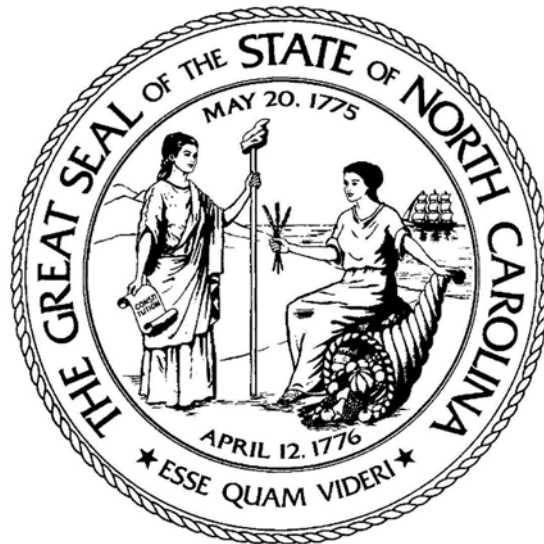


Report on Group Home Funding Sustainability

Session Law 2017-57

Section 11F.18 A.(e)

August 31, 2018



Report to
Joint Legislative Oversight Committee
on Health and Human Services
and
Fiscal Research Division

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and
Substance Abuse Services

BACKGROUND

Legislative

Session Law 2017-57, Section 11F.18.A. appropriated to the Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the sum of five million dollars (\$5,000,000) in nonrecurring supplemental short-term assistance funds for individuals living in group homes for each year of the 2017–2019 fiscal biennium. The funds are used to provide temporary short-term financial assistance in the form of monthly payments to group homes on behalf of each resident who meets all the criteria stated in Section 11F.18.A. of the law. The requirements of this law were implemented on November 22, 2017, via allocation letters issued by the DMH/DD/SAS Budget and Finance Office to the Directors of each Local Management Entity/Managed Care Organization (LME-MCO).

SECTION 11F.18A.(e) of this law requires that: *“By September 1, 2018, the Department of Health and Human Services shall submit the following to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division:*

(1) A list of funding sources for each group home that receives assistance authorized by this section, based on the information provided to the Department pursuant to subdivision (7) of subsection (c) of this section.

(2) A plan for sustained funding beyond the 2017-2019 fiscal biennium for group homes that provide services to individuals diagnosed with mental illness or intellectual or developmental disabilities. The plan must be based on an assessment of the number and size of these group homes, their geographic location, current sources of funding for each group home, and any other aspects determined by the Department to affect their viability.”

Session Law 2018-97, Section 11H.9A, on *Study Increasing Group Home Services*, requires a comprehensive plan for increased utilization of 1915(b)(3) services and "in-lieu-of" services as the foundation for sustained operation of licensed supervised living facilities as defined under 10A NCAC 27G .5601(c)(1) and 10A NCAC 27G .5601(c)(3), to be submitted to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division by January 9, 2019. Therefore, this report is an overview and assessment of Group Homes, as further recommendations will be forthcoming.

Group Home History (Adapted from Session Law 2014-100 Legislative Report)

The 10A NCAC 27G .5600(a) and 10A NCAC 27G .5600(c) licensed group homes provide a critical residential option for many adults with mental health (MH) and/or intellectual and other developmental disabilities (IDD) across the state of North Carolina (NC). These homes continue to be a part of the continuum of service for people with disabilities in NC.

In the 1990s, the NC General Assembly approved the then NC Department of Human Resources (DHR) legislative proposal that separated the personal care services costs from the room and board costs and allowed DHR to submit a state plan amendment allowing group homes and adult care homes to bill personal care services for individuals residing in the homes. At the same time, rates for Special Assistance (SA) were reduced for these programs.

Over the past 20 years, funding sources have continued to shift, and .5600 licensure rules have remained virtually unchanged. This has resulted in an antiquated system with a patchwork of funding streams that do not accurately reflect the true needs of individuals or the costs to support them. While this funding reality significantly impacts both .5600(a) and .5600(c) group homes, group home expenses vary slightly by size of group homes. Any revenue decrease and/or the economic impact of providing services below capacity disproportionately impacts smaller group homes. The .5600(a) homes experience higher costs associated with occupancy rates and maintenance-related staff time, building maintenance, and furnishings replacement. Further, it is noted that the implementation of the federally required Home and Community Based Services (HCBS) Rule changes along with changes through the employer mandate of the Affordable Care Act potentially impact the costs for food, transportation, staff, and training.

Our system is further complicated by the lack of uniformity of supplemental funding for support services inside the group homes. It is noted that not all group homes are contracted to provide services through the LME/MCOs. Many rely on Social Security Income (SSI) funding to meet the needs of each individual. Some homes receive additional funding through contracts with LME/MCOs through either state appropriated funds or Innovations Waiver funds (the latter of which are only available for people with IDD). However, the reimbursement rate to support state funded support services paid for with state dollars is generally less than the reimbursement rate for traditional Medicaid or Innovations services.

All adult mental health and IDD licensed group homes (there are 237MH and 1180 IDD across the state) and licensed Alternative Family Living (AFL) homes are monitored by the Division of Health Service Regulation (DHSR) in accordance with state licensure rules. However, DHSR has no purview over unlicensed AFLs, Division of Social Services (DSS) licensed homes, or private living arrangements. Additionally, the Division of Health Benefits (NC Medicaid) contracts with the LME/MCOs to monitor those group homes with which they have a contract. The LME/MCOs are also contracted and responsible for monitoring the health and safety of individuals who receive services through the LME/MCO.

DHSR does perform complaint resolution, annual reviews and inspections of each group home, which can result in license suspensions and revocations following serious licensure violations. The licensure rules require that these homes shall maintain a client ratio of at least one staff ratio per six individuals to enable staff to respond to individualized client needs. While the rule allows for flexible staffing above the minimum

required, without an LME/MCO contract there is no funding stream to pay for the additional staffing when needed for a specific client. This may result in group homes choosing to serve individuals with less severe needs to avoid the costs of caring for individuals with higher support needs. It is also noted that licensure requires 24-hour staffing for group homes, regardless of individualized person-centered plan needs.

The reduction of Personal Care Services (PCS) funding for individuals with MH and/or IDD in small group home settings has further narrowed the financial margin for many group home providers. The reduction in this funding is attributed to the criteria becoming more stringent, which has resulted in many individuals not being able to obtain the service. (See attached document, Appendix A-NC Division of Medical Assistance, State Plan Personal Care Services (PCS), Clinical Coverage Policy No: 3L). For a time, accessing PCS in a group home or adult care setting was different than it was in an individual's home. Following litigation that claimed this created an institutional placement bias, the two sets of eligibility criteria were returned to same level. However, in doing so the state increased the restrictiveness of accessing PCS in group homes to match the more stringent criteria for accessing PCS in a person's home.

The criteria are noted as follows:

- The individual receiving Medicaid PCS has a medical condition, disability, or cognitive impairment that demonstrates unmet needs for, at a minimum:
 - Three of five qualifying activities of daily living (ADLs) with limited hands-on-assistance;
 - Two ADLs, one of which requires extensive assistance; or
 - Two ADLs, one of which requires assistance at the full dependence level.

Activities of Daily Living (ADLs) include bathing, dressing, mobility, toileting and eating. Medicaid also covers PCS needs occurring at a minimum of once per week that pertain to the following:

- Set-up, supervision, cueing, prompting, and guiding as a part of the hands-on assistance with qualifying ADLs;
- Assistance with home management Instrumentals of Daily living directly related to qualifying ADLs and essential to the beneficiary's care;
- Assistance with medication when linked to a documented medical condition or physical or cognitive impairment;
- Assistance with adaptive or assistive devices when linked to qualifying ADLs;
- Assistance with the use of durable medical equipment when linked to qualifying ADLs; or
- Assistance with special assistance (support requiring a Nurse Aide II) and delegated medical monitoring tasks.

An individual's ability to meet these criteria may shift each day depending upon varying factors (sickness, sleep, medical concerns, temperament, etc.). However, these criteria

are determined on the day of assessment by a nurse assessor from an Independent Assessment Entity.

Process to Identify Potential Solutions

A Housing Stakeholder Workgroup was convened by The Arc of NC. The Housing Workgroup had members from developmental disabilities and mental health provider agencies, Benchmarks, and representation from NC Medicaid and the DMH/DD/SAS. Mental health providers who support individuals with IDD were also represented. The purpose of the workgroup October 2017 and through the date of this report, was to provide input to DHHS regarding long-term solutions for group homes with .5600(a) and .5600(b) licensure designations. From the work of this group, there were three sub-committees that looked at funding, policy, and service definitions.

Recommendations

Service Definitions

- Although the state has a Therapeutic Leave Service Definition for state-funded services, all LME-MCOs do not authorize this service, or have limited funds to support its long-term use. In review of the service payment unit, special consideration should be made in either adjusting the rate to accommodate this potential or incorporating therapeutic leave into the service definition. When an individual is out of the home, it creates a hardship for group homes to be able to ensure staffing is in place for their return. The Housing Stakeholder Workgroup reported that incorporating this into the service definition would encourage more interaction with the individual's family as well.
- The use of assistive technology should be considered within all residential service definitions.
- There are some disparities in licensing rules, verses service definition standards and individual needs for services that may not require as much onsite supervision. It is recommended that the licensing rules and service definitions be reviewed to address disparities.
 - It is also noted that staffing may be required in the facility, even if all individuals are off-site receiving other services or engaged in a community activity.
- It was noted that since LME-MCOs have rate setting capacity, is it possible for the state to establish a floor that LME-MCOs could not fall beneath when establishing rates. Payment for services under the service definition may not ensure adequate housing to meet the service needs of the individual receiving services.

Additional Considerations:

- Staff training requirements need further elaboration in several state-funded service definitions.
- State-funded service definitions do not clearly outline the role of the individual within the process, but lean more on the relationship between the provider, recipient, and family in the home environment. Further clarification regarding the individual's role would prove beneficial.
- In some definitions, there are disparities between the "guidelines" provided and the "provider requirement and supervision." Further review to streamline each service definition is recommended.
- It is noted that 122C-22.(a)(12) states "*A home in which up to three adults, two or more having a disability, co-own or co-rent a home in which the persons with disabilities are receiving three or more hours of day services in the home or up to 24 hours of residential services in the home [are not required to obtain licensure]. The individuals who have disabilities cannot be required to move if the individuals change services, change service providers, or discontinue services.*" This information needs to be reflected in state-funded service definitions as well.

Funding

- North Carolina DHHS will research what other states are doing to support group homes and supported living types of services with similar demographics.
- LME/MCO State Fund Allocations received a reduction in funding for State Fiscal Year (SFY) 2019. This will likely affect periodic service definitions but has the potential to effect residential services as well. Each LME-MCO will determine processes to adjust to this reduction. Consideration regarding restoration of state funded allocations would prove beneficial so rates are not adversely affected by this reduction.
- Special consideration to carryforward unexpended funds from the above noted legislation should be made.
- A review of a Residential Waiver specifically for individuals living in a group home should be considered. Group homes are currently on a continuum of services offered by the state of NC. In turn, ensuring their future is vital to NC's system of care.
- Intermediate Care Facilities (ICF) rates range from \$652.36 to \$1,108.36 per diem at the Developmental Centers. (Refer to Appendix B-Memorandum from NC Department of Health and Human Services, Office of the Controller, on Approved Institution Rates Dated March 29, 2019).
 - It is noted that Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) rates are all-inclusive rates that provide durable medical equipment (DME), supplements, supplies, etc. Such items are not included in Medicaid or state-funded residential support rates.

- Group home rates are significantly lower for Innovations services and state-funded services per day.
 - Excluding outliers that may be a specialized rate request for one provider, current residential service rates (typically provided in a group home) vary from \$21.73 to \$442.00 per day (See Appendix C-Rates Paid by LME/MCOs for State/Block Grant Funded Services (State Fiscal Year 2018)).
 - Noted services include, but are not limited to Group Living, Supervised Living and Residential Supports. This also includes outliers of rate requests for specific providers.
 - Innovations Waiver residential services vary from \$100.71 to \$175.46 per day. However, it is noted that Mercer demonstrated Cost Neutrality at the average rate of \$155.87 for NC Innovations' Residential rate. Specific LME-MCO rates are referenced in the table below.
- State Service Rates for residential services should be aligned to match that for Medicaid and Innovation services. Increasing the rate, which may mean a need for an increase in single stream funds to LME-MCOs would alleviate the need for supplemental group home assistance or personal assistance per provider report. Further, the state's establishment of a floor for residential rates across the state would alleviate disparities across the state. This may result in contract language changes with the LME-MCOs.
- The following table denotes Innovations Residential Supports Rates which most closely resemble the state-funded service array used by group homes.

