisis Stabilization	0	0	0
Community Inpatient	0	0	0
Support and Service Coordination	0	0	0
Community Living	22	15.69-332.11/day	3,035,141.00
Housing Assistance	0	0	0
Skill-Building Assistance	1	2.31-2.75/unit	77,300.00
Family Support	0	0	0
Enhanced Health Care	0	0	0
Assistance for Challenging Behaviors	0	0	0
Individual Professional Service Contracts	3	All	77,000.00
Prevention	0	0	0
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	0	0	0
Community Inpatient	4	$500.00-760.00/day	81,031.00
Outpatient - Partial Hospitalization	0	0	0
Housing Services	1	$250.00/day	91,500.00
Intensive Community Support Services	0	0	0
Targeted Support Service Models	0	0	0
Rehabilitation Services	0	0	0
Mental Health Clinic	0	0	0
Prevention	0	0	0
Individual Professional Service Contracts	0	0	0

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Van Buren CMHA

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$10 per call	9,960.00
Community Inpatient	7	$284 - $760 per diem	399,727.00
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services	20	$80 - $360 per diem	170,289
Targeted Support Service Models			
Rehabilitation Services	2	$67,650 - $71,500	130,592
Mental Health Clinic	2	$24.05/hr - $135.92/per assessment	5,694
Prevention			
Individual Professional Service Contracts	6	$102.76/hr - $194.74/hr	285,305
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	5	$3.56/per unit, $342/per diem	77,305
Emergency Services			
Crisis Stabilization			
Community Inpatient			
Support and Service Coordination			
Community Living	53	$21 - $374.39 per day	3,455,999
Housing Assistance			
Skill-Building Assistance			
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors			
Individual Professional Service Contracts	5	$3 -$4.73 per unit	8,395.00
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$10 per call	4,270.00
Community Inpatient			
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	4	$58.70 - $73/hr	5,208.00

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: WASHTENAW

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	net cost	893,821
Community Inpatient	11	$525-$850 per diem	2,805,580
Outpatient - Partial Hospitalization	3	$209-$250 per diem	54,400
Housing Services	1	net cost	29,850
Intensive Community Support Services	1	86.98 per 15 min.	2,902,385
Targeted Support Service Models	1	$153.92 per 15 min	1,606,210
Rehabilitation Services	0	n/a	0
Mental Health Clinic	1	$27.95-$873.36 (reporting unit varies)	34,564
Prevention	1	net cost	172,454
Individual Professional Service Contracts	0	n/a	0
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	9	$3.50(15 min)-$75(encounter	825,493
Emergency Services	1	net cost	893,821
Crisis Stabilization	0	n/a	0
Community Inpatient	0	n/a	0
Support and Service Coordination	1	$142.65 permin	4,430,420
Community Living	11	$13.25/hour ($3.31 per 15 min)	6,227,045
Housing Assistance	1	net cost	26,898
Skill-Building Assistance	2	$3.75-$6.99 per 15 min	584,462
Family Support	1	net cost	19,284
Enhanced Health Care	1	net cost	8,085
Assistance for Challenging Behaviors	2	$75-209.61	308,588
Individual Professional Service Contracts	0	n/a	0
Prevention	1	net cost	172,454
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	net cost	893,821
Community Inpatient	2	$535-$800 per diem	374,441
Outpatient - Partial Hospitalization	1	$209 per diem	21,810
Housing Services	0	n/a	0
Intensive Community Support Services	0	n/a	0
Targeted Support Service Models	1	$302.78 (per month)	48,692
Rehabilitation Services	0	n/a	0
Mental Health Clinic	1	$111.79/encounter	881,808
Prevention	1	net cost	172,454
Individual Professional Service Contracts	0	n/a	0

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: West Michigan Community Mental Health

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$11-$12 per call	$41,400
Community Inpatient	11	$575-$760 per day	$528,000
Outpatient - Partial Hospitalization	0		
Housing Services	2	$210.50-$438 per person per month	$78,823
Intensive Community Support Services	1	$16.00 per hour	$11,000
Targeted Support Service Models	2	$42.75-$48.50 per 15 minutes	$23,200
Rehabilitation Services	0		
Mental Health Clinic	2	$100-$200 per hour	$26,000
Prevention	1	$1,667 per month	$20,000
Individual Professional Service Contracts	9	$36.50-$150 per hour	$17,900
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	3	$11-$35 per hour	$83,000
Emergency Services	1	$11-$12 per call	Counted in MI Adult
Crisis Stabilization	0		
Community Inpatient	11		$3,100.00
Support and Service Coordination	0		
Community Living	0		
Housing Assistance	0		
Skill-Building Assistance	0		
Family Support	0		
Enhanced Health Care	0		
Assistance for Challenging Behaviors	2	$65-$85 per hour	$20,600
Individual Professional Service Contracts	9	$36.50-$150 per hour	$24,900
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$11-$12 per call	Counted in MI Adult
Community Inpatient	2	$687-$760 per day	$72,500
Outpatient - Partial Hospitalization	0		
Housing Services	0		
Intensive Community Support Services	1	$21.06 per 15 minutes	$60,400
Targeted Support Service Models	0		
Rehabilitation Services	0		
Mental Health Clinic	2		$5,000
Prevention	0		
Individual Professional Service Contracts	9	$36.50-$150 per hour	$3,000

CMHSP SUMMARY OF CURRENT CONTRACTS FOR MENTAL HEALTH SERVICES DELIVERY

--EXCLUDING STATE PROVIDED SERVICES--

CONTRACT'08.XLS

CMHSP: Woodlands BHN

FY-08

Program Type	Number of Contracts	Rate paid per unit of service. Provide range if more than one rate is paid. Rate Paid (range)	Total FY 08 CMHSP Contractual Obligation
ADULTS WITH MENTAL ILLNESS			
Emergency Services	1	$11.30	$15,000
Community Inpatient	5	$625-760	
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts	3	$50-130	$160,000
PERSONS WITH DEVELOPMENTAL DISABILITIES			
Childrens Waiver	1	$16.00	125,000
Emergency Services	1	$11.30	
Crisis Stabilization			
Community Inpatient	1	$625	
Support and Service Coordination			
Community Living			
Housing Assistance			
Skill-Building Assistance			
Family Support			
Enhanced Health Care			
Assistance for Challenging Behaviors	1	$50	$12,000
Individual Professional Service Contracts			
Prevention			
CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE			
Emergency Services	1	$11.30	
Community Inpatient	2	$625-735	
Outpatient - Partial Hospitalization			
Housing Services			
Intensive Community Support Services			
Targeted Support Service Models			
Rehabilitation Services			
Mental Health Clinic			
Prevention			
Individual Professional Service Contracts			

SECTION 404 (2) (j) (i)
EXPENDITURES BY MEDICAID ELIGIBILITY GROUP
FY 2008

Capitation Summaries - Paid To Date By Month by PIHP*

September, 2008

Revenue - Mental Health - State Plan, 1915(b)(3) & HSW

				Year to Date			
	Provider ID	Billing Agent	Affiliation DBA	MH(SP)&(b3)	SA(SP)&(b3)	HSW As of 09/11/2008	Total
1	1705322	00GE	Access Alliance of Michigan	$ 51,079,278	$ 1,273,640	$ 19,178,853	$ 71,531,771
2	1708001	00BJ	CMH Affiliation of Mid-Michigan	$ 70,385,683	$ 1,352,190	$ 20,484,592	$ 92,222,465
3	4344340	00GG	CMH for Central Michigan	$ 34,085,322	$ 742,771	$ 23,018,372	$ 57,846,464
4	4483587	00GS	CMHSA Network of West Michigan	$ 72,904,114	$ 1,929,011	$ 7,194,081	$ 82,027,207
5	3119549	00GJ	Detroit Wayne County CMH Agency	$ 295,456,178	$ 11,323,430	$ 66,753,990	$ 373,533,598
6	1705233	0028	Genesee County CMH Services	$ 70,459,135	$ 3,090,331	$ 16,031,102	$ 89,580,567
7	1712452	00HA	Lakeshore Behavioral Health Alliance	$ 47,330,356	$ 1,290,002	$ 12,151,417	$ 60,771,776
8	1712229	00GV	Lifeways	$ 25,134,970	$ 734,989	$ 7,022,963	$ 32,892,922
9	3396315	00GX	Macomb County CMH Services	$ 110,036,737	$ 2,760,155	$ 20,236,092	$ 133,032,984
10	1724945	00HJ	Northcare	$ 55,183,129	$ 853,146	$ 21,540,420	$ 77,576,695
11	4476125	00HF	Northern Affiliation	$ 28,823,909	$ 917,554	$ 26,298,209	$ 56,039,672
12	4540048	00HC	Northern Lakes	$ 35,064,825	$ 809,264	$ 9,389,287	$ 45,263,376
13	1705289	0058	Oakland County CMH Authority	$ 151,878,202	$ 2,448,961	$ 49,909,039	$ 204,236,203
14	1712541	00HQ	Saginaw County CMH Authority	$ 29,617,957	$ 1,209,799	$ 7,088,195	$ 37,915,951
15	4390138	00HU	Southeast Partnership	$ 59,504,601	$ 1,374,544	$ 32,399,838	$ 93,278,983
16	3402136	00GR	Southwest Alliance	$ 57,656,451	$ 1,616,670	$ 19,612,465	$ 78,885,587
17	1708164	00HO	Thumb Mental Health Alliance	$ 47,926,695	$ 884,181	$ 17,754,816	$ 66,565,692
18	2920843	00HR	Venture Behavioral Health	$ 54,026,856	$ 1,520,211	$ 16,047,924	$ 71,594,991
			State Subtotals	$1,296,554,397	$ 36,130,851	$ 392,111,655	$ 1,724,796,904
					$1,332,685,249		

***HSW Payments are reflected by service month. The amounts will be updated as retro/recovery payments occur for each service month.**

SECTION 404 (2) (j) (ii)
CMHSP PERFORMANCE
INDICATOR REPORTING
FY 2008

MICHIGAN'S MISSION-BASED PERFORMANCE INDICATOR SYSTEM
VERSION 6.0

Please refer to the following Attachments for data reporting "codebooks":

Attachment I = CMHSP Quarterly Performance Indicator Codebook
Attachment II = PIHP Quarterly Performance Indicator Codebook
Attachment III = CMHSP Annual Recipient Rights Codebook
Attachment IV = PIHP Annual Recipient Rights Codebook
Attachment V = CMHSP Annual Death Report Codebook

February 2008

Codebook Revisions 10/3/2006
Due Date Revisions 2/29/2008

Michigan Department of Community Health
Mental Health & Substance Abuse Administration

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM, VERSION 6.0
October 1, 2005 Effective Date

The Michigan Mission-Based Performance Indicator System was first implemented in fiscal year 1997. Over the next eight years, the original list of indicators grew in number to 51. During the fiscal year 2004, the Michigan Department of Community Health (MDCH) and Quality Improvement Council measured the indicators against a set of criteria that asked:
"Is the indicator…

- Quantifiable
- Valid
- Reliable
- Sensitive to change
- Calibrated to standard
- Benefit/cost ratio positive
- Consistent with the system's values and mission
- Mandated by federal or state funders?"

The list of 51 shrunk to 12. Next considered were indicators developed by federal agencies and national associations. Finally, attempts were made to construct new indicators that might address concerns raised by the Mental Health Commission. When the proposed indicators were measured against the set of criteria, most failed to meet the test. The result is that 15 indicators were selected, approved by the QIC and MDCH, and the Contract and Financial Issues Committee of the Michigan Association of Community Mental Health Boards.

The indicators measure the performance of the CMHSPs for all persons with mental health and developmental disabilities served; the PIHPs for the Medicaid beneficiaries, including those Medicaid beneficiaries served through the auspices of the Substance Abuse Coordinating Agencies (CAs); or in some cases measure the performance of both. Since the indicators are a measure of performance, deviations from standards (where applicable) and negative statistical outliers may be addressed through contract action. Information from these 15 indicators will be published on the MDCH web site within 90 days of the close of the reporting period, following one opportunity for CMHSPs and PIHPs to make corrections.

Where possible, MDCH will use data from encounters, Quality Improvement (QI) or demographic information or Medicaid Utilization and Net Cost Reports, and CMHSP Sub-element Cost Reports to calculate the indicators. However, most of the indicators will still require separate reporting by the CMHSPs and PIHPs. This year, for the first time, PIHPs are expected to report, where noted, on Medicaid beneficiaries who receive substance abuse services through sub-contracts with CAs or substance abuse providers. Those entities will not report performance indicators for their Medicaid beneficiaries separately to the state. CMHSPs and PIHPs must use the instructions herein to collect and calculate indicators and use quality control strategies to assure accurate reporting. The External Quality Review (EQR) process will annually validate the Medicaid indicators.

Additional measures, called "dashboard indicators" and "site review indicators" will be calculated from the above data sources and used within MDCH to track patterns or trends. MDCH may use the measures to follow-up with CMHSPs and PIHPs. However, those measures will not be published on the web site.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM, VERSION 6.0

Note: Indicators that can be constructed from encounter or quality improvement data or cost reports are marked with an *.

ACCESS DOMAIN

Definition of Access: the ease with which care can be initiated and maintained

Indicators:

1. The percent of children and adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.
    a. Standard = 95% in three hours
    b. Quarterly report
    c. PIHP for all Medicaid beneficiaries
    d. CMHSP for all consumers

2. The percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.
    a. Standard = 95% in 14 days
    b. Quarterly report
    c. PIHP for all Medicaid beneficiaries
    d. CMHSP for all consumers
    e. Scope: MI adults, MI children, DD adults, DD children, and Medicaid SA

3. The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional.
    a. Standard = 95% in 14 days
    b. Quarterly report
    c. PIHP for all Medicaid beneficiaries
    d. CMHSP for all consumers
    e. Scope: MI adults, MI children, DD adults, DD children, and Medicaid SA

4.a. The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days.
    a. Standard = 95%
    b. Quarterly report
    c. PIHP for all Medicaid beneficiaries
    d. CMHSP for all consumers

    Scope: All children and all adults (MI, DD) - Do not include dual eligibles (Medicare/Medicaid) in these counts.

4.b. The percent of discharges from a substance abuse detox unit who are seen for follow-up care within seven days.
    a. Standard = 95%
    b. Quarterly report

    PIHP for all Medicaid beneficiaries - Do not include dual eligibles (Medicare/Medicaid) in these counts.

5. *The percent of Medicaid recipients having received PIHP managed services.

a. Quarterly report (MDCH calculates from encounter data)
b. PIHP for all Medicaid beneficiaries
c. Scope: MI adults, MI children, DD adults, DD children, and SA

6. The percent of face-to-face assessment with professionals that result in decisions to deny CMHSP services.
   a. Quarterly report
   b. CMHSP
   c. Scope: all MI/DD consumers

7. The percent of Section 705 second opinions that result in services.
   a. Quarterly report
   b. CMHSP
   c. Scope: all MI/DD consumers

ADEQUACY/APPROPRIATENESS DOMAIN

Definition of adequacy: the provision of the right services, in the right amounts, for the right duration of time, given the current state of knowledge

Indicators:

8. *The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month other than supports coordination.
   a. Quarterly report (MDCH calculates from encounter data)
   b. PIHP
   c. Scope: HSW enrollees only

EFFICIENCY DOMAIN

Definition of efficiency: the level of outcome achieved for a given level of resource expenditure, perhaps adjusted for case mix and severity

Indicators:

9. *The percent of total expenditures spent on managed care administrative functions for CMHSP and PIHPs.
   a. Annual report (MDCH calculates from cost reports)
   b. PIHP for Medicaid administrative expenditures
   c. CMHSP for all administrative expenditures

OUTCOMES DOMAIN

Definition of outcomes: changes in a consumer's current or future health status, level of functioning, quality of life, or satisfaction that can be attributed to the care provided

Indicators:

10. *The percent of adults with mental illness and the percent of adults with developmental disabilities served by CMHSPs and PIHPs who are in competitive employment.
    a. Annual report (MDCH calculates from QI data)
    b. PIHP for Medicaid adult beneficiaries
    c. CMHSP for all adults
    d. Scope: MI and DD consumers

11. *The percent of adults with mental illness and the percent of adults with developmental disabilities served by CMHSPs and PIHPs who earn minimum wage or more from employment activities (competitive, supported or self employment, or sheltered workshop).

    a. Annual report (MDCH calculates from QI data)
    b. PIHP for Medicaid adult beneficiaries
    c. CMHSP for all adults
    d. Scope: MI and DD consumers

12. The percent of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge.
    a. Standard = 15% or less within 30 days
    b. Quarterly report
    c. PIHP for all Medicaid beneficiaries
    c. CMHSP
    d. Scope: All MI and DD children and adults - Do not include dual eligibles (Medicare/Medicaid) in these counts.

13. The annual number of substantiated recipient rights complaints per thousand persons served, in the categories of Abuse I and II, and Neglect I and II.
    a. Annual report
    b. PIHP for Medicaid beneficiaries
    c. CMHSP
    d. Scope: MI and DD only

14. The semi-annual number of sentinel events per thousand Medicaid beneficiaries served (MI adults, MI children, persons with DD, HSW enrollees, Children's Waiver enrollees, and SA).
    a. Semi-annual report
    b. PIHP for Medicaid beneficiaries
    c. CMHSP for Children's Waiver beneficiaries
    d. Scope: MI, DD and SA children and adults

15. The number of suicides per thousand persons served (MI, DD).
    a. Annual report
    b. CMHSP
    c. Scope: MI and DD children and adults

PERFORMANCE INDICATOR REPORTING DUE DATES

FY 2008 Due Dates

Indicator Title	Period	Due	Period	Due	Period	Due	Period	Due	From
1. Pre-admission screen	10/01 to 12/31	3/31/08	1/01 to 3/31	6/30/08	4/01 to 6/30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs PIHPs
2. 1st request	10/01 to 12/31	3/31/08	1/01 to 3/31	6/30/08	4/01 to 6/30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs PIHPs
3. 1st service	10/01 to 12/31	3/31/08	1/01 to 3/31	6/30/08	4/01 to 6/30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs PIHPs
4. Follow-up	10/01 to 12/31	3/31/08	1/01 to 3/31	6/30/08	4/01 to 6/30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs PIHPs
5. Medicaid penetration*	10/01 to 12/31	N/A	1/01 to 3/31	N/A	4/01 to 6/30	N/A	7/01 to 9/30	N/A	N/A
6. Denials	10/01 to 12/31	3/31/08	1/01to 3/31	6/30/08	4/01 to 6/30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs
7. 2nd Opinions	10/01 to 12/31	3/31/08	1/01 to 3/31	6/30/08	4/01 to 6/30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs
8. HSW services*	10/01 to 12/31	N/A	1/01 to 3/31	N/A	4/01 to 6/30	N/A	7/01 to 9/30	N/A	N/A
9. Admin. Costs*	10/01 to 9/30	1/31/09							CMHSPs PIHPs
10. Competitive employment *	10/01 to 9/30								CMHSPs PIHPs
11. Minimum wage*	10/01 to 9/30								CMHSPs PIHPs
12. Readmissions	10/01 to 12/31	3/31/08	1/01 to 3/31	6/30/08	4-01 to 6-30	9/30/08	7/01 to 9/30	12/31/08	CMHSPs PIHPs
13. RR complaints	10/01 to 9/30	12/31/08							CMHSPs PIHPs
14. Sentinel Events	10/01 to 3/31	6/30/08	4/01 to 9/30	12/31/08					CMHSPs** PIHPs
15. Suicides	10/01 to 9/30	12/31/08							CMHSPs

*Indicators with *: MDCH collects data from encounters, quality improvement or cost reports and calculates performance indicators

**CMHSPs must report sentinel events for Children's Waiver recipients only

PERFORMANCE INDICATOR CODEBOOK

General Rules for Reporting Performance Indicators

1. Due dates
All data are due **90 days** following the end of the reporting period (Note: reporting periods are 90 days, six months, or 12 months).
Consultation drafts will be issued for editing purposes approximately two weeks after the due date.
Final report will be posted on the MDCH web site approximately 30 days following the due date.

2. Children
Children are counted as such who are less than age 18 on the last day of the reporting period.

3. Dual Eligible
Do not include those individuals who are Medicare/Medicaid dual eligible in indicators number 4a & 4b (Follow-up Care) and number 12 (Readmissions).

4. Medicaid
Count as Medicaid eligible any person who qualified as a Medicaid beneficiary during at least one month of the reporting period. Indicators # 1, 2, 3, 4, 12, 13 and 14 are to be reported by the CMHSPs for all their consumers, and by the PIHPs for all their Medicaid beneficiaries. If a PIHP is an affiliation, the PIHP reports these indicators for all the Medicaid beneficiaries in the affiliation. The PIHPs, therefore, will submit two reports: One, as a CMHSP for all its consumers, and one as the PIHP for all its Medicaid beneficiaries.

5. Substance abuse beneficiaries
Indicators #2, 3, 4, 5 and 14 include persons receiving Medicaid substance abuse services managed by the PIHP (this is not applicable to CMHSPs). Managed by the PIHP includes substance abuse services subcontracted to CAs, as well as any substance abuse services that the PIHP may deliver directly or may subcontract directly with a substance abuse provider. Consumers who have co-occurring mental illness and substance use disorders may be counted by the PIHP as either MI or SA. However, please count them only once. **Do not add the same consumer to the count in both the MI and SA categories.**

6. Documentation
It is expected that CMHSPs and PIHPs will maintain documentation of:
a) persons counted in the "exception" columns on the applicable indicators – who, why, and source documents; and
b) start and stop times for timeliness indicators.
Documentation may be requested and reviewed during external quality reviews.

ACCESS -TIMELINESS/INPATIENT SCREENING (CMHSP & PIHP)

Indicator #1
The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours (by two ***sub-populations:*** *Children and Adults). Standard = 95%*

Rationale for Use
People who are experiencing symptoms serious enough to warrant evaluation for inpatient care are potentially at risk of danger to themselves or others. Thus, time is of the essence. This indicator assesses whether CMHSPs and PIHPs are meeting the Department's standard that 95% of the inpatient screenings have a final disposition within three hours. This indicator is a standard measure of access to care.

Table 1

1. Population	2. Number (#) of Emergency Referrals for Inpatient Screening During the Time Period	3. Number (#) of Dispositions about Emergency Referrals Completed within Three Hours or Less	4. Percent (%) of Emergency Referrals Completed within the Time Standard
1. # Children			
2. # Adults			

Definitions and Instructions
"Disposition" means the decision was made to refer, or not refer, to inpatient psychiatric care.

1. If screening is not possible due to intoxication or sedation, do not start the clock.
2. Start time: When the person is clinically, medically and physically available to the CMHSP/PIHP.
    a. When emergency room or jail staff informs CMHSP/PIHP that individual needs, and is ready, to be assessed; or
    b. When an individual presents at an access center and then is clinically cleared (as needed).
3. Stop time: Clinician (in access center or emergency room) who has the authority, or utilization management unit that has the authority, makes the decision whether or not to admit.
4. After the decision is made, the clock stops but other activities will continue (screening, transportation, arranging for bed, crisis intervention).
5. Documentation of start/stop times needs to be maintained by the PIHP/CMHSPS.

ACCESS-TIMELINESS/FIRST REQUEST (CMHSP & PIHP)

Indicator #2
The percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service (by five sub-populations: MI-adults, MI-children, DD-adults, DD-children, and persons with Substance Use Disorders). Standard = 95%

Rationale for Use
Quick, convenient entry into the public mental health system is a critical aspect of accessibility of services. Delays in clinical and psychological assessment may lead to exacerbation of symptoms and distress and poorer role functioning. The amount of time between a request for service and clinical assessment with a professional is one measure of access to care.

Table 2

1. Population	2. # of New Persons Receiving an Initial Non-Emergent Professional Assessment Following a First Request	3. # of New Persons from Col 2 who are Exceptions	4. # Net of New Persons Receiving an Initial Assessment (Col 2 minus Col 3)	5. # of Persons from Col 4 Receiving an Initial Assessment within 14 calendar days of First Request	6. % of Persons Receiving an Initial Assessment within 14 calendar days of First Request
1. MI - C					**Calculated**
2. MI - A					**Calculated**
3. DD - C					**Calculated**
4. DD - A					**Calculated**
5. SA					**Calculated**
6. TOTAL					**Calculated**

Column 2- Selection Methodology

1. Cases selected for inclusion in Column 2 are those for which a **face-to-face** assessment with a professional resulting in a decision whether to provide on-going CMHSP/PIHP services took place during the time period.
2. Non-emergent assessment and services do not include pre-admission screening for, and receipt of, psychiatric in-patient care; nor crisis contacts that did not result in an assessment. Consumers who come in with a crisis, and are stabilized are counted as "new" for indicator #2 when they subsequently request a non-emergent assessment.
3. Persons with co-occurring disorders should only be counted once, in either the MI or SA row.

4. “New person:” Individual who has never received services at the CMHSP/PIHP or whose last date of service (regardless of service) was 90 or more days before the assessment, or whose case was closed 90 or more days before the assessment. As noted above in item 2, consumers who come in with a crisis, and are stabilized are counted as "new" for indicator #2 when they subsequently request a non-emergent assessment.
5. A “professional assessment” is that face-to-face assessment or evaluation with a professional designed to result in a decision whether to provide ongoing CMHSP service.
6. Consumers covered under OBRA should be excluded from the count.

Column 3- Exception Methodology
Enter the number of consumers who request an appointment outside the 14 calendar day period or refuse an appointment offered that would have occurred within the 14 calendar day period.

CMHSP/PIHP must maintain documentation available for state review of the reasons for exclusions and the dates offered to the individual. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4 – Calculation of Denominator
Subtract the number of persons in column 3 from the number of persons in column 2 and enter the number.

Column 5 – Numerator Methodology
1. Cases selected for inclusion in Column 5 are those in Column 4 for which the assessment took place in 14 calendar days.
2. “First request” is the initial telephone or walk-in request for non-emergent services by the individual, parent of minor child, legal guardian, or referral source that results in the scheduling of a face-to-face assessment with a professional.
3. Count backward to the date of first request, even if it spans a quarter. If the assessment required several sessions in order to be completed, use the first date of assessment for this calculation.
4. “Reschedules” because consumer cancelled or no-shows who reschedule: count the date of request for reschedule as "first request."

ACCESS-TIMELINESS/FIRST SERVICE (CMHSP & PIHP)

Indicator #3
Percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional ((by five sub-populations: MI-adults, MI-children, DD-adults, DD-children, and persons with Substance Use Disorders). Standard = 95% within 14 days

Rationale for Use
The amount of time between professional assessment and the delivery of needed treatments and supports addresses a different aspect of access to care than Indicator #2. Delay in the delivery of needed services and supports may lead to exacerbation of symptoms and distress and poorer role functioning.

Table 3

1. Population	2. # of New Persons Who Started Face-to-Face Service During the Period	3. # of New Persons From Col 2 Who are Exceptions	4. # Net of Persons who Started Service (Col 2 minus Col 3)	5. # of Persons From Col 4 Who Started a Face-to-Face Service Within 14 Days of a Face-to-Face Assessment with a Professional	6. % of Persons Who Started Service within 14 days of Assessment
1. MI-C					Calculated
2. MI-A					Calculated
3. DD -C					Calculated
4. DD-A					Calculated
5. SA					Calculated
6. TOTAL					Calculated

Column 2 - Selection Methodology

1. Cases selected for inclusion are those for which the start of a non-emergent service (other than the initial assessment – see below) took place during the time period.
2. Do not include pre-admission screening for, and receipt of, psychiatric in-patient care or crisis contacts that did not result in a non-emergent assessment.
3. Persons with co-occurring disorders should only be counted once, in either the MI or SA row.
4. Consumers covered under OBRA should be excluded from the count.

Column 3 – Exception Methodology
Enter in column 3 the number of individuals counted in column 2 but for specific reasons described below* should be excluded from the indicator calculations.
*Consumers who request an appointment outside the 14 calendar day period or refuse an appointment offered that would have occurred within the 14 calendar day period, or do not show for an appointment or reschedule it.
*Consumers for whom the intent of service was medication only or respite only and the date of service exceeded the 14 calendar days. May also exclude environmental modifications where the completion of a project exceeds 14 calendar days. It is expected, however, that minimally a request for bids/quotes has been issued within 14 calendar days of the assessment. Lastly, exclude instances where consumer is enrolled in school and is unable to take advantage of services for several months.

CMHSP/PIHP must maintain documentation available for state review of the reasons for exclusions and the dates offered to the individual. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4 – Calculation of Denominator
Subtract the number of persons in column 3 from the number of persons in column 2 and enter the number.

Column 5 – Numerator Methodology

1. Cases selected for inclusion in Column 5 are those in Column 4 for which a service was received within 14 calendar days of the professional face-to-face assessment.
2. "Service" means <u>any</u> face-to-face CMHSP service. For purposes of this data collection, the initial face-to-face assessment session or any continuous assessment sessions needed to reach a decision on whether to provide ongoing CMHSP services shall not be considered the start of service.
3. Count backward from the date of service to the first date of assessment, even if it spans a quarter, in order to calculate the number of calendar days to the assessment with the professional. If the initial assessment required several sessions in order to be completed, use the first date of assessment in this calculation.

