## Home and Community Based Services:
### Children’s Habilitation Residential Program (CHRP) Waiver

**Rates Effective July 1, 2019-June 30, 2020**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Proc Code</th>
<th>Mod #1</th>
<th>Mod #2</th>
<th>Mod #3</th>
<th>Mod #4</th>
<th>Rate Effective 07/01/2018</th>
<th>Rate Effective 07/01/2019</th>
<th>Unit Value</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavioral Health Services</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Behavioral Line Staff</td>
<td>H2019</td>
<td>U9</td>
<td></td>
<td></td>
<td></td>
<td>$ 8.50</td>
<td>-</td>
<td>15 Minutes</td>
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<tr>
<td>Senior Therapist</td>
<td>H2019</td>
<td>U9</td>
<td>TF</td>
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<td>$ 26.01</td>
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<td>15 Minutes</td>
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<tr>
<td>Lead Therapist</td>
<td>H2019</td>
<td>U9</td>
<td>TF</td>
<td>22</td>
<td></td>
<td>$ 32.96</td>
<td>-</td>
<td>15 Minutes</td>
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<tr>
<td>Behavioral Assessment</td>
<td>H0002</td>
<td>U9</td>
<td></td>
<td></td>
<td></td>
<td>$ 1.00</td>
<td>-</td>
<td>Dollar</td>
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</table>

| Foster Home                      |           |        |        |        |        |                          |                           |            |          |
| Foster Home Level 1               | H0041     | U9     |        |        |        | $ 56.11                  | $ 56.67                  | Day        |          |
| Foster Home Level 2               | H0041     | U9     | 22     |        |        | $ 90.64                  | $ 91.55                  | Day        |          |
| Foster Home Level 3               | H0041     | U9     | TF     |        |        | $ 110.75                 | $ 111.86                 | Day        |          |
| Foster Home Level 4               | H0041     | U9     | TF     | 22     |        | $ 134.86                 | $ 136.21                 | Day        |          |
| Foster Home Level 5               | H0041     | U9     | TG     |        |        | $ 154.94                 | $ 156.49                 | Day        |          |
| Foster Home Level 6               | H0041     | U9     | TG     | 22     |        | $ 194.75                 | $ 196.70                 | Day        |          |

| Group Home                       |           |        |        |        |        |                          |                           |            |          |
| Group Home Level 1                | T2016     | U9     |        |        |        | $ 82.27                  | $ 83.09                  | Day        |          |
| Group Home Level 2                | T2016     | U9     | 22     |        |        | $ 108.30                 | $ 109.38                 | Day        |          |
| Group Home Level 3                | T2016     | U9     | TF     |        |        | $ 127.58                 | $ 128.86                 | Day        |          |
| Group Home Level 4                | T2016     | U9     | TF     | 22     |        | $ 150.71                 | $ 152.22                 | Day        |          |
| Group Home Level 5                | T2016     | U9     | TG     |        |        | $ 166.50                 | $ 168.17                 | Day        |          |
| Group Home Level 6                | T2016     | U9     | TG     | 22     |        | $ 196.33                 | $ 198.29                 | Day        |          |

| Intensive Support Services        |           |        |        |        |        |                          |                           |            |          |
| Wraparound Plan                   | H2021     | U9     | HI     | TL     |        | $ -                      | $ 27.48                  | 15 Minutes  |          |
| Prevention and Monitoring         | H2021     | U9     | HI     | HN     |        | $ -                      | $ 27.48                  | 15 Minutes  |          |
| In-Home Support                   | H2021     | U9     | HI     | HM     |        | $ -                      | $ 7.61                   | 15 Minutes  |          |

| Professional Services             |           |        |        |        |        |                          |                           |            |          |
| Hippo Therapy                     | S8940     | U9     |        |        |        | $ 21.44                  | $ 21.65                  | 15 Minutes  |          |
| Hippo Therapy Group               | S8940     | U9     | HQ     |        |        | $ 9.11                   | $ 9.20                   | 15 Minutes  |          |
| Movement Therapy - Bachelors      | G0176     | U9     |        |        |        | $ 16.10                  | $ 16.26                  | 15 Minutes  |          |
| Movement Therapy - Masters        | G0176     | U9     | 22     |        |        | $ 23.59                  | $ 23.83                  | 15 Minutes  |          |
| Massage Therapy                   | 97124     | U9     |        |        |        | $ 18.93                  | $ 19.12                  | 15 Minutes  |          |

| Respite Care                      |           |        |        |        |        |                          |                           |            |          |
| Individual - In Family Home       | S5150     | U9     | HA     |        |        | $ -                      | $ 5.40                   | 15 Minutes  |          |
| Individual Day - In Family Home   | S5151     | U9     | HA     |        |        | $ -                      | $ 213.72                 | Day        |          |
| Individual - In Residential       | S5150     | U9     | HI     |        |        | $ -                      | $ 5.40                   | 15 Minutes  |          |
| Individual Day - In Residential   | S5151     | U9     | HI     |        |        | $ -                      | $ 213.72                 | Day        |          |