Innovations Service & Level per LME-MCO	Alliance	Cardinal	East-pointe	Partners	Sandhills	Trillium	Vaya
Residential I	\$99.03	\$99.03	\$99.03	\$84.78	\$113.88	\$103.98	\$105.25
Residential-AFL I	\$94.26	\$99.03	\$99.03	\$89.78	\$ -	\$103.98	\$110.25
Residential II	\$126.53	\$126.53	\$135.43	\$122.46	\$156.31	\$135.43	\$126.29
Residential-AFL II	\$133.86	\$126.53	\$135.43	\$127.46	\$ -	\$135.43	\$131.44
Residential III	\$148.54	\$148.54	\$155.45	\$141.31	\$151.40	\$155.45	\$145.73
Residential-AFL-III	\$153.67	\$148.54	\$155.45	\$146.31	\$ -	\$155.45	\$150.88
Residential IV	\$170.54	\$170.54	\$175.46	\$160.14	\$197.32	\$175.46	\$ 165.15
Residential-AFL IV	\$173.46	\$170.54	\$175.46	\$165.14	\$ -	\$175.46	\$170.30

Innovations Service & Level per LME-MCO	Average Rate
Residential I	\$100.71
Residential-AFL I	\$107.12
Residential II	\$132.71
Residential-AFL II	\$133.44
Residential III	\$149.49
Residential-AFL-III	\$153.17
Residential IV	\$173.52
Residential-AFL IV	\$172.88

It is assumed that Sandhills Center utilizes the same rate for AFL per residential supports level.

State-funded rates are detailed in the following table per data pulled from the Quality Management Team from NC TRACKS:

Service Name	Max Rate	Min. Rate Mode (for Svc/LME)	Max. Rate Mode (for Svc/LME)
Family Living - Low	\$116.00	\$21.73	\$116.00
Family Living - Mod	\$117.42	\$30.76	\$117.42
Family Living - High	\$150.00	\$100.00	\$100.00
Group Living - Low	\$168.48	\$28.92	\$168.48
Group Living - Mod	\$268.99	\$36.29	\$268.99
Group Living - Hi	\$442.00	\$66.11	\$442.00
Residential Supports	\$96.25	\$75.09	\$96.25
Supervised Living - 1 Resident	\$380.00	\$114.84	\$380.00
Supervised Living - 2 Resident	\$266.09	\$116.15	\$161.99
Supervised Living - 3 Resident	\$133.50	\$98.79	\$133.50
Supervised Living - 4 Resident	\$93.17	\$93.17	\$93.17
Supervised Living - 5 Resident	\$77.67	\$77.67	\$77.67
Supervised Living - 6 Resident	\$68.83	\$68.83	\$68.83

Supervised Living - Low	\$40.00	\$17.68	\$28.92
Supervised Living - Mod.	\$180.23	\$29.00	\$180.23

The services of specific interest of being reviewed for a floor rate are in bold font above. The bold services more closely resemble the Innovation Waiver Services per service definition. It is noted that there may be significant variances in rates due to LME-MCOs ability to set rates, as well as, approved rate requests for providers in the catchment area. The following table breaks down state-funded service rates paid most frequently by the LME-MCOs:

Service Name	ALLIANCE	CARDINAL	EAST- POINTE	PARTNERS	SANDHILLS	TRILLIUM	VAYA
Family Living - Low	\$50.00	\$50.00	\$116.00	\$70.47		\$56.50	\$90.00
Family Living - Mod		\$30.76	\$117.42	\$100.00		\$46.83	\$100.00
Family Living - High				\$100.00			\$100.00
Group Living - Low	\$55.29	\$168.48	\$151.08	\$55.29	\$135.16	\$55.29	\$95.32
Group Living - Mod	\$147.65	\$268.99	\$175.00	\$75.48	\$157.00	\$157.00	\$75.48
Group Living - Hi	\$184.02	\$188.00	\$288.00	\$422.00	\$141.51	\$141.51	\$187.35
Residential Supports		\$96.25					
Supervised Living - 1 Resident	\$380.00	\$305.00	\$139.71	\$274.92			
Supervised Living - 2 Resident	\$161.99	\$116.15			\$161.99		\$161.99
Supervised Living - 3 Resident	\$116.15	\$116.15		\$116.15	\$116.15		\$116.15
Supervised Living - 4 Resident		\$93.17			\$93.17		\$93.17
Supervised Living - 6 Resident							\$68.83
Supervised Living - Low	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92
Supervised Living - Mod.	\$180.23	\$75.48		\$55.11		\$37.36	\$55.11

Blank cells indicate where the LME-MCO has chosen not to include this service in its service array. Also, the \$422.90 reflects a higher rate request approval for one provider in Partner's catchment area.

Service Name	Average Mode
Family Living - Low	\$72.16
Family Living - Mod	\$79.00
Family Living - High	\$100.00
Group Living - Low	\$102.27
Group Living - Mod	\$150.94
Group Living - Hi	\$221.77
Residential Supports	\$96.25
Supervised Living - 1 Resident	\$274.91
Supervised Living - 2 Resident	\$150.53
Supervised Living - 3 Resident	\$116.15
Supervised Living - 4 Resident	\$93.17
Supervised Living - 6 Resident	\$68.83
Supervised Living - Low	\$28.92
Supervised Living - Mod.	\$80.66
Average State-Funded Service Rate	\$116.83

In comparing the overall average of Innovations Residential Services of \$155.87 to the overall average of state-funded residential services of \$116.83, there is a \$39.04 difference per day. A review of a 30-day month, shows a difference of \$1171.20.

In sum, establishing a base rate for state-funded services and increasing the state-funded residential rate to resemble that of Innovations could support the viability of group homes within North Carolina.

Reported Bridge Funding Expenditures

The legislative mandate regarding these funds limited the access of funding to a limited group of individuals living in group homes. Specifically, individual who previous were authorized for Medicaid State Plan Personal Care services prior January 1, 2013 and continuously resided in a licensed group home without interruption after January 1, 2013. As such, the entire allocation of \$5 million dollars was unable to be expended. Below details expenditures per LME-MCO per their most recent reporting:

LME-MCO	Reported Expenditures
Alliance	\$338,010
Cardinal	\$1,095,469
Eastpointe	\$92,860
Partners	\$200,888
Sandhills	\$236,329
Trillium	\$175,389
Vaya	\$223,793
TOTAL	\$2,362,738

It is noted that due to the low amount of final and projected expenditures reported in January 2018, allowances were made to pay providers who submitted their invoices after the January 31st deadline for payments dated back to July 2017 as deemed appropriate based on eligibility.

Reported Funding Sources

The following table below details data obtained from providers regarding funding received by residents in the perspective group home, regardless of eligibility for this funding. This information includes all funding for all individuals living in the home.

	Special Assistance	SSI	State-Funded	Innovations	Enhanced Mental Health	Private Funds	3rd Party Insurance	Medicaid PCS	Other
SFY 2016-2017	162	154	118	86	0	43	0	92	52
SFY 2015-2016	160	158	119	84	0	41	0	98	44

The *Other* category includes the following: Social Security (parental SSI), HB 1030, Division of Aging, Provider agency, Veterans Administration (VA), Rental Payments, United Way, LME-MCO non-Medicaid funds, Hyde County DSS, Railroad, and previous bridge funding. It is noted that several providers noted SSA, SSI and disability as other. However, these would fall under SSI. Therefore, many in the *Other* category are likely SSI related.

For a more detailed summary of the funding sources, refer to Appendix D- Short Term Group Home Funding Sources (State Fiscal Year 2018). It is noted the majority of funding is from Special Assistance, followed by SSI, State-funded services, Medicaid Personal Care Services (PSC), Innovations and Private funds. No funding has been noted as received for enhanced mental health or 3rd party insurance in either year.

Conclusion

Group homes serve a vital role in providing housing options for individuals who receive services under the umbrella of DHHS. Because of the more stringent criteria to access PCS, whether in-home or at a group home, and relatively low state reimbursement rates, group homes are struggling to pay staff competitive wages to support residents, as well as support with providing a meaningful day. Further, a lack of stable housing for individuals receiving services could have adverse effects on individuals receiving services, as well as service delivery. Creating sustainability through restructuring the current funding streams, revising service definitions, paying close attention to incorporating the use of assistive technology into service definitions, and permitting DMH/DD/SAS to have rate setting abilities to minimally establish a floor for state-funded services, would support sustainability for group homes. Further, aligning reimbursement rates for state-funded services which would require additional state funding to more closely mimic rates set for Medicaid and Innovations waiver services would also prove beneficial to sustainability.

The DHHS will address additional options in its report due to the General Assembly in January of 2019.

Appendices

Appendix A

NC Division of Medical Assistance, State Plan Personal Care Services (PCS),
Clinical Coverage Policy No: 3L

Appendix B

Memorandum from NC Department of Health and Human Services, Office of the
Controller, on Approved Institution Rates Dated March 29, 2019

Appendix C

Rates Paid by LME/MCOs for State/Block Grant Funded Services (State Fiscal Year
2018)

Appendix D

Short Term Group Home Funding Sources (State Fiscal Year 2018)

Appendix A

NC Division of Medical Assistance, State Plan Personal Care Services (PCS),
Clinical Coverage Policy No: 3L

Table of Contents

1.0	Description of the Procedure, Product, or Service.....	1
1.1	Definitions	1
2.0	Eligibility Requirements	1
2.1	Provisions.....	1
2.1.1	Specific	2
2.2	Special Provisions.....	2
2.2.1	EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age	2
2.2.2	EPSDT does not apply to NCHC beneficiaries	3
2.2.3	Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age	3
3.0	When the Procedure, Product, or Service Is Covered.....	3
3.1	General Criteria Covered	3
3.2	Specific Criteria Covered.....	3
3.2.1	Specific criteria covered by both Medicaid and NCHC	3
3.2.2	Medicaid Specific Criteria:	4
3.2.3	Medicaid Additional Criteria Covered.....	4
3.2.4	NCHC Additional Criteria Covered	5
3.3	Personal Care Services.....	5
3.4	Medication Assistance	5
4.0	When the Procedure, Product, or Service Is Not Covered.....	6
4.1	General Criteria Not Covered	6
4.2	Specific Criteria Not Covered.....	6
4.2.1	Specific Criteria Not Covered by both Medicaid and NCHC.....	6
4.2.2	Medicaid not covered specific criteria.....	6
4.2.3	Medicaid Additional Criteria Not Covered.....	8
4.2.4	NCHC Additional Criteria Not Covered.....	8
5.0	Requirements for and Limitations on Coverage	8
5.1	Prior Approval	8
5.2	Prior Approval Requirements	8
5.2.1	General.....	8
5.2.2	Specific	8
5.2.3	EPSDT Additional Requirements for PCS	9
5.3	Additional Limitations or Requirements	9
5.3.1	Monthly Service Hour Limits	9
5.4	Authority to Conduct PCS Assessments, Expedited Assessments, Reassessments, Change of Status Reviews, Service Authorizations, and Related Administrative Tasks	10
5.4.1	Requirement for Qualifying Activities of Daily Living (ADLs)	10
5.4.2	Requirement for Physician Referral.....	10
5.4.3	Requirements for PCS Eligibility Assessments.....	11
5.4.4	Requirements for PCS Expedited Assessment Process	12
5.4.5	Requirements for PCS Reassessments.....	13

5.4.6	Requirements for PCS Change of Status Reviews	13
5.4.7	Requirements for PCS Assessment and Reassessment Tools.....	14
5.4.8	Timelines for Assessment and Beneficiary Notification	14
5.4.9	Determination of the Beneficiary's ADL Self-Performance Capacities.....	14
5.4.10	Minimum Requirement for Admission to and Continuation of PCS.....	16
5.4.11	Requirements for Selecting and Changing PCS Providers	16
5.5	Retroactive Prior Approval for PCS	16
5.6	Reconsideration Request for initial authorization for PCS	17
6.0	Provider(s) Eligible to Bill for the Procedure, Product, or Service	18
6.1	Provider Qualifications and Occupational Licensing Entity Regulations.....	18
6.1.1	PCS Paraprofessional Aide Minimum Qualifications	18
6.1.2	PCS Paraprofessional Aide Minimal Training Requirements	19
6.1.3	Provider Interface: Web-Based Beneficiary and Provider Records Management	19
6.1.4	Requirements for State Plan PCS On-line Service Plan	20
6.1.5	Requirements for Aide Documentation	21
6.2	Provider Certifications	21
7.0	Additional Requirements	22
7.1	Compliance	22
7.2	Assessment Tools, Service Plans, and Forms	22
7.3	Automated Reporting	22
7.4	Telephony	22
7.4.1	Provider Requirements	22
7.4.2	Minimum Telephony System Requirements	23
7.5	Marketing Prohibition.....	24
7.6	DMA Compliance Reviews	24
7.7	Internal Quality Improvement Program.....	24
7.8	Quality Improvement, Utilization Review, Pre- and Post-Payment Audits.....	25
7.9	Beneficiary Health, Welfare, and Safety	25
7.10	Provider Supervision and Staffing Requirements.....	25
8.0	Policy Implementation and History	28
	Appendix A: Assessment Design and Service Level Determinations	41
	Attachment A: Claims-Related Information	44
A.	Claim Type	44
B.	International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS).....	44
C.	Code(s).....	44
D.	Modifiers.....	45
E.	Billing Units.....	45
F.	Place of Service	45
G.	Co-payments	45
H.	Reimbursement	45

1.0 Description of the Procedure, Product, or Service

State Plan Personal Care Services (PCS) provide Personal Care Services in the Medicaid beneficiary's living arrangement by paraprofessional aides employed by licensed home care agencies, licensed adult care homes, or home staff in licensed supervised living homes.