ACCESS-CONTINUITY OF CARE (CMHSP & PIHP)

Indicator #4a (CMHSP & PIHP) & 4b (PIHP Only)

The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. Standard = 95%

Rationale for Use

When responsibility for the care of an individual shifts from one organization to another, it is important that services remain relatively uninterrupted and continuous. Otherwise, the quality of care and consumer outcomes may suffer. This is an indicator required by the federal Substance Abuse and Mental Health Services Administration.

Table 4a

1. Population	2. # of Discharges from a Psychiatric Inpatient Unit	3. # of Discharges from Col 2 that are Exceptions	4. # Net Discharges (Col 2 minus Col 3)	5. # of Discharges from Col 4 Followed up by CMHSP/PIHP within 7days	6. % of Persons discharged seen within 7 days
1. # of Children					**Calculated**
2. # of Adults					**Calculated**

Column 2 – Selection Methodology

1. "Discharges" are the events involving people who are discharged from a Psychiatric Inpatient Unit (community, IMD or state hospital) who meet the criteria for specialty mental health services and are the responsibility of the CMHSP/PIHP for follow-up services. In the event of multiple discharges of one person during the reporting period, count the number of discharges.
2. Pre-admission screening for psychiatric in-patient care; and the psychiatric in-patient care should not be counted here.
3. Do not include dual eligibles (Medicare/Medicaid) in these counts.

Column 3 – Exception Methodology

1. Consumers who request an appointment outside the seven-day period or refuse an appointment offered that would have occurred within the seven calendar day period, or do not show for an appointment or reschedule it.
2. Consumers who choose not to use CMHSP/PIHP services.

CMHSP/PIHP must maintain documentation available for state review of the reasons for all exclusions. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4- Calculation of denominator
Subtract the number of discharges in column 3 from the number of discharges in column 2 and enter the number.

Column 5- Numerator Methodology

1. Enter the number of discharges from column 4 (net) who were seen for follow-up care by the CMHSP/PIHP within seven days.
2. "Seen for follow-up care," means a face-to-face service (not screening for inpatient service, or the inpatient service) with a professional (not exclusively psychiatrists).
3. "Days" mean calendar days.

Table 4b – PIHP Only

1. Population	2. # of Discharges from a Substance Abuse Detox Unit	3. # of Discharges from Col 2 that are Exceptions	4. # Net Discharges (Col 2 minus Col 3)	5. # of Discharges from Col 4 Followed up by CA/CMHSP/ PIHP within 7days	6. % of Persons discharged seen within 7 days
# of Consumers					**Calculated**

Column 2 – Selection Methodology

1. "Discharges" are the events involving consumers with substance use disorders who were discharged from a sub-acute detoxification unit, who meet the criteria for specialty mental health services and are the responsibility of the CA/PIHP or CMHSP/PIHP for follow-up services. In the event of multiple discharges of one person during the reporting period, count the number of discharges.
2. Do not include dual eligibles (Medicare/Medicaid) in these counts.

Column 3 – Exception Methodology

1. Consumers who request an appointment outside the seven-day period or refuse an appointment offered that would have occurred within the seven calendar day period, or do not show for an appointment or reschedule it.
2. Consumers who choose not to use CA/CMHSP/PIHP services.

CA/PIHP or CMHSP/PIHP must maintain documentation available for state review of the reasons for all exclusions. In the case of refused appointments, the dates offered to the individual must be documented.

Column 4- Calculation of denominator
Subtract the number of discharges in column 3 from the number of discharges in column 2 and enter the number.

Column 5- Numerator Methodology

1. Enter the number of discharges from column 4 (net) who were seen for follow-up care by the CA/PIHP or CMHSP/PIHP within seven days.
2. Seen for follow-up care," means a face-to-face service with a substance abuse professional.
3. "Days" mean calendar days.

ACCESS: MEDICAID PENETRATION RATE

Indicator #5
The percent of Medicaid recipients having received PIHP managed services.

Rationale for Use:
This indicator measures the penetration rate of Medicaid recipients who receive mental health services from the public mental health system. This indicator is required by Centers for Medicare and Medicaid Services.

Method of Calculation
MDCH will calculate this indicator quarterly using encounter data.
Numerator: the number of Medicaid eligibles receiving at least one PIHP managed Medicaid service during the quarter.
Denominator: the number of Medicaid eligibles for which the PIHP was paid during the quarter.

ACCESS-DENIAL/APPEAL (CMHSP Only)

Indicator #6
Percentage of face-to-face assessments with professionals during the quarter that result in denials.

Indicator #7
Percentage of Section 705 second opinions that result in services.

Rationale for Use
As managed care organizations, CMHSPs are responsible for exercising appropriate control of entry into the public mental health system. The professional assessment represents one of the first opportunities for a CMHSP to control access to its non-emergent services and supports.

Table 5

1. Total # of New Persons Receiving an Initial Non-Emergent Face-to-Face Professional Assessment	2. Total # of Persons Assessed but Denied CMHSP Service	3. Total # of Persons Requesting Second Opinion	4. Total # of Persons Receiving Mental Health Service Following a Second Opinion

Note: Do not include in any column in Table 5 individuals who only received telephone screens or access center screens performed by non-professionals. Table 5 excludes those cases in which the individual refused CMHSP services that were authorized.

Definitions
Section 330.1705 of Public Act 1974 as revised, was intended to capture requests for initial entry into the CMHSP. Requests for changes in the levels of care received are governed by other sections of the Code.
"Professional Assessment" is that face-to-face meeting with a professional that results in an admission to ongoing CMHSP service or a denial of CMHSP service.

Methodology
Column 1: Enter the number of those people who received an initial face-to-face professional assessment during the time period (from Indicator #2, Column #2).
Column 2: Enter the number of people who were denied CMHSP services.
Column 3: Enter the number of people who were denied who requested a second opinion.
Column 4: Enter the number of people who received a mental health service as a result of the second opinion.

ADEQUACY/APPROPRIATENESS

Indicator #8
The percent of Habilitation Supports Waiver (HSW) enrollees in the quarter who received at least one HSW service each month other than supports coordination.

Rationale for Use
People enrolled in the HSW are among the most severely disabled people served by the public mental health system. If it were not for the waiver services supporting these people in the community, they would require services in an ICF/MR. Therefore, it is expected that the services provided to them in the community are adequate to meet their needs.

Method of Calculation
MDCH will calculate this indicator quarterly using encounter data.
Numerator: the number of HSW enrollees receiving at least one HSW service each month other than supports coordination each month.
Denominator: the number of HSW enrollees.

This indicator should not be interpreted to mean that each HSW enrollee must receive a Supports Coordination contact each month.

EFFICIENCY

Indicator #9
The percent of total expenditures spent on managed care administrative functions annually by CMHSPs and PIHPs.

Rationale for Use
There is public interest in knowing what portion of an agency's total expenditures are spent on operating the agency relative to the cost of providing services. Combined with other indicators of performance, information on percentage spent on administrative costs can be used as an indication of the agency's overall efficiency.

Method of Calculation
MDCH will calculate this indicator using CMHSP Total Sub-Element Cost Report and the PIHP Medicaid Utilization and Net Cost Report.
Numerator: the amount of expenditures for managed care administration as defined in the cost reports for the functions as defined in the document: "Establishing Managed Care Administrative Costs" Revised June 20, 2005.
Denominator: the amount of total expenditures from all funding sources for CMHSPs; and the amount of total Medicaid expenditures for PIHPs.

OUTCOMES: EMPLOYMENT

Indicator #10a,b
The percent of (a) adults with mental illness, and the percent of (b) adults with developmental disabilities, served by the CMHSPs and PIHPs who are employed competitively.

Rationale for Use
A positive outcome of improved functioning and recovery is the ability to work in a job obtained through competition with candidates who may not have disabilities. While there are variables, like unemployment rates, that the CMHSP and PIHPs cannot control, it is expected that through treatment and/or support they will enable and empower individuals who want jobs to secure them.

Method of Calculation
MDCH will calculate this indicator after the end of the fiscal year using employment data from the individual's most recent QI record.

CMHSP Indicator
Numerator: the total number of (a) adults with mental illness, and the total number of (b) adults with developmental disabilities, who are employed competitively.
Denominator: the total number of (a) adults with mental illness, and the total number of (b) adults with developmental disabilities, served by the CMHSP.

PIHP Indicator
Numerator: the total number of (a) adult Medicaid beneficiaries with mental illness, and the total number of (b) adult Medicaid beneficiaries with developmental disabilities, who are employed competitively.
Denominator: the total number of (a) adult Medicaid beneficiaries with mental illness, and the total number of (b) adult Medicaid beneficiaries with developmental disabilities, served by the PIHP.

OUTCOMES: EMPLOYMENT

Indicator #11a,b
The percent of (a) adults with mental illness, and the percent of (b) adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.

Rationale for Use
A positive outcome of improved functioning and recovery is the ability to earn an income that enables individuals the independence to purchase goods and services and pay for housing.

Method of Calculation
MDCH will calculate this indicator after the end of the fiscal year using employment data from the individual's most recent QI record. A new minimum wage data element will be added to the FY '06 reporting requirements.
CMHSP Indicator

Numerator: the total number of (a) adults with mental illness, and the total number of (b) adults with developmental disabilities, who received minimum wage or more from employment activities (competitive, supported or self-employment, or sheltered workshop).
Denominator: the total number of (a) adults with mental illness, and the total number of (b) adults with developmental disabilities served by the CMHSP.

PIHP Indicator
Numerator: the total number of (a) adult Medicaid beneficiaries with mental illness, and the total number of (b) adult Medicaid beneficiaries with developmental disabilities, who received minimum wage or more from employment activities (competitive, supported or self-employment, or sheltered workshop).
Denominator: the total number of (a) adult Medicaid beneficiaries with mental illness, and the total number of (b) adult Medicaid beneficiaries with developmental disabilities served by the PIHP.

OUTCOME: INPATIENT RECIDIVISM (CMHSP & PIHP)

Indicator # 12:
The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. Standard = 15% or less

Rationale for Use
For some people with mental illness, the occasional use of psychiatric inpatient care is essential. However, rapid readmission following discharge may suggest that people were prematurely discharged or that the post discharge follow-up was not timely or sufficient. This indicator assessed whether CMHSPs are meeting the Department's standard of no more than 15 percent of people discharged from inpatient units are being readmitted within 30 days.

Table 6

1. Population	2. # of Discharges from Psychiatric Inpatient Care during the Reporting Period	3. # of Discharges in Col 2 that are Exceptions	4. # Net Discharges (Col 2 minus Col 3)	5. # of Discharges (from Net Col. 4) Readmitted to Inpatient Care within 30 Days of Discharge	6. % of Discharges Readmitted to Inpatient Care within 30 days of Discharge
1. # of Children					**Calculated**
2. # of Adults					**Calculated**

NOTE: This information is intended to capture Admissions and Readmissions, <u>not transfers</u> to another psychiatric unit, or transfers to a medical inpatient unit. Do not include transfers or dual-eligibles (Medicare/Medicaid) in the counts in any column on this table.

Column 2 – Selection Methodology

1. Discharges" are the <u>events</u> involving all people (for the CMHSPs) and Medicaid eligibles only (for the PIHPs) who are discharged from a Psychiatric Inpatient Unit (community, IMD or state hospital), who meet the criteria for specialty mental health services and are the responsibility of the CMHSP for follow-up services. In the event of multiple discharges of one person during the reporting period, count the total number of discharges.
2. Do not include dual eligibles (Medicare/Medicaid) in these counts.

Column 3 – Exception Methodology
Enter the discharges who chose not to use CMHSP/PIHP services

CMHSP/PIHP must maintain documentation available for state review of the reasons for exceptions in column 3.

Column 4 – Calculation of Denominator
Subtract the number of discharges in column 3 from the number of discharges in column 2 and enter the number.

Column 5 – Numerator Methodology

1. Enter the number of persons from column 4 who were readmitted to a psychiatric inpatient unit within 30 days of discharge from a psychiatric inpatient unit.
2. In order to obtain correct counts for column 5, you must look 30 days into the **next quarter** for possible readmissions of persons discharged toward the end of the current reporting period.
3. "Days" mean calendar days.

OUTCOMES: RECIPIENT RIGHTS COMPLAINTS (CMHSPs & PIHPs)

Indicator #13
*The **annual** number of substantiated recipient rights complaints in the categories of Abuse I and II, and Neglect I and II per 1,000 persons served by CMHSPs and by PIHPs.*

Rationale for Use
Substantiated rights complaints are a measure of the quality of care provided by CMHSPs and managed by PIHPs. Since Abuse and Neglect complaints must be investigated, it is believed that these four categories represent the most serious allegations filed on behalf of people served.

Table 7a. Recipient Rights Complaints from Medicaid Beneficiaries (reported by PIHPs)

RR Complaints	1. # of Complaints from Medicaid Beneficiaries	2. # of Complaints Substantiated by ORR	3. # of Complaints Substantiated Per Thousand Medicaid Beneficiaries Served
Abuse I			
Abuse II			
Neglect I			
Neglect II			

Table 7b. Recipient Rights Complaints from All Consumers Served by the CMHSP (reported by CMHSPs)

RR Complaints	1. # of Complaints from All Consumers	2. # of Complaints Substantiated by ORR	3. # of Complaints Substantiated Per Thousand CMHSP Consumers Served
Abuse I			
Abuse II			
Neglect I			
Neglect II			

Instructions:
Column 1: Enter the number of complaints from all consumers in each of the above categories that were filed at the local Office(s) of Recipient Rights during the year.
Column 2: Enter the number of those complaints that were substantiated by the local ORRs.
Column 3: MDCH will calculate the number of complaints per thousand persons served.

OUTCOME: SENTINEL EVENTS (PIHP)

Indicator #14a

Number of sentinel events during the ***six-month period*** *per thousand* ***Medicaid beneficiaries*** *served, by population: adults with mental illness, children with mental illness, and persons with developmental disabilities not on the Habilitation Supports Waiver, persons on the Habilitation Supports Waiver, and* ***persons with substance use disorder.***

Rationale for Use

Sentinel events are required by the Centers for Medicaid and Medicaid Services to be reported for Medicaid beneficiaries served by the 1915(b) or managed care waiver and the 1915(c) or Habilitation Supports Waiver. It is a measure of how well the PIHP and its contracted providers monitor the care of vulnerable service recipients.

Table 8a Adults with Mental Illness

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which action was taken
1.	Death of recipient			
2.	Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

Table 8b. Children with Mental Illness or Severe Emotional Disturbance

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which action was taken
1.	Death of recipient			
2.	Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			

5.	Conviction of recipient			
6.	Serious challenging behaviors			
7.	Medication errors			

Table 8c. Persons with Developmental Disabilities not on the Habilitation Supports Waiver

	Category of Sentinel Event (SE)	**# of SEs**	**# of SEs investigated**	**# of SEs for which action was taken**
1.	Death of recipient			
2.	Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

Table 8d.Persons on the Habilitation Supports Waiver at the time of the event

	Category of Sentinel Event (SE)	**# of SEs**	**# of SEs investigated**	**# of SEs for which action was taken**
1.	Death of recipient			
2.	Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

Table 8e. Persons receiving substance abuse services at the time of the event

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which action was taken
1.	Death of recipient			
2.	Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

Definitions

"Sentinel Event" is an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." (JCAHO, 1998)

"Injuries" that require emergency room visits or admissions to hospitals include those resulting from abuse or accidents.

"Serious challenging behaviors" include property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence.

"Medication Errors" mean a) wrong medication; b) wrong dosage; c) double dosage; or d) missed dosage. It does not include instances in which consumers have refused medication.

"Persons with substance use disorder," or persons receiving substance abuse services, are those Medicaid beneficiaries who receive substance abuse services managed by the PIHP, including any that are sub-contracted through the CAs.

Notes

1. Reporting is **required** for Medicaid beneficiaries who, at the time of the event, were the responsibility of the PIHP and 1) living in 24-hour Specialized Residential settings (per the Administrative Rule R330.1801-09) or in Child-Caring Institutions; 2) living in their own homes receiving Community Living Supports; 3) receiving Targeted Case Management, ACT, Home-Based, Wraparound or Habilitation Supports Waiver Services; or 4) residing in a substance abuse residential treatment program.
2. Accidents treated at medi-centers and urgent care clinics/centers should be included in the injury reporting along with those treated in emergency rooms. In many communities in the state where hospitals do not exist, medi-centers and urgent care clinics/centers are used in place of emergency rooms.

3. Planned surgeries, whether outpatient or inpatient, are not considered unexpected occurrences

and therefore are not included in the reporting of illnesses requiring admissions to hospitals.
4.Report arrests and convictions as separate incidents.
5. All arrests and convictions should be report as a sentinel event so long as the person falls in the reportable population.

OUTCOME: SENTINEL EVENTS (CMHSP only)

Indicator #14b:
Number of sentinel events during the ***six month period*** *per thousand* ***Children's Medicaid Waiver beneficiaries*** *served, by population.*

Rationale for Use
Sentinel events are required by the Centers for Medicaid and Medicaid Services to be reported for Medicaid beneficiaries served by the 1915(c) Children's Waiver. It is a measure of how well the CMHSP and its contracted providers monitor the care of vulnerable service recipients.

Table 9. Children enrolled in the Children's Waiver

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which action was taken
1.	Death of recipient			
2.	Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

Definitions
"Sentinel Event" is an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." (JCAHO, 1998)
"Injuries" that require emergency room visits or admissions to hospitals include those resulting from abuse or accidents.
"Serious challenging behaviors" include property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence.
"Medication Errors" mean a) wrong medication; b) wrong dosage; c) double dosage; or d) missed dosage. It does not include instances in which consumers have refused medication.

Notes
1. Reporting is **required** for Medicaid beneficiaries who, at the time of the event, were the responsibility of the CMHSP and were enrolled in the Children's Waiver.
2. Accidents treated at medi-centers and urgent care clinics/centers should be included in the injury reporting along with those treated in emergency rooms. In many communities in the state

where hospitals do not exist, medi-centers and urgent care clinics/centers are used in place of emergency rooms.
3. Planned surgeries, whether outpatient or inpatient, are not considered unexpected occurrences and therefore are not included in the reporting of illnesses requiring admissions to hospitals.
4.Report arrests and convictions as separate incidents.
5. All arrests and convictions should be report as a sentinel event so long as the person falls in the reportable population.

OUTCOMES: DEATH REPORT/D.D. (CMHSP only)

Indicator # 15
Number of suicides per thousand persons served during the 12-month period.

Rationale for Use
Mortality rates are commonly used as global measures of health status for populations. There are indications that persons with mental illness die at higher rates and at younger ages from nearly all causes, natural as well as homicide, suicide, accidents and injuries. This measure addresses the single measure of suicide.

Table 10 a. Persons with Developmental Disabilities

# DEATHS THIS PERIOD PERSONS WITH DEVELOPMENTAL DISABILITIES AGE:				
1. Cause of Death	2. 18 & Under	3. 19-35	4. 36-60	5. 61+
1. Suicide				
2. Homicide				
3. "Natural Causes"				
DEATHS BY ACCIDENT:				
4. While Under Program Supervision				
5. Not under Program Supervision				
6.TOTAL DEATHS				
7. Pending Autopsy or Report				

Definitions
"Natural Causes" means deaths occurring as a result of a disease process in which death is one anticipated outcome.

Instructions
1. Reporting is **required** for CMHSP consumers who, at the time of their deaths, were the responsibility of the CMHSP and 1) living in 24-hour Specialized Residential settings (per the Administrative Rule R330.1801-09 or in Child-Caring Institutions; or 2) living in their own homes receiving Community Living Supports; or 3) receiving Targeted Case Management, ACT, Home-Based, Wraparound or Habilitation Supports Waiver Services; and 4) ALL SUICIDES of consumers who were active cases known to the CMHSP.
2. Enter deaths that occurred during the time period by age for persons with developmental disabilities only.
3. For all deaths due to "natural causes", indicate on Table 10B the nature of the cause.
4. For all deaths occurring in this period for which autopsies are pending, enter the numbers in Row 7. NEITHER THESE DEATHS NOR THEIR CAUSES WILL BE COUNTED DURING ANY SUBSEQUENT

PERIOD.

DEATH BY NATURAL CAUSES - PERSONS WITH DEVELOPMENTAL DISABILITIES

Table 10b.

1. Cause of Death	2. 18 & Under	3. 19 - 35	4. 36-60	5. 61+
1. Heart disease				
2. Pneumonia/ influenza				
3. Aspiration or Aspiration pneumonia				
4. Lung disease				
5. Vascular disease				
6. Cancer				
7. Diabetes mellitus				
8. Endocrine disorders				
9. Neurological disorders				
10. Acute bowel disease				
11. Liver disease/cirrhosis				
12. Kidney disease				
13. Infection, including AIDS				
14. Inanition				
15. Complication of treatment *				
16. Unknown or unreported				
17. **TOTAL DEATHS BY NATURAL CAUSES**				

Instructions

For all deaths listed on Table 10A for which the cause of death is "natural," please enter the numbers of deaths by **specific cause** in the table above.

Definitions: See Attachment A

DEATH REPORT/MI

Table 10c. Persons with Mental Illness

# DEATHS THIS PERIOD PERSONS WITH MENTAL ILLNESS AGE:				
1. Cause of Death	2. 18 & Under	3. 19-35	4. 36-60	5. 61+
1. Suicide				
2. Homicide				
3. "Natural Causes"				
DEATHS BY ACCIDENT:				
4. While Under Program Supervision				
5. Not under Program Supervision				
6.TOTAL DEATHS				
7. Pending Autopsy or Report				

Definitions

"Natural Causes" means deaths occurring as a result of a disease process in which death is one anticipated outcome.

Instructions

1. Reporting is **required** for CMHSP consumers who, at the time of their deaths, were the responsibility of the CMHSP and 1) living in 24-hour Specialized Residential settings (per the Administrative Rule R330.1801-09 or in Child-Caring Institutions; 2) living in their own homes receiving Community Living Supports; 3) receiving Targeted Case Management, ACT, Home-Based, Wraparound or Habilitation Supports Waiver Services; or 4) ALL SUICIDES of consumers who were active cases known to the CMHSP.
2. Enter deaths that occurred during the time period by age for persons with mental illness only.
3. For all deaths due to "natural causes", indicate on Table 10D the nature of the cause.
4. For all deaths occurring in this period for which autopsies are pending, enter the numbers in Row 7. NEITHER THESE DEATHS NOR THEIR CAUSES WILL BE COUNTED DURING ANY SUBSEQUENT PERIOD.

DEATH BY NATURAL CAUSES - PERSONS WITH MENTAL ILLNESS

Table 10d.

1. Cause of Death	2. 18 & Under	3. 19 - 35	4. 36-60	5. 61+
1. Heart disease				
2. Pneumonia/ influenza				
3. Aspiration or Aspiration pneumonia				
4. Lung disease				
5. Vascular disease				
6. Cancer				
7. Diabetes mellitus				
8. Endocrine disorders				
9. Neurological disorders				
10. Acute bowel disease				
11. Liver disease/cirrhosis				
12. Kidney disease				
13. Infection, including AIDS				
14. Inanition				
15. Complication of treatment *				
16. Unknown or unreported				
17. **TOTAL DEATHS BY NATURAL CAUSES**				

Instructions
For all deaths listed on Table 10C for which the cause of death is "natural", please enter the numbers of deaths by **specific cause** in the table above.

Definitions: See Attachment A

Attachment A: Definitions of Causes of Death

Heart disease means any acute, chronic, or congenital condition of the muscle, valves, or covering of the heart unless such condition is directly related to another disease or condition listed below. Examples are myocardial infarction, pericarditis, myocarditis, valvular disease, congenital heart disease, congestive failure, and cardiac arrest not otherwise explained.

Note: Cardiac arrest is the mechanism of death for all causes; therefore, this category should not be used whenever an underlying condition has been identified.

Pneumonia/influenza means any inflammatory process of the lungs not due to aspiration.

Aspiration means either asphyxia or pneumonia resulting from the inhalation of foreign material into the respiratory tract. This can be food, stomach contents, or a foreign body.

Lung disease means any acute or chronic, non-infectious process of the lung or respiratory tract. Examples are COPD, pulmonary fibrosis, asthma, obstructive airway disease, and spontaneous pneumothorax.

Vascular disease means any obstruction of or bleeding from a major blood vessel into a vital organ unless related to Diabetes mellitus or cirrhosis. Examples are stroke, aneurism, CVA, pulmonary embolus, hypertension, atherosclerotic heart disease (ASHD).

Cancer means either primary or metastatic carcinoma, sarcoma, lymphoma, or leukemia.

Diabetes mellitus includes any complication or condition due to hyperglycemia. This diagnosis, if present, takes preeminence over any other natural cause of death.

Endocrine disorders includes inborn errors of metabolism and glycogen storage diseases, as well as diseases of the hypothalamus, pituitary, or other endocrine gland. Examples are Diabetes insipidus, Grave's Disease, Cushing's Disease, Addison's Disease, San Fillipo's Disease.

Neurological disorders means any disease or condition of the brain or spinal cord such as complications of seizures, Huntington's Disease, metachromatic leukodystrophy, neurofibromatosis, amyotrophic lateral sclerosis. In the case of a dementia such as Alzheimer's Disease, cite the actual cause of death, e.g., pneumonia.

Acute bowel disease means any inflammatory or mechanical condition of the gastrointestinal tract or peritoneal cavity. Examples are bowel obstruction, perforation, strangulation, volvulus, ruptured appendix, peritonitis, and pancreatitis, GI bleeding. Do not use this category if related to cirrhosis.

Liver disease / cirrhosis means hepatic failure associated with either an infectious, toxic, or degenerative process of the liver and includes acute esophageal bleeding associated with cirrhosis.

Kidney disease means renal failure of all causes except that due to diabetes, hypertension, or trauma.

Infection means an overwhelming systemic infectious process such as meningitis, AIDS, sepsis, or septic shock; but does not include pneumonia, influenza, or hepatitis.

Inanition means the chronic debilitation and general systems failure associated with complex multiple disabilities, especially cerebral palsy and profound mental retardation.

*Complication of treatment means an unexpected untoward reaction to medication or anesthesia,

complication of a surgical procedure, or failure of technological support equipment. Examples are neuroleptic malignant syndrome, cardiac arrest during surgery, misplaced feeding tubes, plugged tracheotomy tubes.