All Behavioral Services for children under the age of 21 should be accessed through EPSDT effective 7/1/18. Claims for Behavioral Services for dates of service 7/1/18 and after will be denied if billed under the HCBS CHRP Waiver.

For Foster Home and Group Home services, please refer to the notes.

**New Services Effective 07/01/2019**

Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period. No more than 7 consecutive days per month and not to exceed 28 days in a calendar year.
## Home and Community Based Services:
### Children's Habilitation Residential Program (CHRP) Waiver

**Rates Effective July 1, 2019-June 30, 2020**

<table>
<thead>
<tr>
<th>Service</th>
<th>H2021</th>
<th>U9</th>
<th>Rate 1</th>
<th>Rate 2</th>
<th>Duration</th>
<th>Weekly Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Community Connections</td>
<td>H2021</td>
<td>U9</td>
<td>$9.85</td>
<td>$9.95</td>
<td>15 Minutes</td>
<td>Up to 5 hours per week</td>
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**Transition Support Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>H2021</th>
<th>U9</th>
<th>Rate 1</th>
<th>Rate 2</th>
<th>Duration</th>
<th>Weekly Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wraparound Plan</td>
<td>H2021</td>
<td>U9</td>
<td>$ -</td>
<td>$27.48</td>
<td>15 Minutes</td>
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</tr>
<tr>
<td>Prevention and Monitoring</td>
<td>H2021</td>
<td>U9</td>
<td>$ -</td>
<td>$27.48</td>
<td>15 Minutes</td>
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<tr>
<td>In-Home Support</td>
<td>H2021</td>
<td>U9</td>
<td>$ -</td>
<td>$7.61</td>
<td>15 Minutes</td>
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**Legend**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>22</td>
<td>(CPT Defn: Increased procedural services)</td>
</tr>
<tr>
<td>HA</td>
<td>Child/ Adolescent Program</td>
</tr>
<tr>
<td>HI</td>
<td>Integrated Mental Health and Intellectual/Developmental Disability Program</td>
</tr>
<tr>
<td>HM</td>
<td>Less Than Bachelor Degree Level</td>
</tr>
<tr>
<td>HN</td>
<td>Bachelor's Degree Level</td>
</tr>
<tr>
<td>HQ</td>
<td>Group Setting</td>
</tr>
<tr>
<td>HR</td>
<td>Relative Providing Care</td>
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<tr>
<td>TF</td>
<td>Intermediate Level of Care</td>
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<tr>
<td>TG</td>
<td>Complex/High Tech Level of Care</td>
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<tr>
<td>TL</td>
<td>Early Intervention/ Individualized Service Plan</td>
</tr>
<tr>
<td>U9</td>
<td>Children's Habilitation Residential Program</td>
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**New Services Effective 07/01/2019**
<table>
<thead>
<tr>
<th>WAIVER TYPE</th>
<th>PERCENT CHANGE</th>
<th>MULTIPLIER</th>
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<tbody>
<tr>
<td>HCBS EBD</td>
<td>1.000%</td>
<td>1.01000</td>
</tr>
<tr>
<td>HCBS CMHS</td>
<td>1.000%</td>
<td>1.01000</td>
</tr>
<tr>
<td>HCBS BI</td>
<td>1.000%</td>
<td>1.01000</td>
</tr>
<tr>
<td>HCBS SCI</td>
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<tr>
<td>HCBS DD</td>
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<td>1.01000</td>
</tr>
<tr>
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<td>1.01000</td>
</tr>
<tr>
<td>HCBS/DDD/DHS CES</td>
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<td>1.01000</td>
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<tr>
<td>HCBS/DDD/DHS CLLI</td>
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<tr>
<td>HCBS/DDD/DHS CHCBS</td>
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</tr>
<tr>
<td>HCBS/DDD/DHS CHRP</td>
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