For the remainder of this policy, State Plan PCS is referenced as PCS.

The amount of prior approved service is based on an assessment conducted by an independent entity to determine the beneficiary's ability to perform Activities of Daily Living (ADLs). The five qualifying ADLs for the purposes of this program are bathing, dressing, mobility, toileting, and eating.

Beneficiary performance is rated as:

- a. totally independent;
- b. requiring cueing or supervision;
- c. requiring limited hands-on assistance;
- d. requiring extensive hands-on assistance; or
- e. totally dependent.

1.1 Definitions

None Apply.

2.0 Eligibility Requirements

2.1 Provisions

The term "General" found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.1 Specific

(The term “Specific” found throughout this policy only applies to this policy)

Medicaid

None Apply.

NCHC

NCHC beneficiaries are not eligible for State Plan Personal Care Services (PCS).

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider’s documentation shows that the requested service is medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://dma.ncdhhs.gov/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover procedures, products, and services related to this policy when they are medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

No specific criteria apply to both Medicaid and NCHC, as PCS applies only to Medicaid and does not apply to NCHC.

3.2.2 Medicaid Specific Criteria:

Medicaid shall cover PCS only for a beneficiary who:

- a. has a medical condition, disability, or cognitive impairment and demonstrates unmet needs for, at a minimum:
 1. three of the five qualifying activities of daily living (ADLs) with limited hands-on assistance. Refer to **Subsection 5.4.3**;
 2. two ADLs, one of which requires extensive assistance; **or**
 3. two ADLs, one of which requires assistance at the full dependence level.

and

- b. resides in:
 1. a private living arrangement (primary private residence);
 2. a residential facility licensed by the State of North Carolina as an adult care home (ACH) as defined in G.S. 131D-2.1, a combination home as defined in G.S. 131E-101(1a); **or**
 3. a group home licensed under Chapter 122C of the General Statutes and under 10A NCAC 27G .5601 as a supervised living facility for two or more adults whose primary diagnosis is mental illness, a developmental disability, or substance abuse dependency and is eligible to receive personal care services under the Medicaid State Plan.

3.2.3 Medicaid Additional Criteria Covered

- a. In addition to the specific criteria in **Subsection 3.2.2** of this policy, the following criteria must be met:
 1. The home environment is safe and free of health hazards for the beneficiary and PCS provider(s), as determined by an in-home environmental assessment conducted by DMA or a DHHS designated contractor;
 2. The residential setting has received inspection conducted by the Division of Health Service Regulation (DHSR)
 3. The place of service is safe for the beneficiary to receive PCS and for an aide to provide PCS;
 4. No other third-party payer is responsible for covering PCS;
 5. No family or household member or other informal caregiver is available, willing, and able to provide the authorized services during those periods of time when the services are provided;
 6. The required PCS are directly linked to a documented medical condition or physical or cognitive impairment causing the functional limitations requiring the PCS;
 7. The beneficiary is under the ongoing direct care of a physician for the medical condition or diagnosis causing the functional limitations; and
 8. The beneficiary is medically stable and does not require continuous care, monitoring (precautionary observation), or supervision (observation resulting in an intervention) by a licensed nurse or other licensed health care professional.
- b. Screening for Serious Mental Illness (SMI) in Adult Care Homes licensed under G.S. 131D-2.4 **Effective January 1, 2013, all Medicaid beneficiaries referred to or seeking admission to Adult Care Homes licensed under**

G.S. 131D-2.4 must be screened through the Pre-admission Screening and Resident Review (PASRR). Adult Care Home providers licensed under G.S. 131D-2.4 shall not receive PCS prior approval without verification of an ACH PASRR number.

3.2.4 NCHC Additional Criteria Covered

None Apply.

3.3 Personal Care Services

- a. Medicaid shall cover any of the following Personal Care Services needs that occur at minimum, once per week:
 1. Hands-on assistance to address unmet needs with qualifying ADLs;
 2. Set-up, supervision, cueing, prompting, and guiding, when provided as part of the hands-on assistance with qualifying ADLs;
 3. Assistance with home management Instrumentals of Daily Living (IADLs) that are directly related to the beneficiary's qualifying ADLs and essential to the beneficiary's care at home;
 4. Assistance with medication when directly linked to a documented medical condition or physical or cognitive impairment as specified in **Subsection 3.2**;
 5. Assistance with adaptive or assistive devices when directly linked to the qualifying ADLs;
 6. Assistance with the use of durable medical equipment when directly linked to the qualifying ADLs; or
 7. Assistance with special assistance (assistance with ADLs that requires a Nurse aide II) and delegated medical monitoring tasks.
- b. Medicaid may approve any of the following additional assistance if EPSDT criteria met for a Medicaid beneficiary under 21 years of age:
 1. Supervision (observation resulting in an intervention) and monitoring (precautionary observation) related to qualifying ADLs;
 2. Cueing, prompting, guiding, and coaching related to qualifying ADLs;
 3. After school care if PCS tasks are required during that time and no other individuals or programs are available to provide this service; and
 4. Additional hours of service authorization.

3.4 Medication Assistance

Medicaid shall cover medication assistance when it is:

- a. delivered in a private residence and consists of medication self-administration assistance described in 10A NCAC 13J;
- b. delivered in an adult care homes, and includes medication administration as defined in 10A NCAC 13F and 13G; or
- c. delivered in supervised living homes, and includes medication administration as defined in 10A NCAC 27G.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover procedures, products, and services related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

No specific criteria apply to both Medicaid and NCHC, as PCS applies only to Medicaid and does not apply to NCHC.

4.2.2 Medicaid not covered specific criteria

- a. Medicaid shall not cover PCS when:
 1. the initial independent assessment has not been completed;
 2. the PCS is not documented as completed in accordance with this clinical coverage policy;
 3. a reassessment has not been completed within 30 calendar days of the end date of the previous prior authorization period because the beneficiary refused assessment, could not be reached to schedule the assessment, or did not attend the scheduled assessment;
 4. the PCS is provided at a location other than the beneficiary's primary private residence or residential setting, except when EPSDT requirements are met as listed in **Subsection 2.2**;
 5. the PCS exceeds the amount approved by the Independent Assessment Entity (IAE);
 6. the PCS is not completed on the date the service is billed;
 7. the PCS is provided prior to the effective date or after the end date of the prior authorized service period;
 8. the PCS is provided by an individual whose primary private residence is the same as the beneficiary's primary private residence;
 9. the PCS is performed by an individual who is the beneficiary's legally responsible person, spouse, child, parent, sibling, grandparent, grandchild, or equivalent step or in-law relationship to the beneficiary;
Note: Spouses are expected to provide care for each other unless medical documentation, work verification, or other information indicates otherwise.
 10. family members or other informal caregivers are willing, able, and available on a regular basis adequate to meet the beneficiary's need for personal care;

11. the requested services consist of treatment or training related to behavioral problems or mental health disorders such as attention deficit disorder or oppositional defiant behavior;
12. the requested ADL assistance consists of activities that a typical child of the same chronological age could not safely and independently perform without adult supervision; or
13. independent medical information does not validate the assessment, PCS hours may be reduced, denied, or terminated based on the additional information.

Note: PCS is not intended as a substitute for childcare, daycare, or afterschool care. PCS is not covered for infants or children when the personal care needs do not meet the medical necessity criteria, or the needs are a parental responsibility or are age-appropriate needs.

- b. Medicaid shall not cover PCS in licensed residential facilities when:
 1. the beneficiary is ventilator dependent;
 2. the beneficiary requires continuous licensed nursing care;
 3. the beneficiary's physician certifies that placement is no longer appropriate;
 4. the beneficiary's health needs cannot be met in the specific licensed care home, as determined by the residence; or
 5. the beneficiary has other medical and functional care needs that cannot be properly met in a licensed care home, as determined by NC General Statutes and licensure rules and regulations.

Note: DMA will allow time for the development and execution of a safe and orderly discharge prior to PCS termination.

- c. Medicaid shall not cover **any** of the following services under PCS:
 1. Skilled nursing services provided by a LPN or RN;
 2. Services provided by other licensed health care professionals;
 3. Respite care;
 4. Care of non-service-related pets and animals;
 5. Yard or home maintenance work;
 6. IADLs in the absence of associated ADLs;
 7. Transportation;
 8. Financial management;
 9. Errands;
 10. Companion sitting or leisure activities;
 11. Ongoing supervision (observation resulting in an intervention) and monitoring (precautionary observation), except when approved under EPSDT as specified in **Subsection 2.2**;
 12. Personal care or home management tasks for other residents of the household;
 13. Other tasks and services not identified in the beneficiary's Independent Assessment and noted in their Service Plan; and
 14. Room and board.

4.2.3 Medicaid Additional Criteria Not Covered

Medicaid shall not cover PCS when rendered concurrently with another substantially equivalent Federal or State funded service. Services equivalent to PCS include:

- a. home health aide services and in-home aide services in the Community Alternatives Programs (CAP/Children, CAP/Choice, CAP/Disabled Adults, CAP Innovations) and;
- b. Private Duty Nursing (PDN).

4.2.4 NCHC Additional Criteria Not Covered

- a. None Apply.
- b. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
 1. No services for long-term care.
 2. No nonemergency medical transportation.
 3. No EPSDT.
 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

5.1 Prior Approval

Medicaid shall require prior approval for PCS.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2.2** of this policy.

5.2.2 Specific

To be prior approved for PCS, the beneficiary shall:

- a. Obtain a Physician Referral; and attestation, when applicable;
- b. Obtain an ACH PASRR screen if seeking admission to, or residing in, an adult care home licensed under G.S. 131D-2.4
- c. Receive an independent assessment from the IAE;
- d. Meet minimum PCS eligibility requirements;
- e. Obtain a service authorization for a specified number of PCS hours per month; and

- f. Obtain an approved service plan from the provider.

5.2.3 EPSDT Additional Requirements for PCS

Medicaid may authorize services that exceed the PCS service limitations if determined to be medically necessary under EPSDT based on some or all of the following documents submitted by the provider before PCS is rendered:

- a. Work and School verification, where applicable, for the beneficiary's caregiver, legal guardian, or power of attorney. PCS may not cover all time requested by caregiver for work and school that exceed full-time hours;
- b. Verification from the Exceptional Children's program per county if PCS is being requested in school setting;
- c. Health record documentation from the beneficiary's physician, therapist, or other licensed practitioner;
- d. Physician documentation of primary caregiver's limitation that would prevent the caregiver from caring for the beneficiary, if applicable; or
- e. Any other independent records that address ADL abilities and need for PCS.

Note: If additional information does not validate the assessment, PCS hours may be reduced, denied, or terminated based on additional records.

5.3 Additional Limitations or Requirements

5.3.1 Monthly Service Hour Limits

- a. The following hour limits apply to a beneficiary who meets PCS eligibility requirements and coverage criteria in this policy:
 - 1. A beneficiary under 21 years of age may be authorized to receive up to 60 hours of service per month; and
 - 2. A beneficiary age 21 years and older may be authorized to receive up to 80 hours of service per month.
- b. A Medicaid beneficiary who meets the eligibility criteria in **Section 3.0** of this policy and **all** of the criteria provided below is eligible for up to 50 additional hours of PCS per month for a total amount of the maximum hours approved by the State Plan in accordance with an independent assessment and a service plan.
 - 1. Requires an increased level of supervision (observation resulting in an intervention) as assessed during an independent assessment conducted by DMA or a DHHS designated contractor;
 - 2. Requires caregivers with training or experience in caring for individuals who have a degenerative disease characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and the loss of language skills;
 - 3. Regardless of setting, requires a physical environment that addresses safety and safeguards the beneficiary because of the beneficiary's

- gradual memory loss, impaired judgment, disorientation, personality change, difficulty learning, and loss of language skill; and
4. Health record documentation or verifiable information provided by a caregiver obtained during the independent assessment reflects a history of escalating safety concerns related to inappropriate wandering, ingestion, aggressive behavior, and an increased incidence of falls.