Community Mental Health

Performance Indicator Results
FY 2008

Indicator 1a: Percentage of Children Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Number of Referrals for Children	Number Completed in Three Hours for Children	Percentage	Number of Referrals for Children	Number Completed in Three Hours for Children	Percentage	Number of Referrals for Children	Number Completed in Three Hours for Children
Allegan	100.00	21	21	100.00	15	15	100.00	10	10
AuSable	100.00	33	33	100.00	29	29	100.00	18	18
Barry	100.00	7	7	100.00	3	3	100.00	8	8
Bay-Arenac	96.08	51	49	100.00	53	53	98.08	52	51
Berrien	95.00	20	19	97.30	37	36	93.33	30	28
CEI	100.00	49	49	100.00	55	55	100.00	44	44
CMH Central MI	97.37	38	37	95.35	43	41	100.00	49	49
Copper	100.00	5	5	100.00	15	15	90.91	11	10
Detroit-Wayne	99.24	393	390	95.52	424	405	99.10	335	332
Genesee	96.92	130	126	99.44	180	179	100.00	197	197
Gogebic	.	0	0	.	0	0	100.00	4	4
Gratiot	100.00	3	3	100.00	6	6	100.00	7	7
Hiawatha	100.00	22	22	100.00	18	18	100.00	24	24
Huron	100.00	2	2	100.00	5	5	100.00	4	4
Ionia	100.00	7	7	100.00	16	16	100.00	9	9
Kalamazoo	98.11	53	52	100.00	32	32	93.94	33	31
Lapeer	100.00	13	13	100.00	11	11	100.00	20	20
Lenawee	100.00	15	15	100.00	10	10	100.00	14	14
Lifeways	99.04	104	103	99.09	110	109	97.92	48	47
Livingston	100.00	12	12	100.00	15	15	100.00	11	11
Macomb	100.00	136	136	96.69	242	234	98.80	83	82
Manistee-Benzie	100.00	15	15	100.00	10	10	100.00	5	5
Monroe	100.00	23	23	100.00	19	19	100.00	18	18
Montcalm	100.00	13	13	100.00	24	24	100.00	17	17
Muskegon	100.00	21	21	100.00	31	31	100.00	24	24
network180	93.94	66	62	96.23	53	51	97.22	36	35
Newaygo	100.00	12	12	100.00	15	15	100.00	6	6
Northern Lakes	100.00	30	30	100.00	54	54	100.00	25	25
Northeast	100.00	6	6	100.00	22	22	100.00	8	8
North Country	100.00	19	19	95.45	22	21	100.00	17	17
Northpointe	100.00	47	47	100.00	33	33	100.00	27	27
Oakland	97.12	139	135	97.42	155	151	97.56	123	120
Ottawa	90.00	10	9	100.00	12	12	100.00	12	12
Pathways	100.00	43	43	98.41	63	62	100.00	45	45
Pines	100.00	13	13	100.00	6	6	100.00	3	3
Saginaw	98.57	70	69	100.00	57	57	100.00	70	70
Sanilac	100.00	11	11	100.00	3	3	100.00	6	6
Shiawassee	100.00	28	28	100.00	16	16	90.91	11	10
St. Clair	100.00	19	19	100.00	24	24	100.00	18	18
St. Joseph	100.00	27	27	93.33	15	14	100.00	16	16
Summit Pointe	100.00	7	7	100.00	13	13	100.00	10	10
Tuscola	100.00	9	9	100.00	6	6	100.00	9	9
Van Buren	100.00	4	4	100.00	8	8	100.00	2	2
Washtenaw	100.00	54	54	100.00	55	55	97.37	38	37
West Michigan	100.00	13	13	100.00	19	19	100.00	18	18
Woodlands	100.00	10	10	100.00	9	9	100.00	6	6
Total		1,823	1,800		2,063	2,022		1,581	1,564

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 1b: Percentage of Adults Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Number of Referrals for Adults	Number Completed in Three Hours for Adults	Percentage	Number of Referrals for Adults	Number Completed in Three Hours for Adults	Percentage	Number of Referrals for Children	Number Completed in Three Hours for Adults
Allegan	100.00	71	71	100.00	55	55	97.06	68	66
AuSable	100.00	131	131	100.00	126	126	99.28	138	137
Barry	100.00	14	14	100.00	21	21	100.00	33	33
Bay-Arenac	99.49	197	196	98.79	247	244	99.15	234	232
Berrien	97.86	140	137	98.20	167	164	96.62	207	200
CEI	95.77	473	453	95.97	496	476	96.85	445	431
CMH Central MI	100.00	217	217	99.57	231	230	97.99	249	244
Copper	98.86	88	87	100.00	71	71	97.06	68	66
Detroit-Wayne	87.73	3,414	2,995	91.67	2,750	2,521	94.67	1,614	1,528
Genesee	97.33	636	619	99.11	900	892	99.78	908	906
Gogebic	100.00	9	9	100.00	9	9	100.00	21	21
Gratiot	100.00	13	13	100.00	26	26	100.00	19	19
Hiawatha	100.00	124	124	100.00	93	93	99.32	148	147
Huron	100.00	30	30	100.00	29	29	100.00	36	36
Ionia	100.00	69	69	95.24	42	40	97.30	74	72
Kalamazoo	98.75	240	237	99.59	246	245	97.58	248	242
Lapeer	100.00	79	79	100.00	77	77	100.00	63	63
Lenawee	100.00	70	70	100.00	54	54	100.00	67	67
Lifeways	99.86	722	721	99.43	702	698	99.72	706	704
Livingston	100.00	67	67	100.00	53	53	100.00	61	61
Macomb	99.68	927	924	94.96	1,071	1,017	99.46	929	924
Manistee-Benzie	100.00	34	34	100.00	45	45	100.00	39	39
Monroe	100.00	92	92	100.00	109	109	100.00	125	125
Montcalm	100.00	41	41	97.96	49	48	100.00	38	38
Muskegon	98.73	157	155	99.18	122	121	97.83	138	135
network180	98.65	371	366	96.66	449	434	95.25	358	341
Newaygo	100.00	41	41	100.00	65	65	100.00	71	71
Northern Lakes	98.76	161	159	98.91	184	182	100.00	190	190
Northeast	100.00	63	63	98.89	90	89	99.10	111	110
North Country	100.00	79	79	97.40	77	75	98.13	107	105
Northpointe	100.00	159	159	99.38	161	160	99.29	140	139
Oakland	96.37	662	638	98.21	783	769	98.16	760	746
Ottawa	96.47	85	82	98.55	69	68	97.14	70	68
Pathways	99.60	253	252	99.28	278	276	99.59	246	245
Pines	100.00	59	59	100.00	30	30	100.00	46	46
Saginaw	99.79	467	466	99.15	471	467	99.81	535	534
Sanilac	100.00	26	26	100.00	23	23	100.00	28	28
Shiawassee	97.30	74	72	100.00	86	86	97.47	79	77
St. Clair	100.00	208	208	100.00	225	225	99.39	164	163
St. Joseph	100.00	140	140	100.00	117	117	99.09	110	109
Summit Pointe	100.00	62	62	100.00	68	68	98.81	84	83
Tuscola	100.00	19	19	100.00	23	23	91.67	24	22
Van Buren	100.00	45	45	96.77	31	30	100.00	31	31
Washtenaw	100.00	488	488	100.00	494	494	99.22	513	509
West Michigan	98.31	59	58	100.00	75	75	98.53	68	67
Woodlands	100.00	29	29	100.00	32	32	100.00	34	34
Total		11,605	11,096		11,622	11,252		10,445	10,254

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 2: The Percentage of New Persons Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Total Persons Received Assessment Following 1st Request	Total Persons Received Assessment within 14 Calendar Days	Percentage	Total Persons Received Assessment Following 1st Request	Total Persons Received Assessment within 14 Calendar Days	Percentage	Total Persons Received Assessment Following 1st Request	Total Persons Received Assessment within 14 Calendar Days
Allegan	100.00	157	157	99.21	127	126	100.00	92	92
AuSable	99.15	236	234	99.23	130	129	93.75	128	120
Barry	98.57	140	138	99.44	179	178	100.00	168	168
Bay-Arenac	98.37	245	241	97.33	187	182	99.09	219	217
Berrien	98.06	310	304	83.33	288	240	98.47	196	193
CEI	99.47	190	189	96.74	215	208	97.79	181	177
CMH Central MI	99.40	335	333	99.47	376	374	99.17	363	360
Copper	97.56	41	40	97.67	43	42	100.00	40	40
Detroit-Wayne	91.92	990	910	96.16	807	776	94.04	822	773
Genesee	96.86	573	555	98.16	599	588	96.99	598	580
Gogebic	100.00	22	22	100.00	19	19	100.00	22	22
Gratiot	100.00	84	84	100.00	62	62	100.00	76	76
Hiawatha	100.00	39	39	100.00	30	30	100.00	54	54
Huron	100.00	66	66	96.55	58	56	100.00	62	62
Ionia	100.00	151	151	100.00	137	137	100.00	126	126
Kalamazoo	100.00	109	109	100.00	90	90	100.00	132	132
Lapeer	97.58	124	121	100.00	122	122	100.00	140	140
Lenawee	99.25	133	132	99.30	143	142	100.00	149	149
Lifeways	98.70	77	76	100.00	91	91	98.99	99	98
Livingston	100.00	48	48	100.00	50	50	100.00	84	84
Macomb	99.39	491	488	99.48	574	571	99.84	626	625
Manistee-Benzie	100.00	73	73	91.76	85	78	100.00	87	87
Monroe	100.00	94	94	100.00	118	118	99.03	103	102
Montcalm	100.00	84	84	100.00	83	83	100.00	105	105
Muskegon	99.69	320	319	99.11	338	335	99.47	374	372
network180	99.43	1,406	1,398	99.10	1,340	1,328	99.60	1,264	1,259
Newaygo	100.00	43	43	100.00	39	39	100.00	56	56
Northern Lakes	95.78	474	454	96.71	487	471	99.79	477	476
Northeast	98.17	109	107	96.30	135	130	99.03	103	102
North Country	99.77	432	431	100.00	376	376	99.72	362	361
Northpointe	100.00	44	44	100.00	69	69	100.00	58	58
Oakland	99.00	699	692	98.61	720	710	98.94	661	654
Ottawa	98.73	157	155	98.45	194	191	100.00	140	140
Pathways	100.00	53	53	100.00	73	73	98.33	60	59
Pines	99.45	182	181	98.43	254	250	100.00	191	191
Saginaw	100.00	119	119	100.00	126	126	99.30	142	141
Sanilac	97.83	92	90	96.23	106	102	98.39	62	61
Shiawassee	98.39	124	122	97.48	119	116	99.24	131	130
St. Clair	99.68	316	315	98.57	349	344	98.81	337	333
St. Joseph	99.40	166	165	98.63	146	144	100.00	131	131
Summit Pointe	99.16	592	587	99.72	721	719	98.94	753	745
Tuscola	100.00	81	81	100.00	41	41	100.00	45	45
Van Buren	100.00	197	197	100.00	186	186	100.00	161	161
Washtenaw	97.30	74	72	97.30	74	72	97.56	41	40
West Michigan	89.19	111	99	86.75	151	131	99.32	147	146
Woodlands	100.00	91	91	100.00	98	98	100.00	83	83
Total		10,694	10,503		10,755	10,543		10,451	10,326

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 2a: The Percentage of New Children with Emotional Disturbance Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# MI Children Received Assessment Following 1st Request	# MI Children Received Assessment within 14 Calendar Days	Percentage	# MI Children Received Assessment Following 1st Request	# MI Children Received Assessment within 14 Calendar Days	Percentage	# MI Children Received Assessment Following 1st Request	# MI Children Received Assessment within 14 Calendar Days
Allegan	100.00	35	35	100.00	32	32	100.00	28	28
AuSable	100.00	90	90	96.97	33	32	96.88	32	31
Barry	97.22	36	35	98.15	54	53	100.00	32	32
Bay-Arenac	98.53	68	67	97.87	47	46	96.97	33	32
Berrien	100.00	69	69	85.71	49	42	96.67	30	29
CEI	100.00	125	125	100.00	119	119	100.00	100	100
CMH Central MI	99.11	112	111	99.22	128	127	100.00	97	97
Copper	100.00	22	22	100.00	23	23	100.00	12	12
Detroit-Wayne	97.43	350	341	95.69	255	244	93.93	247	232
Genesee	96.83	126	122	100.00	120	120	98.90	91	90
Gogebic	100.00	7	7	100.00	3	3	100.00	7	7
Gratiot	100.00	53	53	100.00	35	35	100.00	35	35
Hiawatha	100.00	11	11	100.00	14	14	100.00	19	19
Huron	100.00	19	19	100.00	13	13	100.00	15	15
Ionia	100.00	32	32	100.00	33	33	100.00	25	25
Kalamazoo	100.00	41	41	100.00	33	33	100.00	43	43
Lapeer	95.83	24	23	100.00	19	19	100.00	37	37
Lenawee	100.00	27	27	100.00	32	32	100.00	28	28
Lifeways	96.15	26	25	100.00	26	26	100.00	23	23
Livingston	100.00	15	15	100.00	14	14	100.00	22	22
Macomb	99.21	126	125	99.28	139	138	100.00	138	138
Manistee-Benzie	100.00	25	25	87.50	32	28	100.00	18	18
Monroe	100.00	31	31	100.00	34	34	100.00	17	17
Montcalm	100.00	24	24	100.00	22	22	100.00	28	28
Muskegon	98.82	85	84	100.00	74	74	96.92	65	63
network180	98.84	430	425	99.24	393	390	100.00	362	362
Newaygo	100.00	14	14	100.00	11	11	100.00	14	14
Northern Lakes	89.56	182	163	91.14	158	144	99.33	149	148
Northeast	95.83	24	23	100.00	35	35	100.00	21	21
North Country	99.43	175	174	100.00	140	140	100.00	91	91
Northpointe	100.00	14	14	100.00	9	9	100.00	18	18
Oakland	99.22	129	128	100.00	136	136	97.60	125	122
Ottawa	95.00	20	19	100.00	19	19	100.00	27	27
Pathways	100.00	19	19	100.00	27	27	100.00	23	23
Pines	100.00	46	46	98.48	66	65	100.00	39	39
Saginaw	100.00	51	51	100.00	40	40	98.41	63	62
Sanilac	100.00	33	33	100.00	19	19	100.00	10	10
Shiawassee	97.37	38	37	93.10	29	27	100.00	35	35
St. Clair	100.00	70	70	100.00	73	73	100.00	59	59
St. Joseph	98.39	62	61	96.49	57	55	100.00	36	36
Summit Pointe	98.79	165	163	99.53	213	212	99.46	186	185
Tuscola	100.00	26	26	100.00	12	12	100.00	13	13
Van Buren	100.00	35	35	100.00	35	35	100.00	23	23
Washtenaw	100.00	38	38	100.00	32	32	100.00	11	11
West Michigan	89.80	49	44	96.08	51	49	100.00	48	48
Woodlands	100.00	25	25	100.00	32	32	100.00	16	16
Total		3,224	3,167		2,970	2,918		2,591	2,564

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 2b: The Percentage of New Adults with Mental Illness Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# MI Adults Received Assessment Following 1st Request	# MI Adults Received Assessment within 14 Calendar Days	Percentage	# MI Adults Received Assessment Following 1st Request	# MI Adults Received Assessment within 14 Calendar Days	Percentage	# MI Adults Received Assessment Following 1st Request	# MI Adults Received Assessment within 14 Calendar Days
Allegan	100.00	114	114	98.90	91	90	100.00	57	57
AuSable	98.63	146	144	100.00	95	95	92.71	96	89
Barry	99.03	103	102	100.00	119	119	100.00	131	131
Bay-Arenac	98.24	170	167	97.01	134	130	99.45	182	181
Berrien	97.72	219	214	81.31	214	174	98.59	142	140
CEI	97.67	43	42	90.67	75	68	92.73	55	51
CMH Central MI	99.50	202	201	99.57	235	234	98.76	241	238
Copper	100.00	14	14	94.44	18	17	100.00	24	24
Detroit-Wayne	93.97	531	499	97.56	451	440	94.14	444	418
Genesee	96.82	440	426	97.66	470	459	96.59	499	482
Gogebic	100.00	14	14	100.00	13	13	100.00	15	15
Gratiot	100.00	28	28	100.00	20	20	100.00	39	39
Hiawatha	100.00	25	25	100.00	13	13	100.00	26	26
Huron	100.00	47	47	95.45	44	42	100.00	46	46
Ionia	100.00	112	112	100.00	99	99	100.00	99	99
Kalamazoo	100.00	54	54	100.00	48	48	100.00	78	78
Lapeer	97.83	92	90	100.00	97	97	100.00	96	96
Lenawee	99.03	103	102	99.07	108	107	100.00	114	114
Lifeways	100.00	41	41	100.00	61	61	98.55	69	68
Livingston	100.00	23	23	100.00	27	27	100.00	43	43
Macomb	99.66	295	294	99.42	345	343	99.75	400	399
Manistee-Benzie	100.00	48	48	94.23	52	49	100.00	67	67
Monroe	100.00	55	55	100.00	69	69	98.65	74	73
Montcalm	100.00	56	56	100.00	54	54	100.00	70	70
Muskegon	100.00	211	211	98.75	240	237	100.00	284	284
network180	99.68	926	923	98.99	889	880	99.41	848	843
Newaygo	100.00	28	28	100.00	27	27	100.00	42	42
Northern Lakes	99.62	265	264	99.66	298	297	100.00	296	296
Northeast	98.75	80	79	94.57	92	87	98.70	77	76
North Country	100.00	248	248	100.00	223	223	99.61	257	256
Northpointe	100.00	26	26	100.00	50	50	100.00	27	27
Oakland	98.75	480	474	97.97	492	482	99.12	454	450
Ottawa	100.00	125	125	98.18	165	162	100.00	103	103
Pathways	100.00	29	29	100.00	35	35	96.55	29	28
Pines	99.21	127	126	98.86	175	173	100.00	145	145
Saginaw	100.00	43	43	100.00	59	59	100.00	54	54
Sanilac	96.43	56	54	96.39	83	80	97.87	47	46
Shiawassee	98.72	78	77	98.89	90	89	98.92	93	92
St. Clair	100.00	215	215	98.35	243	239	98.80	249	246
St. Joseph	100.00	100	100	100.00	86	86	100.00	92	92
Summit Pointe	99.28	418	415	99.80	488	487	98.71	544	537
Tuscola	100.00	50	50	100.00	23	23	100.00	27	27
Van Buren	100.00	161	161	100.00	143	143	100.00	128	128
Washtenaw	93.75	32	30	93.94	33	31	96.30	27	26
West Michigan	90.00	60	54	81.44	97	79	98.95	95	94
Woodlands	100.00	61	61	100.00	61	61	100.00	61	61
Total		6,794	6,705		7,044	6,898		7,086	6,997

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 2c: The Percentage of New Children with Developmental Disabilities Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# DD Children Received Assessment Following 1st Request	# DD Children Received Assessment within 14 Calendar Days	Percentage	# DD Children Received Assessment Following 1st Request	# DD Children Received Assessment within 14 Calendar Days	Percentage	# DD Children Received Assessment Following 1st Request	# DD Children Received Assessment within 14 Calendar Days
Allegan	100.00	1	1	100.00	1	1	100.00	3	3
AuSable	.	0	0	.	0	0	-	0	0
Barry	100.00	1	1	100.00	2	2	-	0	0
Bay-Arenac	100.00	1	1	100.00	1	1	100.00	1	1
Berrien	100.00	5	5	100.00	5	5	100.00	6	6
CEI	100.00	6	6	100.00	8	8	100.00	14	14
CMH Central MI	100.00	10	10	100.00	6	6	100.00	6	6
Copper	100.00	1	1	100.00	1	1	100.00	1	1
Detroit-Wayne	70.37	54	38	90.32	62	56	96.43	56	54
Genesee	100.00	4	4	100.00	4	4	100.00	5	5
Gogebic	.	0	0	100.00	3	3	-	0	0
Gratiot	100.00	2	2	100.00	6	6	-	0	0
Hiawatha	100.00	3	3	.	0	0	100.00	6	6
Huron	.	0	0	100.00	1	1	-	0	0
Ionia	100.00	4	4	100.00	3	3	-	0	0
Kalamazoo	100.00	7	7	100.00	5	5	100.00	4	4
Lapeer	100.00	3	3	100.00	3	3	100.00	4	4
Lenawee	100.00	1	1	.	0	0	100.00	2	2
Lifeways	100.00	4	4	100.00	2	2	100.00	4	4
Livingston	100.00	4	4	100.00	3	3	100.00	6	6
Macomb	100.00	34	34	100.00	37	37	100.00	42	42
Manistee-Benzie	.	0	0	.	0	0	100.00	2	2
Monroe	100.00	5	5	100.00	4	4	100.00	2	2
Montcalm	100.00	2	2	100.00	3	3	100.00	4	4
Muskegon	100.00	12	12	100.00	10	10	100.00	8	8
network180	100.00	14	14	100.00	17	17	100.00	16	16
Newaygo	.	0	0	.	0	0	-	0	0
Northern Lakes	100.00	9	9	91.67	12	11	100.00	20	20
Northeast	100.00	5	5	100.00	2	2	-	0	0
North Country	100.00	5	5	100.00	6	6	100.00	6	6
Northpointe	.	0	0	100.00	4	4	100.00	3	3
Oakland	100.00	38	38	100.00	40	40	100.00	38	38
Ottawa	100.00	1	1	100.00	2	2	100.00	1	1
Pathways	100.00	4	4	100.00	5	5	100.00	5	5
Pines	100.00	3	3	100.00	2	2	100.00	4	4
Saginaw	100.00	12	12	100.00	10	10	100.00	4	4
Sanilac	100.00	1	1	50.00	2	1	100.00	1	1
Shiawassee	.	0	0	.	0	0	-	0	0
St. Clair	100.00	13	13	100.00	16	16	100.00	12	12
St. Joseph	100.00	1	1	100.00	1	1	100.00	2	2
Summit Pointe	100.00	1	1	100.00	4	4	100.00	10	10
Tuscola	100.00	2	2	100.00	1	1	100.00	2	2
Van Buren	100.00	1	1	100.00	3	3	100.00	3	3
Washtenaw	100.00	1	1	.	0	0	100.00	1	1
West Michigan	100.00	1	1	100.00	1	1	100.00	2	2
Woodlands	100.00	1	1	100.00	1	1	100.00	1	1
Total		277	261		299	291		307	305

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 2d: The Percentage of New Adults with Developmental Disabilities Receiving a Face-to-Face Assessment with a Professional Within 14 Calendar Days of a Non-Emergent Request for Service

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# DD Adults Received Assessment Following 1st Request	# DD Adults Received Assessment within 14 Calendar Days	Percentage	# DD Adults Received Assessment Following 1st Request	# DD Adults Received Assessment within 14 Calendar Days	Percentage	# DD Adults Received Assessment Following 1st Request	# DD Adults Received Assessment within 14 Calendar Days
Allegan	100.00	7	7	100.00	3	3	100.00	4	4
AuSable	.	0	0	100.00	2	2	-	0	0
Barry	.	0	0	100.00	4	4	100.00	5	5
Bay-Arenac	100.00	6	6	100.00	5	5	100.00	3	3
Berrien	94.12	17	16	95.00	20	19	100.00	18	18
CEI	100.00	16	16	100.00	13	13	100.00	12	12
CMH Central MI	100.00	11	11	100.00	7	7	100.00	19	19
Copper	75.00	4	3	100.00	1	1	100.00	3	3
Detroit-Wayne	58.18	55	32	92.31	39	36	92.00	75	69
Genesee	100.00	3	3	100.00	5	5	100.00	3	3
Gogebic	100.00	1	1	.	0	0	-	0	0
Gratiot	100.00	1	1	100.00	1	1	100.00	2	2
Hiawatha	.	0	0	100.00	3	3	100.00	3	3
Huron	.	0	0	.	0	0	100.00	1	1
Ionia	100.00	3	3	100.00	2	2	100.00	2	2
Kalamazoo	100.00	7	7	100.00	4	4	100.00	7	7
Lapeer	100.00	5	5	100.00	3	3	100.00	3	3
Lenawee	100.00	2	2	100.00	3	3	100.00	5	5
Lifeways	100.00	6	6	100.00	2	2	100.00	3	3
Livingston	100.00	6	6	100.00	6	6	100.00	13	13
Macomb	97.22	36	35	100.00	53	53	100.00	46	46
Manistee-Benzie	.	0	0	100.00	1	1	-	0	0
Monroe	100.00	3	3	100.00	11	11	100.00	10	10
Montcalm	100.00	2	2	100.00	4	4	100.00	3	3
Muskegon	100.00	12	12	100.00	14	14	100.00	17	17
network180	100.00	36	36	100.00	41	41	100.00	38	38
Newaygo	100.00	1	1	100.00	1	1	-	0	0
Northern Lakes	100.00	18	18	100.00	19	19	100.00	12	12
Northeast	.	0	0	100.00	6	6	100.00	5	5
North Country	100.00	4	4	100.00	7	7	100.00	8	8
Northpointe	100.00	4	4	100.00	6	6	100.00	10	10
Oakland	100.00	52	52	100.00	52	52	100.00	44	44
Ottawa	90.91	11	10	100.00	8	8	100.00	9	9
Pathways	100.00	1	1	100.00	6	6	100.00	3	3
Pines	100.00	6	6	90.91	11	10	100.00	3	3
Saginaw	100.00	13	13	100.00	17	17	100.00	21	21
Sanilac	100.00	2	2	100.00	2	2	100.00	4	4
Shiawassee	100.00	8	8	.	0	0	100.00	3	3
St. Clair	94.44	18	17	94.12	17	16	94.12	17	16
St. Joseph	100.00	3	3	100.00	2	2	100.00	1	1
Summit Pointe	100.00	8	8	100.00	16	16	100.00	13	13
Tuscola	100.00	3	3	100.00	5	5	100.00	3	3
Van Buren	.	0	0	100.00	5	5	100.00	7	7
Washtenaw	100.00	3	3	100.00	9	9	100.00	2	2
West Michigan	0.00	1	0	100.00	2	2	100.00	2	2
Woodlands	100.00	4	4	100.00	4	4	100.00	5	5
Total		399	370		442	436		467	460

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 3: The Percentage of New Persons Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Total Starting Ongoing Service	Total Starting Ongoing Service within 14 Calendar Days	Percentage	Total Starting Ongoing Service	Total Starting Ongoing Service within 14 Calendar Days	Percentage	Total Starting Ongoing Service	Total Starting Ongoing Service within 14 Calendar Days
Allegan	99.27	137	136	100.00	94	94	100.00	88	88
AuSable	96.91	162	157	100.00	89	89	93.83	81	76
Barry	100.00	103	103	94.90	98	93	97.06	102	99
Bay-Arenac	96.77	186	180	94.20	138	130	96.15	156	150
Berrien	98.43	191	188	94.74	171	162	96.43	112	108
CEI	98.53	136	134	100.00	112	112	100.00	85	85
CMH Central MI	97.81	365	357	98.92	371	367	98.19	386	379
Copper	97.14	35	34	100.00	32	32	100.00	29	29
Detroit-Wayne	91.26	961	877	93.70	762	714	93.73	781	732
Genesee	88.97	399	355	97.97	295	289	96.46	396	382
Gogebic	100.00	19	19	100.00	18	18	100.00	16	16
Gratiot	100.00	54	54	100.00	61	61	100.00	44	44
Hiawatha	100.00	35	35	100.00	27	27	95.24	42	40
Huron	91.84	49	45	95.00	40	38	98.28	58	57
Ionia	98.29	117	115	99.09	110	109	98.20	111	109
Kalamazoo	96.30	54	52	90.63	32	29	97.47	79	77
Lapeer	100.00	63	63	100.00	55	55	100.00	60	60
Lenawee	97.50	40	39	100.00	52	52	97.96	49	48
Lifeways	98.65	74	73	98.97	97	96	98.11	106	104
Livingston	100.00	56	56	100.00	52	52	100.00	91	91
Macomb	91.75	400	367	91.78	450	413	97.82	505	494
Manistee-Benzie	100.00	36	36	96.55	29	28	100.00	43	43
Monroe	100.00	94	94	100.00	108	108	100.00	99	99
Montcalm	95.92	49	47	88.33	60	53	97.26	73	71
Muskegon	97.90	238	233	96.59	205	198	96.62	237	229
network180	95.12	778	740	88.70	752	667	94.44	738	697
Newaygo	100.00	31	31	100.00	27	27	100.00	41	41
Northern Lakes	97.08	342	332	98.42	317	312	97.82	321	314
Northeast	90.48	105	95	93.90	82	77	98.15	54	53
North Country	99.54	218	217	97.46	197	192	100.00	197	197
Northpointe	95.24	21	20	81.63	49	40	100.00	34	34
Oakland	98.89	633	626	98.89	628	621	97.38	610	594
Ottawa	76.36	110	84	86.89	122	106	93.86	114	107
Pathways	94.44	36	34	94.38	89	84	92.86	42	39
Pines	96.79	156	151	98.84	172	170	99.39	165	164
Saginaw	95.51	89	85	88.31	77	68	93.75	96	90
Sanilac	98.70	77	76	100.00	97	97	100.00	60	60
Shiawassee	99.08	109	108	95.45	88	84	98.96	96	95
St. Clair	96.83	252	244	97.28	257	250	96.60	324	313
St. Joseph	95.92	98	94	94.67	75	71	96.23	53	51
Summit Pointe	97.79	272	266	97.32	299	291	98.76	404	399
Tuscola	87.69	65	57	96.77	31	30	100.00	19	19
Van Buren	100.00	123	123	100.00	113	113	100.00	70	70
Washtenaw	97.75	89	87	100.00	95	95	96.08	51	49
West Michigan	98.20	167	164	98.51	202	199	98.82	170	168
Woodlands	100.00	61	61	97.26	73	71	98.59	71	70
Total		7,885	7,544		7,400	7,084		7,559	7,334

