HCBS RATE ANALYSIS

Provider Specialty	CPT	Service Description	Increment	Rate on File Pre - 7/1/06	Rate on File Post 7/1/06	Consultant's Proposed Rate for File	$ Chg Post 7/1/06 to Consultant Rates	% Chg Post 7/1/06 to Consultant Rates
MENTAL HEALTH CLINICS	90887	COLLATERAL CONTACT	Per 15 Min.	$9.94	$9.94	$10.63	$0.69	6.97%
	H2014	PARTIAL CARE - MENTAL HEALTH	Per 15 Min.	$2.44	$2.44	$2.13	($0.31)	-12.70%
	T1028	SOCIAL HISTORY & EVALUATION	Per 15 Min.	$9.94	$9.94	$10.63	$0.69	6.97%
DEVELOPMENTAL DISABILITY CENTERS	S5100	ADULT DAY CARE	Per 15 Min.	$1.50	$1.50	$0.78	($0.72)	-48.00%
	90887	COLLATERAL CONTACT	Per 15 Min.	$9.94	$9.94	$10.39	$0.45	4.53%
	H2011	COMMUNITY CRISIS SUPPORT	Per 15 Min.	$11.35	$11.35	$10.39	($0.96)	-8.46%
	H2014	DEV THERAPY/IND FOR N.F. REC	Per 15 Min.	$4.92	$5.01	$4.68	($0.33)	-6.59%
	H2000	DEVELOPMENTAL THERAPY EVALUATION -C	Per 15 Min.	$4.45	$4.53	$10.39	$5.86	129.36%
	97537	DEVELOPMENTAL THERAPY GROUPS OF 2	Per 15 Min.	$2.10	$2.14	$2.00	($0.14)	-6.54%
	H2021	DEVELOPMENTAL THERAPY GROUPS OF 2	Per 15 Min.	$2.10	$2.14	$2.00	($0.14)	-6.54%
	97537	DEVELOPMENTAL THERAPY INDIVIDUAL	Per 15 Min.	$4.92	$5.01	$4.68	($0.33)	-6.59%
	H2021	DEVELOPMENTAL THERAPY INDIVIDUAL	Per 15 Min.	$4.92	$5.01	$4.68	($0.33)	-6.59%
	97537	DEVELOPMENTAL THERAPY INDV. IN HOME	Per 15 Min.	$4.92	$5.01	$4.68	($0.33)	-6.59%
	H2014	DEVELOPMENTAL THERAPY/GROUP	Per 15 Min.	$1.77	$1.80	$1.86	$0.06	3.33%
	H2032	DEVELOPMENTAL THERAPY/GROUP	Per 15 Min.	$1.77	$1.80	$1.86	$0.06	3.33%
	H2014	DEVELOPMENTAL THERAPY/INDIVIDUAL	Per 15 Min.	$4.45	$4.53	$4.68	$0.15	3.31%
	H2032	DEVELOPMENTAL THERAPY/INDIVIDUAL	Per 15 Min.	$4.45	$4.53	$4.68	$0.15	3.31%
	92508	GROUP SPEECH THERAPY - CDC	Per 15 Min.	$1.86	$4.37	$5.08	$0.71	16.32%
	H0024	IBI/CONSULT	Per 15 Min.	$11.35	$11.35	$10.39	($0.96)	-8.44%
	H2019	IBI/PROFESSIONAL	Per 15 Min.	$11.35	$11.35	$10.39	($0.96)	-8.46%
	H2019	IBI PARA	Per 15 Min.	$5.10	$5.10	$8.97	$3.87	75.88%
	H0004	SUPPORTED COUNSELING	Per 15 Min.	$8.00	$8.00	$10.39	$2.39	29.88%
	97110	INDIVID. PHYSICAL THERAPY CDC	Per 15 Min.	$6.60	$14.00	$16.29	$2.29	16.32%
	92507	INDIVUDUAL SPEECH THERAPY	Per 15 Min.	$6.60	$14.00	$16.29	$2.29	16.32%
	97003	OCCUPATIONAL THERAPY EVAL-CDC	Per 15 Min.	$5.93	$14.00	$16.29	$2.29	16.32%
	97535	OCCUPATIONAL THERAPY-INDIVID	Per 15 Min.	$5.93	$14.00	$16.29	$2.29	16.32%
	97001	PHYSICAL THERAPY EVALUATION - CDC	Per 15 Min.	$6.60	$14.00	$16.29	$2.29	16.32%
	T1028	SOCIAL HISTORY & EVALUATION	Per 15 Min.	$9.94	$9.94	$10.39	$0.45	4.53%
	92506	SPEECH EVAL - CDC	Per 15 Min.	$6.60	$14.00	$16.29	$2.29	16.32%
