STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES MED-OUEST 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 (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				
IPTION	MODIFER	PROVIDER TYPE	UNIT	MQD rate billed to CAMHD	
ortation-Ground (car not included)				By report	
ortation-Air Travel	UC-client U1-first family member or attendant No modifier-In State TN Out of State			By report	
ortation-Lodging for ant			per diem	By report	
ortation-Meals for ant			per diem	By report	
oral health, residential (hospital residential ent program), without nd board, per diem		ALL	Per diem	\$[960.96] 921.81	
tional Family Home (TFH)	HK - Bed hold HA - Therapeutic Pass	ALL	Per Diem	\$[211.80] <u>305.30</u>	
tional Family Home Bed Hold	HA - Bedhold	ALL		\$211.80	
tional Family Home Therapeutic Pass	HK - Therapeutic Pass	ALL		\$211.80]	
ntial treatment program stay is typically longer O days), without room ard, per diem	HK - Bed hold HA - Therapeutic Pass	ALL	Per diem	\$[236.14] <u>667.00</u>	
ntial treatment for cents, out-of-state. OS)					
ntial treatment program stay is typically longer 0 days), without room ard, per diem	<pre>U1-Medicaid level of care 1, as defined by each state HA - Bed hold HK - Therapeutic</pre>	ALL	Per diem	\$[236.1 4] <u>667.00</u>	
	tional Family Home Therapeutic Pass ntial treatment program stay is typically longer 0 days), without room ard, per diem ntial treatment for cents, out-of-state. OS) ntial treatment program stay is typically longer 0 days), without room	tional Family Home Therapeutic Pass ntial treatment program stay is typically longer 0 days), without room ard, per diem ntial treatment for cents, out-of-state. OS) ntial treatment program stay is typically longer 0 days), without room ard, per diem U1-Medicaid level of care 1, as defined by each state HA - Bed hold HK - Therapeutic	tional Family Home Therapeutic Pass ntial treatment program stay is typically longer 0 days), without room ard, per diem ntial treatment for cents, out-of-state. OS) ntial treatment program stay is typically longer 0 days), without room ard, per diem U1-Medicaid level of care 1, as defined by each state HA - Bed hold HK - Therapeutic	tional Family Home Therapeutic Pass ntial treatment program stay is typically longer 0 days), without room ard, per diem ntial treatment for cents, out-of-state. OS) ntial treatment program stay is typically longer 0 days), without room ard, per diem U1-Medicaid level of care 1, as defined by each state ard, per diem HK - Therapeutic Pass ALL Per diem Per diem Per diem ALL Per diem ALL Per diem	

TN No.	24-0011 [22-0003]		
Supersedes	Approval Date:	Effective Date:	12/28/2024 [05/01/2022]
TN No.	22-0003 [NEW]		[00/01/2022]

	adolescents that have sexually				
	offended; most often court				
	ordered.				
	(CBR1)				
H0019	Residential treatment program	U2-Medicaid level of	ALL	Per diem	\$[236.14] 667.00
	where stay is typically longer	care 2, as defined			
	than 30 days), without room and	by each state			
	board, per diem	HA - Bed hold			
		HK - Therapeutic Pass			
	Residential treatment for				
	adolescents with sexualized				
	behaviors; not adjudicated				
	(CBR2)				
Н0019	Residential treatment program		ALL	Per diem	\$[236.14] <u>667.00</u>
	where stay is typically longer	U3 -Medicaid level of			
	than 30 days), without room	care 3, as defined			
	and board, per diem	by each state			
		HA - Bed hold			
	General residential treatment	HK - Therapeutic			
	services	Pass			
	(CBR3)				
Н0019	Residential treatment program	U4 -Medicaid level of	ALL	Per diem	\$236.14
	where stay is typically longer	care 4, as defined			
	than 30 days without room and	by each state			
	board per diem	HA - Bed hold			
	General residential treatment	HK - Therapeutic Pass			
	services				
	(CBR3 SA)				
Н0019	Residential treatment program	U5 -Medicaid level of	ALL	Per diem	\$[236.14] 667.00
	where stay is typically longer	care 5, as defined			
	than 30 days without room and	by each state			
	board per diem	HA - Bed hold			
	Residential treatment services	HK - Therapeutic			
	for girls sex traffic confirmed	Pass			
	and at risk.				
	(CBR3 CSEC)				
Н0019	Residential treatment program	U6-Medicaid level of	ALL	Per	\$[236.14] 799.35
	where stay is typically longer	care 6, as defined		diem	
	than 30 days without room and	by each state			
	board per diem	HA - Bed hold			