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 3a: The Percentage of New Children with Emotional Disturbance Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Total MI Children Starting Ongoing Service	# MI Children Started Ongoing Service within 14 Calendar Days	Percentage	Total MI Children Starting Ongoing Service	# MI Children Started Ongoing Service within 14 Calendar Days	Percentage	Total MI Children Starting Ongoing Service	# MI Children Started Ongoing Service within 14 Calendar Days
Allegan	100.00	33	33	100.00	27	27	100.00	27	27
AuSable	98.28	58	57	100.00	24	24	100.00	21	21
Barry	100.00	24	24	92.31	26	24	94.44	18	17
Bay-Arenac	100.00	53	53	92.11	38	35	100.00	21	21
Berrien	100.00	53	53	96.55	29	28	96.00	25	24
CEI	98.78	82	81	100.00	54	54	100.00	55	55
CMH Central MI	96.06	127	122	98.37	123	121	98.02	101	99
Copper	100.00	20	20	100.00	17	17	100.00	7	7
Detroit-Wayne	94.29	350	330	94.27	262	247	90.40	250	226
Genesee	98.95	95	94	97.85	93	91	98.95	95	94
Gogebic	100.00	8	8	100.00	4	4	100.00	7	7
Gratiot	100.00	31	31	100.00	35	35	100.00	12	12
Hiawatha	100.00	12	12	100.00	10	10	100.00	12	12
Huron	85.71	14	12	92.31	13	12	91.67	12	11
Ionia	96.00	25	24	100.00	29	29	90.00	20	18
Kalamazoo	94.12	17	16	100.00	8	8	91.30	23	21
Lapeer	100.00	12	12	100.00	8	8	100.00	19	19
Lenawee	100.00	8	8	100.00	17	17	100.00	17	17
Lifeways	100.00	29	29	97.44	39	38	93.10	29	27
Livingston	100.00	16	16	100.00	11	11	100.00	24	24
Macomb	90.53	95	86	90.10	101	91	97.30	111	108
Manistee-Benzie	100.00	10	10	100.00	7	7	100.00	8	8
Monroe	100.00	32	32	100.00	32	32	100.00	21	21
Montcalm	91.67	12	11	80.00	15	12	100.00	19	19
Muskegon	97.30	74	72	95.74	47	45	100.00	41	41
network180	91.75	303	278	71.76	255	183	93.85	260	244
Newaygo	100.00	8	8	100.00	9	9	100.00	16	16
Northern Lakes	96.27	134	129	98.10	105	103	100.00	93	93
Northeast	88.46	26	23	95.45	22	21	100.00	14	14
North Country	100.00	101	101	100.00	72	72	100.00	56	56
Northpointe	100.00	11	11	71.43	7	5	100.00	12	12
Oakland	98.61	72	71	95.88	97	93	98.70	77	76
Ottawa	78.95	19	15	91.67	12	11	94.74	19	18
Pathways	91.67	12	11	91.67	36	33	93.75	16	15
Pines	100.00	43	43	100.00	38	38	100.00	30	30
Saginaw	95.12	41	39	82.14	28	23	86.49	37	32
Sanilac	96.77	31	30	100.00	21	21	100.00	10	10
Shiawassee	100.00	33	33	100.00	19	19	100.00	21	21
St. Clair	96.15	52	50	98.04	51	50	100.00	56	56
St. Joseph	93.62	47	44	95.00	40	38	95.00	20	19
Summit Pointe	98.51	67	66	92.75	69	64	99.02	102	101
Tuscola	95.65	23	22	100.00	10	10	100.00	5	5
Van Buren	100.00	20	20	100.00	21	21	100.00	6	6
Washtenaw	100.00	38	38	100.00	34	34	100.00	11	11
West Michigan	96.43	56	54	98.44	64	63	97.22	36	35
Woodlands	100.00	18	18	100.00	23	23	100.00	16	16
Total		2,445	2,350		2,102	1,961		1,908	1,842

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 3b: The Percentage of New Adults with Mental Illness Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Total MI Adults Starting Ongoing Service	# MI Adults Started Ongoing Service within 14 Calendar Days	Percentage	Total MI Adults Starting Ongoing Service	# MI Adults Started Ongoing Service within 14 Calendar Days	Percentage	Total MI Adults Starting Ongoing Service	# MI Adults Started Ongoing Service within 14 Calendar Days
Allegan	98.96	96	95	100.00	63	63	100.00	54	54
AuSable	96.15	104	100	100.00	64	64	91.67	60	55
Barry	100.00	78	78	95.65	69	66	97.53	81	79
Bay-Arenac	95.35	129	123	94.90	98	93	95.49	133	127
Berrien	97.69	130	127	94.66	131	124	96.34	82	79
CEI	97.56	41	40	100.00	44	44	100.00	30	30
CMH Central MI	98.70	231	228	99.17	242	240	98.16	272	267
Copper	100.00	12	12	100.00	12	12	100.00	18	18
Detroit-Wayne	90.21	531	479	93.06	389	362	98.17	383	376
Genesee	83.71	264	221	97.86	187	183	95.29	276	263
Gogebic	100.00	10	10	100.00	12	12	100.00	9	9
Gratiot	100.00	20	20	100.00	19	19	100.00	30	30
Hiawatha	100.00	21	21	100.00	15	15	100.00	23	23
Huron	94.29	35	33	96.30	27	26	100.00	46	46
Ionia	98.86	88	87	98.68	76	75	100.00	89	89
Kalamazoo	96.77	31	30	89.47	19	17	100.00	50	50
Lapeer	100.00	44	44	100.00	41	41	100.00	35	35
Lenawee	96.55	29	28	100.00	32	32	96.00	25	24
Lifeways	97.37	38	37	100.00	52	52	100.00	67	67
Livingston	100.00	30	30	100.00	30	30	100.00	49	49
Macomb	93.16	234	218	93.66	284	266	97.86	327	320
Manistee-Benzie	100.00	26	26	95.45	22	21	100.00	35	35
Monroe	100.00	53	53	100.00	64	64	100.00	64	64
Montcalm	97.22	36	35	92.50	40	37	95.92	49	47
Muskegon	98.61	144	142	97.10	138	134	96.05	177	170
network180	97.56	451	440	97.42	465	453	94.64	448	424
Newaygo	100.00	22	22	100.00	17	17	100.00	25	25
Northern Lakes	98.94	189	187	98.95	190	188	97.57	206	201
Northeast	90.41	73	66	92.45	53	49	97.30	37	36
North Country	99.09	110	109	96.49	114	110	100.00	130	130
Northpointe	85.71	7	6	76.67	30	23	100.00	15	15
Oakland	98.75	480	474	99.32	443	440	96.70	454	439
Ottawa	75.29	85	64	86.11	108	93	94.25	87	82
Pathways	100.00	21	21	97.78	45	44	94.74	19	18
Pines	96.30	108	104	99.19	123	122	99.22	129	128
Saginaw	97.44	39	38	92.11	38	35	97.67	43	42
Sanilac	100.00	41	41	100.00	72	72	100.00	45	45
Shiawassee	98.57	70	69	94.20	69	65	98.65	74	73
St. Clair	96.61	177	171	97.25	182	177	95.53	246	235
St. Joseph	97.92	48	47	100.00	31	31	100.00	31	31
Summit Pointe	97.50	200	195	99.54	219	218	99.30	287	285
Tuscola	82.05	39	32	94.12	17	16	100.00	12	12
Van Buren	100.00	103	103	100.00	86	86	100.00	60	60
Washtenaw	95.56	45	43	100.00	45	45	94.59	37	35
West Michigan	99.06	106	105	98.50	133	131	99.24	131	130
Woodlands	100.00	38	38	95.56	45	43	98.00	50	49
Total		4,907	4,692		4,695	4,550		5,030	4,901

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 3c: The Percentage of New Children with Developmental Disabilities Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Total DD Children Starting Ongoing Service	# DD Children Started Ongoing Service within 14 Calendar Days	Percentage	Total DD Children Starting Ongoing Service	# DD Children Started Ongoing Service within 14 Calendar Days	Percentage	Total DD Children Starting Ongoing Service	# DD Children Started Ongoing Service within 14 Calendar Days
Allegan	100.00	1	1	100.00	1	1	100.00	3	3
AuSable	.	0	0	.	0	0	-	0	0
Barry	100.00	1	1	100.00	1	1	-	0	0
Bay-Arenac	.	0	0	.	0	0	-	0	0
Berrien	100.00	3	3	100.00	6	6	100.00	2	2
CEI	100.00	3	3	100.00	6	6	-	0	0
CMH Central MI	100.00	3	3	100.00	2	2	100.00	2	2
Copper	.	0	0	100.00	1	1	-	0	0
Detroit-Wayne	85.11	47	40	92.31	65	60	92.19	64	59
Genesee	100.00	18	18	100.00	6	6	100.00	9	9
Gogebic	100.00	1	1	100.00	2	2	-	0	0
Gratiot	100.00	2	2	100.00	6	6	-	0	0
Hiawatha	100.00	2	2	.	0	0	75.00	4	3
Huron	.	0	0	.	0	0	-	0	0
Ionia	100.00	1	1	100.00	4	4	-	0	0
Kalamazoo	100.00	1	1	80.00	5	4	100.00	2	2
Lapeer	100.00	2	2	100.00	2	2	100.00	4	4
Lenawee	100.00	2	2	.	0	0	100.00	2	2
Lifeways	100.00	2	2	100.00	5	5	100.00	5	5
Livingston	100.00	5	5	100.00	5	5	100.00	3	3
Macomb	94.29	35	33	83.33	24	20	100.00	31	31
Manistee-Benzie	.	0	0	.	0	0	-	0	0
Monroe	100.00	5	5	100.00	2	2	100.00	2	2
Montcalm	100.00	1	1	100.00	1	1	100.00	3	3
Muskegon	100.00	12	12	90.91	11	10	100.00	7	7
network180	100.00	2	2	100.00	3	3	100.00	2	2
Newaygo	.	0	0	.	0	0	-	0	0
Northern Lakes	100.00	6	6	100.00	7	7	85.71	14	12
Northeast	100.00	6	6	100.00	2	2	-	0	0
North Country	100.00	4	4	100.00	4	4	100.00	5	5
Northpointe	100.00	1	1	100.00	4	4	100.00	2	2
Oakland	100.00	40	40	100.00	41	41	100.00	31	31
Ottawa	100.00	1	1	.	0	0	100.00	1	1
Pathways	100.00	2	2	80.00	5	4	75.00	4	3
Pines	50.00	2	1	75.00	4	3	100.00	2	2
Saginaw	100.00	5	5	100.00	1	1	100.00	2	2
Sanilac	100.00	2	2	100.00	2	2	100.00	1	1
Shiawassee	.	0	0	.	0	0	-	0	0
St. Clair	100.00	9	9	100.00	13	13	100.00	8	8
St. Joseph	100.00	1	1	.	0	0	100.00	1	1
Summit Pointe	.	0	0	66.67	3	2	100.00	4	4
Tuscola	100.00	1	1	100.00	1	1	100.00	1	1
Van Buren	.	0	0	100.00	2	2	100.00	1	1
Washtenaw	100.00	1	1	100.00	1	1	100.00	1	1
West Michigan	100.00	1	1	100.00	2	2	100.00	2	2
Woodlands	100.00	1	1	100.00	1	1	100.00	1	1
Total		232	222		251	237		226	217

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 3d: The Percentage of New Adults with Developmental Disabilities Starting any Needed On-going Service Within 14 Days of a Non-Emergent Assessment With a Professional

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Total DD Adults Starting Ongoing Service	# DD Adults Started Ongoing Service within 14 Calendar Days	Percentage	Total DD Adults Starting Ongoing Service	# DD Adults Started Ongoing Service within 14 Calendar Days	Percentage	Total DD Adults Starting Ongoing Service	# DD Adults Started Ongoing Service within 14 Calendar Days
Allegan	100.00	7	7	100.00	3	3	100.00	4	4
AuSable	.	0	0	100.00	1	1	-	0	0
Barry	.	0	0	100.00	2	2	100.00	3	3
Bay-Arenac	100.00	4	4	100.00	2	2	100.00	2	2
Berrien	100.00	5	5	80.00	5	4	100.00	3	3
CEI	100.00	10	10	100.00	8	8	-	0	0
CMH Central MI	100.00	4	4	100.00	4	4	100.00	11	11
Copper	66.67	3	2	100.00	2	2	100.00	4	4
Detroit-Wayne	84.85	33	28	97.83	46	45	84.52	84	71
Genesee	100.00	22	22	100.00	9	9	100.00	16	16
Gogebic	.	0	0	.	0	0	-	0	0
Gratiot	100.00	1	1	100.00	1	1	100.00	2	2
Hiawatha	.	0	0	100.00	2	2	66.67	3	2
Huron	.	0	0	.	0	0	-	0	0
Ionia	100.00	3	3	100.00	1	1	100.00	2	2
Kalamazoo	100.00	5	5	.	0	0	100.00	4	4
Lapeer	100.00	5	5	100.00	4	4	100.00	2	2
Lenawee	100.00	1	1	100.00	3	3	100.00	5	5
Lifeways	100.00	5	5	100.00	1	1	100.00	5	5
Livingston	100.00	5	5	100.00	6	6	100.00	15	15
Macomb	83.33	36	30	87.80	41	36	97.22	36	35
Manistee-Benzie	.	0	0	.	0	0	-	0	0
Monroe	100.00	4	4	100.00	10	10	100.00	12	12
Montcalm	.	0	0	75.00	4	3	100.00	2	2
Muskegon	87.50	8	7	100.00	9	9	91.67	12	11
network180	90.91	22	20	96.55	29	28	96.43	28	27
Newaygo	100.00	1	1	100.00	1	1	-	0	0
Northern Lakes	76.92	13	10	93.33	15	14	100.00	8	8
Northeast	.	0	0	100.00	5	5	100.00	3	3
North Country	100.00	3	3	85.71	7	6	100.00	6	6
Northpointe	100.00	2	2	100.00	8	8	100.00	5	5
Oakland	100.00	41	41	100.00	47	47	100.00	48	48
Ottawa	80.00	5	4	100.00	2	2	85.71	7	6
Pathways	0.00	1	0	100.00	3	3	100.00	3	3
Pines	100.00	3	3	100.00	7	7	100.00	4	4
Saginaw	75.00	4	3	90.00	10	9	100.00	14	14
Sanilac	100.00	3	3	100.00	2	2	100.00	4	4
Shiawassee	100.00	6	6	.	0	0	100.00	1	1
St. Clair	100.00	14	14	90.91	11	10	100.00	14	14
St. Joseph	100.00	2	2	50.00	4	2	0.00	1	0
Summit Pointe	100.00	5	5	87.50	8	7	81.82	11	9
Tuscola	100.00	2	2	100.00	3	3	100.00	1	1
Van Buren	.	0	0	100.00	4	4	100.00	3	3
Washtenaw	100.00	5	5	100.00	15	15	100.00	2	2
West Michigan	100.00	4	4	100.00	3	3	100.00	1	1
Woodlands	100.00	4	4	100.00	4	4	100.00	4	4
Total		301	280		352	336		395	374

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 4a(1): The Percentage of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days -- 95% Standard

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# Children Discharged from Psychiatric Inpatient Unit	# Children Seen for Follow-up Care within 7 Days	Percentage	# Children Discharged from Psychiatric Inpatient Unit	# Children Seen for Follow-up Care within 7 Days	Percentage	# Children Discharged from Psychiatric Inpatient Unit	# Children Seen for Follow-up Care within 7 Days
Allegan	100.00	7	7	66.67	3	2	100.00	3	3
AuSable	100.00	4	4	100.00	4	4	100.00	4	4
Barry	100.00	6	6	.	0	0	80.00	5	4
Bay-Arenac	92.86	14	13	100.00	9	9	100.00	10	10
Berrien	100.00	1	1	100.00	1	1	100.00	2	2
CEI	100.00	3	3	100.00	5	5	100.00	9	9
CMH Central MI	100.00	10	10	100.00	8	8	100.00	11	11
Copper	100.00	1	1	100.00	3	3	100.00	3	3
Detroit-Wayne	88.55	131	116	96.25	80	77	95.56	90	86
Genesee	96.30	27	26	100.00	28	28	100.00	25	25
Gogebic	.	0	0	.	0	0	100.00	1	1
Gratiot	100.00	2	2	100.00	3	3	100.00	3	3
Hiawatha	100.00	1	1	100.00	2	2	100.00	5	5
Huron	100.00	3	3	100.00	2	2	100.00	3	3
Ionia	.	0	0	100.00	1	1	100.00	1	1
Kalamazoo	100.00	21	21	100.00	6	6	100.00	12	12
Lapeer	100.00	3	3	100.00	3	3	100.00	10	10
Lenawee	100.00	3	3	100.00	3	3	100.00	3	3
Lifeways	100.00	8	8	100.00	23	23	100.00	7	7
Livingston	100.00	7	7	100.00	6	6	100.00	5	5
Macomb	97.37	38	37	98.25	57	56	100.00	36	36
Manistee-Benzie	100.00	2	2	100.00	2	2	.	0	0
Monroe	100.00	5	5	100.00	3	3	100.00	1	1
Montcalm	100.00	3	3	100.00	6	6	100.00	1	1
Muskegon	100.00	9	9	100.00	7	7	100.00	3	3
network180	95.92	49	47	96.88	32	31	92.31	39	36
Newaygo	100.00	7	7	100.00	5	5	100.00	4	4
Northern Lakes	81.82	11	9	95.45	22	21	100.00	12	12
Northeast	100.00	2	2	100.00	3	3	100.00	3	3
North Country	100.00	11	11	100.00	11	11	100.00	8	8
Northpointe	100.00	9	9	100.00	6	6	100.00	4	4
Oakland	97.78	45	44	97.73	44	43	100.00	45	45
Ottawa	100.00	4	4	100.00	6	6	100.00	4	4
Pathways	71.43	7	5	100.00	9	9	100.00	10	10
Pines	100.00	1	1	100.00	2	2	100.00	1	1
Saginaw	100.00	6	6	88.89	9	8	100.00	8	8
Sanilac	100.00	7	7	100.00	3	3	.	0	0
Shiawassee	100.00	8	8	100.00	5	5	100.00	2	2
St. Clair	100.00	3	3	100.00	10	10	100.00	7	7
St. Joseph	100.00	1	1	100.00	3	3	100.00	2	2
Summit Pointe	100.00	5	5	100.00	6	6	100.00	3	3
Tuscola	100.00	1	1	100.00	1	1	100.00	3	3
Van Buren	100.00	1	1	100.00	1	1	100.00	1	1
Washtenaw	100.00	13	13	100.00	10	10	100.00	12	12
West Michigan	90.00	10	9	100.00	7	7	100.00	6	6
Woodlands	100.00	4	4	100.00	1	1	100.00	1	1
Total		514	488		461	452		428	420

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 4a(2): The Percentage of Adults Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# Adults Discharged from Psychiatric Inpatient Unit	# Adults Seen for Follow-up Care within 7 Days	Percentage	# Adults Discharged from Psychiatric Inpatient Unit	# Adults Seen for Follow-up Care within 7 Days	Percentage	# Adults Discharged from Psychiatric Inpatient Unit	# Adults Seen for Follow-up Care within 7 Days
Allegan	88.24	17	15	100.00	13	13	84.62	13	11
AuSable	100.00	14	14	100.00	14	14	100.00	13	13
Barry	100.00	5	5	100.00	8	8	100.00	14	14
Bay-Arenac	91.18	68	62	91.38	58	53	98.25	57	56
Berrien	96.30	27	26	100.00	23	23	100.00	26	26
CEI	96.36	55	53	94.83	58	55	88.33	60	53
CMH Central MI	98.41	63	62	100.00	68	68	98.44	64	63
Copper	100.00	17	17	100.00	7	7	100.00	12	12
Detroit-Wayne	75.14	1,046	786	92.57	794	735	93.95	678	637
Genesee	95.77	189	181	95.86	169	162	99.51	203	202
Gogebic	100.00	3	3	100.00	2	2	100.00	3	3
Gratiot	90.00	10	9	100.00	18	18	100.00	9	9
Hiawatha	97.06	34	33	100.00	25	25	100.00	15	15
Huron	94.44	18	17	100.00	17	17	100.00	8	8
Ionia	90.91	11	10	100.00	8	8	83.33	6	5
Kalamazoo	98.00	50	49	96.08	51	49	97.14	70	68
Lapeer	100.00	16	16	100.00	22	22	100.00	15	15
Lenawee	96.55	29	28	100.00	25	25	96.30	27	26
Lifeways	97.44	78	76	98.73	79	78	100.00	89	89
Livingston	100.00	19	19	100.00	21	21	100.00	22	22
Macomb	97.27	110	107	99.27	274	272	99.68	309	308
Manistee-Benzie	100.00	7	7	100.00	8	8	100.00	11	11
Monroe	100.00	31	31	100.00	41	41	100.00	44	44
Montcalm	100.00	17	17	100.00	15	15	100.00	18	18
Muskegon	100.00	36	36	100.00	32	32	97.56	41	40
network180	99.41	169	168	96.10	205	197	95.58	181	173
Newaygo	100.00	15	15	100.00	15	15	100.00	24	24
Northern Lakes	89.36	94	84	96.55	87	84	100.00	98	98
Northeast	100.00	18	18	100.00	24	24	95.65	23	22
North Country	97.06	34	33	100.00	36	36	98.33	60	59
Northpointe	100.00	19	19	100.00	15	15	100.00	18	18
Oakland	98.12	266	261	98.47	261	257	99.74	384	383
Ottawa	96.97	66	64	100.00	79	79	93.88	49	46
Pathways	97.44	39	38	97.73	44	43	96.55	58	56
Pines	95.00	20	19	100.00	7	7	100.00	9	9
Saginaw	92.73	55	51	91.67	60	55	91.43	70	64
Sanilac	100.00	11	11	94.12	17	16	100.00	12	12
Shiawassee	100.00	37	37	100.00	43	43	97.22	36	35
St. Clair	100.00	48	48	94.25	87	82	96.43	56	54
St. Joseph	100.00	8	8	92.31	13	12	100.00	9	9
Summit Pointe	100.00	38	38	100.00	46	46	100.00	56	56
Tuscola	88.24	17	15	100.00	5	5	100.00	16	16
Van Buren	100.00	9	9	100.00	5	5	100.00	5	5
Washtenaw	94.00	50	47	96.67	60	58	95.24	42	40
West Michigan	96.00	25	24	96.55	29	28	96.30	27	26
Woodlands	100.00	10	10	100.00	6	6	100.00	11	11
Total		3,018	2,696		2,994	2,884		3,071	2,984

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 6: Percentage of Face-to-Face Assessments with Professional that Result in Decisions to Deny CMHSP Services

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	# of Persons Receiving Initial Non-Emergent Assessment	# of Persons Assessed but Denied CMHSP Service	Percentage	# of Persons Receiving Initial Non-Emergent Assessment	# of Persons Assessed but Denied CMHSP Service	Percentage	# of Persons Receiving Initial Non-Emergent Assessment	# of Persons Assessed but Denied CMHSP Service
Allegan	12.27	163	20	25.78	128	33	11.83	93	11
AuSable	0.00	258	0	0.00	155	0	1.96	153	3
Barry	3.17	189	6	11.11	207	23	12.50	184	23
Bay-Arenac	0.40	248	1	1.02	197	2	0.89	225	2
Berrien	7.74	310	24	3.81	289	11	4.08	196	8
CEI	2.80	286	8	1.67	180	3	2.93	239	7
CMH Central MI	0.00	365	0	0.00	434	0	0.00	41	0
Copper	2.08	48	1	2.17	46	1	4.65	43	2
Detroit-Wayne	0.00	1,018	0	0.00	846	0	0.82	857	7
Genesee	42.46	1,246	529	47.52	949	451	38.39	1,068	410
Gogebic	0.00	28	0	5.00	20	1	0.00	24	0
Gratiot	0.00	98	0	0.00	82	0	0.00	92	0
Hiawatha	6.82	44	3	9.52	42	4	11.90	42	5
Huron	4.00	75	3	0.00	75	0	1.20	83	1
Ionia	0.00	230	0	0.00	232	0	0.00	205	0
Kalamazoo	0.00	112	0	19.15	94	18	8.15	135	11
Lapeer	0.65	153	1	1.25	160	2	1.24	161	2
Lenawee	24.44	135	33	24.83	145	36	38.26	149	57
Lifeways	12.39	113	14	6.15	130	8	0.71	141	1
Livingston	1.89	53	1	1.89	53	1	0.00	94	0
Macomb	0.74	542	4	0.77	651	5	1.00	700	7
Manistee-Benzie	22.37	76	17	24.72	89	22	38.04	92	35
Monroe	6.25	96	6	1.68	119	2	1.89	106	2
Montcalm	22.47	89	20	16.28	86	14	20.00	110	22
Muskegon	8.02	324	26	9.17	338	31	10.58	378	40
network180	6.25	1,408	88	8.79	1,343	118	8.54	1,265	108
Newaygo	2.27	44	1	2.56	39	1	0.00	57	0
Northern Lakes	11.24	498	56	16.63	511	85	12.60	500	63
Northeast	8.63	139	12	14.11	163	23	9.65	114	11
North Country	17.50	503	88	17.84	454	81	20.98	429	90
Northpointe	46.67	45	21	30.00	80	24	8.47	59	5
Oakland	4.54	749	34	1.32	760	10	1.43	701	10
Ottawa	18.34	169	31	15.46	207	32	14.01	157	22
Pathways	1.85	54	1	10.00	80	8	15.87	63	10
Pines	1.88	213	4	5.26	285	15	4.42	249	11
Saginaw	6.38	141	9	16.89	148	25	8.81	159	14
Sanilac	1.72	116	2	0.73	137	1	6.15	65	4
Shiawassee	3.28	122	4	1.77	113	2	7.30	137	10
St. Clair	1.27	316	4	1.13	355	4	5.10	353	18
St. Joseph	11.76	170	20	17.37	190	33	28.89	135	39
Summit Pointe	0.00	711	0	0.00	613	0	0.00	828	0
Tuscola	1.00	100	1	3.64	55	2	0.00	50	0
Van Buren	0.00	199	0	0.00	189	0	0.00	163	0
Washtenaw	0.00	71	0	0.00	77	0	30.19	53	16
West Michigan	30.25	119	36	30.00	160	48	31.54	149	47
Woodlands	0.00	91	0	0.76	132	1	0.00	95	0
Total		12,277	1,129		11,838	1,181		11,392	1,134

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 7: Percentage of Section 705 Second Opinions Requested Resulting in the Delivery of Service

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	# of Persons Requesting Second Opinion	# of Persons Receiving Mental Health Service Following 2nd Opinion	Percentage	# of Persons Requesting Second Opinion	# of Persons Receiving Mental Health Service Following 2nd Opinion	Percentage	# of Persons Requesting Second Opinion	# of Persons Receiving Mental Health Service Following 2nd Opinion	Percentage
Allegan	1	0	0.00	2	1	50.00	0	0	.
AuSable	0	0	.	0	0	.	0	0	.
Barry	0	0	.	0	0	.	0	0	.
Bay-Arenac	0	0	.	0	0	.	0	0	.
Berrien	0	0	.	3	3	100.00	1	1	100.00
CEI	1	0	0.00	0	0	.	0	0	.
CMH Central MI	0	.	.	0	0	.	0	0	.
Copper	0	0	.	0	0	.	1	0	0
Detroit-Wayne	0	0	.	0	0	.	0	0	.
Genesee	1	1	100.00	1	0	0.00	1	0	0.00
Gogebic	0	0	.	0	0	.	0	0	.
Gratiot	0	0	.	0	0	.	0	0	.
Hiawatha	0	0	.	0	0	.	0	0	.
Huron	0	0	.	0	0	.	0	0	.
Ionia	0	0	.	0	0	.	0	0	.
Kalamazoo	0	0	.	3	3	100.00	0	0	.
Lapeer	0	0	.	0	0	.	0	0	.
Lenawee	1	0	0.00	4	2	50.00	0	0	.
Lifeways	0	0	.	0	0	.	0	0	.
Livingston	0	0	.	0	0	.	0	0	.
Macomb	4	2	50.00	4	1	25.00	6	0	0.00
Manistee-Benzie	0	0	.	0	0	.	2	2	100
Monroe	1	0	0.00	0	0	.	4	0	0
Montcalm	0	0	.	0	0	.	1	0	0
Muskegon	0	0	.	0	0	.	1	0	0
network180	2	1	50.00	5	1	20.00	1	0	0.00
Newaygo	0	0	.	0	0	.	0	0	.
Northern Lakes	14	3	21.43	11	2	18.18	7	3	42.86
Northeast	0	0	.	0	0	.	0	0	.
North Country	1	0	0.00	3	2	66.67	0	0	.
Northpointe	3	2	66.67	4	0	0.00	0	0	.
Oakland	12	6	50.00	0	0	.	0	0	.
Ottawa	7	1	14.29	7	2	28.57	5	1	20.00
Pathways	0	0	.	0	0	.	0	0	.
Pines	0	0	.	1	1	100.00	2	2	100.00
Saginaw	0	0	.	0	0	.	1	0	0
Sanilac	0	0	.	0	0	.	0	0	.
Shiawassee	0	0	.	0	0	.	0	0	.
St. Clair	0	0	.	0	0	.	0	0	.
St. Joseph	0	0	.	0	0	.	0	0	.
Summit Pointe	0	0	.	0	0	.	0	0	.
Tuscola	0	0	.	0	0	.	0	0	.
Van Buren	0	0	.	0	0	.	0	0	.
Washtenaw	0	0	.	0	0	.	1	0	0
West Michigan	0	0	.	0	0	.	0	0	.
Woodlands	0	0	.	0	0	.	0	0	.
Total	48	16		48	18		34	9	

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 12a: The Percentage of Children Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days of Discharge From a Psychiatric Inpatient Unit