REHAB MENTAL HEALTH SERVICES	90887	COLLATERAL/CONSULTATION	Per 15 Min.	$2.77	$2.77	$3.16	$0.39	13.99%
	H2011	COMMUNITY CRISIS SUPPORT	Per 15 Min.	$11.35	$11.35	$11.33	($0.02)	-0.15%
	G9007	COORDINATED CARE FEE-PLAN DEVELOPMENT	Per 15 Min.	$10.00	$10.00	$11.33	$1.33	13.33%
	H0031	REHABILITATION EVALUATION	Per 15 Min.	$11.35	$11.35	$11.33	($0.02)	-0.15%
	T2017	INDIVIDUAL PSYCHOSOCIAL REHAB	Per 15 Min.	$11.35	$11.35	$11.33	($0.02)	-0.18%
	T1028	SOCIAL HISTORY & EVALUATION	Per 15 Min.	$9.94	$9.94	$10.63	$0.69	6.97%
	H0032	TASK PLAN DEVELOPMENT	Per 15 Min.	$11.35	$11.35	$11.33	($0.02)	-0.15%
DD CASE MANAGEMENT	0919B	AGENCY SPEC FAMILY HOME AFF	Per Day	$7.96	$7.96	$8.31	$0.35	4.40%
	H2011	COMMUNITY CRISIS SUPPORT	Per 15 Min.	$11.35	$11.35	$10.39	($0.96)	-8.46%
	G9007	COORDINATED CARE FEE	Per 15 Min.	$10.00	$10.00	$10.39	$0.39	3.90%
	G9012	COORDINATED CARE FEE	Per 15 Min.	$10.00	$10.00	$8.97	($1.04)	-10.35%
	G9002	ON GOING TARGETED SERVICE COORDINATION	Monthly	$108.33	$108.33	$103.88	($4.45)	-4.11%
	G9001	TARGETED SERVICE COORDINATION	Monthly	$129.81	$129.81	$124.48	($5.33)	-4.11%
EPSDT	G9007	COORDINATED CARE FEE-PLAN DEV'T	Per 15 Min.	$10.00	$10.00	$10.39	$0.39	3.90%
	G9012	COORDINATED CARE FEE-PLAN MONITORING	Per 15 Min.	$10.00	$10.00	$8.97	($1.04)	-10.35%
	G9001	TARGETED SERVICE COORDINATION	Monthly	$129.81	$129.81	$124.48	($5.33)	-4.11%
	G9002	ON GOING EPSDT SERVICE COORDINATION	Monthly	$108.33	$108.33	$103.88	($4.45)	-4.11%
MENTAL HEALTH	H0031	CASE MANAGEMENT-MENTAL HEALTH	Per 15 Min.	$9.94	$9.94	$10.63	$0.69	6.97%
	T1017	CASE MANAGEMENT-MENTAL HEALTH	Per 15 Min.	$9.94	$9.94	$10.39	$0.45	4.53%
	H2011	CRISIS INTERVENTION, PER 15 MINUTES	Per 15 Min.	$11.35	$11.35	$10.63	($0.72)	-6.32%
RESIDENTIAL HABILITATION - AGENCY	S5100	ADULT DAY CARE	Per 15 Min.	$1.50	$1.50	$0.78	($0.72)	-48.00%
	0919B	AGENCY SPEC FAMILY HOME AFFILIATE	Per Day	$7.96	$7.96	$8.31	$0.35	4.40%
	S5140	AGENCY SPECIALIZED FAMILY HOME DAILY	Per Day	$53.39	$53.39	$57.59	$4.20	7.87%
	H2022	COMMUNITY BASED SERVICES	Per Day	$221.12	$225.32	$228.48	$3.16	1.40%
	H2011	COMMUNITY CRISIS SUPPORT	Per 15 Min.	$11.35	$11.35	$11.33	($0.02)	-0.18%
	H2016	COMPREHENSIVE COMM SUPPORT	Per Day	$263.36	$268.36	$342.72	$74.36	27.71%
	H2015	SUPPORTED LIVING-1 CONSUMERS	Per 15 Min.	$3.18	$3.24	$4.68	$1.44	44.44%
	H2015	SUPPORTED LIVING-2 CONSUMERS	Per 15 Min.	$1.87	$1.91	$1.87	($0.04)	-2.09%
RESIDENTIAL HABILITATION - INDEPENDENT	S5140	AGENCY SPECIALIZED FAMILY HOME DAILY	Daily	$53.39	$53.39	$57.59	$4.20	7.87%
SUPPORTED EMPLOYMENT SERVICES	H2023	SUPPORTED EMPLOYMENT	Per 15 Min.	$5.25	$5.25	$4.64	($0.61)	-11.67%