

**STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION**

**PUBLIC NOTICE**

Pursuant to 42 C.F.R. §447.205, the Department of Human Services (DHS), Med-QUEST Division (MQD) hereby notifies the public that the MQD intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS).

Under Provisions of federal law, the state is required to issue public notice of proposed changes in statewide methods and standards for setting Medicaid payment rates. The proposed changes are amended as provided under the Child and Adolescent Mental Health Division (CAMHD):

1. Attachment 4.19-B pg. 8.3a has been amended to reference Attachment 4.19-B pg. 1 for certified peer specialist reimbursement payment methodology.
2. Supplement 3 to Attachment 4.19-B pg. 1-6 are specific to the CAMHD Fee Schedule and has been amended to:
  - a. Add increased rates with recommendation from the CAMHD State Fiscal Year (SFY) 2025 Rate Summary.
  - b. Add new “On Track Program” codes (H2040 and H2041) , T1019 related to personal care services, description of each code, modifiers to be used, provider type and unit/rate.

SPA 24-0011 is expected to have moderate effect on the annual aggregate expenditures.  
FFY 2025- \$100,000  
FFY 2026- \$100,000

The proposed changes will be submitted for review to the federal government as a Medicaid SPA.

A printed copy of the proposed changes and special accommodations (i.e., interpreter, large print or taped materials) can be arranged if requested by contacting the Policy and Program Development Office at (808) 692-8058 no later than seven (7) working days before the comment period ends.

Comments should be received **within 30 days** from the time this notice is posted. Individuals may submit written comments using the following methods:

By email: [PPDO@dhs.hawaii.gov](mailto:PPDO@dhs.hawaii.gov) (Please identify in the subject line: State Plan Amendment 24-0011)

By mail:

Department of Human Services  
Med-QUEST Division  
Attention: Policy and Program Development Office  
P.O Box 700190  
Kapolei, Hawaii 96709

DEPARTMENT OF HUMAN SERVICES, MED-QUEST DIVISION  
JUDY MOHR PETERSON, PhD  
MED-QUEST DIVISION ADMINISTRATOR

Child and Adolescent Mental Health Division (CAMHD) Fee Schedule					
CODE	DESCRIPTION	MODIFIER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
A0100	Transportation-Ground (car rental not included)				By report
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant <b>No modifier</b> -In State TN Out of State			By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report
H0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	\$ <del>[960.96]</del> <u>921.81</u>
H0018	Transitional Family Home (TFH)	<b>HK</b> - Bed hold <b>HA</b> - Therapeutic Pass	ALL	Per Diem	\$ <del>[211.80]</del> <u>305.30</u>
<del>[H0018]</del>	<del>Transitional Family Home (TFH)-Bed Hold</del>	<del><b>HA</b> - Bedhold</del>	ALL		<del>\$211.80</del>
<del>H0018</del>	<del>Transitional Family Home (TFH)-Therapeutic Pass</del>	<del><b>HK</b> - Therapeutic Pass</del>	ALL		<del>\$211.80]</del>
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for adolescents, out-of-state. (CBR OOS)	<b>HK</b> - Bed hold <b>HA</b> - Therapeutic Pass	ALL	Per diem	\$ <del>[236.14]</del> <u>667.00</u>
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for	<b>U1</b> -Medicaid level of care 1, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$ <del>[236.14]</del> <u>667.00</u>

TN No. 24-0011  
[22-0003]

Supersedes

Approval Date:

Effective Date:

12/28/2024  
[05/01/2022]