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Number of Children Discharged from Inpatient Care	# Children Discharged that were Readmitted Within 30 Days	Percentage	Number of Children Discharged from Inpatient Care	# Children Discharged that were Readmitted Within 30 Days	Percentage	Number of Children Discharged from Inpatient Care	# Children Discharged that were Readmitted Within 30 Days
Allegan	25.00	8	2	0.00	6	0	0.00	4	0
AuSable	0.00	6	0	0.00	4	0	0.00	4	0
Barry	0.00	6	0	.	0	0	0.00	6	0
Bay-Arenac	0.00	17	0	25.00	12	3	0.00	12	0
Berrien	0.00	5	0	0.00	3	0	0.00	4	0
CEI	0.00	7	0	0.00	7	0	14.29	14	2
CMH Central MI	0.00	10	0	12.50	8	1	0.00	11	0
Copper	.	0	0	0.00	3	0	0.00	3	0
Detroit-Wayne	6.27	303	19	5.51	272	15	6.03	232	14
Genesee	2.86	35	1	11.11	36	4	16.22	37	6
Gogebic	.	0	0	.	0	0	0.00	2	0
Gratiot	0.00	3	0	0.00	4	0	33.33	3	1
Hiawatha	0.00	1	0	0.00	4	0	14.29	7	1
Huron	0.00	3	0	0.00	3	0	33.33	3	1
Ionia	.	0	0	0.00	1	0	0.00	1	0
Kalamazoo	9.09	22	2	0.00	12	0	21.43	14	3
Lapeer	0.00	4	0	0.00	3	0	13.33	15	2
Lenawee	0.00	4	0	0.00	3	0	0.00	3	0
Lifeways	6.67	15	1	16.67	30	5	13.33	15	2
Livingston	22.22	9	2	11.11	9	1	12.50	8	1
Macomb	15.38	78	12	13.79	87	12	8.16	49	4
Manistee-Benzie	0.00	2	0	0.00	2	0	.	0	0
Monroe	100.00	5	5	33.33	3	1	0.00	1	0
Montcalm	0.00	3	0	33.33	6	2	0.00	1	0
Muskegon	0.00	13	0	10.00	10	1	28.57	7	2
network180	5.77	52	3	9.09	33	3	4.76	42	2
Newaygo	0.00	7	0	0.00	5	0	0.00	4	0
Northern Lakes	7.14	14	1	15.15	33	5	0.00	12	0
Northeast	0.00	3	0	0.00	7	0	0.00	3	0
North Country	12.50	16	2	0.00	24	0	7.14	14	1
Northpointe	6.67	15	1	21.43	14	3	0.00	10	0
Oakland	2.94	68	2	6.45	93	6	4.11	73	3
Ottawa	0.00	6	0	11.11	9	1	10.00	10	1
Pathways	27.27	11	3	44.44	18	8	14.29	14	2
Pines	0.00	2	0	0.00	2	0	0.00	1	0
Saginaw	100.00	7	7	10.00	10	1	11.11	9	1
Sanilac	0.00	7	0	0.00	3	0	0.00	3	0
Shiawassee	12.50	8	1	0.00	5	0	0.00	2	0
St. Clair	0.00	4	0	8.33	12	1	11.11	9	1
St. Joseph	0.00	3	0	25.00	4	1	0.00	3	0
Summit Pointe	0.00	6	0	0.00	10	0	14.29	7	1
Tuscola	0.00	1	0	0.00	1	0	0.00	3	0
Van Buren	0.00	1	0	0.00	2	0	0.00	2	0
Washtenaw	5.00	20	1	5.56	18	1	11.76	17	2
West Michigan	30.00	10	3	12.50	8	1	33.33	6	2
Woodlands	100.00	4	4	0.00	1	0	0.00	1	0
Total		824	72		840	76		701	55

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

Indicator 12b: The Percentage of Adults Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days of Discharge From a Psychiatric Inpatient Unit

	October - December 2007 QTR 1			January - March 2008 QTR 2			July - September 2008 QTR 4		
	Percentage	Number of Adults Discharged from Inpatient Care	# Adults Discharged that were Readmitted Within 30 Days	Percentage	Number of Adults Discharged from Inpatient Care	# Adults Discharged that were Readmitted Within 30 Days	Percentage	Number of Adults Discharged from Inpatient Care	# Adults Discharged that were Readmitted Within 30 Days
Allegan	10.00	20	2	0.00	17	0	0.00	23	0
AuSable	7.69	26	2	13.64	22	3	10.34	29	3
Barry	14.29	7	1	0.00	10	0	4.55	22	1
Bay-Arenac	14.81	81	12	7.14	70	5	4.35	69	3
Berrien	8.33	48	4	6.52	46	3	8.00	50	4
CEI	15.87	63	10	18.18	33	6	22.22	63	14
CMH Central MI	3.17	63	2	5.88	68	4	9.38	64	6
Copper	8.33	12	1	0.00	7	0	0.00	13	0
Detroit-Wayne	13.04	2,017	263	13.31	2,329	310	13.77	2,367	326
Genesee	11.93	243	29	11.07	253	28	9.75	236	23
Gogebic	0.00	5	0	0.00	3	0	0.00	3	0
Gratiot	8.33	12	1	15.00	20	3	0.00	10	0
Hiawatha	19.51	41	8	28.57	28	8	5.56	18	1
Huron	22.22	18	4	5.56	18	1	23.08	13	3
Ionia	0.00	6	0	0.00	8	0	0.00	7	0
Kalamazoo	6.67	60	4	17.86	56	10	9.52	84	8
Lapeer	6.06	33	2	8.33	36	3	0.00	20	0
Lenawee	9.38	32	3	0.00	25	0	17.65	34	6
Lifeways	22.94	109	25	11.65	103	12	11.48	122	14
Livingston	12.00	25	3	6.67	30	2	21.21	33	7
Macomb	13.80	384	53	20.05	434	87	17.13	537	92
Manistee-Benzie	14.29	7	1	0.00	8	0	9.09	11	1
Monroe	12.90	31	4	14.63	41	6	6.82	44	3
Montcalm	5.00	20	1	5.88	17	1	0.00	20	0
Muskegon	9.26	54	5	7.50	40	3	8.62	58	5
network180	11.48	209	24	9.36	235	22	9.36	203	19
Newaygo	18.75	16	3	13.33	15	2	15.38	26	4
Northern Lakes	9.52	105	10	12.62	103	13	9.52	105	10
Northeast	10.71	28	3	9.68	31	3	13.51	37	5
North Country	8.93	56	5	10.42	48	5	7.32	82	6
Northpointe	29.63	27	8	8.11	37	3	5.13	39	2
Oakland	11.67	317	37	11.21	348	39	11.01	336	37
Ottawa	7.79	77	6	3.45	87	3	10.67	75	8
Pathways	25.53	47	12	15.38	52	8	21.21	66	14
Pines	0.00	23	0	0.00	7	0	0.00	10	0
Saginaw	20.83	72	15	15.49	71	11	14.29	77	11
Sanilac	9.09	11	1	5.88	17	1	5.88	17	1
Shiawassee	21.62	37	8	18.18	44	8	16.67	36	6
St. Clair	13.85	65	9	19.08	131	25	15.00	80	12
St. Joseph	7.69	13	1	7.14	14	1	5.88	17	1
Summit Pointe	0.00	64	0	8.47	59	5	5.81	86	5
Tuscola	8.70	23	2	11.11	9	1	5.56	18	1
Van Buren	11.11	9	1	0.00	6	0	10.00	10	1
Washtenaw	4.35	69	3	9.33	75	7	10.00	60	6
West Michigan	7.14	28	2	13.89	36	5	11.11	27	3
Woodlands	100.00	10	10	0.00	6	0	18.18	11	2
Total		4,723	600		5,153	657		5,368	674

Source: MDCH, Division of Quality Management and Planning, FY08 CMHSP Performance Indicators.

Note: CMHSP performance indicators are not currently available for the 3rd quarter.

SECTION 404 (k)
NUMBER OF DIRECT CARE WORKERS
FY 2008

FTES'08.XLS
CMHSP: Summary total

		Estimated FTEs as of 9/30/08
(A)	The estimated FTE of direct care workers and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are managed by CMHSPs or PIHPs as of September 30, 2008 employed directly or through contracts with provider organizations.	

		Dollar amount	FTEs
DWC wage pass through GF funding	$	578,000	
Allegan CMHSP	$	3,668	174.00
AuSable Valley		3,030	143.74
Barry County		485	23.00
BAY-ARENAC BEHAVIORAL HEALTH		8,347	396.00
Berrien Mental Health Authority		5,755	273.00
CEI		19,694	934.28
Community Mental Health for Central Michigan		25,795	1,223.70
COPPER COUNTRY		3,267	155.00
DWCCMHA		143,947	6,828.76
GENESEE COUNTY CMH		37,838	1,795.00
Gogebic County CMHSP: Gogebic County CMHSP		888	42.14
Gratiot		3,019	143.20
Hiawatha		1,497	71.00
Huron Behavioral Health		2,530	120.00
Ionia Co. CMH		1,685	79.94
Kalamazoo		16,971	805.10
NETWORK180 (Kent County CMH Authority)		20,120	954.47
LAPEER		4,670	221.55
Lenawee		3,547	168.26
LifeWays		7,799	370.00
Livingston		3,888	184.46
MCCMH		53,732	2,549.00
Manistee-Benzie C.M.H.		3,002	142.42
Monroe CMH Authority		8,390	398.00
The Montcalm Center for Behavioral Health		1,621	76.90
Muskegon		13,626	646.40
newaygo		1,388	65.85
North Country CMHSP		6,251	296.55
Northeast Michigan Community Mental Health Authority		5,921	280.89
Northern Lakes Community Mental Health Directly Operated and Managed Ope		13,760	652.79
Northpointe BHS		2,108	100.00
OCCMHA		82,787	3,927.39
Ottawa		1,265	60.00
Pathways		1,522	72.20
Pines Behavioral Health		2,319	110.00
Saginaw County Community Mental Health Authority		15,030	713.00
Sanilac		4,397	208.57
Shiawassee County CMH Authority		3,299	156.50
St. Clair County Community Mental Health		8,536	404.94
St. Joseph County		3,541	168.00
SUMMIT POINTE		6,767	321.00
Tuscola Behavioral Health Systems		3,969	188.28
Van Buren CMHA		856	40.60
WASHTENAW		11,320	537.00
West Michigan Community Mental Health		1,454	69.00
Woodlands BHN		2,700	128.11
Total	$	578,000	27,419.99

SECTION 404 (3)
CMHSP CONTRACTUAL DATA
REPORTING REQUIREMENTS
FY 2008

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

MEMORANDUM

January 8, 2008

TO: PIHP Executive Directors

FROM: Mark Kielhorn, Director
Division of Program Development, Consultation and Contracts

SUBJECT: MDCH/CMHSP Managed Mental Health Supports and Services Contract Amendment No. 1 for FY 2007-08 - Action Required by March 1, 2008.

Enclosed is the contract amendment that extends the current agreement to September 30, 2008. This document is being forwarded to your office for signature. Please sign and return the two copies of the amendment to:

Division of Program Development, Consultation and Contracts
Lewis Cass Building, 5th Floor
320 South Walnut
Lansing, MI 48913

Upon return of the documents, the department's authorized representative will sign and a copy with original signatures with the complete amendment will then be returned to you. Should you have any questions regarding this contract, please call me at (517) 373-3247.

Thank you for your assistance and prompt return of signed amendment.

Enclosure

Contract Manager and Building Location:
Mark Kielhorn – Lewis Cass Building, 320 S. Walnut
Contract Number# _____

Amendment No. 1 to the Agreement Between
Michigan Department of Community Health
And
CMHSP:
For
Managed Mental Health Supports and Services

1. **Period of Agreement:** This agreement shall commence on October 1, 2005 and continue through September 30, 2008.

2. **Period of Amendment:** October 1, 2007 through September 30, 2008.

3. **Program Budget and Agreement Amount:** Total funding available for managed mental health supports and services is identified in the annual Legislative Appropriation for community mental health services programs. Payment to the CMHSP will be paid based on the funding amount specified in Attachment C 7.0.1 for the period October 1, 2007 through September 30, 2008 of this amendment. The value of this contract for FY 08 is contingent upon and subject to enactment of legislative appropriations and availability of funds.

4. **Amendment Purpose:** This amendment changes the end-date of the agreement from September 30, 2005 to September 30, 2008, incorporates FY 08 funding available for this agreement and necessary program changes.

5. **The Specific Changes are identified below:**

   Beginning October 1, 2007
   Amended Section 6.3.2 Recipient Rights and Grievance Appeals. (replace page 31 and 32 of the contract)
   Amended Attachment C.1.3.1 County of Financial Responsibility. (replace)
   Add Attachment C.4.7.1 1915(c) Home and Community Based Waiver Services and State Plan Services to Children with Serious Emotional Disturbance.

6. **Original Agreement Conditions:** It is understood and agreed that all other conditions of the original agreement remain the same.

7. **Special Certification:**
   The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or contractor.

Signature Section:

For the Michigan Department of Community Health

_____ _____
Nick Lyon, Deputy Director Date
Operations Administration

For the CONTRACTOR:

_____ _____
Title (print) Name (print)

_____ _____
Signature Date

6.1 Organizational Structure

The CMHSP shall maintain an administrative and organizational structure that supports a high quality, comprehensive managed mental health program. The CMHSP's management approach and organizational structure shall ensure effective linkages between administrative areas including: provider network services; customer services, service area network development; quality improvement and utilization review; grievance/complaint review; financial management and management information systems. Effective linkages are determined by outcomes that reflect coordinated management.

6.2 Administrative Personnel

The CMHSP shall have sufficient administrative staff and organizational components to comply with the responsibilities reflected in this contract. The CMHSP shall ensure that all staff have training, education, experience, licensing, or certification appropriate to their position and responsibilities.

The CMHSP will provide written notification to MDCH of any changes in the following senior management positions within seven (7) days:

- Administrator (Chief Executive Officer)
- Chief Operating Officer
- Medical Director and Clinical/Program Director(s)
- Chief Financial Officer
- Management Information System Director
- Customer Services Director and Recipient Rights Officer

6.3 Customer Services

6.3.1 Customer Services: General

Customer Services is an identifiable function that operates to enhance the relationship between the recipient and the CMHSP. This includes orienting new recipients to the services and benefits available including how to access them, helping recipients with all problems and questions regarding benefits, handling customer/recipient complaints and grievances in an effective and efficient manner, and tracking and reporting patterns of problem areas for the organization. This requires a system that will be available to assist at the time the customer/recipient has a need for help, and is able to help on the first contact in most situations.

6.3.2 Recipient Rights and Grievance/Appeals

The CMHSP shall establish an Office of Recipient Rights in accordance with all of the provisions of Section 755 of the Michigan Mental Health Code and for substance abuse, Section 6321 of P.A. 365 of 1978, and corresponding administrative rules.

The Community Mental Health Service Program (CMHSP) shall assure that, within the first three months of employment, the Rights Officer/Advisor and the alternate shall attend the Basic Skills Training and Creative Training Techniques workshops offered by the Department's Office of Recipient Rights. The Community Mental Health Services Program shall assure that all contractual agreements with service providers, who: (1) are required by the Mental Health Code to implement their rights system or, (2) through contractual agreement are required to implement their own rights investigation system, include language which requires staff appointed as Rights Officers/Advisors (and those identified as their alternates) to attend the Basic Skills Training and Creative Training Techniques programs offered by the Department's Office of Recipient Rights.

The CMHSP shall adhere to the requirements stated in the CMHSP Local Dispute Resolution Process, which is Attachment C 6.3.2.1 to this contract.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM, VERSION 6.0

October 1, 2008 Effective Date

The Michigan Mission-Based Performance Indicator System was first implemented in fiscal year 1997. Over the next eight years, the original list of indicators grew in number to 51. During the fiscal year 2004, the Michigan Department of Community Health (MDCH) and Quality Improvement Council measured the indicators against a set of criteria that asked:
"Is the indicator…

- Quantifiable
- Valid
- Reliable
- Sensitive to change
- Calibrated to standard
- Benefit/cost ratio positive
- Consistent with the system's values and mission
- Mandated by federal or state funders?"

The list of 51 shrunk to 12. Next considered were indicators developed by federal agencies and national associations. Finally, attempts were made to construct new indicators that might address concerns raised by the Mental Health Commission. When the proposed indicators were measured against the set of criteria, most failed to meet the test. The result is that 15 indicators were selected, approved by the QIC and MDCH, and the Contract and Financial Issues Committee of the Michigan Association of Community Mental Health Boards.

The indicators measure the performance of the CMHSPs for all persons with mental health and developmental disabilities served; the PIHPs for the Medicaid beneficiaries, including those Medicaid beneficiaries served through the auspices of the Substance Abuse Coordinating Agencies (CAs); or in some cases measure the performance of both. Since the indicators are a measure of performance, deviations from standards (where applicable) and negative statistical outliers may be addressed through contract action. Information from these 15 indicators will be published on the MDCH web site within 90 days of the close of the reporting period, following one opportunity for CMHSPs and PIHPs to make corrections.

Where possible, MDCH will use data from encounters, Quality Improvement (QI) or demographic information or Medicaid Utilization and Net Cost Reports, and CMHSP Sub-element Cost Reports to calculate the indicators. However, most of the indicators will still require separate reporting by the CMHSPs and PIHPs. This year, for the first time, PIHPs are expected to report, where noted, on Medicaid beneficiaries who receive substance abuse services through sub-contracts with CAs or substance abuse providers. Those entities will not report performance indicators for their Medicaid beneficiaries separately to the state. CMHSPs and PIHPs must use the instructions herein to collect and calculate indicators and use quality control strategies to assure accurate reporting. The External Quality Review (EQR) process will annually validate the Medicaid indicators.

Additional measures, called "dashboard indicators" and "site review indicators" will be calculated from the above data sources and used within MDCH to track patterns or trends. MDCH may use the measures to follow-up with CMHSPs and PIHPs. However, those measures will not be published on the web site.

Beginning October 1, 2007:

The CMHSP shall establish an Office of Recipient Rights in accordance with all of the provisions of Section 755 of the Michigan Mental Health Code and corresponding administrative rules.

The Community Mental Health Service Program (CMHSP) shall assure that, within the first three months of employment, the Rights Officer/Advisor and any alternate(s) shall attend and successfully complete the Basic Skills Training programs offered by the Department's Office of Recipient Rights. Within one (1) year of the effective date of employment, as training slots are available, Executive Directors hired by a CMHSP shall be required to attend a Recipient Rights training focused on the role of the Executive Director relative to the Recipient Rights protection and investigation system, when such a training is developed and made available by MDCH. In addition, every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s**)** must complete a Recipient Rights Update training as specified by the Department

The Community Mental Health Services Program shall assure that all contractual agreements with service providers, who: (1) are required by the Mental Health Code to implement their rights system or, (2) through contractual agreement are required to implement their own rights investigation system, include language which requires staff appointed as Rights Officers/Advisors (and those identified as their alternates) to attend and successfully complete the Basic Skills Training programs offered by the Department's Office of Recipient Rights.

6.3.3 Marketing

Marketing materials are materials intended to be distributed through written or other media to the community that describe the availability of services and supports and how to access those supports and services.

Such materials shall meet the following standards:

A. All such materials shall be written at the 4th grade reading level to the extent possible (i.e., sometimes necessary to include medications, diagnoses, and conditions that do not meet the 4th grade criteria).

B. All materials shall be available in the languages appropriate to the people served within the CMHSP's area. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Volume 65, August 16, 2002).

C. All such materials shall be available in alternative formats in accordance with the Americans with Disabilities Act (ADA).

D. Material shall not contain false and/or misleading information.

Marketing materials shall be available to the MDCH for review of consistency with these standards.

6.4 Provider Network Services

The CMHSP is responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of this contract.

Attachment C.1.3.1

COUNTY OF FINANCIAL RESPONSIBILITY
Technical Requirement for CMHSPs
(Revised for FY 07-08)

I. INTRODUCTION.

Lack of statutory clarity with respect to establishing County of Financial Responsibility (COFR) has, in some cases, resulted in delays of appropriate services to consumers, protracted disputes and inconsistency of resolution across the state. This is particularly true for consumers who have never received services from a state operated facility and for whom financial responsibility is thus not addressed directly by Chapter 3 of the Mental Health Code. CMHSPs are statutorily responsible for serving persons 'located' in their jurisdiction even when responsibility for payment is in question. This technical requirement provides a contractual basis for determining County of Financial Responsibility and a process for resolving disputes, regardless of funding source.

This technical requirement is based on the following principles:

- Consumer's have a right to choose where they live, unless restricted by court order.
- Consumer requests for particular providers, regardless of location, must be considered within the person-centered planning process.
- Capitation payments are intended to be a means of funding PIHPs to provide defined benefits to eligible beneficiaries within a system of services. As such, they are not intended as payment for services to any identified individual consumer. Therefore, this Requirement assumes that the receipt of a PEPM payment should not be considered in determining the COFR, nor is specific consideration of the amount of a PEPM a factor in determining the obligation to pay of the COFR.
- Funding for persons served through the Habilitation Services (1915-C) Waiver is intended to support services to named individuals. Thus, such funding should be considered when determining the payment obligation of a COFR when the consumer is served outside the COFR.
- Consumers served according to the terms of this contract must be provided appropriate service without delay resulting from issues of financial responsibility. Community Mental Health Services Programs/Prepaid inpatient Health Plans will act ethically to provide service to consumers meeting eligibility requirements when the COFR is disputed.

II. ESTABLISHING COUNTY OF RESPONSIBILITY

A. General Rule. For persons served under the terms of this contract, the financially responsible CMHSP is the one that served them in the county where they last lived independently.

B. Children. The COFR will be the county where the child and parents have their primary residence. For temporary and permanent wards of the court (including tribal), the COFR is the county served by the 'court of record', which is where the child was made a ward of the court, or where jurisdiction of the court was transferred upon movement of the child. This court is the 'court of record', which is the 'court of jurisdiction'. For adopted children, once adoption proceedings are completed, the COFR is the county where the adoptive parents have their primary residence.

In the case of divorced parents, the COFR is the county in which the parent with legal and physical custody resides. If the parents have joint legal and physical custody, the COFR is the county of residence of the parent with whom the child lives while attending school.

In the case of a child placed by parents into the custody of a legal guardian with authority to consent, the COFR is the county in which the guardian resides, for the period of the placement. If the parent(s) place the child into the custody of another adult without guardianship, the COFR remains the county where the parent with legal and physical custody resides.

In the case of a voluntary placement of a child by parents into a 24-hour dependent care facility funded by a CMHSP, the COFR is the residence of the parent with legal and physical custody at the time of placement. If the parent(s) move during the placement, upon the children's discharge, the COFR is the county in which the parent with legal and physical custody resides.

A child who is legally emancipated and establishes an independent residence shall be considered a resident of the county where he or she resides. A child who is discharged from a dependent care setting upon reaching age 18 and establishes an independent residence shall be considered a resident of the county of that residence. The General Rule (A above) shall apply to a child who attains adult status when discharged into a new dependent setting, or when that adult chooses to remain in the same dependent setting.

C. **Adults.** Consumers have the right to choose where they live, unless restricted by a court order.

- The choice shall be considered to be the consumer's/guardian's choice when it is not instigated or facilitated by a service manager or provider. Assistance by service managers or providers in a County to notify another County of the consumer's decision to move shall not be determined to be facilitation of the choice.

When a consumer, who is living dependently, chooses to relocate from County A to County B into a dependent living situation, the COFR shall remain the county in which he/she last lived independently.

When a consumer relocates to a dependent setting in County B from an independent setting in County A, County A shall remain the COFR, under any of the following circumstances:

- There is an existing agreement between County A and County B; or
- County A has continued to provide and pay for Mental Health Services; or
- The consumer requests services from County B within 120 days of relocation

When the CMH (including direct or contracted service providers), or DHS office initiates and facilitates the relocation of an adult consumer from County A to County B, County A shall remain the COFR.

When the consumer and/or his/her family wishes to obtain services in county B because services in County A have been determined to be unavailable through a Person-Centered Planning process, County A remains the COFR, with responsibility to authorize and pay for the service, if that service meets eligibility guidelines utilized by County A.

D. **Persons Living in Unlicensed Settings.** Unlicensed settings are generally considered to be independent living. The COFR is the CMHSP serving the county where the residence is located. If the consumer's Level of Care and Intensity of Service required is equivalent to a dependent living setting, the consumer shall be considered to be in dependent care for the purposes of COFR. Equivalency to dependent care shall be established when the individual's Person Centered Plan provides for provision of eight or more hours of specialized services and/or supports in the residence each day.

E. **Provision of Specialized Mental Health Treatment Services to Persons in Nursing Homes.** For provision of OBRA Specialized Services, the COFR is the county in which the nursing home is located. For mental health services which are not specialized, financial responsibility shall be assigned as in A. above.

F. **Jail.** CMHSPs are responsible to provide mental health services to their local county correctional facilities (jails) on the same basis as they provide services to other persons located in their geographical jurisdiction. CMHSPs shall work with Jail personnel to ensure that all reimbursements for health services are pursued, including the county's (not the CMHSP's) responsibility to pay for the costs of health care. If a jailed individual requires State provided inpatient care, the COFR shall be the COFR prior to the individual entering jail. When an individual is released from jail and establishes an independent residence in the county of the jail, the COFR shall be the county in which the residence is located. If the person is released into a dependent setting, the COFR shall be assigned according to the General Rule (A. above).

G. **State Correctional Facility.** When an individual is released, at the end of his/her sentence or on Parole, the COFR shall be the County in which the individual last lived independently prior to entering the correction facility, under the following circumstances:

- The individual has been receiving *specialized* mental health services in Prison, and is determined to have a continued and immediate need for services; or
- The individual requests specialized services, or is involuntarily committed for specialized services within 30 days of release AND
- Meets the eligibility standards for Medicaid or access standards of the CMHSP for GF funded services.

H. **Extent of Financial Liability.** The County which is financially responsible shall pay the full cost of authorized services provided beginning on the date the consumer enters the service system.

It is the responsibility of the serving CMHSP to notify the CMHSP which is, or may be determined under this requirement to be, the COFR that a consumer has initiated a request for service or has been served in a crisis situation. Should the consumer's clinical condition prohibit gathering of information to determine COFR, the COFR's liability shall be limited to 30 days prior to notification by the serving board.

I. **Standard for Response by COFR.** Upon notification that a consumer has requested services outside its jurisdiction, the COFR shall respond to a request by the servicing Program/PHP within the Access Standard timelines for all consumers, as specified in this contract.

J. **PEPM Payments/Medicaid Residency Status.** Serving CMHSPs shall work to change Medicaid Residency Status, and the corresponding PEPM payment, where appropriate. However, Medicaid Residency status, and the PIHP receiving the capitated payment are not determining factors in establishing COFR.

K. **Contractual Arrangements.** Nothing in this Requirement precludes a contractual arrangement between CMHSPs/PIHPs which specifies conditions, standards, or protocols other than those contained in this document, so long as those provisions are consistent with statute and regulation and do not violate provisions found elsewhere in this contract.

III. DISPUTE RESOLUTION

Good faith efforts to resolve disputes, utilizing principles of ethical conduct, and the standards contained in this document must be made prior to initiating this Dispute Resolution process. In order to facilitate informal dispute resolution, each CMHSP/PHP shall provide the name of a responsible contact person to the manager of this contract and to the MACMHB for publication on its website. This good faith effort shall include documented notification of the Executive Director of each CMHSP regarding the known facts and areas of disagreement within two business days of identification of the disagreement.

When formal Dispute Resolution is required, the following process shall be used:

A. **Dispute Resolution Committee.** A COFR Dispute Resolution Committee, consisting of three persons, shall be constituted annually, at the beginning of the fiscal year. One person shall be appointed by DCH and two shall be appointed by the MACMHB. Vacancies on the committee shall be filled within ten days. The Committee shall appoint its chair by consensus. The MACMHB shall appoint a third person who will serve as an alternate representative in cases which would present a conflict of interest for one of the regular representatives.

B. **Initiation of Dispute Resolution.** Either party may initiate dispute resolution by notifying the MACMHB and the DCH Contract Manager identified in this contract in writing.

C. **Fact Finding.** The MACMHB shall notify each Board/PIHP, and all members of the Dispute Resolution Committee, within three business days of receiving notification, that a formal dispute has been received. Each CMHSP shall respond to DCH and the MACMHB, with a copy to the other CMHSP/PIHP, within three business days with a written response, including

- The facts as each entity sees them;
- The rationale for their position, including documents to support their position. In cases involving a child who is a ward of the court, documents must include a court order which establishes the 'court of record/jurisdiction'. Additional documents may be presented at the hearing.

D. **Dispute Resolution Meeting.** The Dispute Resolution Committee will designate a time and place for a resolution meeting, which will be held no later than 30 days following submission of the facts identified in B. above. At this time

- Each CMHSP's (or PIHP's in cases involving Medicaid) designated responsible representative will attend. Each representative will be provided an opportunity to make a verbal presentation regarding the case. Each CMHSP (PIHP) representative must be empowered by its CMHSP (PIHP) to negotiate a settlement of the dispute.
- Should a negotiated settlement not be reached at this meeting, the committee will meet, without others present, to arrive at a decision reached by majority vote of the Resolution Committee.
- The decision shall be reached, and conveyed to the disputing parties, on the day of the meeting.
- A record of each proceeding, including documentation of the facts and the decision, shall be kept by the DCH and by the MACMHB for public review.