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

	Residential Crisis Stabilization	HK - Therapeutic Pass			
	Program	incrapeacie rass			
	limited to 30 days.				
	(RCSP)				
Н0019	Community-Based Residential	U7-Medicaid level of	ALL	Per	\$ [236.14]
	treatment- where stay is 30-60	care 7 as defined by		diem	1008.60
	days and treats youth who do	each state			
	not meet criteria for	HA - Bed hold			
	inpatient acute hospital level	HK - Therapeutic			
	of care, and are near that	Pass			
	threshold of treatment.	1400			
	Provided in either a hospital				
	or outpatient residential				
	setting.				
	secting.				
	(Subacute)				
н0035	Intensive Outpatient		ALL	Per Diem	\$286.11
	Hospitalization (IOH)				·
	Also known as Partial				
	Hospitalization or day treatment,				
	the youth go from their residence				
	to the program during the day.				
н0036	Community psychiatric	up.	QMHP	15 min	\$41.90
<u>HUU36</u>		<u>HP</u> 95	QMHP	13 11111	\$ <u>41.90</u>
	supportive treatment face-to-	95			
	face, per 15min				
	Tabanaina Ta Mana Tabanasahian				
	Intensive In-Home Intervention				
	(IIH)				
н0036	Community psychiatric	но	MHP (Mental	15 min	\$[24.15]37.99
110020	supportive treatment face-to-	95	Health	TO 11111	Y [21:10] <u>37:33</u>
		33	Professional)		
	face, per 15min		riolessional)		
	Intensive In Heme Interventing				
	Intensive In-Home Intervention				
	(IIH)				
н0036	Community psychiatric	HN	PARA (PARA	15 min	\$[14.04]30.20
110020	supportive treatment face-to-	95	Professional)	TO 11111	Y [1100] <u>50.20</u>
		95	rioressionar)		
	face, per 15min				
	Intensive In Home Intersection				
	Intensive In-Home Intervention				
	(IIH)				

TN No.	24-0011 [22-0003]		
Supersedes	Approval Date:	Effective Date:	12/28/2024 [05/01/2022]
TN No.	22-0003 [NEW]		[03/01/2022]

Н0036	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.	HP HE 95	QMHP	15 min	\$[27.15] <u>41.90</u>
Н0036	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.	HO HE 95	MHP	15 min	\$[24.15] <u>37.99</u>
Н0036	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	\$[14.04] <u>30.20</u>
Н0036	Community psychiatric supportive treatment face-to-face, per 15min Adaptive Behavioral Intervention (ABI)	HI HP 95	QMHP	15 min	\$[27.15] <u>43.18</u>
н0036	Community psychiatric supportive treatment face-to-face, per 15min Adaptive Behavioral Intervention (ABI)	ні но <u>95</u>	МНР	15 min	\$[24.15] <u>40.13</u>
Н0036	Community psychiatric supportive treatment face-to-	HI [# P]HN	PARA-II	15 min	\$[14.04] <u>31.93</u>