TN No. 22-0003  
[NEW]

	adolescents that have sexually offended; most often court ordered.  (CBR1)				
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for adolescents with sexualized behaviors; not adjudicated  (CBR2)	<b>U2</b> -Medicaid level of care 2, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$ <del>[236.14]</del> <u>667.00</u>
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  General residential treatment services  (CBR3)	<b>U3</b> -Medicaid level of care 3, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$ <del>[236.14]</del> <u>667.00</u>
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem General residential treatment services  (CBR3 SA)	<b>U4</b> -Medicaid level of care 4, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$236.14
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem Residential treatment services for girls sex traffic confirmed and at risk.  (CBR3 CSEC)	<b>U5</b> -Medicaid level of care 5, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$ <del>[236.14]</del> <u>667.00</u>
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem	<b>U6</b> -Medicaid level of care 6, as defined by each state <b>HA</b> - Bed hold	ALL	Per diem	\$ <del>[236.14]</del> <u>799.35</u>

TN No. 24-0011  
[22-0003]

Supersedes

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12/28/2024  
[05/01/2022]

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[NEW]

	Residential Crisis Stabilization Program limited to 30 days.  (RCSP)	<b>HK</b> - Therapeutic Pass			
H0019	<u>Community-Based Residential treatment- where stay is 30-60 days and treats youth who do not meet criteria for inpatient acute hospital level of care, and are near that threshold of treatment. Provided in either a hospital or outpatient residential setting.</u>  (Subacute)	<b><u>U7-Medicaid level of care 7 as defined by each state</u></b> <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$ <del>[236.14]</del> 1008.60
H0035	Intensive Outpatient Hospitalization (IOH)  Also known as Partial Hospitalization or day treatment, the youth go from their residence to the program during the day.		ALL	Per Diem	\$286.11
H0036	<u>Community psychiatric supportive treatment face-to-face, per 15min</u>  <u>Intensive In-Home Intervention (IIH)</u>	<b>HP 95</b>	QMHP	15 min	\$41.90
H0036	Community psychiatric supportive treatment face-to-face, per 15min  <u>Intensive In-Home Intervention (IIH)</u>	<b>HO 95</b>	<b>MHP</b> (Mental Health Professional)	15 min	\$ <del>[24.15]</del> 37.99
H0036	Community psychiatric supportive treatment face-to-face, per 15min  <u>Intensive In-Home Intervention (IIH)</u>	<b>HN 95</b>	<b>PARA</b> (PARA Professional)	15 min	\$ <del>[14.04]</del> 30.20

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**TN No.** 24-0011  
~~[22-0003]~~

**Supersedes** ~~22-0003~~ **Approval Date:** \_\_\_\_\_ **Effective Date:** 12/28/2024  
~~[05/01/2022]~~

**TN No.** 22-0003  
~~[NEW]~~

H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>HP</b> <b>HE</b> <b>95</b>	QMHP	15 min	\$ <del>[27.15]</del> <u>41.90</u>
H0036	Community psychiatric supportive treatment face-to-face, per 15min Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>HO</b> <b>HE</b> <b>95</b>	MHP	15 min	\$ <del>[24.15]</del> <u>37.99</u>
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>HN</b> <b>HE</b> <b>95</b>	PARA-II	15 min	\$ <del>[14.04]</del> <u>30.20</u>
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	<b>HI</b> <b>HP</b> <b>95</b>	QMHP	15 min	\$ <del>[27.15]</del> <u>43.18</u>
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	<b>HI</b> <b>HO</b>  <b>95</b>	MHP	15 min	\$ <del>[24.15]</del> <u>40.13</u>
H0036	Community psychiatric supportive treatment face-to-	<b>HI</b> <b>[HP]HN</b>	PARA-II	15 min	\$ <del>[14.04]</del> <u>31.93</u>