IV. DEFINITIONS

- **"Living Independently".** The following factors will be used to determine whether a person is 'living independently':
  - The location in which the person is residing is not transient. For example, residing in a motel or hotel which is rented by the day or week, without intent to remain in the community is not considered 'living independently.' Likewise, placement in a half-way house upon release from jail or prison is not considered 'living independently'. Living in a vehicle is also not considered 'living independently.'
  - Migrant workers shall be considered the responsibility of the CMHSP in which they are housed.
  - The intent of the individual to be part of the community shall be considered. For example, persons who are homeless, living on the street or in a shelter shall be considered part of the community, when the intent of the person is to remain in the community.
  - The location in which the person resided prior to moving into a county was not a boarding school, a facility, or a dependent living setting as defined in the Mental Health Code and utilized in Section 306 thereof.

- **Provider.** As used in Part II, C above, means a provider of specialized behavioral health services or a dependent living site regardless of whether such services are delivered under contract with a CMHSP/PIHP.

Attachment C 4.7.1

1915(c) Home and Community Based Waiver Services and State Plan Services to Children with Serious Emotional Disturbance (SEDW)

Purpose:

The intent of this program is to provide 1915(c) Home and Community Based Waiver Services, as approved by Centers for Medicare and Medicaid Services (CMS) for children with Serious Emotional Disturbances, along with state plan services in accordance with the Medicaid Provider Manual.

The Department will reimburse SEDW enrolled CMHSPs on a fee-for-service basis for all services provided in accordance with the Medicaid Provider Manual, to those children that have been enrolled in the SEDW by MDCH.

The CMHSP is obligated to ensure sufficient local match funds are provided to purchase all necessary services identified in each child's individualized plan of service, and for the total number of children approved for the SEDW enrollment with the CMHSP. The Department under the terms of the agreement will provide funding not to exceed the federal portion for the CMHSP allowable expenditures. The federal funding provided by the Department is 100% federal funding.

Statement of Work:

The CMHSP agrees to undertake, perform and complete the services described in attachment A, which is part of this agreement through reference.

Responsibilities

The Department in accordance with the general purposes and objectives of this agreement will provide reimbursement on a fee-for-service basis in accordance with the terms and conditions of this agreement contingent upon appropriate reports, records, and documentation being maintained by the CMHSP.

Financial Requirements

1. Reimbursement Method

This 1915 (c) Home and Community Based Waiver Services and State Plan Services provided to eligible Children with Serious Emotional Disturbance Waiver (SEDW) is a fee-for-service Medicaid program. The Department agrees to reimburse the CMHSP the federal portion of their allowable costs or the federal portion of the Medicaid fee-screen amount, whichever is less. The CMHSP will submit claims in accordance with instructions issued by the Department.

The CMHSP assures that all reported allowable costs and reimbursement requests for the SEDW activities it delivered are in accordance with OMB Circular A-87 and the requirements provided in Medicaid Provider Manual. If, as a result of an audit

or review, the federal government disallows costs associated with this program, the CMHSP will be liable for the repayment of federal match made for this project to the Department.

2. Financial Status Report Submission

All CMHSPs participating in the SED Wavier program must report their revenues, local match obligations and actual expenditures related to this waiver as part of their Financial Status Report (FSRs) submissions to the Department.

3. Termination

Participation in this waiver program may be terminated by either party, with thirty (30) days written notice sent by certified mail. Termination will take effect thirty (30) days from receipt of the notice.

ATTACHMENT A

STATEMENT OF WORK

1915(c) Home and Community Based Waiver for Children with a Serious Emotional Disturbance (SEDW)

Responsibility of CMHSP:

A. Identify and seek MDCH enrollment of their program and eligible children in the SEDW.

B. Develop and implement the Individual Plan of Service (IPOS), associated budget and other materials for the waiver applicants, according to instructions issued by MDCH.

C. The CMHSP shall notify consumers of their right to appeal and provide verification that this right was explained to the consumer.

D. The CMHSP will collect and report to MDCH on an annual basis sentinel event data by individuals serviced by the SEDW.

E. Either provide services directly or secure contracts with qualified providers sufficient to meet the identified needs of the population and assure that services are provided at levels specified in the IPOS.

F. Submit claims on a timely basis to Medicaid on a fee for service basis for covered services delivered in accordance with the most recent Medicaid provider manual.

G. Submit required monitoring reports to MDCH and provide access to verify accuracy.

H. Medicaid fee for service funds paid to the CMHSP under the SEDW may be utilized for the implementation of, or continuing participation in, locally established multi-agency shared funding arrangements developed to address the needs of beneficiaries served through multiple public systems. Local interagency agreements and/or memoranda of understanding will stipulate the amount and source of local funding. Medicaid is to be billed on a fee-for-service basis for services to children enrolled in the SEDW when the service is: 1) a covered service in the SEDW; 2) determined to be medically necessary; 3) not covered or paid for from other sources including Title IV-E funds. Monitoring safeguards and relevant documents must be in place to ensure compliance.

I. As allowed under the MDCH/CMHP master contract, a CMHSP may use State General Funds to cover those costs (indirect administrative costs, direct program costs, and/or direct service cost which exceed the Medicaid fee-for-service reimbursement rate.

J. The CMHSP shall provide the local financial obligation for the federal funds paid under the SEDW for services to recipients enrolled in the SEDW as long as the recipient continues to be eligible for the waiver and has service needs as determined through a wraparound process. This may include state or local general fund / general purpose dollars.

   Annually, the CMHSP shall provide certification to MDCH, for each waiver recipient that local/state funds are available specifically for each waiver recipient. The CMHSP certification shall also certify that these funds are identified in the budget and do quality as bona fide match to Federal funds. The CMHSP shall include documentation of the type and source of funds used to meet the match obligation under the waiver. In the event that partner agencies are unable to provide the required local obligation, or provide funds that don't qualify as match for Federal Medicaid funds the CMHSP is responsible for providing the match obligation. MDCH will reduce the state portion of the general fund formulae dollars of the total financing available to the CMHSP to meet the match obligation. In either event above the CMHSP shall notify the MDCH immediately.

   As part of periodic audits, if there is a retroactive disallowance of one of the fund sources for the match, the CMHSP is responsible for that portion that is reimbursed to the federal government.

K. The CMHSP and its partner agencies may elect to use excess local contributions to fund the 1915(c) Waiver for Children with Serious Emotional Disturbance (SED) to pay for the cost of products or services that do not qualify as allowable under this waiver. The CMHSP shall separately report this use of excess local contributions as specified in the FSR.

   When a child and his/her family move to a county within Michigan that has an enrolled CMHSP provider for the SEDW, the child remains eligible for the waiver. However, if the child and his/her family move to a county where the CMHSP is not an enrolled provider of the SEDW, the child's waiver must be terminated. When a child enrolled in the SEDW moves to another county the following process should be used: ·If the new CMHSP has waiver slot vacancies, the transferring child receives one of the vacancies. If the new CMHSP does not have a waiver vacancy, the waiver slot from the originating CMHSP follows the child to the new CMHSP. When the new CMHSP has a waiver vacancy, that slot is returned to the CMHSP who lost a slot to that CMHSP. This will be facilitated by MDCH through written correspondence.

Attachment C.7.0.1

CMHSP REPORTING REQUIREMENTS
FY2006/07 Contract
Table of Contents

Section	Page
1. Introduction	**2**
2. Table of Reporting Due Dates (Updated for FY'07)	**4**
3. Quality Improvement Data (Changes for FY'07)	**5**
4. Encounter Data Per Consumer	**19**
5. Sub-element Cost Report	
a. Instructions	**23**
b. Format for reporting: see www.michigan.gov/mdch, click on Mental Health & Substance Abuse, then "Reporting Requirements"	
6. Section 460 Report on Cost Allocation (New for FY'07)	**30**
a. Instructions	
b. Format for reporting: see www.michigan.gov/mdch, click on Mental Health & Substance Abuse, then "Reporting Requirements"	
7. Michigan Mission-Based Performance Indicator System 6.0 (Changes for FY/07)	**36**
a. Due Dates	**38**
8. Quality Management Data	**39**
9. Recipient Rights Reporting Forms	**40**

FY 2006 and 2007 MDCH/CMHSP MANAGED SPECIALTY SUPPORTS AND SERVICES CONTRACT
MENTAL HEALTH REPORTING REQUIREMENTS

Introduction

The Michigan Department of Community Health (MDCH) reporting requirements for the FY2006-2007 Master contract with community mental health services programs (CMHSP) are contained in this attachment. The requirements include the data definitions and dates for submission of reports on Medicaid beneficiaries for whom the PIHP is responsible: persons with mental illness and persons with developmental disabilities served by mental health programs; and persons with substance use disorders served by the mental health programs or Substance Abuse Coordinating Agencies (CAs).

Companions to the requirements in this attachment are

- "Supplemental Instructions for Encounter and Quality Improvement Data Submissions" which contains clarifications, value ranges, and edit parameters for the encounter and quality improvement (demographic) data, as well as examples that will assist PIHP staff in preparing data for submission to MDCH.
- Mental Health Codelist that contains the Medicaid covered services as well as services that may be paid by general fund and the CPT and HCPCs codes that MDCH and EDIT have assigned to them.
- Cost per code instructions that contains instructions on use of modifiers; the acceptable activities that may be reflected in the cost of each procedure; and whether an activity needs to be face-to-face in order to count.
- "Establishing Managed Care Administrative Costs" that provides instructions on what managed care functions should be included in the allocation of expenditures to managed care administration
- "Michigan's Mission-Based Performance Indicator System, Version 6.0" is a codebook with instructions on what data to collect for, and how to calculate and report, performance indicators

These documents are posted on the MDCH web site and are periodically updated when federal or state requirements change, or when in consultation with representatives of the public mental health system it deemed necessary to make corrections or clarifications. Question and answer documents are also produced from time to time and posted on the web site.

Collection of each element contained in the master contract attachment is required. Data reporting must be received by 5 p.m. on the due dates (where applicable) in the acceptable format(s) and by the MDCH staff identified in the instructions. Failure to meet this standard will result in contract action.

The reporting of the data by PIHPs described within these requirements meets several purposes at MDCH including:

- Legislative boilerplate annual reporting and semi-annual updates

- Managed Care Contract Management
- System Performance Improvement
- Statewide Planning
- Centers for Medicare and Medicaid (CMS) reporting
- Actuarial activities

Where accuracy standards for collecting and reporting QI data are noted in the contract, it is expected that PIHPs will meet those standards.

Individual consumer level data received at MDCH is kept confidential and published reports will display only aggregate data. Only a limited number of MDCH staff have access to the database that contains social security numbers, income level, and diagnosis, for example. Individual level data will be provided back to the agency that submitted the data for encounter data validation and improvement. This sharing of individual level data is permitted under the HIPAA Privacy Rules, Health Care Operations.

FY 2007 CMHSP DETAILED REPORTING SPECIFICATIONS

2006-07 DATA REPORT DUE DATES

	Nov06	Dec	Jan07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec07	Jan08
1. Consumer level** a. Quality Improvement (monthly)[1] b. Encounter (monthly)[1]	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
2.Board level a. Sub-element cost report (annually)[2] b .Section 460 Cost Allocation Report (semi-annually) c. Section 460 Cost Allocation Plan (annually) First due 2/28/07; remaining plans due 9/30 each year			√ 	 √				 √ 			 √				√ √
b. Performance indicators (quarterly)[2]		√			√			√			√			√	
c. Death (quarterly)[2]		√			√			√			√			√	
e. Recipient Rights (semi-annually)[3,4]						√								√	

NOTES:

1. Send data to MDCH MIS via DEG unless the CMHSP as affiliate has arranged for its PIHP to submit consumer-level data for non-Medicaid consumers
2. Send data to MDCH, Mental Health and Substance Abuse Administration, Division of Quality Management and Planning
3. Send Recipient Rights reports to MDCH Office of Recipient Rights
4. Per the Mental Health Code, the annual Recipient Rights report is due December 30th.

**Consumer level data must be submitted immediately within 30 days following adjudication of claims for services provided, or in cases where claims are not part of the PIHP's business practices within 30 days following the end of the month in which services were delivered.

Board level reports are due at 5 p.m. on the last day of the month checked

QUALITY IMPROVEMENT DATA

Demographic or "quality improvement" (QI) data is required to be reported for each consumer and for whom an encounter data record or fee-for service claim (for Children's Waiver) is being submitted. Encounter data is reported within 30 days after the claim for the service is adjudicated, or in cases where claims payment is not part of the CMHSP's business practice, within 30 days following the end of the month in which services were delivered. QI data is reported year-to-date. The first report for the fiscal year will contain records for all consumers whose claims were adjudicated the first month, the next month's report will contain records of all consumers whose claims were adjudicated in month one and month two, etc. Corrective QI file updates are allowed from the CMHSP to replace a rejected file, or a file that contained rejected records.

Method for submission: The QI data is to be submitted in a delimited format, with the columns identified by the delimiter, rather then by column "from" and "to" indicators.

Due dates: The first QI data should be submitted during the same month the first encounter data is submitted. Encounter and QI data are due 30 days after a claim is adjudicated or services were rendered (see above note). Reporting adjudicated claims will enable the CMHSP to accurately report on the amount paid for the service and on third party reimbursements.

Who to report: Report on each consumer who received a service from the CMHSP regardless of funding stream. The exception is when a CMHSP contracts with another CMHSP, or a Medicaid Health Plan contracts with a CMHSP to provide mental health services. In that case, the CMHSP that delivers the service does not report the encounter.

Who submits consumer-level data: The PIHP must report the encounter and QI data for all mental health and developmental disabilities (MH/DD) Medicaid beneficiaries in its entire service area/affiliation. Encounter and QI data for non-Medicaid consumers may be reported by the CMHSP affiliate, as applicable. However, I order to ensure that people who move to and from Medicaid eligibility throughout the year, it is preferred that the PIHP report all encounter and QI data for all mental health consumers in its service area/affiliation.

Notes:

1. Demographic Information must be updated at least annually, such as at the time of annual planning. **A consumer demographic record must be submitted for each month the consumer receives services, and for which an encounter record or fee-for-service claim (Children's Waiver) is being submitted. Failure to meet this standard may result in rejection of a file and contract action**.
2. New elements and new options within elements are noted with a ★.
3. Numbers missing from the sequence of options represent items deleted from previous reporting requirements.
4. Items with an * require that 95% of records contain a value in that field and that the values be within acceptable ranges (see each item for the ranges). Items with ** require that 100% of the records contain a value in the field, and the values are in the proper format and within acceptable ranges. Failure to meet the 100% standard will result in rejection of the file or record.
5. A "Supplemental Instructions for Encounter and Quality Improvement Data Submissions"

issued by MDCH should be used for file layouts.

6. Some demographic items are reported on both the HIPAA 837/4010A1 Health Care Claim transaction and the QI data report for ease of calculating population numbers during the year.

The following is a description of the individual consumer demographic elements for which data is required of Community Mental Health Services Programs.

★ = **New Data**

*****1. Reporting Period* (REPORTPD)**

The last day of the month during which consumers received services covered by this report**.** Report year, month, day: ccyymmdd.

****2.a. *PIHP Payer Identification Number* (PIHPID)**

The MDCH-assigned 9-digit payer identification number must be used to identify the PIHP with all data transmissions.

2.b. *CMHSP Payer Identification Number* (CMHID)

The MDCH-assigned 9-digit payer identification number must be used to identify the CMHSP with all data transmissions.

*****3. Consumer Unique ID* (CONID)**

A numeric or alphanumeric code, of 11 characters that enables the consumer and related services to be identified and data to be reliably associated with the consumer across all of the PIHP's services. The identifier should be established at the PIHP or CMHSP level so agency level or sub-program level services can be aggregated across all program services for the individual. The consumer's unique ID must not be changed once established since it is used to track individuals, and to link to their encounter data over time. A single shared unique identifier must match the identifier used in 837/4010A1 encounter for each consumer. **If the consumer identification number does not have 11 characters, it may cause rejection of a file.**

4. *Social Security Number* (SSNO)

The nine-digit integer must be recorded, if available.
Blank = Unreported [Leave nine blanks]

***5. *Medicaid ID Number* (MCIDNO)**

Enter the eight-digit integer for consumers with a Medicaid number.
Blank = Unreported [Leave eight blanks]
Consumers with Program Eligibility (#26) indicating Medicaid (26.04, and/or 26.06) must have a Medicaid ID number (Standard = 95%)

6. Race/Ethnic Origin (RACE) Leave blank beginning with FY'06 service reporting

7. Corrections Status (CORSTAT) Leave blank beginning with FY'07 service reporting

***8. Residential Living Arrangement* (RESID)**

Indicate the consumer's residential situation or arrangement at the time of intake if it occurred during the reporting period, or at the time of annual update of consumer information during the period. Reporting categories are as follows:

1 = Homeless on the street or in a shelter for the homeless
2 = Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer; or an individual upon whom the primary consumer is dependent for at least 50% of his or her financial support.
3 = Living in a private residence not owned by the CMHSP or the contracted provider, alone or with spouse or non-relative(s).
5 = Foster family home (Include all foster family arrangements regardless of number of beds)
6 Specialized residential home - Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Include all specialized residential, regardless of number of beds)
8 = General residential home (Include all general residential regardless of number of beds)
"General residential home" means a licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules)
10 = Prison/jail/juvenile detention center
11 = Deleted (AIS/MR)
12= Nursing Care Facility
13= Institutional setting (congregate care facility, boarding schools, Child Caring Institutions, state facilities)
16 = Supported Independence Program (lease is held by CMHSP or provider)
Blank = Unreported

---

9. ***Total Annual Income*** **(TOTINC)**

Indicate the total amount of gross income of the individual consumer if he/she is single; or that of the consumer and his/her spouse if married; or that of the parent(s) of a minor consumer at the time of service initiation or most recent plan review. “Income” is defined as income that is identified as taxable personal income in section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws, and non-taxable income, which can be expected to be available to the individual and spouse not more than 2 years subsequent to the determination of liability.

Round to the nearest dollar; do not include commas, dollar signs or decimal points.
-Household income = $_ _ _ _ _ _.00 [Example: $10,358.34 = _10358]
-Blank = Unreported
-Acceptable range is $0 to $999,999

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10. ***Number of Dependents*** **(NUMDEP)**

Enter the number of dependents claimed in determining ability-to-pay. “Dependents” means those individuals who are allowed as exemptions pursuant to section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws. Single individuals living in an AFC or independently are considered one exemption, therefore enter “1” for number of dependents.

# of dependents =_ _ Blank = Unreported

***11. *Employment Status* (EMPLOY)**

Indicate current employment status as it relates to principal employment for consumers age 18 and over. Use #8 for consumers under 18 years old. Reporting categories are as follows:

1 = Employed full time (30 hours or more per week) competitively or self-employed.
2 = Employed part time (less than 30 hours per week) in competitively or self-employed.
3 = Unemployed - looking for work, and/or on layoff from job
4= Not in the competitive labor force - includes homemaker, student age 18 and over, day program participant, resident or inmate of an institution (including nursing home)
6 = Retired from work
7 = Sheltered workshop or work services participant in non-integrated setting
8 = Not applicable to the person (e.g., child under 18)
9 = In supported employment only (See definition page 64)
10= In supported employment and competitive employment
★11= In unpaid work
Blank = Unreported

Note: "Competitive employment" means that the individual is working in a job that was open for anyone to apply, not just persons with disabilities.

***12. Education* (EDUC)**

Indicate the level attained at the time of the most recent admission or annual update. For children attending pre-school that is not special education, use "blank=unreported." Reporting categories are as follows:

1 = Completed less than high school
2 = Completed special education, high school, or GED
3 = In school - Kindergarten through 12th grade
4 = In training program
6 = In Special Education
7 = Attended or is attending undergraduate college
8 = College graduate
Blank = Unreported

***13. Wraparound Service* (WRAP)**

1 = Receives Wraparound Services
2 = Does not receive wraparound

***14. Functional Assessment* (FUNCTOOL)**

Functional assessments are administered with individuals who newly request non-emergent services, with individuals who will be receiving ongoing non-emergent services following emergency services, and annually thereafter with persons receiving non-emergent ongoing services. Indicate which of the following tools was used for the most recent functional assessment:

The **Child and Adolescent Functional Assessment Scale (CAFAS)** must be administered with all children, aged 7 through 17 years, newly requesting non-emergent services, and

annually thereafter.

- ♦ No tool is used with **adults with mental illness or individuals with developmental disabilities**; therefore, this category should be left blank.

1 = ***CAFAS** (used with children 7 through 17)

Blank = None

***15. Scale Scores* (SC#1-10)**

Indicate for 15.1 through 15.10 the 8 child functioning subscales and the two caregiver subscales to two decimals for the CAFAS Leave blank for **adults with mental illness and** persons with developmental disabilities.

15.1= Scale Score #1
CAFAS Role Performance - School: Value = 00.00 - 30.00

15.2= Scale Score #2
CAFAS Role Performance - Home: Value = 00.00 - 30.00

15.3= Scale Score #3
CAFAS Role Performance - Community: Value = 00.00 - 30.00

15.4= Scale Score #4
CAFAS Behavior Toward Others: Value = 00.00 - 30.00

15.5= Scale Score #5
CAFAS Moods/Emotions: Value = 00.00 - 30.00

15.6= Scale Score #6
CAFAS Self-Harmful Behavior: Value = 00.00 - 30.00

15.7= Scale Score #7
CAFAS Substance Abuse: Value = 00.00 - 30.00

15.8= Scale Score #8
CAFAS Thinking: Value = 00.00 - 30.00

15.9= Scale Score #9
CAFAS Primary Caregiver - Material Needs: Value = 00.00 - 30.00

15.10= Scale Score #10
CAFAS Primary Caregiver - Family/Social Support: Value = 00.00 - 30.00

---

16. Interval and Date of Most Recent Functional Assessment

Indicate the interval of the most recent assessment (per #15) and the date of the assessment. For persons with developmental disabilities indicate whether this is a new consumer ("1") or whether this is a continuing consumer for whom recent annual planning took place and needs for assistance were discussed.

16.01 Interval of most recent functional assessment (RECASS)

1 = New consumer
2 = Annual functional assessment for continuing consumer or annual planning for continuing consumer with developmental disabilities
3 = Assessment at termination, if appropriate
4 = Not appropriate for this person
5 = Not assessed during this time period

6= An interval that is neither initial, annual, or termination
Blank = none or unrecorded

16.02 Date of most recent functional assessment (DATASS) Enter the date of the assessment noted above: ccyymmdd

---

17. Disability Designation

Enter yes for all that apply, enter no for all that do not apply. To meet standard at least one field must have a "1."

17.01: Developmental disability (Individual meets the 1996 Mental Health Code Definition of Developmental Disability regardless of whether or not they receive services from the DD or MI services arrays) **(DD)**
- 1 = Yes
- 2 = No
- 3 = Not evaluated

17.02: Mental Illness (Has DSM-IV diagnosis, exclusive of mental retardation, developmental disability, or substance abuse disorder) **(MI)**
- 1 = Yes
- 2 = No
- 3 = Not evaluated

17.03: Substance Abuse Disorder (as defined in Section 6107 of the public health code. Act 368 of the Public Health Acts of 1978, being section 333.6107 of the MCL) **(SA)**
- 1 = Yes
- 2 = No
- 3 = Not evaluated

***18.* Reporting element deleted in FY'03-04**

Leave blank beginning with FY'04 service reporting

PROXY MEASURES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Note: The following 6 elements are proxy measures for level of functioning for people with developmental disabilities. The information is obtained or observed when an individual begins receiving public mental health services for the first time, and/or at the time of annual planning. For purposes of these data elements, "Assistance" means the hands-on help from a paid ***or*** *un-paid person or technological support needed to enable the individual to achieve the desired future agreed upon during planning.*

***19. Predominant Communication Style (People with developmental disabilities only)* (COMSTYLE)**

Indicate from the list below how the individual communicates **most of the time**:

1= English language spoken by the individual

2= Assistive technology used (includes computer, other electronic devices) or symbols such as Bliss board, or other "low tech" communication devices.

3= Interpreter used - this includes a foreign language or sign language interpreter, or someone who knows the consumer well enough to interpret speech or behavior.

4= Alternative language used - this includes a foreign language, or sign language.

Blank= Unreported

20. Assistance for Independence Needed (People with developmental disabilities only)

Indicate below all areas of daily living activities in which the individual needs regular, ongoing assistance. It does not include those situations in which the individual is temporarily unable to perform due to a short illness.

20.1 Mobility Assistance includes technology and equipment such as wheelchairs, and/or personal assistance such as help with transferring and transporting. **(MA)**
1 = Yes, assistance is needed
2 = No, assistance is not needed
Blank =Unreported

20.2 Medication Administration includes administering, observing or reminding **(RX)**
1 = Yes, assistance is needed
2 = No, assistance is not needed
Blank = Unreported

20.3 Personal Assistance includes help with bathing, toileting, dressing, grooming, and/or eating **(PA)**
1 = Yes, assistance is needed
2 = No, assistance is not needed
Blank = Unreported

20.4 Household Assistance includes help with such tasks as cooking, shopping, budgeting, and light housekeeping **(HD)**
1 = Yes, assistance is needed
2 = No, assistance is not needed
Blank = Unreported

20.5 Community Assistance includes help with transportation, purchasing, and money handling. **CA)**
1 = Yes, assistance is needed
2 = No, assistance is not needed
Blank = Unreported

21. Nature of Support System (People with developmental disabilities only) **(NATSUPP)**

Indicate how family and friends are involved with the consumer. "Involved" means consumer gets together with family/friends on a regular basis, for example, monthly or more often.

1= Family and/or friends are not involved
2 = Family and/or friends are involved, but do not provide assistance
3 = Family and/or friends provide limited assistance, such as intermittent or up to once a month
4 = Family and/or friends provide moderate assistance, such as several times a month up to several times a week
5 = Family and/or friends provide extensive assistance, such as daily assistance to full-time care giving
Blank= Information unavailable

22. Status of Existing Support System (People with Developmental Disabilities only) **(STATSUPP)**

Indicate whether family/friend caregiver status is at risk; including instances of caregiver disability/illness, aging, and/or re-location. "At risk" means is caregiver will likely be unable to continue providing the current level of help, or will cease providing help altogether.

1 = Yes, care giver status is at risk
2 = No, care giver status is not at risk
3 = No care giver is involved
Blank = Unreported or information unavailable

---

23. Health Status (People with developmental disabilities only)

Indicate below all areas in which assistance (personal or technology) is required:

23.1 Vision (requiring accommodations beyond glasses) **(VOS)**
- 1 = No vision problems, or no assistance needed
- 2 = Limited assistance is needed such as intermittent help up to once a month
- 3 = Moderate assistance is needed such as monthly to several times a week
- 4 = Extensive assistance is needed such as daily to full-time help
- Blank = Unreported

23.2 Hearing (requiring accommodations beyond a hearing aid) **(HEAR)**
- 1 = No hearing problems, or no assistance needed
- 2 = Limited assistance is needed such as intermittent help up to once a month
- 3 = Moderate assistance is needed such as monthly to several times a week
- 4 = Extensive assistance is needed such as daily to full-time help
- Blank = Unreported

23.3 Other physical/medical characteristics requiring personal intervention **(OTH)**
- 1 = No physical/medical characteristics, or no assistance needed
- 2 = Limited assistance is needed such as intermittent help up to once a month
- 3 = Moderate assistance is needed such as monthly to several times a week
- 4 = Extensive assistance is needed such as daily to full-time help
- Blank = Unreported

***24. Assistance for Accommodating Challenging Behaviors (People with developmental disabilities only)* (BEHAVIOR)**

Indicate the level of assistance the consumer needs, if any to accommodate challenging behaviors. "Challenging behaviors" include those that endanger self and/or others to those that prohibit functioning independently in the home or participating in the community.

1 = No challenging behaviors, or no assistance needed
2 = Limited assistance needed, such as intermittent help up to once a month
3 = Moderate assistance needed, such as monthly to several times a week
4 = Extensive assistance needed, such as daily assistance to full-time help
Blank = Unreported

---

25. Gender (GENDER)

Identify consumer as male or female.

M = Male
F = Female

****26. Program Eligibility* (PE)**

Indicate ALL programs or plans in which the individual is enrolled and/or from which funding is received directly by the individual/family or on his/her/family's behalf.
Every item MUST have a response of "1" or "2" to meet standard.