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	<u>[22-0003]</u>		
Supersedes	Approval Date:	Effective Date:	12/28/2024
			[05/01/2022]
TN No.	22-0003		
	[NEW]		

	face, per 15min	<u>95</u>			
	Adaptive Behavioral Intervention (ABI)				
н0037	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	\$[228.66] <u>\$305.30</u>
Н0038	Peer Support Services (PSS)	HA-Child/Adolescent program 95	Cert. peer Specialist	15 min	\$[15.19] <u>25.33</u>
н0038	Peer Support Services (PSS)	HB-Adult Program- Non-Geriatric 95	Cert. Peer Specialist	15min	\$[15.19] <u>25.33</u>
H0045	Therapeutic Respite Home (TRH) A short-term home for respite purposes to protect the long-term home.		ALL		\$[211.80] <u>\$305.30</u>
H2011	Crisis Mobile Outreach (CMO)		ALL	15 min	\$27.50
н2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	НР НО 95	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	95	QMHP led team	15 min	\$55.00

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Supersedes	Approval Date:	Effective Date:	12/28/2024 [05/01/2022]
TN No.	22-0003 [NEW]		

H2040	HI OnTrack program (if at least 6 visits/month) Individual and Group Psychotherapy Family Education and Support Peer Support Psychopharmacology Care Coordination and Management				\$1913.00 /month
H2041	HI OnTrack program (if less than 6 visits/month) Individual and Group Psychotherapy Family Education and Support Peer Support Psychopharmacology Care Coordination and Management				\$319.00 /encounter
н2033	Multisystemic Therapy (MST) A proprietary evidence-based family and community-based treatment model.	95 <u>HP, HO, HN</u>	QMHP led team	15min	\$[50.00] <u>55.00</u>
T1013	Interpreter Services	95	ALL	15min	\$9.36
T1017	Targeted Case Management (TCM)-case assessment	HA-Child/Adolescent program HP HO 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM) - case planning	<pre>U1-Medicaid level of care 1, as defined by each state (tracking modifier</pre>	QMHP, MHP	15 min	\$9.75

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		"Mental health program") HP HO 95			
T1017	Targeted Case Management (TCM) - ongoing monitoring	U2-Medicaid level of care 2, as defined by each state HP HO 95	QMHP, MHP	15 min	\$9.75
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	<u>15min</u>	\$7.78

Modifier	Modifier Description
95	Synchronous telehealth via real-time interactive audio and video
НА	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)
НО	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 [05/01/2022]
TN No.	22-0003		[0370172022]
	[NEW]		

	Child and Adolescent Mental Health Division (CAMHD) Fee Schedule					
CODE	DESCRIPTION	MODIFER	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 No modifier-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	
Н0018	Transitional Family Home (TFH)	HK - Bed hold HA - Therapeutic Pass	ALL	Per Diem	\$305.30	
Н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem	HK - Bed hold HA - Therapeutic Pass	ALL	Per diem	\$667.00	
	Residential treatment for adolescents, out-of-state. (CBR OOS)					
Н0019	Residential treatment program where stay is typically longer than 30 days), without room and board, per diem Residential treatment for	U1-Medicaid level of care 1, as defined by each state HA - Bed hold HK - Therapeutic Pass	ALL	Per diem	\$667.00	
	adolescents that have sexually offended; most often court ordered. (CBR1)	Pass				
н0019	Residential treatment program where stay is typically longer than 30 days), without room and	<pre>U2-Medicaid level of care 2, as defined by each state</pre>	ALL	Per diem	\$[236.14] <u>667.00</u>	