TN No. 24-0011  
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Supersedes

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12/28/2024  
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TN No. 22-0003  
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	face, per 15min Adaptive Behavioral Intervention (ABI)	<u>95</u>			
H0037	Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.		ALL	Per diem	\$ <del>[228.66]</del> <u>\$305.30</u>
H0038	Peer Support Services (PSS)	<b>HA</b> -Child/Adolescent program <b>95</b>	Cert. peer Specialist	15 min	\$ <del>[15.19]</del> <u>25.33</u>
H0038	Peer Support Services (PSS)	<b>HB</b> -Adult Program- Non-Geriatric <b>95</b>	Cert. Peer Specialist	15min	\$ <del>[15.19]</del> <u>25.33</u>
H0045	Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.		ALL		\$ <del>[211.00]</del> <u>\$305.30</u>
H2011	Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
H2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	<b>HP</b> <b>HO</b> <b>95</b>	QMHP, MHP	15 min	\$24.15
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based family therapy model	<b>95</b>	QMHP led team	15 min	\$55.00

TN No. 24-0011  
[22-0003]

Supersedes

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12/28/2024  
[05/01/2022]

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H2040	<p>HI OnTrack program (if at least 6 visits/month)</p> <ul style="list-style-type: none"> <li>Individual and Group Psychotherapy</li> <li>Family Education and Support</li> <li>Peer Support</li> <li>Psychopharmacology</li> <li>Care Coordination and Management</li> </ul>				\$1913.00 /month
H2041	<p>HI OnTrack program (if less than 6 visits/month)</p> <ul style="list-style-type: none"> <li>Individual and Group Psychotherapy</li> <li>Family Education and Support</li> <li>Peer Support</li> <li>Psychopharmacology</li> <li>Care Coordination and Management</li> </ul>				\$319.00 /encounter
H2033	<p>Multisystemic Therapy (MST)</p> <p>A proprietary evidence-based family and community-based treatment model.</p>	<p><b>95</b> <b><u>HP, HO, HN</u></b></p>	<p>QMHP led team</p>	<p>15min</p>	<p>\$ [<del>50.00</del>] <u>55.00</u></p>
T1013	<p>Interpreter Services</p>	<p><b>95</b></p>	<p>ALL</p>	<p>15min</p>	<p>\$9.36</p>
T1017	<p>Targeted Case Management (TCM)-case assessment</p>	<p><b>HA</b>-Child/Adolescent program HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>
T1017	<p>Targeted Case Management (TCM)-case planning</p>	<p><b>U1</b>-Medicaid level of care 1, as defined by each state (tracking modifier</p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>

TN No. 24-0011  
[~~22-0003~~]

Supersedes

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[~~NEW~~]

		"Mental health program") HP HO <b>95</b>			
T1017	Targeted Case Management (TCM)-ongoing monitoring	<b>U2</b> -Medicaid level of care 2, as defined by each state HP HO <b>95</b>	QMHP, MHP	15 min	\$9.75
<u>T1019</u>	<u>Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provide by home health aide or certified nurse assistant</u>	<u>HA</u>	<u>Para I</u>	<u>15min</u>	<u>\$7.78</u>

Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
HA	Child/Adolescent Program and Bed Hold
HK	Specialized mental health programs for high-risk populations and Therapeutic Pass
HP	QMHP Doctoral Degree (or no mod)
HO	MHP - Master Degree
HN	PARA - Bachelor Degree
HI	Integrated mental health and intellectual disability/developmental disabilities program
HE	Mental Health Program
HB	Adult Program
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
U4	Medicaid Level of Care 4
U5	Medicaid Level of Care 5
U6	Medicaid Level of Care 6
U7	Medicaid Level of Care 7

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**Supersedes** Approval Date: Effective Date: 12/28/2024  
[NEW] [05/01/2022]

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**TN No.** 22-0003  
[NEW]



