

CBAY SERVICES AND RATES
Effective October 1, 2012

Service Name	Rate / Unit	Annual Service Limits Per Year/Participant
Care Management		
Care Management	\$721.05/month	12 units, \$8,652.60
Care Management - Transition	540.75/month	4 Units, \$2,163.00
Supported Employment		
Supported Employment, Individual	\$10.00 / 15 min unit	
Supported Employment, Multi Disc Team	\$10.00 / 15 min unit	
Supported Employment, Group	\$5.00 / 15 min unit	
Supported Employment, Job	\$500 / job	
Community Transition Services - Expenses		
Community Transition Services	Claim / Actual Cost	\$1,500 / yr
Community Transition Services - Self Directed	Claim / Actual Cost	\$1,500 / yr
Youth Peer Support Services		
Youth Peer Support Services	\$8.93 / 15 min	
Customized Goods and Services		
Customized Goods and Services	Claim / Actual Cost	\$2,000 / year cap
Customized Goods and Services, Self Directed	Claim / Actual Cost	\$2,000 / year cap
Expressive Clinical and Consultative Services		
Practitioner Level 3, In Clinic	\$28.75 / 15 min	
Practitioner Level 3, In Clinic, Client Present	\$28.75 / 15 min	
Practitioner Level 3, In Clinic, Client not Present	\$28.75 / 15 min	
Practitioner Level 3, In Clinic, Collateral Contact	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic, Client Present	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic, Client Not	\$28.75 / 15 min	
Practitioner Level 3, Out of Clinic, Collateral	\$28.75 / 15 min	
Practitioner Level 3, Multi-Disciplinary Team	\$28.75 / 15 min	
Practitioner Level 4, In Clinic	\$23.56 / 15 min	
Practitioner Level 4, In Clinic, Client Present	\$23.56 / 15 min	
Practitioner Level 4, In Clinic, Client Not Present	\$23.56 / 15 min	
Practitioner Level 4, In Clinic, Collateral Contact	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic, Client Present	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic, Client not	\$23.56 / 15 min	
Practitioner Level 4, Out of Clinic, Collateral	\$23.56 / 15 min	
Practitioner Level 4, Multi Disciplinary Team	\$23.56 / 15 min	
Waiver Transportation		
Transportation	\$10.40 / 1 Way	\$1,500 / yr cap
Transportation, Self directed	\$10.40 / 1 Way	\$1,500 / yr cap
Family Peer Support Services		

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Service Name	Rate / Unit	Annual Service Limits Per Year/Participant
In Clinic	\$20.78 / 15 min	
In Clinic, Client Present	\$20.78 / 15 min	
In Clinic, Client Not Present	\$20.78 / 15 min	
Out of Clinic	\$20.78 / 15 min	
Out of Clinic, Client Present	\$20.78 / 15 min	
Out of Clinic, Client Not Present	\$20.78 / 15 min	
Multi-Disciplinary Team	\$20.78 / 15 min	
Self Directed, Client Present	\$20.78 / 15 min	
Self Directed, Client Not Present	\$20.78 / 15 min	
Respite		
Respite	\$4.00 / 15 min	
Respite, Self Directed	\$4.00 / 15 min	
Respite	\$128 / per diem	
Respite, Self Directed	\$128 / per diem	
Behavioral Assistance		
In Clinic	\$20.78 / 15 min	
In Clinic, Client Present	\$20.78 / 15 min	
In Clinic, Client Not Present	\$20.78 / 15 min	
In Clinic, Collateral Contact	\$20.78 / 15 min	
Out of Clinic	\$20.78 / 15 min	
Out of Clinic, Client Present	\$20.78 / 15 min	
Out of Clinic, Client Not Present	\$20.78 / 15 min	
Out of Clinic, Collateral Contact	\$20.78 / 15 min	
In Clinic, Multi - Family Group	\$20.78 / 15 min	
In Clinic, Multi - Family Group, Client Present	\$20.78 / 15 min	
In Clinic, Multi - Family Group, Client Not Present	\$20.78 / 15 min	
Out of Clinic, Multi-Family Group	\$20.78 / 15 min	
Out of Clinic, Multi-Family Group, Client Present	\$20.78 / 15 min	
Out of Clinic, Multi-Family Group, Client not	\$20.78 / 15 min	
Multi-Disciplinary Team	\$20.78 / 15 min	