

Home and Community Based Services:

Children's Habilitation Residential Program (CHRP) Waiver

Rates Effective July 1, 2019-June 30, 2020



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018	Rate Effective 07/01/2019	Unit Value	Comments
Behavioral Health Services									
Behavioral Line Staff	H2019	U9				\$ 8.50	\$ -	15 Minutes	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.
Senior Therapist	H2019	U9	TF			\$ 26.01	\$ -	15 Minutes	
Lead Therapist	H2019	U9	TF	22		\$ 32.96	\$ -	15 Minutes	
Behavioral Assessment	H0002	U9				\$ 1.00	\$ -	Dollar	
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	New Services Effective 07/01/2019
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	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.
Individual Day - In Family Home	S5151	U9	HA			\$ -	\$ 213.72	Day	
Individual - In Residential Settings	S5150	U9	HI			\$ -	\$ 5.40	15 Minutes	
Individual Day - In Residential Settings	S5151	U9	HI			\$ -	\$ 213.72	Day	



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Supported Community Connections	H2021	U9				\$ 9.85	\$ 9.95	15 Minutes	Up to 5 hours per week
Transition Support Services									
Wraparound Plan	H2021	U9	HA	TL		\$ -	\$ 27.48	15 Minutes	New Services Effective 07/01/2019
Prevention and Monitoring	H2021	U9	HA	HN		\$ -	\$ 27.48	15 Minutes	
In-Home Support	H2021	U9	HA	HM		\$ -	\$ 7.61	15 Minutes	

Legend	
22	(CPT Defn: Increased procedural services)
HA	Child/ Adolescent Program
HI	Integrated Mental Health and Intellectual/Developmental Disability Program
HM	Less Than Bachelor Degree Level
HN	Bachelor's Degree Level
HQ	Group Setting
HR	Relative Providing Care
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TL	Early Intervention/ Individualized Service Plan
U9	Children's Habilitation Residential Program



ADJUSTMENT TABLE		
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER
HCBS EBD	1.000%	1.01000
HCBS CMHS	1.000%	1.01000
HCBS BI	1.000%	1.01000
HCBS SCI	1.000%	1.01000
HCBS DD	1.000%	1.01000
HCBS SLS	1.000%	1.01000
HCBS/DDD/DHS CES	1.000%	1.01000
HCBS/DDD/DHS CLI	1.000%	1.01000
HCBS/DDD/DHS CHCBS	1.000%	1.01000
HCBS/DDD/DHS CHRP	1.000%	1.01000