Child and Adolescent Mental Health Division (CAMHD) Fee Schedule					
CODE	DESCRIPTION	MODIFIER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD
A0100	Transportation-Ground (car rental not included)				By report
A0140	Transportation-Air Travel	UC-client U1-first family member or attendant <b>No modifier</b> -In State TN Out of State			By report
A0180	Transportation-Lodging for attendant			per diem	By report
A0190	Transportation-Meals for attendant			per diem	By report
H0017	Behavioral health, residential (HBR) (hospital residential treatment program), without room and board, per diem		ALL	Per diem	\$921.81
H0018	Transitional Family Home (TFH)	<b>HK</b> - Bed hold <b>HA</b> - Therapeutic Pass	ALL	Per Diem	\$305.30
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for adolescents, out-of-state. (CBR OOS)	<b>HK</b> - Bed hold <b>HA</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  Residential treatment for adolescents that have sexually offended; most often court ordered.  (CBR1)	<b>U1</b> -Medicaid level of care 1, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days), without room and	<b>U2</b> -Medicaid level of care 2, as defined by each state	ALL	Per diem	\$ <del>236.14</del> 667.00

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	board, per diem  Residential treatment for adolescents with sexualized behaviors; not adjudicated  (CBR2)	<b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass			
H0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem  General residential treatment services  (CBR3)	<b>U3</b> -Medicaid level of care 3, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem  General residential treatment services  (CBR3 SA)	<b>U4</b> -Medicaid level of care 4, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$236.14
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem  Residential treatment services for girls sex traffic confirmed and at risk.  (CBR3 CSEC)	<b>U5</b> -Medicaid level of care 5, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$667.00
H0019	Residential treatment program where stay is typically longer than 30 days without room and board per diem  Residential Crisis Stabilization Program limited to 30 days.  (RCSP)	<b>U6</b> -Medicaid level of care 6, as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic Pass	ALL	Per diem	\$799.35
H0019	Community-Based Residential treatment- where stay is 30-60 days and treats youth who do not meet criteria for inpatient acute hospital level	<b>U7</b> -Medicaid level of care 7 as defined by each state <b>HA</b> - Bed hold <b>HK</b> - Therapeutic	<u>ALL</u>	<u>Per diem</u>	\$1008.60

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 Supersedes 22-0003 Approval Date: \_\_\_\_\_ Effective Date: 12/28/2024  
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	of care, and are near that threshold of treatment. Provided in either a hospital or outpatient residential setting.  (Subacute)	Pass			
H0035	Intensive Outpatient Hospitalization (IOH)  Also known as Partial Hospitalization or day treatment, the youth go from their residence to the program during the day.		ALL	Per Diem	\$286.11
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive In-Home Intervention (IIH)	<u>HP</u> <u>95</u>	QMHP	15 min	\$41.90
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive In-Home Intervention (IIH)	<b>HO</b> <b>95</b>	<b>MHP</b> (Mental Health Professional)	15 min	\$37.99
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive In-Home Intervention (IIH)	<b>HN</b> <b>95</b>	<b>PARA</b> (PARA Professional)	15 min	\$30.20
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	<b>HP</b> <b>HE</b> <b>95</b>	QMHP	15 min	\$41.90
H0036	Community psychiatric supportive treatment face-to-	<b>HO</b> <b>HE</b>	MHP	15 min	\$37.99

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	face, per 15min Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	95			
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Intensive Independent Living Skills (IILS)  The same as above with an emphasis on transition to adulthood.	HN HE 95	PARA-II	15 min	\$30.20
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	HI HP 95	QMHP	15 min	\$43.18
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	HI HO 95	MHP	15 min	\$40.13
H0036	Community psychiatric supportive treatment face-to-face, per 15min  Adaptive Behavioral Intervention (ABI)	HI HN 95	PARA-II	15 min	\$31.93
H0037	Therapeutic Crisis Home (TCH) Community psychiatric supportive treatment program, per diem  A short-term home for a youth in crisis, often used by CMO.		ALL	Per diem	\$305.30
H0038	Peer Support Services (PSS)	HA-Child/Adolescent program 95	Cert. peer Specialist	15 min	\$25.33

