

| | Description | Fee | Effective Date | Limit Description |
|---|--|-------------------|----------------|--|
| Assessment Period | | | | |
| HA001 | Pre-Admission Assessment and Other Assessment | \$350.00 | 11/01/2001 | For 1 Day Assessment Maximum Fee |
| HA003 | Comprehensive Neuropsychological Evaluation | \$1,500.00 | 10/01/2008 | Per Evaluation (Limit 1 Evaluation) |
| HA004 | Brief Neuropsychological Evaluation | \$105.00 | 10/01/2008 | Per Hour Maximum, 5 Hours Service Maximum |
| HR008 | Routine Case Management Services | \$26.25 | 07/01/2013 | Per ½ hour limited to as specified in Agreement |
| HR027 | Transportation | Commonwealth rate | 04/01/2005 | Mileage rate per Commonwealth policy |
| Rehabilitation Period / Outpatient Services Billable | | | | |
| All services must be documented in the Department of Health approved rehabilitation service plan for reimbursement. | | | | |
| HR001 | Residential Services (Personal Care Daily Rate) | \$55.00 | 11/01/2001 | Per day (includes room and board, personal care and supervision) |
| HR002 | Assisted Neurobehavioral Therapy (Behavioral Management Therapy) | \$50.00 | 10/01/2008 | Per ½ hour Group or Individual Session |
| HR003 | Assistive Community Integration (Life Skills Training) | \$50.00 | 10/01/2008 | Per ½ hour Group or Individual Session |
| HR004 | Supportive Counseling | \$19.25 | 10/01/2008 | Per ½ hour Group or Individual Session |
| HR005 | Substance Abuse Education and Prevention | \$19.25 | 10/01/2008 | Per ½ hour Group or Individual Session |
| HR006 | Therapeutic Recreation | \$50.00 | 10/01/2008 | Per ½ hour Group or Individual Session |
| HR007 | Work Skills Services (Training) | \$50.00 | 10/01/2008 | Per ½ hour Group or Individual Session |
| HR008 | Routine Case Management Services | \$26.25 | 07/01/2013 | Per ½ hour limited to as specified in Agreement |
| HR009 | Cognitive Therapy (Retraining) | \$54.75 | 10/01/2008 | Per ½ hour Individual Session |
| HR010 | Occupational Therapy | \$54.75 | 10/01/2008 | Per ½ hour Individual Session |
| HR011 | Physical Therapy | \$50.25 | 10/01/2008 | Per ½ hour Individual Session |
| HR012 | Psychological Services | \$50.75 | 10/01/2008 | Per ½ hour Individual Session |
| HR013 | Speech Therapy (Speech and Language Therapy) | \$36.00 | 11/01/2001 | Per ½ hour Individual Session |
| HR014 | Cognitive Therapy (Retraining) | \$30.00 | 11/01/2001 | Per ½ hour Group Session |
| HR015 | Occupational Therapy | \$30.00 | 11/01/2001 | Per ½ hour Group Session |
| HR016 | Physical Therapy | \$30.00 | 11/01/2001 | Per ½ hour Group Session |
| HR017 | Psychological Services | \$30.00 | 11/01/2001 | Per ½ hour Group Session |
| HR018 | Speech Therapy (Speech and Language Therapy) | \$30.00 | 11/01/2001 | Per ½ hour Group Session |
| HR019 | Psychiatry or Neuropsychiatry | \$87.50 | 04/01/2005 | Per ½ hour Individual Session |

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|-------|----------------|--------------------|------------|--|
| HR020 | Physiatry | \$87.50 | 04/01/2005 | Per ½ hour Individual Session |
| HR021 | Neurology | \$87.50 | 04/01/2005 | Per ½ hour Individual Session |
| HR022 | Nursing | \$25.00 | 04/01/2005 | Per ½ hour Group or Individual Session |
| HR027 | Transportation | Common-wealth rate | 04/01/2005 | Mileage rate per Commonwealth policy |
| HR029 | Respite | \$25.00 | 07/01/2017 | Per ½ hour (maximum of 24 hours) |

Rehabilitation Period / Inpatient Services Billable

All services must be documented in the Department of Health approved rehabilitation service plan for reimbursement.

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|-------|--------------------------------------|--------------------|------------|---|
| HR023 | Community Re-Entry Residential | \$400.00 | 04/01/2005 | Per day |
| HR024 | Intensive Rehabilitation –Level One | \$450.00 | 04/01/2005 | Per day |
| HR025 | Intensive Rehabilitation –Level Two | \$600.00 | 04/01/2005 | Per day |
| HR026 | Intensive Neurobehavioral | \$650.00 | 04/01/2005 | Per day |
| HR027 | Transportation | Common-wealth rate | 04/01/2005 | Mileage rate per Commonwealth policy |
| HR028 | Intensive Neurobehavioral Evaluation | \$850.00 | 02/01/2007 | Per day (maximum of 90 days) |
| HR008 | Routine Case Management Services | \$26.25 | 07/01/2013 | Per ½ hour limited to as specified in Agreement |

Transition – Maximum reimbursement \$1,000 for 6 consecutive months.

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|-------|---------------------------------------|--------|------------|---|
| HT001 | Transitional Case Management Services | \$7.50 | 11/01/2001 | Per quarter hour (Limit \$1,000 per client or 33.34 hours for six month period) |
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Assisting the client in gaining access to services from which the client may benefit and for which the client may be eligible. Monitoring and evaluating the client’s progress in transitioning to living in their home or community setting with any necessary supports or to placement in a long-term care facility. Determining that the client has fully transitioned to their home or community or is referred to the appropriate long-term service provider.