26.1 Reporting element deleted in FY'03-04

26.2 Adoption Subsidy **(PE_ASUB)**
1 = Yes
2 = No

26.3 Medicare **(PE_MCARE)**
1 = Yes
2 = No

26.4 Medicaid (except Children's Waiver) **(PE_MCAID)**
1 = Yes
2 = No

26.5 MIChild Program **(PE_MIC)**
1 = Yes
2 = No

26.6 Medicaid Children's Waiver **(PE_CHW)**
1 = Yes
2 = No

26.7 SDA, SSI, SSDI **(PE_SSI)**
1= Yes
2= No

26.8 Commercial Health Insurance or Service Contract (EAP, HMO) **(PE_COM)**
1 = Yes
2 = No

26.9 Program or plan is not listed above **(PE_OTH)**
1= Yes
2= No

26.10 Individual is not enrolled in or eligible for a program or plan **(PE_INELG)**
1= Yes
2= No

26.11 Individual is enrolled in the Adult Benefit Waiver **(PE_ABW)**
1= Yes
2= No

27. ***Parental Status*** **(PARSTAT)**

Indicate if the consumer (no matter what age) is the natural or adoptive parent of a minor child (under 18 years old)

1= Yes
2= No
Blank = Unreported

---

28. ***Children Served by Family Independence Agency***

Indicate whether minor child is enrolled in an FIA program. If the consumer is an adult or if the consumer is a child not enrolled in any of the FIA programs, enter 2=No.

28.01 Child served by FIA for abuse and neglect (FIA_AN)

1= Yes
2= No
Blank = Unreported

28.02 Child served by another FIA program (FIA_OT)

1= Yes
2= No
Blank = Unreported

---

29. ***Children Enrolled in Early On*** **(CHILDEOP)**

Indicate whether minor child is enrolled in the Early On program. If the consumer is an adult or if the consumer is a child not enrolled in the Early On program, enter 2=No.

1= Yes
2= No
Blank = Unreported

****30.*** ***Date of birth*** **(DOB)**

Date of Birth - Year, month, and day of birth must be recorded in that order. Report in a string of eight characters, no punctuation: YYYYMMDD using leading zeros for days and months when the number is less than 10. For example, January 1, 1945 would be reported as 19450101. Use blank = Unknown

---

31. ***Primary Language Spoken*** **(PLS)**

Enter the three-letter ISO/NISO 639-2(B) code of the language that is the primary language the individual speaks. The web site for the code list is http://lcweb/loc.gov/standards/iso639-2/langhome.html. If the individual does not speak at all, enter the code of the language that he/she understands. Use blank = Unknown

---

⋆*32. Hispanic **(HIS)**

Indicate whether the person is Hispanic or Latino or not, or their ethnicity is unknown. Must use one these codes:

1. Hispanic or Latino
2. Not Hispanic or Latino

3. Unknown

★ ***33. Race 1, Race 2, Race3* (RACE1, RACE2, RACE3)**

There are three separate fields for race, each one character long. RACE1 is required for individuals with service dates after 9/30/2005. RACE2 and RACE3 are for individuals who report more than one race. Report one race in each field. RACE2 and RACE3 are optional, but please use a blank to hold the place if there is no value for either.

Use these codes:

a. White - A person having origins in any of the original peoples of Europe
b. Black or African American - A person having origins in any of the Black racial groups of Africa.
c. American Indian or Alaskan Native - American Indian, Eskimo, and Aleut, having origins in any of the native peoples of North America
d. Asian - A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian subcontinent.
e. Native Hawaiian or other Pacific Islander
f. Some other race
g. Unknown Race
h. Consumer refused to provide

★ ***34. Minimum Wage* (MINW)**

Indicate if the consumer is currently earning minimum wage or more.

1 = Yes
2 = No
3 = Not Applicable (e.g., person is not working)
Blank = Unreported

★ ***35. Beds* (BEDS)**

Number of beds must be entered when the consumer resides in one of the following living arrangement reported in #8 RESID:

Foster family home (#5)
Specialized residential home (#6)
General residential home (#8)
Institutional setting (#13)

Enter the one character that best represents the number of licensed beds in one of the arrangements listed above. The field will be edited for 1,2,3,4 or blank.

1 = 1- 3 beds
2 = 4 - 6 beds
3 = 7 - 15 beds
4 = 16+ beds

Blank = Unknown or Not Applicable

★36. *Sentinel Event Data (SE)*

Reportable Population - sentinel event reporting is limited to Medicaid beneficiaries who fall into one or more of the following populations:

- Persons living in 24-hour specialized residential settings or in child-caring institutions;
- Persons living in their own homes receiving Community Living Supports;
- Persons receiving Targeted Case Management, ACT, Home-Based, Wraparound, Habilitation Supports Waiver Services;
- Persons enrolled in the Children's Waiver or the Children's SED Waiver programs;
- Persons residing in a substance abuse residential treatment program.

"Sentinel Event" is an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." (JCAHO, 1998)

Recipient deaths, injuries requiring emergency room treatment and/or hospital admission, physical illnesses requiring hospital admission, serious challenging behaviors, and medication errors that occur for individuals in the reportable population should be reviewed to determine whether the incident meets the criteria for a sentinel event as described above.

36.01 Death of recipient (SE_D)

Report any death that meets the sentinel event definition. Do not report deaths that occur as a natural outcome to a chronic condition (e.g., terminal illness) or old age.

1 = sentinel event death occurred in the month prior to the reporting period
Blank = no sentinel event death occurred or the individual is not in the reportable population

36.02 Injuries requiring emergency room visits and/or hospital admission (SE_I)

Accidents treated at medi-centers and urgent care clinics/centers should be included in the injury reporting along with those treated in emergency rooms. In many communities in the state where hospitals do not exist, medi-centers and urgent care clinics/centers are used in place of emergency rooms.

Report the total number of sentinel event injuries that occurred in the month prior to the reporting period. Leaving the field blank means no sentinel event injuries occurred.
= number of injuries meeting sentinel event definition that occurred in the

month
Blank = no sentinel event injury occurred or the individual is not in the reportable population

36.03 Physical Illness requiring admissions to hospital (SE_HA)

"Physical illness resulting in admission to a hospital" does **not** include planned surgeries, whether inpatient or outpatient. It also does **not** include admissions directly related to the natural course of the person's chronic illness, or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is not a sentinel event.

Report the total number of sentinel event physical illnesses <u>that occurred in the month prior to the reporting period</u>. Leaving the field blank means no sentinel event physical illnesses occurred.

# = number of illnesses meeting sentinel event definition that occurred in the month
Blank = no sentinel event illness occurred or the individual is not in the reportable population

36.04 Serious challenging behaviors (SE_B)

"Serious challenging behaviors" are those not already addressed in a treatment plan and include significant (in excess of $100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence. Serious physical harm is defined by the administrative rules for mental health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient."

Report the total number of sentinel event serious challenging behaviors <u>that occurred in the month prior to the reporting period</u>. Leaving the field blank means no sentinel event serious challenging behaviors occurred.

# = number of challenging behaviors meeting sentinel event definition that occurred in the month
Blank = no sentinel event challenging behavior occurred or the individual is not in the reportable population

36.05 Medication errors (SE_ME)

"Medication Errors" mean a) wrong medication; b) wrong dosage; c) double dosage; or d) missed dosage. It does not include instances in which consumers have refused medication.

Report the total number of sentinel event medication errors <u>that occurred in the</u>

month prior to the reporting period. Leaving the field blank means no sentinel event medication errors occurred.

# = number of medication errors meeting sentinel event definition that occurred in the month
Blank = no sentinel event medication errors occurred or the individual is not in the reportable population

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★***37. Corrections Related and Jail Diversion Status* (CORSTAT)**

For persons under the jurisdiction of a corrections or law enforcement program during treatment, indicate the status of the individual with regard to each of the following areas during the year. If the individual was not involved in corrections, law enforcement or jail diversion during the year, leave blank.

37.1 Corrections or Law Enforcement Program jurisdiction status (CORSTAT_JU)

1 = Yes, individual was under the jurisdiction of a corrections or law enforcement program
blank = not applicable or unknown

37.2 Arrested (CORSTAT_A)

Enter number of times the person was arrested during the year
0 = was not arrested during the year
blank = not applicable or unknown

37.3 Diverted from booking as a result of pre-booking jail diversion activity (CORSTAT_DB)

Enter number of times the person was diverted from booking during the year
0 = was not diverted from booking during the year
blank = not applicable or unknown

37.4 Booked (CORSTAT_B)

Enter number of times the person was booked during the year
0 = was not booked during the year
blank = not applicable or unknown

37.5 Awaiting trial (CORSTAT_AT)

1 = Yes
blank = not applicable or unknown

37.6 Awaiting Sentencing (CORSTAT_AS)

1 = Yes
blank = not applicable or unknown

37.7 Court supervision (CORSTAT_CS)

1 = Yes
blank = not applicable or unknown

37.8 Diverted from incarceration as a result of post booking jail diversion activity (CORSTAT_DI)

Enter number of times the person was diverted from incarceration during the year
0 = person was not diverted from incarceration during the year

blank = not applicable or unknown

37.9 In jail (CORSTAT_IJ)

Enter the number of times the person was in jail during the year
0 = person was not in jail during the year
blank = not applicable or unknown

37.10 In juvenile detention center (CORSTAT_JV)

Enter the number of times the person was in juvenile detention center during the year
0 = the person was not in juvenile detention center during the year
blank = not applicable or unknown

37.11 In prison (CORSTAT_IP)

1 = Yes
blank = not applicable or unknown

37.12 Probation from jail (CORSTAT_PJ)

1 = Yes
blank = not applicable or unknown

37.13 Parole from prison (CORSTAT_PP)

1 = Yes
blank = not applicable or unknown

S4

ENCOUNTERS PER MENTAL HEALTH CONSUMER
DATA REPORT

Due dates: Encounter data are due within 30 days following adjudication of the claim for the service provided, or in the case of a CMHSP whose business practices do not include claims payment, within 30 days following the end of the month in which services were delivered. It is expected that encounter data reported will reflect services for which providers were paid (paid claims), third party reimbursed, and/or any services provided directly by the CMHSP. Submit the encounter data for an individual on any claims adjudicated, regardless of whether there are still other claims outstanding for the individual for the month in which service was provided. In order that the department can use the encounter data for its federal and state reporting, it must have the count of units of service provided to each consumer during the fiscal year. Therefore, the encounter data for the fiscal year must be reconciled within 90 days of the end of the fiscal year. Claims for the fiscal year that are not yet adjudicated by the end of that period, should be reported as encounters with a monetary amount of "0." Once claims have been adjudicated, a replacement encounter must be submitted.

Encounters per Consumer

Encounter data is collected and reported for every beneficiary for which a claim was adjudicated or service rendered during the month by the CMHSP (directly or via contract) regardless of payment source or funding stream. Every MH/DD encounter record reported must have a corresponding quality improvement (QI) or demographic record reported at the same time. Failure to report both an encounter record and a QI record for a consumer receiving services will result in contract action. CMHSPs that contract with another CMHSP or a Medicaid Health Plan contracts with a CMHSP to provide mental health services should include that consumer in the encounter and QI data sets. In those cases the CMHSP that provides the service via a contract should not report the consumer in this data set.

The Health Insurance Portability and Accountability Act (HIPAA) mandates that all consumer level data reported after October 16, 2002 must be compliant with the transaction standards. A summary of the relevant requirements is:

- Encounter data (service use) is to be submitted electronically on a Health Care Claim (ASCX12N 837 version 4010A1, hereafter referred to as the 837/4010A1), as appropriate.
- The 837/4010A1 requires a small set of specific demographic data: gender, diagnosis, Medicaid number, and social security number, and name of the consumer.
- Information about the encounter such as provider name and identification number, place of service, and amount paid for the service is required.
- The 837/4010A includes a “header” and “trailer” that allows it to be uploaded via the DEG (data exchange gateway) to MDCH’s Management Information System (MIS).
- The remaining demographic data, in HIPAA parlance called “Quality Improvement” data, shall be submitted in a separate file to MIS. This file is uploaded via the DEG therefore must be accompanied by headers and trailers.

The information on HIPAA contained in this contract relates only to the data that MDCH is requiring for its own monitoring and/or reporting purposes, and does not address all aspects of the HIPAA transaction standards with which CMHSPs must comply for other business partners (e.g., providers submitting claims, or third party payers). Further information is available at www.michigan.gov/mdch.

Data that is uploaded via the DEG must follow the HIPAA-prescribed formats for the 837/4010A1 (institutional, professional and dental) and MDCH-prescribed formats for QI data. The 837/4010A1 includes header and trailer information that identifies the sender and receiver and the type of information being submitted. If data does not follow the formats, entire files could be rejected by the electronic system.

HIPAA also requires that procedure codes, revenue codes and modifiers approved by the CMS be used for reporting encounters. Those codes are found in the Current Procedural Terminology (CPT) Manual, Fifth Edition, published by the American Medical Associations, the Health Care Financing Administration Common Procedure Coding System (HCPCS), the National Drug Codes (NDC), the Code on Dental Procedures and Nomenclature (CDPN), the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and the Michigan Uniform Billing Manual. The procedure codes in these coding systems require standard units that must be used in reporting on the 837/4010A1.

MDCH has produced a codelist of covered Medicaid specialty and Habilitation Supports waiver supports and services names (as found in the Medicaid Provider Manual) and the CPT or HCPCS codes/service definition/units as soon as the majority of mental health services have been assigned CPT or HCPCS codes. This codelist is available on the MDCH web site.

The following elements reported on the 837/4010A1 encounter format will be used by MDCH Quality Management and Planning Division for its federal and state reporting, the Contracts Management Section. The items with an ** are required by HIPAA, and when they are absent will result in rejection of a file. Items with an ** must have 100% of values recorded within the acceptable range of values. Failure to meet accuracy standards on these items will result in contract action.
Refer to HIPAA 837 transaction implementation guides for exact location of the elements. Please consult the HIPAA implementation guides, and clarification documents (on MDCH's web site) for additional elements required of all 837/4010A1 encounter formats. The Supplemental Instructions contain field formats and specific instructions on how to submit encounter level data.

★ **Indicates new data requirement**

****1.a. *PIHP Plan Identification Number* (PIHPID)**
The MDCH-assigned 9-digit payer identification number must be used to identify the PIHP with all data transactions.

1.b. *CMHSP Plan Identification Number* (CMHID)
The MDCH-assigned 9-digit payer identification number must be used to identify the

CMHSP with all mental health and/or developmental disabilities transactions.

****2**. ***Identification Code/Subscriber Primary Identifier (please see the details in the submitter's manual)***
Eight-digit Medicaid number must be entered for a **Medicaid** beneficiary.
If the consumer is not a beneficiary, enter the nine-digit **Social Security** number.
If consumer has neither a Medicaid number nor a Social Security number, enter the unique identification number assigned by the CMHSP or **CONID.**

****3. *Identification Code/Other Subscriber Primary Identifier (please see the details in the submitter's manual)***
Enter the consumer's unique identification number (**CONID**) assigned by the CMHSP **regardless** of whether it has been used above**.**

****4. *Date of birth***
Enter the date of birth of the beneficiary/consumer.

*****5. Diagnosis***
Enter the ICD-9 primary diagnosis of the consumer.

*****6. EPSDT***
Enter the specified code indicating the child was referred for specialty services by the EPSDT screening.

*****7. Encounter Data Identifier***
Enter specified code indicating this file is an encounter file.

*****8. Line Counter Assigned Number***
A number that uniquely identifies each of up to 50 service lines per claim.

*****9. Procedure Code***
Enter procedure code from codelist for service/support provided. The codelist is located on the MDCH web site. Do not use procedure codes that are not on the codelist.

★ ****10. Procedure Modifier Code***
Enter modifier as required for Habilitation Supports Waiver services provided to enrollees; for Community Living Supports and Personal Care levels of need; for Nursing Home Monitoring; and for evidence-based practices. See Costing per Code List.

★ ****11. Allowed Amount***:
Enter a value of at least $1.00.

*****12. Quantity of Service***
Enter the number of units of service provided according to the unit code type. **Only whole numbers should be reported.**

13. Facility Code

Enter the specified code for where the service was provided, such as an office, inpatient hospital, etc.

14. Diagnosis Code Pointer

Points to the diagnosis code at the claim level that is relevant to the service.

*****15. Date Time Period***

Enter date of service provided (how this is reported depends on whether the 837/4010A1 Professional, or the 837/4010A1 Institutional format is used).

FY2006-2007 CMHSP TOTAL SUB-ELEMENT COST REPORT
[Note: no revisions from Instructions and Format used in FY'05 reporting]

This report provides the total service data necessary for MDCH management of CMHSP contracts and reporting to the Legislature. The data set reflects and describes the support activity provided to or on behalf of all consumers receiving services from the CMHSP **regardless of funding stream** (Medicaid, general fund, grant funds, private pay, third party pay, contracts). The new format is presented by procedure code, beginning with facility services reported by revenue code. Most of the activity reported here will also have been reported in the encounter data system. Refer to the Mental Health HCPCS and CPT Code List and the Costing Per Code list on the MDCH web site for cross walk between services and the appropriate codes. Electronic templates for reporting will be issued by MDCH six weeks prior to the due date and are also located on the MDCH web site: www.michigan.gov/mdch , click on Mental Health and Substance Abuse, then Reporting Requirements

RULES FOR REPORTING ON CMHSP TOTAL SUB-ELEMENT COST REPORT

Background:
Per the CMHSP and PIHP contracts with the Department of Community Health, beginning FY'04 the community mental health system is required to submit two cost reports:

> The 18 PIHP Medicaid Utilization and Aggregate Net Cost report replaces the PIHP Medicaid Sub-element cost report. It will be used by the state's actuary in the analysis of the encounter data and costs. As such, the Medicaid report is an internal report. The actuary will use this report to review Medicaid managed care administration costs and determine the administrative load for the future rates. The report will also be used to compare the volume of units reported with the encounter data.
>
> The 46 CMHSP Total sub-element cost reports will continue to be used by MDCH to comply with the MDCH Appropriations Act Section 404 boilerplate requirements.

It is not intended that the Sub-element cost expenditures match the Financial Status Report (FSR) expenditures. Each CMHSP should maintain documentation, however, as to the source of variance between the FSR and the sub-element cost report.

Instructions:

I. Total units, cases, and costs per procedure code

- **a.** Enter the number of **units** per procedure code that were provided during the period of this report for each eligibility group – individuals with a developmental disability, adults with mental illness, and children with mental illness. For most of the procedure codes, the total number of units should be consistent with the number of units for that procedure code that were reported to the MDCH warehouse for all consumers. Follow the same rules for reporting units in this report that are followed for reporting encounters. Refer to the Mental Health HCPCS and Revenue Code Chart on the MDCH web site, the Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual (also on the MDCH web site) and the Costing Per Code document issued by MDCH. Report services for Persons with Developmental Disabilities (H), Adults with Mental Illness (I), and Children with Serious Emotional Disturbance (J) in separate columns on the spreadsheet. Note that some procedures are reportable under only one column. An example is out-of-home prevocational service (T2015) that is only a HSW service.
- **b.** Peer-delivered (H0038) has a row for units, costs, and cases that were reported in the encounter data, and a row for peer-delivered expenditures (typically drop-in center activities) that were **not**

captured by encounters data. **Do not** aggregate the units, cases and costs and report in the row for cost-only peer-delivered. **Do not** combine the costs from either row.

c. Several codes have rows without modifiers as well as rows with modifiers: 90849 (HS modifier used to distinguish when a beneficiary is not present), H2016 and T1020 (TF and TG modifiers used to distinguish levels of support). For T1017, SE modifier is used to distinguish between targeted case management and case management provided in a nursing home. It is important that the appropriate number of units, cases and costs are entered into the correct rows for these procedures. **Do not** aggregate the units, cases and costs for the modified procedures into one row.

d. A row for residential room and board has been added. If room and board is reported as encounters (S9976) to the warehouse, enter the cases, units, and costs here. If room and board was not reported as encounters, report it in Row VI, "Other."

e. A row for pharmacy has been added to report drugs, including injectibles, and other biologicals. Do not report "enhanced pharmacy" cases and costs in this row.

f. A row for "other" has been added to report other procedure codes that are not included in the rows above. These are typically non-mental health activities provided to individual consumers for which CMHSPs use general funds.

g. Enter the **unique number of cases** per procedure code. This number should reflect the unduplicated number of consumers who were provided the service during the reporting period. Record case, unit, and costs under "Column J" if the child has a mental illness and is less than age 18 on the last day of the reporting period.

h. Enter the **total expenditures** per procedure code (see exclusions below) by each population group.

II. Prevention- Indirect Service Model

a. In row II, column K, enter the total expenditures (staff, facility, equipment, staff travel, contract services, supplies and materials) for indirect prevention activities.

III. **SA Managed Care Administration**

a. Cost of managed care administration performed by the CMHSP for the substance abuse benefit, if the CMHSP is a PIHP. CMHSP affiliates report 0. If the CMHSP performs non-Medicaid managed care administrative functions for the CA, the CMHSP should report that expense here.

b. Refer to the document entitled "Establishing Managed Care Administrative Costs" (revised June 2005) for determining the administrative costs to be entered in row III, column K of this report.

IV. **MH/DD Medicaid Managed Care Administration Costs**: Enter in column K the expenditures for the Medicaid managed care functions that were performed by the CMHSP that is a PIHP. Do not include expenditures for functions that were delegated to affiliates. Affiliate CMHSPs report 0 in column K

V. Managed Care Administration MH/DD

Enter in column K the total expenditures for managed care administration performed by the CMHSP for all its services. For affiliates this includes delegated Medicaid managed care administration and includes non-Medicaid managed care administration. In those instances where the PIHP also provides administrative service organization activities for the affiliates for non-Medicaid services, the CMHSP affiliate should include this cost and the PIHP should not include the cost.

VI. All Other Costs: In column K report all other costs: room and board, MRS cash match, labs, and pharmacy not already reported in any procedure codes. Please provide an itemized listing of "all other costs" in the Comments box.

VII. **Total MH/DD Cases and Costs:** Enter in the appropriate columns the unduplicated number of cases and costs for each population group.

Grand Total Expenditures: formula in cell will automatically calculate the sum of all costs included in this report.

Exclusions

The following expenditures **must be excluded** from the CMHSP Sub-Element Cost Report:

1. Room and board costs should be excluded from all rows except VI. "All Other"
2. Local contribution to Medicaid
3. Payments made into internal service funds (ISFs) or risk pools.
4. Provider of administrative service organization (ASO) services to other entities, including PIHP/hub ASO activities provided to CMHSP affiliates/spokes for non-Medicaid services
5. Write-offs for prior years
6. Substance Abuse services provided by the CMHSP under provider contract with CAs (these show up in the report from the CA)
7. Workshop production costs (these costs should be offset by income for the products).
8. Medicare payments for inpatient days (where CMHSP has no financial responsibility)
9. Services provided in the Center for Forensic Psychiatry
10. Mental health services paid for by health plan (MHP) contracts.

Additional Issues

1. Include costs and services that were funded by FY04 savings or carry-forward or by funds pulled **out** of the ISFs.
2. Include cases, units and costs for Children's Waiver
3. Include costs and services for persons with co-occurring conditions where revenues were used by the CMHSP to purchase or provide such services using funds that were **not** paid to the CA.
4. Report services and costs that match the accrual assumptions for fee-for-service activities where an end-of-year financial accrual is made for services incurred but where a claim has not been processed. (i.e., report cases, units, and costs for services rendered, but those whose claims have not been adjudicated by the time of report).
5. Assume that the CAs are providing a Total service use/cost report
6. If services are provided by a CMHSP to another CMHSP/PIHP through an earned contract, the COFR CMHSP should report these costs, NOT the providing CMHSP
7. If services were delivered by the CMHSP, but paid for by a Medicaid Health Plan, do not report on the sub-element table.
8. Spend-down is captured separately on the Medicaid Utilization and Net Cost Report but does not need to be separated on this report.
9. Report on separate rows in this report:
   *Community Psychiatric Inpatient
   *Inpatient in a community institution for mental disease (IMD)
   *ICF-MR (Mt. Pleasant)
   *State Psychiatric Hospitals (includes those persons at Mt. Pleasant who are not ICF-MR eligible)

SECTION 460 CMHSP COST ALLOCATION REPORT

Background

Section 460 of Public Acts 154 of 2005 and 330 of 2006 required that the Michigan Department of Community Health develop methods and instructions for allocating administrative costs and reporting requirements for the Pre-Paid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), and their sub-contractors. This document contains MDCH's response to the legislation and is reflective of the values of a public mental health system. The first phase of the activity, to commence October 1, 2006, involves PIHPs, CMHSPs, and their "prime subcontractors" defined as those entities from which administrative functions and/or direct services are purchased and which further sub-contract with other entities for administrative and/or direct services in fulfillment of their obligations to the contract. Prime subcontractors include the affiliate CMHSPs of the PIHPs, substance abuse coordinating agencies (CAs) that manage Medicaid services, Managed Comprehensive Provider Networks (MCPNs) and all other entities that meet the definition of prime subcontractor as defined in the Glossary of Terms. The second phase, to commence in FY'08 adds the major subcontracted providers of PIHPs, CMHSPs and prime sub-contractors.

The administrative cost data reported by CMHSPs on the "Section 460 Report" by January 31st of each year are submitted by MDCH to the Legislature annually. Section 460 Compliance Report for Non-Medicaid Managed Mental Health Supports and Services contains the CMHSP non-Medicaid direct and administrative costs with an explanation that the Mental Health Code requires certain administrative functions with examples like recipient rights, community needs assessment and school-to-community transition services, that are unique to Michigan's public mental health system and therefore not comparable to other health care organizations. The Compliance Report contains each CMHSP's non-Medicaid direct service costs and administrative costs for each their prime sub-contractors.

While many of the administrative functions are derived from the Mental Health Code requirements, and are delegated by the CMHSP to their prime sub-contractors, certain core functions, such as human resources, information systems, and executive director exist in CMHSPs and the prime subcontractors regardless of funding stream. The costs of these core functions must be allocated to the CMHSP as non-Medicaid administrative expenditures according to an allocation methodology that is consistent with Office of Management and Budget Circular A-87.

The Cost Allocation model in response to Section 460 uses A-87 as its foundation. CMHSPs might also use the EDIT (Encounter Data Integrity Team) document titled "Establishing Managed Care Administrative Costs", June 20, 2005, to determine the administrative functions that should be allocated to Medicaid administration regardless of whether they are delegated. The first step of the process requires that each CMHSP develop a cost allocation plan and submit it to MDCH prior to the beginning of a fiscal year except for the FY'07 when it will be due February 28, 2007. It is expected that the cost plans indicate what has been delegated to another entity and what has not, and the methods being used to allocate costs. MDCH will review the plans, and may comment if a plan contains a questionable allocation methodology, but will not approve plans. The CMHSPs' annual independent audit will review actual cost allocations and compare to the prospective methodologies in the cost plans.

The remainder of this section contains 1) steps for determining "allowable" expenditures per applicable state and federal regulations; 2) a diagram depicting where the line is drawn between direct service costs and administrative costs; 3) steps for allocating costs to either direct service and administration; 4) glossary of terms; and 5) a flow chart for allocation steps. Electronic templates for reporting will be issued by MDCH six weeks prior to the due date and are also located on the MDCH web site: www.michigan.gov/mdch , click on Mental Health and Substance Abuse, then Reporting Requirements

Steps For Determining Allowable Costs Per State and Federal Regulations

For costs to be reported by CMHSPs as allowable costs they must meet the standard for allowable costs in state and federal regulations. Substance abuse costs reported to CMHSPs must also meet standards for allowable costs. The state regulations are the Mental Health Code and CMHSP contracts. For governmental units (CMHSPs) the federal standards are in Office of Management and Budget (OMB) Circular A-87. It is used in determining the allowable costs incurred by State and local governments under cost reimbursement contracts. For non- profits those federal standards are in OMB Circular A-122. It is used to establish principles for determining costs of grants, contracts and other agreements with non-profit organizations. Once costs are determined to be allowable then the CMHSP can utilize the Cost Allocation Diagram to determine the classification of the costs between direct services and administration.

All other costs not allowable under any of these regulations should be reported as “expenditures not other wise reported” on the applicable financial status report (FSR) and must have appropriate administrative costs allocated.

COST ALLOCATION DIAGRAM

Note: CMHSPs, and their prime subcontractors must define all allowable costs (either directly or through allocation) as either "Direct Service" or "Administration." To be considered an allowable cost, the cost must meet the guidelines defined per OMB Circulars A-87 and 122, or the Mental Health Code.

DIRECT SERVICES

All contract or directly operated services and supports reported as encounters to MDCH data warehouse (the cost of these include face-to-face activities and collateral activities performed on behalf of beneficiary). Note that fiscal intermediary services are now reported as encounters.