5.4 Authority to Conduct PCS Assessments, Expedited Assessments, Reassessments, Change of Status Reviews, Service Authorizations, and Related Administrative Tasks

- a. PCS assessments, expedited assessments, reassessments, and change of status reviews for the purpose of determining eligibility and authorizing services must be conducted by the IAE designated by DMA.
- b. In-home care and residential care provider organizations are not authorized to perform PCS assessments for the purpose of authorizing Medicaid services. Such assessments are initial assessments of a beneficiary referred to PCS, continuing need reviews or reassessments for PCS and change of status reviews for PCS. All beneficiaries requiring PCS assessments for the purpose of authorizing services shall be referred to the designated IAE.
- c. DMA's designated IAE shall determine the effective date and issue prior authorization for a beneficiary approved for services.
- d. The designated IAE shall determine the qualifying ADLs, the level of assistance required for each, and the amount and scope of PCS to be provided, according to the criteria provided in **Appendix A** of this clinical coverage policy.
- e. The designated IAE shall determine the end date for approval of services and the date of the next reassessment that shall be no later than 365 calendar days from the approval date, or a shorter period of time based on the beneficiary's chronic or continuing acute condition and expectation for improvement in the beneficiary's medical condition causing the need for PCS.
- f. DMA, at its sole discretion, shall conduct a review of a beneficiary's PCS or order a re-assessment of the unmet need for PCS at any time.
- g. When a beneficiary is contacted by the designated IAE to schedule an assessment, the beneficiary shall respond as soon as possible. If the IAE is unable to schedule an assessment services will be denied.

5.4.1 Requirement for Qualifying Activities of Daily Living (ADLs)

PCS are provided to a Medicaid beneficiary who qualify for coverage and have documented unmet needs for hands-on assistance with:

- a. Bathing;
- b. Dressing;
- c. Mobility;
- d. Toileting; or
- e. Eating.

5.4.2 Requirement for Physician Referral

The beneficiary shall be referred to PCS by his or her primary care practitioner or attending physician utilizing the Physician Referral approved by DMA.

- a. The Physician Referral approved by DMA is the DMA-3051 *PCS Request for Independent Assessment for Personal Care Services Attestation for Medical Need*.
- b. Medicaid shall accept the signature of a physician, nurse practitioner or physician assistant on the referral in accordance with G.S. §90-18.3 of the Physician Practice Act.
- c. The beneficiary or the beneficiary's family or legally responsible person is responsible for contacting his or her primary care or attending physician and requesting a referral for Medicaid PCS.
- d. If the beneficiary has not been seen by his or her practitioner during the preceding 90 calendar days the referral is not processed. He or she shall schedule an office visit to request a referral for a Medicaid PCS eligibility assessment.
- e. If the practitioner indicates that the medical diagnosis or diagnoses listed on the PCS referral does not impact the beneficiaries activities of daily living (ADLs) the request is not processed.
- f. A beneficiary participating in Community Care of North Carolina (CCNC) shall be referred for PCS by his or her designated primary care physician, except as described in **Subsection 5.4.3.f**.
- g. If a beneficiary does not have a primary care physician, he or she shall obtain a referral from the practitioner who is providing the care and treatment for the medical, physical, or cognitive condition causing the functional limitations requiring PCS.
- h. Once a referral is made by the beneficiary's practitioner, the PCS assessment shall be performed by an IAE Assessor at the beneficiary's primary private residence or residential facility.

5.4.3 Requirements for PCS Eligibility Assessments

- a. All PCS assessments to determine beneficiary eligibility and authorized service level shall be conducted by IAE Assessors using a standardized process and assessment tool provided or approved by DMA.
- b. All PCS assessments shall be performed by Independent Assessors.
- c. All assessments for new admissions to PCS shall be face to face and conducted in the beneficiary's primary private residence, or residential facility.
- d. In-home assessments shall include an assessment of the beneficiary's home environment to identify any health or safety risks to the beneficiary or to the PCS aides who will provide the services. Assessments in residential facilities must report verification of a valid facility license.
- e. Physician attestation that PCS is medically necessary is required.
- f. If the beneficiary is an inpatient in a medical facility such as a hospital, rehabilitation center, nursing facility, or in the care of Adult Protective Services (APS), his or her physician may order the PCS assessment through the facility's discharge planning office as described in **Subsection 5.4.4**, Requirements for PCS Expedited Assessment Process. A written copy of the order shall be placed in the beneficiary's medical record and, if requested, shall be provided to DMA or the IAE.
- g. Physician, nurse practitioner or physician assistant referring a beneficiary for PCS shall complete the *PCS Request for Independent Assessment for*

Personal Care Services Attestation for Medical Need form, which documents medical necessity attestation, and submit the form to the IAE via secure facsimile or mail. The form shall be complete and provide:

1. physician authorization for the IAE to perform a PCS assessment;
2. the medical diagnosis or diagnoses and related medical information that result in the unmet need for PCS assistance.
3. the current diagnosis code associated with the identified medical diagnosis; and
4. a signed and dated PCS referral Request for Independent Assessment for Personal Care Services Attestation for Medical Need form which contains a physician signed attestation to the medical necessity of the service.

Home care agencies, and residential providers may access the independent assessment electronically by registering with the Provider Interface.

A beneficiary may receive a new assessment to determine if there is a need for a change in PCS.

5.4.4 Requirements for PCS Expedited Assessment Process

To qualify for the expedited process the beneficiary shall:

- a. be medically stable;
- b. eligible for Medicaid or pending Medicaid eligibility;
- c. have a Pre-Admission Screening and Resident Review (PASRR) if seeking admission to an Adult Care Home licensed under G.S. 131 D-2.4;
- d. in process of being discharged from the hospital following a qualifying stay;
- e. in process of being discharged from a skilled nursing facility;
- f. be under adult protective services; or
- g. be an individual served through the transition to community living initiative.

PCS approval through the expedited process is provisional and subject to the standard PCS assessment process within 14 business days. The provisional prior approval must not exceed a 60 calendar day period without DMA approval. The process requirements are:

- a. The PCS expedited assessment process to determine beneficiary eligibility and authorized service level shall be conducted by IAE Assessors using a standardized process and assessment tool provided or approved by DMA.
- b. The expedited process must be requested by a hospital discharge planner, skilled nursing facility discharge planner or Adult Protective Services (APS) Worker, LME-MCO Transition Coordinators.
- c. If the beneficiary qualifies for the expedited assessment process, an expedited assessment is conducted over the phone to determine eligibility.

- d. If it is determined the beneficiary provisionally qualifies for PCS, a provider shall be identified and the hospital discharge planner, skilled nursing facility discharge planner, or APS worker must communicate the beneficiary's choice of provider and intended admission date to the selected provider and the IAE.
- e. A beneficiary approved through the expedited process may receive up to 60 hours of services during the provisional period. The qualifying ADLs and the amount of service approved is indicated by the results of the expedited assessment conducted.
- f. A beneficiary receiving approval through the expedited assessment process is authorized for services within two business days of completed request.
- g. If the beneficiary's Medicaid eligibility is pending, provisional authorization remains pending until Medicaid eligibility is effective. If the beneficiary is not Medicaid eligible within the 60 calendar day provisional period, the beneficiary shall request PCS through the standard PCS assessment process.
- h. PCS Provider shall inform the IAE when a beneficiary, who is pending Medicaid eligibility, becomes Medicaid eligible before receiving prior approval for PCS.

5.4.5 Requirements for PCS Reassessments

- a. All reassessments for continuing authorization of PCS must be conducted by the designated IAE.
- b. The IAE schedules annual reassessments to occur on or before the end of the current services authorization date.
- c. PCS providers shall report discharges to the IAE within seven (7) business days of the beneficiary discharge via the Provider Interface.
- d. Reassessments may vary in type and frequency depending on the beneficiary's level of functional disability and his or her prognosis for improvement or rehabilitation, as determined by the IAE, but not less frequently than once every 365 calendar days.
- e. Reassessment frequency must be determined by the IAE as part of the new referral admission and assessment process.
- f. Reassessments must be conducted face-to-face.

5.4.6 Requirements for PCS Change of Status Reviews

- a. All Change of Status Reviews to determine changes to authorized service levels must be conducted by the designated IAE.
- b. A beneficiary may receive a Change of Status: Medical or a Change of Status: Non-Medical
 - 1. Change of Status: Medical Review may be requested at any time, by the beneficiary's practitioner or attending physician only. The date of the last visit to the physician must be less than 90 days from the request of the Change of Status: Medical. Change of Status: Medical Review must be submitted by physician when the beneficiary has experienced a change in their medical condition affecting their activities of daily living (ADL's)
 - 2. Change of Status: Non-Medical Review may be requested at any time by the beneficiary, beneficiary's family, or legally responsible

person; home care provider; or residential provider. Change of Status: Non-Medical Review must be submitted when the beneficiary has experienced a change in their informal caregiver availability or environmental condition that affects the beneficiary's ability to self-perform.

- c. Requests for Change of Status Reviews shall include documentation of the change in the beneficiary's medical condition, informal caregiver availability, or environmental condition that affects the individual's ability to self-perform or the time required to provide the qualifying ADL assistance, and the need for reassessment.
- c. DMA or its DHHS designated contractor retains sole discretion in approving or denying requests to conduct Change of Status reassessments.
- d. Change of Status Reviews must be conducted by face-to face by the designated IAE assessors.

5.4.7 Requirements for PCS Assessment and Reassessment Tools

PCS assessment and reassessment tools must be provided or approved by DMA and designed to accomplish the following in a valid and consistent manner:

- a. Determine the beneficiary's eligibility for PCS;
- b. Determine and authorize hours of service and level of care for new PCS referrals;
- c. Determine and authorize hours of service and level of care for continuation of PCS for each subsequent authorization period;
- d. Determine and authorize hours of services and level of care resulting from significant changes in the beneficiary's ability to perform their ADLs;
- e. Provide the basis for service plan development;
- f. Support PCS utilization and compliance reviews; and
- g. Support PCS quality assessment and Continuous Quality Improvement (CQI) activities.

5.4.8 Timelines for Assessment and Beneficiary Notification

The IAE shall notify the beneficiary of assessment and reassessment results:

- a. within 14 business days of a completed initial assessment for PCS;
- b. within 14 business days of a completed change of status assessment;
- c. on or before the end date of the completed authorization period; and
- d. within two business days of an expedited assessment request for a beneficiary with a planned discharge from a hospital or inpatient facility; skilled nursing facility; or under adult protective services.

5.4.9 Determination of the Beneficiary's ADL Self-Performance Capacities

The assessment tool must be a standardized functional assessment with **all** of the following components:

- a. Defining tasks for each of the qualifying ADLs;
- b. The medical diagnosis or diagnoses causing the need for the PCS;
- c. Any exacerbating medical conditions or symptoms that may affect the ability of the beneficiary to perform the ADLs; and
- d. A rating of the beneficiary's overall self-performance capacity for each ADL, as summarized in the following table.

Beneficiary's Self-Performance Rating	Description
0 – Totally able	Beneficiary is able to self-perform 100 percent of activity, with or without aids or assistive devices, and without monitoring or assistance setting up supplies and environment
1 – Needs verbal cueing or monitoring only	Beneficiary is able to self-perform 100 percent of activity, with or without aids or assistive devices, and requires, monitoring, or assistance retrieving or setting up supplies or equipment
2 – Can do with limited hands-on assistance	Beneficiary is able to self-perform more than 50 percent of activity and requires hands-on assistance to complete remainder of activity
3 – Can do with extensive hands-on assistance	Beneficiary is able to self-perform less than 50 percent of activity and requires hands-on assistance to complete remainder of activity
4 – Cannot do at all (full dependence)	Beneficiary is unable to perform any of the activity and is totally dependent on another to perform all of the activity

The PCS assessment must include a review with family members or other caregivers present at the time of assessment of the beneficiary's ability to perform qualifying ADLs, the amount of assistance required, and any physical or cognitive limitations or symptoms that may affect his or her ability to complete each ADL. The IAE assessor shall receive verbal consent from the beneficiary before family members or other caregivers present participate in the assessment review.

The IAE assessor shall evaluate and document the following factors for each qualifying ADL:

- a. Beneficiary capacities to self-perform specific ADL tasks;
- b. Beneficiary capacities to self-perform IADL tasks directly related to each ADL;
- c. Use of assistive and adaptive devices and durable medical equipment;
- d. Availability, willingness, and capacities of family members and other informal caregivers to provide assistance to the beneficiary to perform ADLs;
- e. Availability of other home and community-based services and supports;
- f. Medical conditions and symptoms that affect ADL self-performance and assistance time; and
- g. Environmental conditions and circumstances that affect ADL self-performance and assistance time.

5.4.10 Minimum Requirement for Admission to and Continuation of PCS

To qualify for admission to PCS and continuation of PCS, the beneficiary shall meet **all** the requirements of this clinical coverage policy in addition to the functional eligibility criteria specified in **Subsection 3.2**.