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	board, per diem	HA - Bed hold			
	board, per drem	HK - Therapeutic Pass			
		hk - Inerapeutic Pass			
	Residential treatment for				
	adolescents with sexualized				
	behaviors; not adjudicated				
	(CBR2)				
Н0019	Residential treatment program		ALL	Per diem	\$667.00
	where stay is typically longer	U3- Medicaid level of			
	than 30 days), without room	care 3, as defined			
	and board, per diem	by each state			
		HA - Bed hold			
	General residential treatment	HK - Therapeutic			
	services	Pass			
	(CBR3)				
Н0019	Residential treatment program	U4-Medicaid level of	ALL	Per diem	\$236.14
	where stay is typically longer	care 4, as defined			
	than 30 days without room and	by each state			
	board per diem	HA - Bed hold			
	General residential treatment	HK - Therapeutic Pass			
	services				
	(CBR3 SA)				
Н0019	Residential treatment program	U5-Medicaid level of	ALL	Per diem	\$667.00
110015	where stay is typically longer	care 5, as defined	11111	TOT GIOM	+00/:00
	than 30 days without room and	by each state			
	board per diem	HA - Bed hold			
	Residential treatment services	HK - Therapeutic			
	for girls sex traffic confirmed	Pass			
	and at risk.	1 4 3 3			
	and at IISK.				
******	(CBR3 CSEC)				4500.05
Н0019	Residential treatment program	U6-Medicaid level of	ALL	Per	\$799.35
	where stay is typically longer	care 6, as defined		diem	
	than 30 days without room and	by each state			
	board per diem	HA - Bed hold			
	Residential Crisis Stabilization	HK - Therapeutic Pass			
	Program				
	limited to 30 days.				
	(RCSP)				
Н0019	Community-Based Residential	U7-Medicaid level of	ALL	Per	\$1008.60
	treatment- where stay is 30-60	care 7 as defined by		diem	
	days and treats youth who do	each state			
	not meet criteria for	HA - Bed hold			
	inpatient acute hospital level	HK - Therapeutic			

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	of care, and are near that	Pass			
		1435			
	threshold of treatment.				
	Provided in either a hospital				
	or outpatient residential				
	setting.				
	45.4				
	(Subacute)				
Н0035	Intensive Outpatient		ALL	Per Diem	\$286.11
110000			1.22	101 210	4200111
	Hospitalization (IOH)				
	Also known as Partial				
	Hospitalization or day treatment,				
	the youth go from their residence				
	to the program during the day.				
н0036	Community psychiatric	нр	QMHP	15 min	\$41.90
110030		***	Qriiii	19 111111	V 11.50
	supportive treatment face-to-	<u>HP</u> 95			
	face, per 15min				
	race, per remain				
	Intensive In-Home Intervention				
	(IIH)				
	(1111)				
Н0036	Community psychiatric	НО	MHP (Mental	15 min	\$37.99
110030			,	19 111111	437.33
	supportive treatment face-to-	95	Health		
	face, per 15min		Professional)		
	1 1 1 1		,		
	Intensive In-Home Intervention				
	(IIH)				
	(1111)				
н0036	Community psychiatric	HN	PARA (PARA	15 min	\$30.20
110030			,	10 11111	730.20
	supportive treatment face-to-	95	Professional)		
	face, per 15min				
	race, per roman				
	Intensive In-Home Intervention				
	(IIH)				
	(1111)				
110026	Community of the second state of the		OMILD	15	¢41 00
Н0036	Community psychiatric	HP	QMHP	15 min	\$41.90
	supportive treatment face-to-	HE			
1		95			
I					1
	face, per 15min	95			
	lace, per lomin	95			
		95			
	Intensive Independent Living	95			
		95			
	Intensive Independent Living	95			
	Intensive Independent Living Skills (IILS)	95			
	Intensive Independent Living Skills (IILS) The same as above with an	95			
	Intensive Independent Living Skills (IILS)	95			
	Intensive Independent Living Skills (IILS) The same as above with an emphasis on transition to	95			
W0036	Intensive Independent Living Skills (IILS) The same as above with an emphasis on transition to adulthood.		MUD	15	
н0036	Intensive Independent Living Skills (IILS) The same as above with an emphasis on transition to adulthood. Community psychiatric	НО	МНЪ	15 min	\$37.99
Н0036	Intensive Independent Living Skills (IILS) The same as above with an emphasis on transition to adulthood.		MHP	15 min	\$37.99