Other General Direct Services (not reported as encounters)
Prevention (not individual-specific)
Outreach (might include homeless projects)
Crisis Intervention
Peer Delivered (not reported as encounter)

Allocated Overhead (examples)
Building costs (including building security)
Utilities
Travel/vehicles
Clerical
Equipment (furniture, telephone, personal computer – cabling, server, router, software)
Medical records – electronic or otherwise
Supplies
Training on specific service
Immediate/First-line supervisors

ADMINISTRATION

All functions and activities that are not "direct services" above

VIII. Staff (examples)
IX. Executive Director

Management/ non-immediate supervisory staff
Human resources staff
Budget, Finance and Accounting staff
Reimbursement staff
Training staff
Customer Services staff
Recipient Rights staff
Utilization Management staff
Quality Improvement staff
Information system staff (+ network mgmnt, help desk, security)

Line Items (examples)
Legal, audit, consultation services
Advisory councils and committees
Accreditation & licensing fees
Association membership fees
County indirect
Subscriptions

Allocated Overhead (examples)
Building costs
Utilities
Travel/vehicles
Clerical
Equipment (personal computer, furniture, fax, telephone)
Supplies
Training & conferences related to administrative functions

See Steps for Allocating Administrative Cost for additional details.

Steps for Allocating Administrative Costs

Note: These steps, along with the flow chart attached, are provided as guides when developing a cost allocation plan. In Phase I, to commence October 1, 2006, these steps apply to CMHSPs. Substance abuse coordinating agencies (CAs) and the CMHSPs' prime subcontractors -those entities from which administrative functions are purchased and/or direct services are purchased and further sub-contract with other entities for administrative and/or direct services in fulfillment of their obligations to the contract shall follow steps three through six and report their administrative costs by program type to the CMHSPs with which they contract.

Phase II, to commence October 1, 2007, requires that similar steps be applied to the subcontractors of CMHSPs, CAs and core providers or prime subcontractors. A determination will be made, in preparation for Phase II, of the materiality of the administrative costs of small subcontractors and/or the relative amount of payments that are made to subcontractors. In addition, Phase II will need to address the issue of subcontractors that are community and private hospitals.

Phase I

1. Determine allowable costs under the applicable state and federal regulations.
2. CMHSP must identify the methodologies to be used in their cost allocation plans. The cost allocation plans for the PIHP drives their affiliate CMHSP cost allocation plans for Medicaid purposes and determination. The methodologies must meet federal Office of Management and Budget (OMB) Circular A-87 (A87) standards. The cost allocation plan shall be submitted to MDCH by a specified date prior to the start of the fiscal year (except for year one).
3. Identify all costs that are direct service costs; the remaining costs are-administrative costs. (See diagram)
4. Allocate overhead costs to direct service or administrative costs.
5. Allocate direct costs by program (Medicaid, GF, etc)
6. Allocate administration costs by program (Medicaid, GF, etc) utilizing the cost allocation methodologies identified in Step 2.
7. Report direct service and administrative costs to MDCH on the Section 460 report, Table 2, to be provided.

8. Independent audit shall verify that costs were allocated correctly and according to the cost allocation plan.

Commentary on the steps

1. The applicable state and federal regulations include, but are not limited to, the Michigan Mental Health Code, the service definitions in the Michigan Medicaid Provider Manual, the contract between MDCH and the CMHSPs, and federal OMB circulars.

2. MDCH is not dictating the methodologies for allocating costs.
   - The allocation methods used must meet A-87 standards.
   - The allocation methods may not be changed during the fiscal year unless a material defect is discovered or the law or organization is changed affecting the validity of the methodology.
   - A cost allocation plan due date in late December 2006 or early January 2007 shall be established by MDCH for the Phase I. Future year allocation plans are due on a date established by MDCH, but no later than October 1st of the year.
   - MDCH may review the cost allocation plan to assure it is complete and meets A-87 standards; and will keep the plan on file for future reference.

3. The "direct service" costs are those associated with the covered services that are reported via CPT or

HCPCS codes as encounters.

- Direct service also includes services provided face-to-face to mental health consumers or prospective mental health consumers such as outreach, crisis intervention, prevention, and peer-delivered that do not result in encounter reporting.
- Note that fiscal intermediary service is now a covered service and should be reported in the encounter data system and counted as a direct service cost.
- The direct service costs include:
  - Staff salary/benefits for the time performing the face-to-face activity and the ancillary activities conducted on behalf of the consumer (progress notes, phone calls, etc.)
  - Salary/benefits of the **immediate** supervisor of the staff providing the service.
  - Only if there is documented evidence that the second or third line supervisor is performing a duty that is normally the duty of a direct care provider or his/her immediate supervisor may they be included as direct services.
  - Materiality is a factor in determining whether to include the staff salary/benefits for a second or third line supervisor, clinical director, etc.
  - A panel of experts established by MDCH will provide a ruling where there are local questions about whether a cost is direct service or administrative.
  - If electronic medical records are used, these shall be reported as direct service

4. Allocate the overhead costs using the methodologies identified in Step 2.
   - Equipment shall be allocated to include the personal computers, telephones, fax, and office furniture used by the direct service staff and the clerical staff to direct services.
   - Equipment attributable to other staff shall be included in administration.
   - The cost of training required for a specific covered service shall be reported as a direct service cost.
   - General training that is provided to staff across the service delivery system shall be included in administration.
   - Building costs, including rent and utilities, shall be allocated to direct services and administration.
   - All other costs that are not determined to be direct service costs, or allocable overhead to direct service activities, are <u>administrative</u> costs.
     - While Recipient Rights, Customer Services, and some of Utilization Management and Quality Improvement may include direct service to consumers, these functions are not considered to be the primary business of the public mental health system but are "regulatory" functions and therefore classified as administrative costs.

5. Using the allocation method identified in Step 2, allocate the <u>entire</u> direct service costs by program: Medicaid, Children's Waiver, GF, Adult Benefits Waiver (ABW), MI-Child, HMO/Other Earned Contract, SA Block Grant, for example.

6. Using the allocation method identified in Step 2 allocate the administrative costs by program: Medicaid, Children's Wavier, GF, Adult Benefits Waiver (ABW), MI-Child, HMO/Other Earned Contract, SA Block Grant, for example. CMHSPs shall separately identify non-Medicaid direct service costs and administration on the new Section 460 Report, Table 2. CMHSPs that are affiliates report their Medicaid administrative costs to their PIHP.

7. The annual independent audit shall review how the administrative and direct service costs were separated and will verify that the methodologies identified in the cost allocation plan were used and that there is

evidence to support the allocation of costs was done in compliance with A87 using those methodologies.

SECTION 460 COST ALLOCATION REPORT
GLOSSARY

1. Administrative costs: For purposes of reporting on the Section 460 Cost Allocation report, these are costs of running the PIHP/CMHSP programs that do not meet the classification of direct service costs. These will include both directly assignable costs and those that are not readily assignable. For reporting purposes "Administration" also includes a share of the allocated overhead costs.

2. Allocated Overhead
   - These are costs that can be allocated to a particular cost objective or activity in accordance with the benefit received.
   - Allocated Overhead included in "Direct"
     - In general, these are the minimum requirements for an employee to perform their duties – for example: space, equipment and transportation (if necessary to access clientele)
   - Allocated Overhead included in "Administration"
     - Other costs such as human resources, legal counsel and the executive staff are not strictly required for an employee to perform their duties – therefore they are not allocated, but 100% included in "Administration"
   - Examples of costs that may be included in allocated overhead
     - Building Rent
     - Utilities
     - Telephones
     - Personal Computers
     - Training
       - Specific clinical-type training would be included as "Direct"
       - General training, such as a seminar on HIPAA would be included as "Administration"

3. Allowable expenditures: The expenditures allowed by the state and federal regulations.

4. Cost allocation plan
   - For this reporting purpose a cost allocation plan should, at a minimum, include:
     - For each different allocation basis, include:
       - A description of the cost or service to be allocated. This may require inclusion of an organization chart, a chart of account or other supporting documentation
       - Projected costs to be allocated
       - A detailed description of the method used to allocate costs
       - A summary or pro-forma presentation of the allocation to each activity or program.

5. Cost centers: "Cost objective" means a function, organizational subdivision, contract, grant, or other activity for which cost data are needed and for which costs are incurred.

6. Cost pools: is the accumulated costs that jointly benefit two or more programs or other cost objectives.

7. Direct Service cost: For purposes of reporting on the Section 460 Cost Allocation report, these are all contract or directly operated services and supports reported with CPT or HCPCS codes as encounters to MDCH data warehouse (the cost of these include face-to-face activities and collateral activities performed on behalf of beneficiary). Other "general" Direct Services not reported as encounters include Prevention (not individual-specific), Outreach (might include homeless projects), Crisis Intervention, Peer Delivered or Drop-in Centers (not reported as encounters).

- Examples of direct costs
  - Employee costs directly identified and devoted to providing services that result in a reportable encounter
  - Materials acquired, consumed or expended specifically to provide direct services reported as an encounter

8. Indirect service cost: Allocated Overhead

9. Indirect administrative costs: Allocated Overhead

10. Prime subcontractor: those entities to which administrative functions and/or direct services are delegated and which sub-contract with other agencies. The entities' responsibilities may be limited to a particular geographic area or a population within the CMHSP's catchment area. The entities may (depending upon the delegation agreement) include CMHSP affiliates, "core providers", substance abuse coordinating agencies, and Managed Comprehensive Provider Networks (MCPNs).

SUBMISSION REQUIREMENTS FOR SECTION 460 COST ALLOCATION PLANS

A. ***General.***

1. Section 460 of P.A. 154 of 2005 required that the Michigan Department of Community Health develop methods and instructions for allocating administrative costs and reporting requirements for the Pre-Paid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), and their sub-contractors.

2. Guidelines and illustrations of 460 cost allocation plans are adapted from a brochure published by the Department of Health and Human Services entitled "A Guide for State and Local Government Agencies: Cost Principles and Procedures for Establishing Cost Allocation Plans and Indirect Cost Rates for Grants and Contracts with the Federal Government."

3. This plan will be used to allocate the actual costs of the PIHP or CMHSP for the fiscal year ended 9/30/2007 between service and administrative costs for the 460 Cost Allocation Report.

4. Scope of the 460 Cost Allocation Plans for the 460 Cost Allocation Report: The 460 cost allocation plan shall be comprehensive and will include all costs of the applicable PIHP, CMHSP or Prime Subcontractor.

B. ***Submission Requirements.***

1. Each PIHP or CMHSP will submit a plan to the Michigan Department of Community Health for each year in which it reports costs for the 460 Cost Allocation Report. The plan should include (a) a projection of the next year's allocated service and administrative cost (based on the budget projection for the coming year).

2. Prime subcontractors required to report service and administrative costs must develop a plan in accordance with the requirements described in this document and submit it to the applicable PIHP or CMHSP. All 460 cost allocation plans will be prepared and submitted prior to the beginning of each fiscal year in which reporting is required

C. ***Documentation Requirements for Submitted Plans.*** The documentation requirements described in this section may be modified, expanded, or reduced by MDCH on a case-by-case basis.

1. General. All proposed plans must be accompanied by the following: an organization chart sufficiently detailed to show operations including all the activities of the PIHP or CMHSP whether or not they are shown as benefiting from service and administrative functions; a copy of the Executive Budget to support the allowable costs of each service and administrative activity included in the plan; and, a certification (see subsection 3.) that the plan was prepared in accordance with OMB Circular A-87, contains only allowable costs, and was prepared in a manner that treated similar costs consistently among all the programs.

2. Allocated service and administrative costs. For each allocated service or administrative cost, the plan must also include the following: a brief description of the service and administrative function*, an identification of the unit rendering the service and the operating programs receiving the service/benefit, the items of expense included in the cost of the service, the method used to distribute the cost of the service to benefited programs, and a summary schedule showing the allocation of each service to the specific benefited programs.

3. Required certification. Each 460 cost allocation plan will be accompanied by a certification in the following form:

CERTIFICATE OF SECTION 460 COST ALLOCATION PLAN

This is to certify that I have reviewed the 460 cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal [identify date] to establish cost allocations or billings for [identify period covered by plan] are allowable in accordance with the requirements of OMB Circular A 87, "Cost Principles for State, Local, and Indian Tribal Governments," and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to service or administrative costs on the basis of a beneficial or causal relationship between the expenses incurred and the categories to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

(3) All costs included in this proposal are allocated to service or administration and reported in compliance with the Michigan Department of Community Health Cost Allocation Requirement for [identify period covered by plan] .

I declare that the foregoing is true and correct.

Governmental Unit: _____

Signature: _____

Name of Official: _____

Title: _____

Date of Execution: _____

Section 460 CMHSP Cost Allocation Report

INSTRUCTIONS FOR COMPLETION

CMHSPs will use Section 460 Compliance Report Non-Medicaid Managed Mental Health Supports and Services for reporting in compliance with Section 460 of Public Acts 154 of 2005 and 330 of 2006. Please refer to the Requirement for Allocating Administrative Costs for details and definitions of terms. The template is available on the MDCH web site at www.michigan.gov/mdch click on Mental Health and Substance Abuse Services, then on Reporting Requirements.

To complete the template:

1. Enter CMHSP name, the fiscal reporting year and enter an X in the box to indicate six-month or annual report.
2. Enter in row 1, col. B the cost of the total non-Medicaid direct services that the CMHSP provided directly (not via Prime Subcontractor or other Subcontracted Provider).
3. In row 1, col. E, enter the cost of the non-Medicaid administration for the CMHSP (less the administrative costs of the Prime Subcontractor or other Subcontracted Provider).
4. Cols. H, I, and J will self-calculate.
5. In Rows 2 through 14, enter in the Col. A the names of the Prime Subcontractors.
6. In Rows 2 through 14, Col. C, enter the cost of the total non-Medicaid direct services that each Prime Subcontractor provided directly.
7. In Rows 2 through 14, Col. F enter the costs of non-Medicaid administration for the Prime Subcontractor (less the administrative costs for any other Subcontracted Provider).
8. Rows 2 through 14, Cols. H, I, and J will self-calculate
9. Row 15, Col C, F, H, I and J will automatically calculate the costs of the total non-Medicaid direct services and total non-Medicaid administration for the Prime Subcontractors (total of rows above)
10. Row 16, Col. D, enter the total costs for non-Medicaid direct services and administration performed by Subcontracted Providers as delegated by the CMHSP and/or the Prime Subcontractors.
11. Row 16, Cols. H and J will self calculate.
12. Row 17, cells will automatically fill with totals from Rows 1, 15 and 16, and Col. H, I, J, and K will self-calculate
13. Row 18, enter the amount of Local Contribution to State Medicaid Match allocated to non-Medicaid services and non-Medicaid administration. Cols. H, I, and J will self-calculate.
14. Row 19, cells will automatically add rows 17 and 18 in un-shaded columns.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM
VERSION 6.0
FOR CMHSPS

The Michigan Mission Based Performance Indicator System (version 1.0) was first implemented in FY'97. That original set of indicators reflected nine months of work by more than 90 consumers, advocates, CMHSP staff, MDCH staff and others. The original purposes for the development of the system remain. Those purposes include:

- To clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System as reflected in the Mission statements from Delivering the Promise and the needs and concerns expressed by consumers and the citizens of Michigan. Those domains are: ACCESS, EFFICIENCY, and OUTCOME.
- To develop a state-wide aggregate status report to address issues of public accountability for the public mental health system (including appropriation boilerplate requirements of the legislature, legal commitments under the Michigan Mental Health Code, etc.)
- To provide a databased mechanism to assist MDCH in the management of PIHP contracts that would impact the quality of the service delivery system statewide.
- To the extent possible, facilitate the development and implementation of local quality improvement systems; and
- To link with existing health care planning efforts and to establish a foundation for future quality improvement monitoring within a managed health care system for the consumers of public mental health services in the state of Michigan.

All of the indicators here are measures of CMHSP performance, rather than affiliation performance. Therefore performance indicators should be reported by the CMHSP. Due dates for indicators vary and can be found on the table following the list of indicators. Instructions and reporting tables are located in the "Michigan's Mission-Based Performance Indicator System, Version 6.0, August 2005" codebook. Electronic templates for reporting will be issued by MDCH six weeks prior to the due date and are also located on the MDCH web site: www.michigan.gov/mdch , click on Mental Health and Substance Abuse, then Reporting Requirements.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM, VERSION 6.0 FOR CMHSPS

ACCESS

1. The percent of all adults and children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. **Standard = 95% in three hours**

2. The percent of new persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service (MI adults, MI children, DD adults, and DD children). **Standard = 95% in 14 days**

3. The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. (MI adults, MI children, DD adults and DD children) **Standard = 95% in 14 days**

4. The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. (All children and all adults -MI, DD). **Standard=95%**

5. The percent of face-to-face assessments with professionals that result in decisions to deny CMHSP services. (MI and DD)

6. The percent of Section 705 second opinions that result in services. (MI and DD)

EFFICIENCY

7. The percent of total expenditures spent on administrative functions for CMHSPs.

OUTCOMES

8. The percent of adults with mental illness and the percent of adults with developmental disabilities served by CMHSP who are in competitive employment.

9. The percent of adults with mental illness and the percent of adults with developmental disabilities served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported or self employment, or sheltered workshop).

10. The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge**. Standard = 15% or less within 30 days**

11. The annual number of substantiated recipient rights complaints per thousand persons served with MI and with DD served, in the categories of Abuse I and II, and Neglect I and II.

12. The number of suicides per thousand persons served (MI, DD)..

PIHP PERFORMANCE INDICATOR REPORTING DUE DATES

Indicator Title	Period	Due	Period	Due	Period	Due	Period	Due	From
1. Pre-admission screen	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	CMHSPs
2. 1st request	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	CMHSPs
3. 1st service	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	CMHSPs
4. Follow-up	10/01 to 12/31	3/31	1/01 to 3/31	~~6/01~~ 6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	CMHSPs
5. Denials	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	CMHSPs
6. 2nd Opinions	10/01 to 12/31	3/31	1/01 to 3/31	6/30	4/01 to 6/30	9/30	7/01 to 9/30	12/31	CMHSPs
7. Admin. Costs*	10/01 to 9/30	1/31							MDCH
8. Competitive employment*	10/01 to 9/30								MDCH
9. Minimum wage*	10/01 to 9/30								MDCH
10. Readmissions	10/01 to 9/30	3/31	1/01 to 3/31	6/30	4-01 to 6-30	9/30	7/01 to 9/30	12/31	CMHSPs
11. RR complaints	10/01 to 9/30	12/31							CMHSPs
12. Suicides (death report)	10/01 to 3/31	12/31							CMHSPs

*Indicators with * mean MDCH collects data from encounters, quality improvement or cost reports and calculates performance indicators

STATE LEVEL DATA COLLECTION

Functional/Symptom Status

1. Changes in Child and Adolescent Functional Assessment Scale (CAFAS) scores for children with emotional disturbance between **initial or annual and termination** assessments. Indicators:

Percent of children/adolescents who experience increased level of functioning

Percent of children/adolescents who experience decreased level of psychological distress

Percent of children/adolescents who experience increased activities with family, friends, neighbors, or social groups

Average level of impairment in children/adolescents with substance abuse problems

Percent of children/adolescents who were in juvenile detention the past year.

INSTRUCTIONS FOR COMPLETING THE FY2007 RECIPIENT RIGHTS DATA REPORT

Section I: Complaint Data Summary

→THIS SECTION IS REQUIRED FOR BOTH THE ANNUAL REPORT AND SEMI-ANNUAL REPORT

Part A: Totals

Complaints Received: Enter the total number of complaints received for the reporting period

Allegations Involved: Some complaints contain more than 1 allegation. If you have not counted each allegation as a separate complaint (i.e. given it a separate complaint number) then enter the total number of allegations received here. If you do count each allegation as a separate complaint, the number entered here should be the same as complaints received.

Allegations Investigated: Enter the total number of investigations conducted here.

Part B: Aggregate Summary of Allegations By Category

For each sub-category enter the following information:

- Number of allegations received
- Number of these investigated *
- Number of these in which some intervention ** was conducted
- Number of allegations substantiated either by investigation or intervention

* Investigation: A detailed inquiry into and systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A, Report of Investigative Findings.

** Intervention: To act on behalf of a recipient to obtain resolution of an allegation of a rights violation contained in a complaint when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action. *Interventions are not allowed in allegations of abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation.*

Part C: Remediation of Substantiated Rights Violations:

For each allegation that, through investigation or intervention, it was established that a recipient=s right was violated, indicate the following:

$ The category and specific allegation
$ The Name of the Provider
$ The type of Provider (see table on the next page)
$ The Specific remedial action taken
$ The type of remedial action taken (see table on the next page)

Outpatient	01		Verbal Counseling	01
Residential MI	02		Written Counseling	02
Residential DD	03		Written Reprimand	03
Inpatient	04		Suspension	04
Day Program MI	05		Demotion	05
Day Program DD	06		Staff Transfer	06
Workshop (Prevocational)	07		Training	07
Supported Employment	08		Employment Termination	08
ACT	09		Contract Action	09
Case Management	10		Policy Revision/Development	10
Psychosocial Rehabilitation	11		Environmental Repair/Enhancement	11
Partial Hospitalization	12		Plan of Service Revision	12
SIP	13		Recipient Transfer to Another Provider/Site	13
Other	14		Other	14

Example:

CATEGORY & SPECIFIC ALLEGATION		SPECIFIC PROVIDER	TYPE	SPECIFIC REMEDIAL ACTION	TYPE
7222	Abuse, Class II	Outpatient	01	5 day suspension	04

→THE FOLLOWING SECTION IS REQUIRED FOR THE ANNUAL REPORT ONLY

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Indicate, for each rights staff, the kind of training received during the period and the number of hours for each.

Part B: Training Provided by Rights Office

Indicate the kind of training provided during the period, the number of hours for each, the number of CMH or Hospital Staff involved, the number of contractual staff involved, and/or the number and type of other staff involved.

Section III: Desired Outcomes for the Office

List the outcomes established for the office during the next fiscal year.

Section IV: Recommendations to the CMHSP Board or LPH Governing Board

List any recommendations made to the governing Board regarding the rights office or recipient rights activity as part of the annual report.

REPORT DATES:

Semi-Annual
October 1 through March 31
Section I

Annual
October 1 through September 30
Section, I, II, III, IV

1. Board:_____ The MDCH-assigned 2-digit CMHSP board number must be used with all data transmissions. All data transmitted in report format will identify the submitting Community Mental Health Services Programs by name.

2. Rights Officer: _____ Use alphanumeric characters to identify the LAST NAME of the Rights Officer

Section I: Complaint Data Summary

Part A: Totals

		Total
3.	Complaints Received	
4.	Allegations Involved	
5.	Allegations Investigated	

Part B: Aggregate Summary

1. Freedom from Abuse

	Code	Category	Received	Investigation	Intervention	Substantiated
6.	7221	Class I				
7.	7222	Class II				
8.	7223	Class III				
9.	7224	Sexual Abuse				

2. Freedom from Neglect

	Code	Category	Received	Investigation	Intervention	Substantiated
10.	7225	Class I				
11.	7226	Class II				
12.	7227	Class III				

3. Rights Protection System

	Code	Category	Received	Investigation	Intervention	Substantiated
13.	7760	Access to Rights System				
14.	7780	Retaliation/Harassment				
15.	7545	Notice/Explanation of Rights				
16.	7060	Complaint Investigation Process				
17.	7840	Appeals Process				
18.	7880	Mediation				
19.	7520	Failure to Report				
20.	0772	Other				

4. Admission/Discharge/Second Opinion

	Code	Category	Received	Investigation	Intervention	Substantiated
21.	7050	Second Opinion-Denial of Services				
22.	4090	Second Opinion-Denial of Hospitalization				
23.	4980	Objection to Hospitalization (minor)				
24.	4190	Termination of Voluntary Hospitalization (adult)				
25.	4630	Independent Clinical Examination				
26.	4510	Court Hearing/Process				
27.	0400	Other				

5. Civil Rights

	Code	Category	Received	Investigation	Intervention	Substantiated
28.	7040	Dignity & Respect				
29.	7041	Discrimination				
30.	7042	Accommodation				
31.	7043	Privacy/Search				
32.	7044	Religious Practice				
33.	7045	Voting				
34.	7046	Sexual Expression				
35.	7047	Presumption of Competency				
36.	7048	Marriage/Divorce				
37.	0704	Other				

6. Family Rights

	Code	Category	Received	Investigation	Intervention	Substantiated
38.	7111	Dignity & Respect				
39.	7112	Receipt of General Education Information				
40.	7113	Opportunity to provide information				

7. Communication and Visits

	Code	Category	Received	Investigation	Intervention	Substantiated
41.	7261	Visitation				
42.	7262	Contact with Attorneys or others regarding legal matters				
43.	7263	Access to telephone				
44.	7264	Funds for postage, stationery, telephone usage				
45.	7265	Written and posted limitations, if established				
46.	7266	Uncensored Mail				
47.	7267	Access to entertainment materials, information, news				
48.	0726	Other				

8. Confidentiality/Privileged Communications/Disclosure

	Code	Category	Received	Investigation	Intervention	Substantiated
49.	7481	Access to Record				
50.	7482	Copies of Record Information				
51.	7483	Identification				
52.	7484	Authorization to Release				
53.	7485	Withholding of Information				
54.	7486	Correction of Record				
55.	7487	Access by P & A to record				
56.	7501	Privileged Communication				
57.	0748	Other				

9. Treatment Environment

	Code	Category	Received	Investigation	Intervention	Substantiated
58.	7081	Safe				
59.	7082	Sanitary				
60.	7083	Humane				
61.	7084	Accessible				
62.	7085	Nutrition				
63.	7086	Least Restrictive Setting				
64.	0708	Other				

10. Freedom of Movement

	Code	Category	Received	Investigation	Intervention	Substantiated
65.	7400	Restraint				
66.	7420	Seclusion				
67.	7441	Building and grounds Access				
68.	7442	Limitations				
69.	0744	Other				

11. Financial Rights

	Code	Category	Received	Investigation	Intervention	Substantiated
70.	7301	Safeguarding Money				
71.	7302	Facility Account				
72.	7303	Easy Access to Money in Account				
73.	7304	Ability to Spend or Use as Desired				
74.	7305	Delivery of Money upon Release				
75.	7360	Labor & Compensation				
76.	0730	Other				

12. Personal Property

	Code	Category	Received	Investigation	Intervention	Substantiated
77.	7281	Possession and Use				
78.	7282	Storage Space				
79.	7283	Inspection at Reasonable Times				
80.	7284	Search/Seizure				
81.	7285	Exclusions				
82.	7286	Limitations				
83.	7287	Receipt to recipient and designated individual				
84.	7288	Waiver				
85.	7289	Protection				
86.	0728	Other				

13. Suitable Services

	Code	Category	Received	Investigation	Intervention	Substantiated
87.	7080	Treatment suited to condition				
88.	7049	Treatment by spiritual means				
89.	7100	Physical and mental exams				
90.	7140	Notice of clinical status/progress				
91.	7130	Choice of physician/mental health professional				
92.	7150	Services of mental health professional				
93.	7003	Informed Consent				
94.	7170	ET				
95.	7160	Surgery				
96.	7158	Medication				
97.	7190	Notice of medication side effects				
98.	7180	Psycho tropic Drugs				
99.	7029	Information on Family Planning				
100.	0700	Other				

14. Treatment Planning

	Code	Category	Received	Investigation	Intervention	Substantiated
101.	7121	Person-centered Process				
102.	7122	Timely development				
103.	7123	Request for Review				
104.	7124	Participation by Individual(s) of choice				
105.	7125	Assessment of Needs				
106.	0712	Other				

15. Photographs, Fingerprints, Audiotapes, One-Way Glass

	Code	Category	Received	Investigation	Intervention	Substantiated
107.	7241	Prior Consent				
108.	7242	Identification				
109.	7243	Objection				
110.	7244	Release to others/return				
111.	7245	Storage/destruction				
112.	7246	Treatment				

16. Forensic Issues

	Code	Category	Received	Investigation	Intervention	Substantiated
113.	2021	I.S.T.				
114.	2022	N.G.R.I.				

115.	2000	Other				

Part C: Remediation of Substantiated Rights Violations (includes complaints investigated and those addressed through other interventions) Attach additional sheets as necessary.

122.						
123.						
124.						
125.						
126.						
127.						
128.						
129.						
130.						
131.						
132.						
133.						

NOTE: SECTIONS II, III, IV ARE REQUIRED TO BE COMPLETED FOR THE ANNUAL REPORT ONLY AND ARE TO BE SENT ON A WORD PROCESSING FILE TO THE OFFICE OF RECIPIENT RIGHTS, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH BY DECEMBER 30, 1999 & 2000.

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Indicate, for each rights staff, the kind of training received during the period and the number of hours for each.

Part B: Training provided by Rights Office

Indicate the kind of training provided during the period, the number of hours for each, the number of CMH or Hospital Staff involved, the number of contractual staff involved, and/ or the number and type of other staff involved.

Section III: Desired Outcomes for the Office

List the outcomes establish for the office during the next fiscal year.

Section IV: Recommendations to the CMHSP Board or LPH Governing Board

List any recommendations made to the governing Board regarding the rights office or recipient rights activity as part of the annual report.

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Part B: Training Provided by Rights Office

Section III: Desired Outcomes for the Office

Section IV: Recommendations to the CMHSP Board or LPH Governing Board