5.4.11 Requirements for Selecting and Changing PCS Providers

IAE assessors shall provide options to the beneficiary to select a provider organization to provide PCS. This process must contain the following steps:

- a. Each beneficiary may select at least three providers from a randomized list of available providers that are licensed to provide home care or residential care services in the county where he or she resides, which may include the county in which he or she chooses to live;
- b. The IAE shall make a referral to the beneficiary's first choice of PCS Provider; the provider will have 2 business days to accept or reject the referral. If the provider does not accept the referral, the IAE shall make a referral to the second provider on the beneficiary's list and, if necessary the third provider on the list;
- c. The beneficiary may change his or her PCS Provider during the course of the authorized service period by notifying the IAE of the desired change. A new assessment shall not be required unless a change of status review is required;
- d. The IAE shall furnish the new provider with a copy of the assessment and service authorization;
- e. The new PCS Provider shall be required to develop a new service plan;
- f. The new PCS Provider shall complete the service plan within seven (7) business days of accepting the referral;
- g. The beneficiary may request another aide to perform the PCS. The PCS Provider shall make a reasonable attempt to accommodate the request and shall document the outcome. If the request cannot be accommodated, the Provider shall document the reasons the request cannot be accommodated;
- h. Providers shall notify the IAE of any discharges as they occur via the Provider Interface; and
- i. Beneficiaries or their representatives shall certify, in a manner prescribed by DMA, that they have exercised their right to choose a provider of choice and have not been offered any gifts or service-related inducements to choose any specific provider organization.

5.5 Retroactive Prior Approval for PCS

Retroactive prior approval applies to initial requests for services. The retroactive effective date for authorization is the request date on the *Request for Independent Assessment for Personal Care Services Attestation for Medical Need* form submitted to the IAE, providing the date is not more than 30 calendar days from the date the IAE received the request form. If the *Request for Independent Assessment for Personal Care Services Attestation for Medical Need* form is received by IAE more than 30 calendar days from the request date on the form, the authorization is effective the date the IAE received the form.

Retroactive prior approval does not apply, if a beneficiary requesting admission to an Adult Care Home, licensed under G.S. 131D-2.4, has not received a screening through the Preadmission Screening and Resident Review (PASRR). PCS authorization may not

precede the effective date of the beneficiary's PASRR. If the effective PASRR date is not within 30 calendar days of the submission of the Physician Referral, the Referral is invalid and a new Referral is required.

5.6 Reconsideration Request for initial authorization for PCS

A beneficiary, 21 years of age or older, who receives an initial approval for less than 80 hours per month may submit a Reconsideration Request Form (DMA 3114) to the IAE if they do not agree with the initial level of service determined, through the following process:

- a. After receiving an initial approval for an amount of hours less than 80 hours per month, a beneficiary must wait 30 calendar days from the date of notification to submit a reconsideration request form. This 30-calendar-day requirement does not apply to the beneficiary's submission of a Change of Status request, which may be submitted at any time if the change of status criteria are met.
- b. The beneficiary must submit a reconsideration request form to increase hours above the initial approval no earlier than 31 calendar days and no later than 60 calendar days from the date of the initial approval notification.
- c. The request for hours in excess of the initial approval that are not based on a Change of Status must be submitted with supporting documentation that specifies, explains, and supports why additional authorized hours of PCS are needed and which ADLs and tasks are not being met with the current hours.
- d. The Reconsideration Request form and supporting documentation should also provide information indicating why the beneficiary believes that the prior assessment did not accurately reflect the beneficiary's functional capacity or why the prior determination is otherwise insufficient.
- e. Upon receipt of a completed Reconsideration Request for additional hours a reassessment may be scheduled or the previous assessment modified. A reconsideration request is not considered complete without supporting documentation as indicated in **Subsection 5.6(c and d)**.
- f. If the reconsideration determines a need for additional PCS hours, additional hours are authorized under clinical coverage policy 3L, *State Plan Personal Care Services (PCS)*. This constitutes an approval and no adverse notice or appeal rights are provided.
- g. If the reconsideration determines that the PCS hours authorized during the initial assessment are sufficient to meet the beneficiary's needs, an adverse decision is issued with appeal rights.

Note: The above process does not apply to beneficiaries seeking hours as documented in Subsection 5.3.1.b of this policy.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Providers shall not bill for Medicaid PCS services provided by an individual with any of the following convictions on the criminal background check conducted in accordance with 7.10(d.1) of this policy:

1. felonies related to manufacture, distribution, prescription or dispensing of a controlled substance;
2. felony health care fraud;
3. felony for abuse, neglect, assault, battery, criminal sexual conduct (1st, 2nd or 3rd degree), fraud or theft against a minor or vulnerable adult;
4. felony or misdemeanor patient abuse;
5. felony or misdemeanor involving cruelty or torture;
6. misdemeanor healthcare fraud;
7. misdemeanor for abuse, neglect, or exploitation listed with the NC Health Care Registry; or
8. any substantiated allegation listed with the NC Health Care Registry that would prohibit an individual from working in the healthcare field in the state of NC.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

To be eligible to bill for procedures, products, and services related to this policy, providers shall be:

- a. a home care agency licensed by the DHSR to operate in the county or counties where the PCS Services are being provided;
- b. a residential facility licensed by the State of North Carolina as an adult care home as defined in G.S. 131D-2, or a combination home as defined in G.S. 131E-101(1a); or
- c. a residential facility licensed under Chapter 122C of the General Statutes and defined under 10A NCAC 27G.5601 as a supervised living facility for two or more adults whose primary diagnosis is mental illness, a developmental disability, or substance use disorder.

6.1.1 PCS Paraprofessional Aide Minimum Qualifications

PCS Aides shall be:

- a. High school graduates or equivalent; or
- b. Eighteen (18) years of age or older.

6.1.2 PCS Paraprofessional Aide Minimal Training Requirements

Personnel records of aides providing PCS must provide documentation of training in, at minimum, each of the following content areas:

- a. Beneficiary rights;
- b. Confidentiality and privacy practices;
- c. Personal care skills, such as assistance with the following ADLs:
 1. Bathing;
 2. Dressing;
 3. Mobility;
 4. Toileting; and
 5. Eating.
- d. In-home and Residential Care Aides providing services to beneficiaries receiving hours in accordance with Session Law 2013-306, have training or experience in caring for individuals who have a degenerative disease characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. Providers shall submit an attestation to DMA that they are in compliance with this requirement. The attestation form (DMA-3085) and instructions are located on the DMA PCS webpage.
- e. Documentation and reporting of beneficiary accidents and incidents;
- f. Recognizing and reporting signs of abuse and neglect; and
- g. Infection control.

6.1.3 Provider Interface: Web-Based Beneficiary and Provider Records Management

The Provider Interface is a secure, web-based information system that the IAE uses to support the PCS independent assessment process. All PCS Providers shall enroll in the Provider Interface. The Provider Interface allows the provider organization to:

- a. Receive and respond to PCS referrals online;
- b. Access electronic copies of independent assessments documents, referrals, and notification letters;
- c. Develop and submit the PCS on-line service plan;
- d. Submit Non-Medical Change of Status requests and discharge beneficiaries online;
- e. Change provider National Provider Identification (NPI) numbers for beneficiaries who need to have their service transferred from one provider office to another within the same agency;
- f. Enter information about counties served by the provider, if applicable;
- g. Update billing modifiers online, if applicable;
- h. Receive electronic notification for beneficiary once an appeal has been entered, and the status of the appeal once it is resolved.
- i. Receive electronic notification of upcoming annual assessments for beneficiaries.

6.1.4 Requirements for State Plan PCS On-line Service Plan

Providers shall develop an on-line PCS service plan through the Provider Interface. The following requirements for the on-line PCS service plan must apply.

- a. All IAE referrals are transmitted to provider organizations through the Provider Interface. No mailed or faxed referrals are provided;
- b. The provider organization accepting the IAE referral to provide PCS services shall review the IAE independent assessment results for the beneficiary being referred, and develop a PCS service plan responsive to the beneficiary's specific needs documented in the IAE assessment;
- c. Provider organizations shall designate staff they determine appropriate to complete and submit the service plan via the Provider Interface.
- d. Each IAE referral and assessment shall require a new PCS service plan developed by the provider organization that is based on the IAE assessment results associated with the referral;
- e. The service plan must address each unmet ADL, IADL, special assistance or delegated medical monitoring task need identified in the independent assessment, taking into account other pertinent information available to the provider;
- f. The provider organization shall ensure the PCS service need frequencies documented in the independent assessment are accurately reflected in the PCS service plan schedule as well as any special scheduling provisions such as weekend days documented in the assessment.
- g. The provider organization shall ensure that the beneficiary or their legally responsible person understands and, to the fullest extent possible participates in the development of the PCS service plan.
- h. Once the provider organization completes the service plan, the service plan must be validated by the Provider Interface for consistency with the IAE assessment, and related requirements for the service plan content.

Note: For EPSDT beneficiaries, the provider organization must complete the service plan based on the DMA nurse review of the assessment and documents provided in accordance with **Subsection 5.2.3**. DMA nurse guidance will be provided to the provider organization prior to acceptance of the referral and in the service plan.
- i. The PCS service plan must be developed, and validated within seven (7) business days of the Provider accepting receiving the IAE referral.
- j. The provider organization shall obtain the written consent in the form of the signature of the beneficiary or their legally responsible person within 14 business days of the validated service plan. The written consent of the service plan must be printed out and uploaded into the Provider Interface;
- k. The provider shall make a copy of the validated service plan available to the beneficiary or their legally responsible person within three (3) business of a verbal request.
- l. **The PCS service plan is not a plan of care** as defined by the applicable state licensure requirements that govern the operation of the provider organizations. Provider organizations are expected to complete a separate plan of care in accordance to licensure requirements as specified in 10ANCAC 13J, 10A NCAC 13F and 13G, and 10A NCAC 27G.

- m. Provider organizations may enter PCS service plan revisions in the Provider Interface at any time as long as the changes do not alter the aide tasks or need frequencies identified in the corresponding IAE assessment;
- n. Provider organizations may continue to request a Change of Status Review, as described in Subsection 5.4.6b, by the IAE if there has been a significant change that affects the beneficiary's need for PCS since the last assessment and service plan. Any Change of Status reassessment requires a new PCS service plan documented in QiRePort;
- o. Provider organizations shall be reimbursed only for PCS authorized hours and services specified and scheduled in the validated PCS service plan; and,
- p. Prior approval for PCS hours or units is not granted until the on-line PCS service plan is entered into and validated by the Provider Interface.

6.1.5 Requirements for Aide Documentation

The provider organization accepting the referral to provide services shall:

- a. Maintain documentation that demonstrates all aide tasks listed in the PCS service plan are performed at the frequency indicated on the service plan and on the days of the week documented in the service plan;
- b. Document aide services provided, to include, at minimum, the date of service, aide tasks provided, and the aide providing the service; and;
- c. Document all deviations from the service plan; this documentation shall include, at minimum, the date care tasks not performed and reason(s) tasks(s) were not performed. A deviation is a scheduled task that is not performed for any reason.
- d. The Provider Interface provides an option for documenting aide services and task sheets. If a provider organization elects to use their own aide task worksheets, the worksheets must accurately reflect all aide tasks and schedule documented in the online PCS service plan, task by task.

Nurse Aide Tasks

- a. In-home aides may provide Nurse Aide I and Nurse Aide II tasks under this clinical coverage policy when they meet the training, competency evaluation, and other professional qualifications specified in 21 NCAC 36.0403 (a) and 21 NCACE 36.0403 (b) respectively, and such tasks are specified on the beneficiary's service plan.
- b. If a beneficiary approved for services in a primary private residence requires Nurse Aide II tasks, the home care agency selected to provide the services shall have this level of expertise available;
- c. Residential nurse aides may provide tasks under this clinical coverage policy when they meet the training, competency evaluation, and other professional qualifications specified in 10A NCAC 13F and 13G and 10A NCAC 27G.

6.2 Provider Certifications

None apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

Note: Providers also shall maintain all home and residential care service records as specified in 10A NCAC 13J, 10A NCAC 13F and 13G, and 10A NCAC 27G.

7.2 Assessment Tools, Service Plans, and Forms

Providers shall utilize those assessment tools, report formats, surveys, and related documents required by DMA.

7.3 Automated Reporting

Providers shall utilize all available Internet-based assessments, forms, reports, surveys, and other documents required by DMA to submit information to DMA, the IAE, the beneficiary's physician, and other individuals or organizations designated by DMA.

7.4 Telephony

Providers may utilize telephony and other automated systems to document the provision of PCS.

7.4.1 Provider Requirements

Provider agencies furnishing PCS services using telephony system shall:

- a. inform the beneficiary that a telephony system is used to document the time the PCS aide spends in the primary private residence, and the approved personal care services provided;
- b. explain to the beneficiary how the system works;
- c. inform the beneficiary that calls made are not charged to his or her telephone, and there is no cost to the beneficiary for use of this system;
- d. ensure that the beneficiary agrees to participate in the telephony system prior to implementation;
- e. ensure that the beneficiary understands that he or she shall be present in the primary private residence and receiving approved PCS in accordance with his or her service plan between the arrival and departure times documented by the telephony system; and
- f. provide evidence that these requirements have been met by having the beneficiary sign and date a letter or form acknowledging that he or she:
 1. understands the telephony system and its purpose;

2. understands how it works, and;
3. agrees to the use of this system to document that authorized services were provided between the time-in and time-out calls.

