## Detroit-Wayne Ingegrated Health Network I/DD Residential - Contract Program Standard Rates - Effective 10-01-2020 - Version 2

Note: Effective 10-01-2020, MDHHS discontinued the use of H0043 for unlicensed CLS services, per diem. Unlicensed residential support services must now be reported with either H2015 or T2027. MDHHS has also discontinued the use of the "TT" modifier for with H2015 and T2027 and replaced it with five new "U" modifiers, as indicated below. DWIHN has deployed five local modifiers to indicate the number of shared staff on duty (i.e., 21, S1, S2, S3 and S4). There have been no changes to the licensed resdiential codes H2016 and T1020.

UNLICENSED Residential Procedure Codes (Unit = 15 minutes; POS=12-Home)	Modifier	Rate
H2015 - Comprehensive Community Support Services - One Member/One Staff	S1	\$4.64
H2015 - Community Living Support Services - Two Staff/One Member	21	\$9.28
H2015 - Comprehensive Community Support Services - 2 Members; 1 Staff	UN; S1	\$2.32
H2015 - Comprehensive Community Support Services - 2 Members; 2 Staff	UN; S2	\$4.64
H2015 - Comprehensive Community Support Services - 2 Members; 3 Staff	UN; S3	\$6.96
H2015 - Comprehensive Community Support Services - 2 Members; 4 Staff	UN; S4	\$9.28
H2015 - Comprehensive Community Support Services - 3 Members; 1 Staff	UP; S1	\$1.55
H2015 - Comprehensive Community Support Services - 3 Members; 2 Staff	UP; S2	\$3.09
H2015 - Comprehensive Community Support Services - 3 Members; 3 Staff	UP; S3	\$4.64
H2015 - Comprehensive Community Support Services - 3 Members; 4 Staff	UP; S4	\$6.19
H2015 - Comprehensive Community Support Services - 4 Members; 1 Staff	UQ; S1	\$1.16
H2015 - Comprehensive Community Support Services - 4 Members; 2 Staff	UQ; S2	\$2.32
H2015 - Comprehensive Community Support Services - 4 Members; 3 Staff	UQ; S3	\$3.48
H2015 - Comprehensive Community Support Services - 4 Members; 4 Staff	UQ; S4	\$4.64
H2015 - Comprehensive Community Support Services - 5 Members; 1 Staff	UR; S1	\$0.93
H2015 - Comprehensive Community Support Services - 5 Members; 2 Staff	UR; S2	\$1.86
H2015 - Comprehensive Community Support Services - 5 Members; 3 Staff	UR; S3	\$2.78
H2015 - Comprehensive Community Support Services - 5 Members; 4 Staff	UR; S4	\$3.71
H2015 - Comprehensive Community Support Services - 6 or More Members; 1 Staff	US; S1	\$0.77
H2015 - Comprehensive Community Support Services - 6 or More Members; 2 Staff	US; S2	\$1.55
H2015 - Comprehensive Community Support Services - 6 or More Members; 3 Staff	US; S3	\$2.32
H2015 - Comprehensive Community Support Services - 6 or More Members; 4 Staff	US; S4	\$3.09
T2027 - Overnight Health and Safety Supports - One Member/One Staff (HAB Waiver		
Only)	S1	\$4.44
T2027 - Overnight Health and Safety Supports - Two Staff/One Member (HAB Waiver		
Only)	21	\$8.88
T2027 - Overnight Health and Safety Supports - 2 Members; 1 Staff (HAB Waiver Only)	UN; S1	\$2.22
T2027 - Overnight Health and Safety Supports - 2 Members; 2 Staff (HAB Waiver Only)	UN; S2	\$4.44
T2027 - Overnight Health and Safety Supports - 2 Members; 3 Staff (HAB Waiver Only)	UN; S3	\$6.66
T2027 - Overnight Health and Safety Supports - 2 Members; 4 Staff (HAB Waiver Only)	UN; S4	\$8.88
T2027 - Overnight Health and Safety Supports - 3 Members; 1 Staff (HAB Waiver Only)	UP; S1	\$1.48
T2027 - Overnight Health and Safety Supports - 3 Members; 2 Staff (HAB Waiver Only)	UP; S2	\$2.96
T2027 - Overnight Health and Safety Supports - 3 Members; 3 Staff (HAB Waiver Only)	UP; S3	\$4.44
T2027 - Overnight Health and Safety Supports - 3 Members; 4 Staff (HAB Waiver Only)	UP; S4	\$5.92
T2027 - Overnight Health and Safety Supports - 4 Members; 1 Staff (HAB Waiver Only)	UQ; S1	\$1.11
T2027 - Overnight Health and Safety Supports - 4 Members; 2 Staff (HAB Waiver Only)	UQ; S2	\$2.22

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T2027 - Overnight Health and Safety Supports - 4 Members; 3 Staff (HAB Waiver Only)UQ; S3ST2027 - Overnight Health and Safety Supports - 4 Members; 4 Staff (HAB Waiver Only)UQ; S4ST2027 - Overnight Health and Safety Supports - 5 Members; 1 Staff (HAB Waiver Only)UR; S1ST2027 - Overnight Health and Safety Supports - 5 Members; 2 Staff (HAB Waiver Only)UR; S1ST2027 - Overnight Health and Safety Supports - 5 Members; 2 Staff (HAB Waiver Only)UR; S1S
T2027 - Overnight Health and Safety Supports - 5 Members; 1 Staff (HAB Waiver Only)UR; S1\$T2027 - Overnight Health and Safety Supports - 5 Members; 2 Staff (HAB Waiver Only)UR; S2\$
T2027 - Overnight Health and Safety Supports - 5 Members; 2 Staff (HAB Waiver Only) UR; S2 \$
T2027 - Overnight Health and Safety Supports - 5 Members; 3 Staff (HAB Waiver Only) UR; S3 \$
T2027 - Overnight Health and Safety Supports - 5 Members; 4 Staff (HAB Waiver Only) UR; S4 \$
T2027 - Overnight Health and Safety Supports - 6 Members; 1 Staff (HAB Waiver Only) US; S1 \$
T2027 - Overnight Health and Safety Supports - 6 Members; 2 Staff (HAB Waiver Only) US; S2 \$
T2027 - Overnight Health and Safety Supports - 6 Members; 3 Staff (HAB Waiver Only) US; S3 \$
T2027 - Overnight Health and Safety Supports - 6 Members; 4 Staff (HAB Waiver Only) US; S4 \$

LICENSED Residential Procedure Codes (Unit = Per Diem; POS=14 Group Home)	Modifier	Rate
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff		
intensity: 5 to 7 hours per day.)	L1	\$111.36
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff		
intensity: 8 to 10 hours per day.)	L2	\$167.04
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff		
intensity: 11 to 14 hours per day.)	L3	\$232.01
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Staff		
intensity: 15 to 20 hours per day.)	L4	\$324.81
H2016 - Comprehensive Community Supports Services per Diem - 24 hours/day. (Non-		
standard rate.) [Add "WV" modifier for Wheelchair adapted Van.]	L5	Varies
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 1 hour/day; up to 60		
min.)	L1	\$18.56
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 2 hours/day; 61 to 120		
min.)	L2	\$37.12
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 3 hours/day; 121 to 180		
min)	L3	\$55.68
T1020 - Personal Care per Diem - 24 hours/day. (Staff intensity: 4 hours/day; 181 to 240		
min)	L4	\$74.24
T1020 - Personal Care per Diem - 24 hours/day. (Additional hours or non-standard rate.)	L5	Varies