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	6 15 '	0.5	1		1
	face, per 15min	95			
	Intensive Independent Living				
	Skills (IILS)				
	The same as above with an				
	emphasis on transition to				
	adulthood.				
н0036	Community psychiatric	HN	PARA-II	15 min	\$30.20
	supportive treatment face-to-	HE			
	face, per 15min	95			
	Intensive Independent Living				
	Skills (IILS)				
	, ,				
	The same as above with an				
	emphasis on transition to				
	adulthood.				
н0036	Community psychiatric	HI	OMHP	15 min	\$43.18
110000	supportive treatment face-to-	HP	Ži ii i	10 11111	7 10 1 10
	face, per 15min	95			
	race, per romin				
	Adaptive Behavioral Intervention				
	(ABI)				
н0036	Community psychiatric	HI	MHP	15 min	\$40.13
поозо	supportive treatment face-to-	HO	ויותר	TO IIITII	540.T2
	face, per 15min	110			
	race, ber rourn	95			
	Adaptive Rehavional Interventing	33			
	Adaptive Behavioral Intervention				
н0036	(ABI)	нт	DADA TT	15 mi-	\$31.93
ноозь	Community psychiatric	HI	PARA-II	15 min	\$31.93
	supportive treatment face-to-	HN			
	face, per 15min	95			
	Adopting Debasions 1 Tatassas 1				
	Adaptive Behavioral Intervention				
******	(ABI)		7.7.7	D 11	0205 20
н0037	Therapeutic Crisis Home (TCH)		ALL	Per diem	\$305.30
	Community psychiatric				
	supportive treatment program,				
	per diem				
	A short-term home for a youth in				
	crisis, often used by CMO.				
Н0038	Peer Support Services (PSS)	HA-Child/Adolescent	Cert. peer	15 min	
		program	Specialist		\$25.33
		95			

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Н0038	Peer Support Services (PSS)	HB-Adult Program- Non-Geriatric 95	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
Н2015	Comprehensive Community Support Services (Transitional Support Services-TSS)	НР НО 95	QMHP, MHP	15 min	\$24.15
Н2019	Functional Family Therapy (FFT)-Provide coordinated care to multiple or severely handicapped children, per encounter A proprietary evidence-based family therapy model	95	QMHP led team	15 min	\$55.00
H2040	HI OnTrack program (if at least 6 visits/month) • Individual and Group Psychotherapy • Family Education and Support • Peer Support • Psychopharmacology • Care Coordination and Management				\$1913.00/month

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H2041	HI OnTrack program (if less than 6 visits/month) Individual and Group Psychotherapy Family Education and Support Peer Support Psychopharmacology Care Coordination and Management				\$319.00 /encounter
н2033	Multisystemic Therapy (MST) A proprietary evidence-based family and community-based treatment model.	95 <u>HP</u> , HO, HN	QMHP led team	15min	\$55.00
T1013	Interpreter Services	95	ALL	15min	\$9.36
T1017	Targeted Case Management (TCM)-case assessment	HA-Child/Adolescent program HP HO 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM) - case planning	U1-Medicaid level of care 1, as defined by each state (tracking modifier "Mental health program") HP HO 95	QMHP, MHP	15 min	\$9.75
T1017	Targeted Case Management (TCM) - ongoing monitoring	U2-Medicaid level of care 2, as defined by each state HP HO 95	QМНР, МНР	15 min	\$9.75

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T1019	Personal care services, per 15	на	Para I	15min	\$7.78
	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				

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)
НО	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
<u>U7</u>	Medicaid Level of Care 7

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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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REDLINE ATTACHMENT 4.19-B

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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Supersedes		Approval Date:	Effective Date:	12/28/24
TN No.	22-0003		 •	[05/01/2022]
	[13- 004c]			