Providers furnishing PCS aide services under the above-referenced programs are required to orient all PCS aides to program requirements for service documentation under the telephony system and the implications of submitting inaccurate or falsified records. Upon request from DMA, provider agencies shall provide evidence that such an orientation has been completed for each aide.

The provider agencies shall use the beneficiary's telephone landline to record the exact arrival and departure time of the PCS aide. The system must be capable of verifying that this is the beneficiary's telephone number. When the beneficiary does not have a telephone landline, the PCS provider may use an authorized personal or agency cell phone. When a cell phone is used the beneficiary shall verbally verify over the same cell phone that approved PCS were received between the reported arrival and departure times.

These requirements must be addressed in the provider agency's written policies and procedures and available for review upon request by DMA.

7.4.2 Minimum Telephony System Requirements

DMA does not approve or endorse specific types or brands of telephony systems. The telephony system employed must provide, at a minimum, the following functionality:

- a. identifies calls made from unauthorized numbers;
- b. identifies each aide through a unique and secure identification number;
- c. records essential beneficiary identification data, services provided, and medical monitoring tasks;
- d. records date of service, day of week, time in, and time out;
- e. automatically alerts the agency when an aide fails to clock in for a scheduled visit;
- f. tracks aide actions and compliance with beneficiary's service plan;
- g. records deviations from approved schedule and service plan;
- h. maintains service schedules that can be cross-referenced by aide and beneficiary;
- i. employs appropriate security to prevent unauthorized manipulation of recorded data;
- j. stores the data in an easily retrievable format;
- k. prints hard copies of reports; and
- l. meets HIPAA standards for privacy and electronic security.

The beneficiary shall not be required to sign a service log or otherwise verify that he or she received services during the scheduled visit when a telephony system is used. If the telephony system meets the requirements of an aide signature on the service log, a printed hard copy with the aide signature on the log is not necessary.

Provider agencies employing telephony systems shall take adequate precautions to prevent loss of data, such as off-site storage of backup disks or tapes, or, if necessary, backup hard copies of critical service and billing records to include service logs.

The provider agencies employing telephony shall continue to comply with all applicable federal and state statutes, rules, regulations, policies, standards, and guidelines for recordkeeping under the PCS program. The provider agency shall maintain a hard-copy recordkeeping system for those beneficiaries who do not agree to participate in the telephony system, or when other circumstances prevent its use.

7.5 Marketing Prohibition

Agencies providing PCS under this Medicaid Program are prohibited from offering gifts or service related inducements of any kind to entice beneficiaries to choose it as their PCS Provider or to entice beneficiaries to change from their current provider.

7.6 DMA Compliance Reviews

The PCS Provider Organization shall:

- a. Cooperate with and participate fully in all desktop and on-site quality, compliance, prepayment, and post-payment audits that may be conducted by DMA or a DHHS designated contractor;
- b. Meet DMA requirements for addressing identified program deficiencies, discrepancies, and quality issues through the DMA corrective action process and any overpayment recovery or sanctioning process imposed by DMA's Program Integrity Section; and
- c. Maintain all clinical records and billing documentation in an accessible location in a manner that will facilitate regulatory reviews and post payment audits.

7.7 Internal Quality Improvement Program

The PCS Provider Organization shall:

- a. develop, and update at least quarterly, an organizational Quality Improvement Plan or set of quality improvement policies and procedures that describe the PCS CQI program and activities;
- b. implement an organizational CQI Program designed to identify and correct quality of care and quality of service problems;
- c. conduct at least annually a written beneficiary PCS satisfaction survey for beneficiaries and their legally responsible person;
- d. maintain complete records of all CQI activities and results;
- e. PCS Providers shall submit by December 31 of each year an attestation to DMA that they are in compliance with "a" through "d" of this Subsection. The attestation form and instructions are posted on the DMA PCS website; and
- f. provide these documents to DMA or a DHHS designated contractor upon request in conjunction with any on-site or desktop quality improvement review.

7.8 Quality Improvement, Utilization Review, Pre- and Post-Payment Audits

The PCS Provider Organization shall cooperate with and participate fully with the following DMA quality improvements, utilization reviews, and pre- and post-payment audits:

- a. Provider on-site reviews, evaluations, and audits;
- b. Desktop reviews;
- c. Targeted record reviews;
- d. Beneficiary in-home and residential reviews;
- e. Beneficiary PCS satisfaction surveys;
- f. Reviews of attestation forms and supporting documentation;
- g. Retroactive utilization and medical necessity reviews;
- h. Quality of care and quality of service reviews and evaluations;
- i. Program Integrity prepayment and post-payment reviews;
- j. Reviews of beneficiary complaints; and
- k. Reviews of critical incident reports.

7.9 Beneficiary Health, Welfare, and Safety

The PCS Provider Organization shall:

- a. implement and demonstrate compliance with all beneficiary rights and responsibilities, as specified in 10A NCAC 13J, 10A NCAC 13F and 13G, and GS 122C; 131D;
- b. maintain a comprehensive record of beneficiary complaints about the PCS; and
- c. ensure that all incidents involving alleged, suspected, or observed beneficiary abuse, neglect, or exploitation are documented and reported immediately to the county Department of Social Services and the DHSR in accordance to N.C. G.S. 108A-102.

7.10 Provider Supervision and Staffing Requirements

a. PCS Paraprofessional Aide Supervision

The PCS provider shall provide a qualified and experienced professional, as specified in the applicable licensure rules, to supervise PCS, and who shall be responsible for:

1. Supervising and ensuring that all services provided by the aides under his or her supervision are conducted in accordance with this clinical coverage policy, other applicable federal and state statutes, rules, regulations, policies and guidelines and the provider agency's policies and procedures;
2. Supervising the Provider Organization's CQI program;
3. Completing or approving all service plans for assigned beneficiaries;
4. Implementing the service plan; and
5. Maintaining service records and complaint logs in accordance with state requirements.

b. Supervisory Visits In Beneficiary Primary Private Residences

The in-home PCS provider shall ensure that a qualified RN Nurse Supervisor conducts a RN Supervisor visit to each beneficiary's primary private residence location every 90 calendar days (**Note:** a seven calendar day grace period is allowed). Two visits within 365 calendar days must be conducted when the in-home aide is scheduled to be in the primary private residence. The RN Supervisor shall:

1. Confirm that the in-home aide is present or has been present as scheduled during the preceding 90 calendar days;

2. Validate that the information documented on the aide's service log accurately reflects his or her attendance and the services provided;
3. Evaluate the in-home aide's performance;
4. Identify any changes in the beneficiary's condition and need for PCS that may require a change of status review;
5. Request a change of status review if the beneficiary's service plan exceeds or no longer meets the beneficiary's needs for ADL assistance;
6. Identify any new health or safety risks that may be present in the primary private residence;
7. Evaluate the beneficiary's satisfaction with services provided by the in-home aide and the services performed by the home care agency;
8. Review and validate the in-home aide's service records to ensure that:
 - A. Documentation of services provided is accurate and complete;
 - B. Services listed in the service plan have been implemented;
 - C. Deviations from the service plan are documented;
 - D. Dates, times of service, and services provided are documented on a daily basis;
 - E. Separate logs are maintained for each beneficiary;
 - F. All occasions when the beneficiary is not available to receive services or refused services for any reason are documented in the service record along with the reason the beneficiary was not available or refused services; and
 - G. Logs are signed by the in-home aide and the beneficiary after services are provided on a weekly basis.
9. Document all components of the supervisory visits: the date, arrival and departure time, purpose of visit, findings and supervisor's signature.

c. Supervision in Residential Settings

The residential PCS provider shall ensure that a qualified professional conducts Supervision to each beneficiary in accordance to 10 A NCAC 13 F and 13G and 10A NCAC 27G.

The residential PCS provider shall assure appropriate aide supervision by a qualified professional in accordance to 10A NCAC 13F and 13G, and. 10A NCAC 27G.

d. PCS Paraprofessional Aide Training Licensure Requirements

The PCS provider shall ensure that:

1. criminal background checks are conducted on all in-home and residential care aides before they are hired as specified in licensure requirements;
2. in-Home and Residential Care Aides hired are not listed on the North Carolina Health Care Registry as having a substantiated finding in accordance to the health care personnel registry G.S. 131E-256;
3. all in-home and residential aides shall meet the qualifications contained in the applicable North Carolina Home Care, Adult Care Home, Family Care Home and Mental Health Supervised Living Licensure Rules (10A NCAC 13J, 10A NCAC 13F and 13G, and 10A NCAC 27G); and
4. An individual file is maintained on all in-home and residential aides that documents aide training, background checks, and competency evaluations and provides evidence that the aide is supervised in accordance with the requirements specified in 10A NCAC 13J, 10A NCAC 13F and 13G, and 10A NCAC 27G.

e. Staff Development and Training

The PCS Provider Organization based on licensure rules shall:

1. provide a new employee orientation for all new in-home and residential aides and other agency employees that includes information on state rules pertaining to home care agencies and residential providers and the requirements of this clinical coverage policy;
2. develop, implement, and manage an ongoing staff development and training program appropriate to the job responsibilities of agency and facility staff;
3. provide competency training and evaluate the required competencies for in-home aides;
4. provide competency training and evaluation for residential aides as specified in 10A NCAC 13F and 13G, and. 10A NCAC 27G;
5. maintain comprehensive records of all staff orientation and training activities;
and
6. ensure that agency directors, administrative personnel, RN nurse supervisors, and other agency and facility personnel with management responsibilities attend regional and on-line training programs conducted by DMA or its designee.

8.0 Policy Implementation and History

Original Effective Date: January 1, 2013

History:

Date	Section Revised	Change
01/01/2013	All sections and attachment(s)	Initial Promulgation of new program
01/02/2013	Subsection 4.2.a.12	"...same chronological age could safely and independently perform without adult supervision." corrected to read "...same chronological age could not safely and independently perform without adult supervision."
12/01/2013	Section 1.0	Content of section 1.0 has been moved to Section 3.2.1 "Specific Criteria Covered" and Section 3.3 "Personal Care Services."
12/01/2013	Subsection 2.4	Section 2.4 "Functional Eligibility Criteria" has been changed to "Medicaid Specific Criteria" and content is now located in Section 3.2.1
12/01/2013	Subsection 3.2	Subsection 3.2 "Specific Criteria" is now Subsection 3.2.2 "Medicaid Additional Criteria Covered"
12/01/2013	Subsection 3.2.2	Subsection 3.2.2.b includes Screening for Serious Mental Illness (SMI) in Adult Care Homes licensed under G.S. 131D-2.4
12/01/2013	Subsection 3.3	Section 3.3 "Covered Tasks Under PCS" now titled "Personal Care Services" content remains the same
12/01/2013	Subsection 4.2.1	Subsection 4.2.1c.10 – "monitoring" defined as precautionary observation and "supervision" defined as observation resulting in an intervention
12/01/2013	Subsection 5.3.1.b	Criteria for additional hours updated. The criteria reflect updates made to the State Plan Amendment.
12/01/2013	Subsection 5.4.2	Subsection 5.4.2 "Monthly Service Hour Limits" has been moved to Subsection 5.3.1. This section has been updated to include the criteria mandated by Session Law 2013-306 to include additional 50 hours of PCS
12/01/2013	Subsection 5.4.3	Subsection 5.4.3 "Authority to Conduct PCS Assessments, Reassessments, Change of Status Reviews, Service Authorizations, and Related Administrative tasks" is now Section 5.4 and has been reworded to include "Acknowledgment of new Expedited Process."