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 Supersedes 22-0003 Approval Date: \_\_\_\_\_ Effective Date: 12/28/2024  
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H0038	Peer Support Services (PSS)	<b>HB-Adult Program-Non-Geriatric 95</b>	Cert. Peer Specialist	15min	\$25.33
H0045	Therapeutic Respite Home (TRH)  A short-term home for respite purposes to protect the long-term home.		ALL		\$305.30
H2011	Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
H2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	<b>HP HO 95</b>	QMHP, MHP	15 min	\$24.15
H2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter  A proprietary evidence-based family therapy model	<b>95</b>	QMHP led team	15 min	\$55.00
H2040	HI OnTrack program (if at least 6 visits/month)  <ul style="list-style-type: none"> <li>• Individual and Group Psychotherapy</li> <li>• Family Education and Support</li> <li>• Peer Support</li> <li>• Psychopharmacology</li> <li>• Care Coordination and Management</li> </ul>				\$1913.00/month

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H2041	<p>HI OnTrack program (if less than 6 visits/month)</p> <ul style="list-style-type: none"> <li>• Individual and Group Psychotherapy</li> <li>• Family Education and Support</li> <li>• Peer Support</li> <li>• Psychopharmacology</li> <li>• Care Coordination and Management</li> </ul>				\$319.00 /encounter
H2033	<p>Multisystemic Therapy (MST)</p> <p>A proprietary evidence-based family and community-based treatment model.</p>	<p><b>95</b> <u>HP, HO, HN</u></p>	<p>QMHP led team</p>	<p>15min</p>	<p>\$55.00</p>
T1013	<p>Interpreter Services</p>	<p><b>95</b></p>	<p>ALL</p>	<p>15min</p>	<p>\$9.36</p>
T1017	<p>Targeted Case Management (TCM)-case assessment</p>	<p><b>HA</b>-Child/Adolescent program HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>
T1017	<p>Targeted Case Management (TCM)-case planning</p>	<p><b>U1</b>-Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>
T1017	<p>Targeted Case Management (TCM)-ongoing monitoring</p>	<p><b>U2</b>-Medicaid level of care 2, as defined by each state HP HO <b>95</b></p>	<p>QMHP, MHP</p>	<p>15 min</p>	<p>\$9.75</p>

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T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provide by home health aide or certified nurse assistant	HA	Para I	15min	\$7.78
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Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
HA	Child/Adolescent Program and Bed Hold
HK	Specialized mental health programs for high-risk populations and Therapeutic Pass
HP	QMHP Doctoral Degree (or no mod)
HO	MHP - Master Degree
HN	PARA - Bachelor Degree
HI	Integrated mental health and intellectual disability/developmental disabilities program
HE	Mental Health Program
HB	Adult Program
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
U3	Medicaid Level of Care 3
U4	Medicaid Level of Care 4
U5	Medicaid Level of Care 5
U6	Medicaid Level of Care 6
U7	Medicaid Level of Care 7

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**TN No.** 24-0011
**Supersedes** 22-0003
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- d. Services provided by a certified substance abuse counselor are reimbursed according to Attachment 4.19-B, page 1.
- e. Services provided by a certified peer specialist shall be reimbursed according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B.

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<b>TN No.</b>	<u>22-0003</u>				



- d. Services provided by a certified substance abuse counselor are reimbursed according to [~~at fifty per cent of the Medicaid reimbursement rate for a psychologist as specified in~~] Attachment 4.19-B, page 1 [~~, item 1(d)~~].
  
- e. Services provided by a certified peer specialist shall be reimbursed according to the Child and Adolescent Mental Health Division (CAMHD) Fee Schedule located on Supplement 3 to Attachment 4.19-B

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<b>TN No.</b>	<u>24-0011</u>		
	[ <del>22-</del>		
	<u>0003</u> ]		
<b>Supersedes</b>		<b>Approval Date:</b>	<b>Effective Date:</b> <u>12/28/24</u>
			[ <del>05/01/2022</del> ]
<b>TN No.</b>	<u>22-0003</u>		
	[ <del>13-</del>		
	<u>004e</u> ]		