Date	Section Revised	Change
12/01/2013	Subsection 5.4.5	Subsection 5.4.5 "Requirement for Physician Referral" is now Subsection 5.4.2. This section updated to include the following statement, "The Physician Referral approved by DMA is the DMA-3051 PCS Request for Services Form. "
12/01/2013	Subsection 5.4.6.g	Subsection 5.4.6g is now Subsection 5.4.3g. Section reads "the beneficiary may receive a PCS assessment in the inpatient medical facility" ... updated to read, the beneficiary may receive a preliminary PCS assessment in the inpatient medical facility ... statement also update to state "A standard PCS assessment will be conducted once the beneficiary resides in the setting where PCS services will be provided within 60 calendar days"
12/01/2013	Subsection 5.4.6.h	Subsection 5.4.6h is now Subsection 5.4.3h. wording updated to remove referral and reference the Request for Services Form
12/01/2013	Subsection 5.4.4	Section 5.4.4 "Requirement for PCS Expedited Process" added to policy. The Expedited Process will allow beneficiaries who meet the identified criteria to receive PCS services within 2 business days.
12/01/2013	Subsection 5.4.10.d	Subsection 5.4.10d moved to subsection 5.4.8d "Within five business days of an assessment request for a beneficiary with a planned discharge from a hospital or inpatient facility", statement updated to read "within two business days of a PCS expedited process request for a beneficiary who with a planned discharge from a hospital or inpatient facility; or under protective services.
12/01/2013	Subsection 5.4.10.e	Subsection 5.4.10e "Within five business days of the referral of a beneficiary who is under a Department of Social Services protective order" is deleted and included in 5.4.8d
12/01/2013	Subsection 5.4.12	Subsection 5.4.12 a and b. Revised to read "conduct an internal assessment, review the independent assessment conducted by the IAE for beneficiaries....."
12/01/2013	Subsection 5.4.13	Subsection 5.4.13 Requirements for Selecting and Changing PCS Providers is now Subsection 5.4.11. Subsection 5.4.11f deletes "home visit" and replaces with " The new PCS Provider shall be required to develop a new plan of care." Subsection 5.4.11g deletes "within 30 days of effective date of this clinical coverage"

Date	Section Revised	Change
12/01/2013	Subsection 5.4.14	Subsection 5.4.14 Requirements for PCS Plan of Care moved to Subsection 5.4.12. Subsection 5.4.12a deletes “home visit” and replaces with “internal assessment”. 5.4.12b deletes “visit” and replaces with “internal assessment. 5.4.12g deletes “within 30 days of the effective date of this clinical coverage policy.”
12/01/2013	Section 5.0	Retroactive Prior Approval added to Section 5.0 as subsection 5.5
12/01/2013	Section 6.3	Section 6.3 is now Subsection 6.1.2. Subsection 6.1.2 now includes additional requirement “Training and providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, like wandering that are resulting from the exacerbation of dementia;
12/01/2013	Section 7.4	Section 7.4 “Telephony” updated to include Provider Requirements for use of “Telephony”.
12/01/2013	Section 7.10	Section 7.10 Provider Supervision and Staffing Requirements. Section updated to include “calendar days” in subsections 7.10b and 7.10b.1.
12/01/2013	Subsection 7.10.d.2	Subsection 7.10.d.2 language updated to read “In-Home and Residential Care Aides hired are not listed on the North Carolina health Care Registry as being under investigation or as having a substantiated finding in accordance to the health care personnel registry G.S. 131E-256.
12/01/2013	Service Level Determinations	#3. Updated to read “For all conditions affecting the beneficiary’s ability to perform ADLs no more than 25% of additional time shall be provided.”
12/01/2013	Service Level Determinations	#4. Updated to read “For all conditions affecting the beneficiary’s ability to perform ADLs no more than 25% of additional time shall be provided.”
12/01/2013	Service Level Determinations	#5. Removed following text from statement “The total authorized service hours per month may not exceed 80 for adults 21 years and older.”
12/01/2013	Service Level Determinations	#6. Updated to include criteria mandated by Session Law 2013-306 and service levels approved by SPA 13-009. Now reads as follows: “Total authorized PCS hours may exceed 80 hours per month for adults, if there is present: a) a physician attestation of need for expanded hours; and b) qualifying criteria as established in Session Law 2013-306 . In no case will expanded PCS hours exceed the maximum hours approved by State Plan Amendment . The number of expanded PCS hours to be authorized for individuals qualifying for expanded hours will be based on the PCS hours determination methodology described in Steps 1-4 above.”

Date	Section Revised	Change
12/01/2013	Attachment A	Attachment A – modifiers – HA modifier updated to read “Any beneficiary Under 21 Years regardless of setting”
12/01/2013	Appendix A	Service Level Determinations: #6 updated to include the determination criteria for beneficiaries who may receive PCS hours that exceed 80 hours per month for adults or 60 hours for children, under 21 years of age and not approved under EPSDT. “if there is present: a) a physician attestation of need for expanded hours; b) qualifying criteria as established in Session Law 2013-306. In no case will expanded PCS hours exceed the maximum hours approved by State Plan Amendment 13-009. The number of expanded PCS hours to be authorized for individuals qualifying for expanded hours will be based on the PCS hours determination methodology described in steps 1-4”
01/15/2014	Section 8.0	Minor revisions to table, clarifying changes made in the 12/01/2013 Amended version
10/01/2013	Section 1.0	Section 1.0 Updated to read that PCS services must be performed by home staff “licensed” in the supervised living home.
10/01/2013	Subsection 3.3.a	Subsection 3.3 a 7 updated to stated definition of “special assistance”.
10/01/2013	Subsection 4.2.1.a	Subsection 4.2.1a. added #2.to read as follows “The PCS is not documented as completed in accordance with this clinical coverage policy”
10/01/2013	Subsection 4.2.1.c	Subsection 4.2.1c added #6 to read as follows “Instruments of daily living (IADL’s) in the absence of associated Activities of daily living (ADL)”.
10/01/2013	Subsection 4.2.1 c 7	Subsection 4.2.1 c 7. Removed wording “non medical” so statement only reads “transportation”.
10/01/2013	Subsection 5.4.2.b	Removed “physician” from physician referral. Text identifies physician referral as “referral”
10/01/2013	Subsection 5.4.3.f	5.4.3 f – removes “attending” from physician.
10/01/2013	Subsection 5.4.3.g	5.4.3g – removed from policy
10/01/2013	Subsection 5.4.3.h	5.4.3h – removed wording “primary care or attending and replaced with Physician, Nurse practitioner, and Physician assistant

Date	Section Revised	Change
10/01/2013	Subsection 5.4.3	Last paragraph wording updated to read as follows “Beneficiaries who do not agree with the results of the independent assessment that grant fewer hours than previously approved may appeal the results and provide additional documentation to support the need for additional amounts of PCS. Beneficiaries may request referring physicians, home care agencies, and residential providers to assist them with the appeal process
10/01/2013	Subsection 5.4.5.d	Subsection 5.4.5d wording updated to add the following at the end of statement “but not less frequently than once every 365 calendar days.”
10/01/2013	Subsection 5.4.4	Subsection 5.4.4” Requirements for PCS Expedited Assessment Process” revised to say “PCS approval through the expedited process is provisional and subject to the standard PCS assessment process within 14 business days.”
10/01/2013	Subsection 5.4.4.d	Subsection 5.4.4.d revised to read “If it is determined the beneficiary qualifies for PCS, a provider must be identified and the hospital discharge planner, skilled nursing facility discharge planner, or APS must communicate beneficiary's choice of provider and intended admission date to the selected provider and the IAE.”
10/01/2013	Subsection 5.4.4	Paragraph updated to read The provisional prior approval shall not exceed a 60 day period “without DMA approval”.
10/01/2013	Subsection 5.4.4	Subsection 5.4.4 updated to read “Beneficiaries receiving approval through the expedited assessment process will be authorized for services within two business days of completed request. “
10/01/2013	Subsection 5.4.9	Subsection 5.4.9 paragraph under Beneficiaries self-performance table is updated with a final sentence that reads as follows “The IAE assessor must receive verbal consent from beneficiary before including family members or other caregivers present in the assessment review”.
10/01/2013	Subsection 5.4.11.c	Section c removed from subsection and placed in Section 6.1.5 b
10/01/2013	Subsection 5.4.12	Subsection 5.4.12 “Requirements for PCS Plan of Care moved to Subsection 6.1.3
10/01/2013	Subsection 5.4.13	Subsection 5.4.13 “Requirements for Aide Documentation moved to Subsection 6.1.4
10/01/2013	Subsection 5.4.14	Subsection 5.4.14 “Requirements for Aide Documentation moved to Subsection 6.1.5

Date	Section Revised	Change
10/01/2013	Subsection 5.5	Subsection 5.5 Retroactive Prior Approval – updated to also state “If a beneficiary requesting admission to an Adult Care Home Licensed under G.S. 131D-2.4 has not received a screening through the Pre-admission Screening and Resident Review (PASRR) retroactive prior approval does not apply. PCS authorization will be made effective the date beneficiary receives their PASRR”
10/01/2013	Subsection 6.1.3	Subsection 6.1.3 added to include Provider Interface: Web-based Beneficiary and Provider Records Management
10/01/2013	Subsection 6.1.5	Subsection updated with b. from former section 5.4.11 c. to read “If a beneficiary approved for services in a private residence requires Nurse Aide II tasks , the home care agency selected to provide the services shall have this level of expertise immediately available”.
10/01/2013	Subsection 7.9	Subsection 7.9 “Beneficiary Health, Wealth, and Safety” a. updated to include “131D”.
10/01/2013	Subsection 7.10.d	Subsection 7.10.d title changed from PCS Paraprofessional Aide Training Requirements to “PCS Paraprofessional Aide Training “Licensure” Requirements”.
10/01/2013	Service Level Determinations	Service Level Determination notes # 3. Changed to read as follows: Additional time up to 25% may be authorized for exacerbating conditions and symptoms that affect the beneficiary’s ability to perform and/or the time required to assist with the beneficiary’s qualifying ADLs as identified by the independent assessment. For all conditions affecting the beneficiary’s ability to perform ADLs, no more than 25% of additional time shall be provided.
10/01/2013	Service Level Determinations	#5. Changed to include the up to 50 additional hours of PCS criteria in accordance with Session Law 2013-306.
10/01/2013	Service Level Determinations	#6. Now reads as follows “The total authorized service hours per month may not exceed 60 for children under 21 years of age, unless the requested services are approved under EPSDT.
10/01/2013	Service Level Determinations	# 7 added to read “The total authorized PCS hours may only exceed 80 hours per month for adults, if there is a present: a) a physician attestation of need for expanded hours; and b) qualifying criteria as established above. In no case will PCS hours exceed the maximum of 130 hours per month.

Date	Section Revised	Change
06/13/2014	Section 5.4.3	Removed strikethroughs which were left in during the revision process. f. removed “attending” from “ ... his or her attending physician shall order the PCS ...” And in g., removed the strikethrough “the Internet or by,” from “ ... submit the form to the IAE via secure facsimile or mail ...”
06/10/2015	All Sections and Attachments	Title of policy revised to reflect “State Plan Personal Care Services”
06/10/2015	Section 1.0	Personal Care Services changed to “State Plan Personal Care Services
06/10/2015	Section 3.2.3 (1)	3.2.3 (1) the follow sentence removed from (1) and made into separate sentence (2). The residential setting has received inspection conducted by the Division of Health Service Regulation (DHSR)
06/10/2015	Section 3.3	“instruments” corrected to read “instrumentals”
06/10/2015	Subsection 3.4	3.4.a. statement “a” removed. Requirement is identified in Section 3.3.
06/10/2015	Subsection 4.2.2	A(11) updated to include mental health disorders and now read as follows “the requested services consist of treatment or training related to behavioral problems or mental health disorders such as attention deficit disorder or oppositional defiant behavior; or
06/10/2015	Subsection 4.2.2	Added: Note: PCS is not intended as a substitute for childcare, daycare, or afterschool care. PCS is not covered for infants or children when the personal care needs do not meet the medical necessity criteria, or the needs are a parental responsibility or are age-appropriate needs
06/10/2015	Subsection 4.2.2	Subsection 4.2.2 #8 wording changed to read as follows: “PCS is provided by an individual whose primary residence is the same as the beneficiary’s primary residence.”
06/10/2015	Subsection 4.2.2	Subsection 4.2.2 #9 enhanced to also states “Spouses are presumptively able to provide care for each other unless medical documentation, work verification, or other information indicates otherwise.”
06/10/2015	Subsection 4.2.2	Subsection 4.2.2 b. note added to read “DMA will allow time for the development and execution of a safe and orderly discharge prior to PCS termination.
06/10/2015	Subsection 4.2.2	4.2.2 c. 13 term “authorized” removed replaced with “identified”

Date	Section Revised	Change
06/10/2015	Subsection 4.2.3	Now reads “Medicaid shall not cover PCS when rendered concurrently with another substantially equivalent Federal or State funded service. Services equivalent to PCS include but are not limited to home health aide services and in-home aide services in the Community Alternatives Programs (CAP/Children, CAP/Choice, CAP/Disabled Adults, and CAP Innovations) and Private Duty Nursing (PDN).” Previously read “None Apply”
06/10/2015	Subsection 5.2.2/Multiple Sections	All references to PCS “plan of care” have been changed to PCS “service plan or on-line service plan”
06/10/2015	Subsection 5.2.2	Subsection 5.2.2 revised to read “Meet minimum PCS eligibility requirements;
06/10/2015	Subsection 5.2.3	Subsection added to include State Plan PCS EPSDT Additional Requirements
06/10/2015	Subsection 5.4	Subsection 5.4 enhanced to include 5.4 g which reads “When a beneficiary is contacted by the designated IAE to schedule an assessment, the beneficiary shall respond as soon as possible. If the IAE is unable to schedule an assessment services will be denied.”
06/10/2015	Subsection 5.4.2	Subsection 5.4.2 has been revised to change reference of the PCS “Request for Services form” to the “Request for Independent Assessment for Personal Care Services Attestation for Medical Need.”
06/10/2015	Subsection 5.4.2	Subsection 5.4.2 d updated to read as follows “If the beneficiary has not been seen by his or her physician during the preceding 90 calendar days the referral will not be processed, he or she shall schedule an office visit to request a referral for a Medicaid PCS eligibility assessment.”
06/10/2015	Subsection 5.4.2	Subsection 5.4.2 e added to read “If the physician indicates that the medical diagnosis or diagnoses listed on the PCS referral does not impact the beneficiaries activities of daily living (ADLs) the request will not be processed.”
06/10/2015	Subsection 5.4.3	Subsection 5.4.3 c. Sentenced changed to read as follows: All assessments for new admissions to the PCS program shall be face to face and conducted in the beneficiary’s home or residential facility.
06/10/2015	Subsection 5.4.3	Subsection 5.4.3 e. removed from sentence “the approved”.
06/10/2015	Subsection 5.4.3	Subsection 5.4.3 f. sentence revised to include “as described in subsection 5.4.4 Requirements for PCS Expedited Assessment Process

Date	Section Revised	Change
06/10/2015	Subsection 5.4.3	Subsection 5.4.3 g2 sentence revised to read “The medical diagnosis or diagnoses and related medical information that result in the unmet need for PCS assistance.
06/10/2015	Subsection 5.4.3	Subsection 5.4.3 g3 sentence removed “ICD-9” and now states “current International Classification of Diseases”
06/10/2015	Subsection 5.4.3	Subsection 5.4.3 g4. Sentence revised to read “A signed and dated PCS referral.”
06/10/2015	Subsection 5.4.3	Paragraph following 5.4.3 g4 removes “referring physician” from statement.
06/10/2015	Subsection 5.4.4	Paragraph updated to specify that a PASRR is needed for a beneficiary seeking an expedited assessment if they are seeking admission in to an ACH licensed under G.S. 131 D-2.4.
06/10/2015	Subsection 5.4.5	Subsection 5.4.5 f now reads “reassessments shall be conducted face to face”.
06/10/2015	Subsection 5.4.5	5.4.5 c. now reads “PCS providers shall report discharges to the IAE within seven (7) business days of the beneficiary discharge via the Provider Interface.
06/10/2015	Subsection 5.4.6	Subsection 5.4.6 Requirements for PCS Change of Status Reviews. Entire section updated with new requirements.
06/10/2015	Subsection 5.4.7	5.4.7 e. “plan of care” replaced with “ service plan ” in this section and throughout policy.
06/10/2015	Subsection 5.4.8	Subsection 5.4.8 updated with new timelines.
06/10/2015	Subsection 5.4.10	5.4.10 – reference subsection 2.4 has been changed to 3.2.
06/10/2015	Subsection 5.4.11	5.4.11 b. updated to establish business days to accept or reject referral.
06/10/2015	Subsection 5.4.11	5.4.11.f. 72 hours changed to 7 business days. The new provider shall implement the service plan within 7 business days of accepting the referral, or by the date requested by the beneficiary, whichever is later.
06/10/2015	Subsection 5.5	Subsection header changed to read “Retroactive” Prior Approval for PCS.
06/10/2015	Subsection 5.5	Reference to “request for services form” removed and replaced with the name of the new DMA 3051 referral “Request for Independent Assessment for Personal Care Services Attestation for Medical Need.”

Date	Section Revised	Change
06/10/2015	Subsection 5.5	Second paragraph re-worded to clarify PASRR and retroactive PCS requirements. Second paragraph now reads "If a beneficiary requesting admission to an Adult Care Home, Licensed under G.S. 131D-2.4, has not received a screening through the Pre-admission Screening and Resident Review (PASRR), retroactive prior approval does not apply. PCS authorization will be made effective the date beneficiary receives their PASRR, as long as the effective PASRR date is within 30 days of the submission of the Physician Referral. If the effective PASRR date is not within 30 days of the submission of the Physician Referral, the Referral is invalid and a new Referral will be required."
06/10/2015	Subsection 6.0	Providers shall not bill for Medicaid PCS services provided by an individual with any of the following convictions on the criminal criminal background check: <ol style="list-style-type: none"> 1. felonies related to manufacture, distribution, prescription or dispensing of a controlled substance; 2. felony health care fraud; 4. felony for abuse, neglect, assault, battery, criminal sexual conduct (1st, 2nd or 3rd degree), fraud or theft against a minor or vulnerable adult; 5. felony or misdemeanor patient abuse; 6. felony or misdemeanor involving cruelty or torture; 7. misdemeanor healthcare fraud; 8. misdemeanor for abuse, neglect, or exploitation listed with the NC Health Care Registry; or 9. any substantiated allegation listed with the NC Health Care Registry that would prohibit an individual from working in the healthcare field in the state of NC.

Date	Section Revised	Change
06/10/2015	Subsection 6.1.1	Item “d” Deleted, “Training about providing care to individuals with impaired judgment, disorientation, loss of language skills, inappropriate behaviors, such as wandering, that are resulting from the exacerbation of dementia;” Added, “In-home and Residential Care Aides providing services to beneficiaries receiving hours in accordance with Session Law 2013-306, have training or experience in caring for individuals who have a degenerative disease characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. Providers shall submit an attestation to DMA that they are in compliance with this requirement. The attestation form (DMA-3085) and instructions are located on the DMA PCS webpage”
06/10/2015	Subsection 6.1.2	6.1.3 c. added Reads “Develop and submit the PCS On-line Service Plan”.
06/10/2015	Subsection 6.1.3	6.1.3 Header changed to read as follows “Requirement for State Plan PCS online Service Plan.”
06/10/2015	Subsection 6.1.3	Subsection 6.1.3 includes an introduction paragraph section that reads as follows, “Providers shall develop an on-line PCS service plan through the Provider Interface. The following requirements for the on-line PCS Service plan must apply:”
06/10/2015	Subsection 6.1.3	Entire section updated to detail the service plan requirements.
06/10/2015	Subsection 6.1. 4	Subsection 6.1.5 updated to include Aide services provided may be documented utilizing the Provider Interface generated task sheets. Provider Interface generated task sheets are not required as the only form of PCS documentation. Documentation must reflect all services provided as scheduled in the online service plan task by task. Also includes further clarification of a “deviation”
06/10/2015	Subsection 7.7	7.7 Internal Quality Improvement Program requirements updated.
06/10/2015	Subsection 7.8	7.8 e. updated to include PCS satisfactory surveys; and “f” Reviews of attestation forms and supporting documentation.
06/10/2015	Section 7.10	7.10d. 2 – sentenced updated to remove “being under investigation

Date	Section Revised	Change
06/10/2015	Section 7.10	7.10 d. section updated to remove previous statement “in home and residential aides under investigation for those reasons listed in Subsection 7.10.d.2 above do not work with beneficiaries until the investigation is completed and the individual is cleared of any crime or misconduct.” Providers should adhere to their DHSR licensure rules for additional guidance.
06/10/2015	Section 7.10	Section 7.10 e updated to reference DHSR licensure requirement.
06/10/2015	Appendix A.	Assessment Tool Design – #4. And # 17.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
11/01/2015	Subsection 6.1.1	This subsection returned to the policy, after being inadvertently left out during an earlier revision. 6.1.1 PCS Paraprofessional Aide Minimum Qualifications PCS Aides shall be: a. High school graduates or equivalent; or b. Eighteen (18) years of age or older.
07/01/2016	Subsection 4.2.2	4.2.2 (a)(13) added to this subsection to read Independent medical information does not validate the assessment, PCS hours may be reduced, denied, or terminated based on the additional information.
07/01/2016	Subsection 5.2.3	5.2.3 Updated to include “e” Any other Independent Records that address ADL abilities and need for PCS services. Note added “If additional information does not validate the assessment, PCS hours may be reduced, denied, or terminated based on additional records.
07/01/2016	Subsection 5.4.4	Subsection 5.4.4 updated to include additional qualifying individuals for the expedited PCS process and who may request the expedited process on their behalf.
07/01/2016	Subsection 5.6	Subsection 5.6 added to include the “Reconsideration Request for initial authorization of PCS” process. 5.6 Reconsideration Request for initial authorization for PCS A beneficiary, 21 years of age or older, who receives an initial approval for less than 80 hours per month may submit a Reconsideration Request Form (DMA 3114) to the IAE if they do not agree with the initial level of service determined, through the following process
07/01/2016	Subsection 6.1.3	Subsection 6.1.3 (i) added to include “receive electronic notification of upcoming annual assessments for beneficiaries.

Date	Section Revised	Change
07/01/2016	Service Level Determination	Note updated to read “When basic meal preparation is covered under services paid for by State/County Special Assistance then assistance with clean-up and basic meal preparation services that duplicate State and County Special Assistance (Section M – Eating and Meal Preparation tasks 6-9 of the PCS independent assessment tool) will be scored as needs met.
08/01/2017	Subsection 5.5	Subsection 5.5 Retroactive Prior Approval for PCS amended to include language that extends the allowable retroactive period for prior approvals for PCS from 10 days to 30 days.
08/04/2017	All Sections and Attachments	Amended policy posted on this date, with an EFFECTIVE Date of 08/01/2017.

Appendix A: Assessment Design and Service Level Determinations

Assessment Tool Design

All PCS assessments must be conducted using a standardized functional assessment tool provided or approved by DMA. The assessment must include documentation and evaluation of the following:

1. Assessment identification information, including date, completion time, and names and relationships of others attending;
2. Beneficiary identification information, including name and Medicaid ID, gender, date of birth, primary language, contact information, and alternate contacts;
3. Referral summary, including date and practitioner name and contact information;
4. Diagnoses and diagnosis code related to the need for services;
5. Medications and the IAE assessor's evaluation of the beneficiary's ability to self-manage medication;
6. Special diet types;
7. Availability of other supports, including names and relationships of informal caregivers and their capacity and availability to provide ADL assistance, and provider names and types of other formal supports and services;
8. Assistive devices the beneficiary uses to perform each ADL;
9. Task needs for each ADL, including required assistance level and number of days per week of unmet need for assistance;
10. IAE assessor's overall rating of the beneficiary's capacity to self-perform each ADL;
11. The beneficiary's needs for assistance with special assistance and delegated medical monitoring tasks;
12. Conditions and symptoms that affect the time for the beneficiary to perform and an aide to assist with the completion of the beneficiary's qualifying ADLs;
13. Facility license date or the designated IAE assessor's evaluation of the functional status of primary private residence structures and utilities, safety and adequacy of the beneficiary's primary private residence for providing PCS, and environmental conditions and circumstances that affect the time for the beneficiary to perform and an aide to assist with completion of the beneficiary's qualifying ADLs;
14. For a Medicaid beneficiary under 21 years of age, requested PCS service hours and caregiver or facility staff report of how PCS services maintain or improve the beneficiary's condition or prevent it from worsening;
15. IAE assessor comments about essential information not captured elsewhere on the assessment; and
16. The beneficiary's preferred PCS provider.
17. The next reassessment date identified by number of weeks.

Service Level Determinations

1. Time is authorized for each day of unmet need for assistance with qualifying ADLs from the Daily Minutes table as follows:

Daily Minutes for Qualifying ADLs and Medication Assistance

Beneficiary's Overall Self-Performance Capacity			
ADL	Limited Assistance	Extensive Assistance	Full Dependence
Bathing	35 minutes per day	50 minutes per day	60 minutes per day
Dressing	20 minutes per day	35 minutes per day	40 minutes per day
Mobility	10 minutes per day	20 minutes per day	20 minutes per day
Toileting	25 minutes per day	30 minutes per day	35 minutes per day
Eating	30 minutes per day	45 minutes per day	50 minutes per day
Medication Assistance			
Reminders/ Set-Up/Supervision	Routine Administration, 8 or Fewer	Routine Administration Plus PRN	Poly pharmacy and/or Complex
10 minutes per day	20 minutes per day	40 minutes per day	60 minutes per day

Notes: Eating ADL includes meal preparation and preparation of textured-modified diets. When basic meal preparation is covered under services paid for by State/County Special Assistance then assistance with clean-up and basic meal preparation services that duplicate State/County Special Assistance (Section M – Eating and Meal Preparation tasks 6-9 of the PCS independent assessment tool) will be scored as needs met. Time may be authorized for Medication Assistance services that are allowed by state law.

2. If the total time assigned for all qualifying ADLs and IADLs is less than 60 minutes per day, total time is increased to 60 minutes per day of unmet need for assistance.
3. Additional time, up to 25%, may be authorized for exacerbating conditions and symptoms that affect the beneficiary's ability to perform and/or the time required to assist with the beneficiary's qualifying ADLs as identified by the independent assessment. For **all** conditions affecting the beneficiary's ability to perform ADLs, no more than 25% of additional time is provided.
4. Additional time, up to 25%, percent may be authorized for environmental conditions and circumstances that affect the beneficiary's qualifying ADLs as identified by the independent assessment. For **all** conditions affecting the beneficiary's ability to perform ADLs, no more than 25% of additional time is be provided.
5. In accordance with Session Law 2013-306, up to 50 additional hours of PCS services may be authorized to a beneficiary if: 1) The beneficiary requires an increased level of supervision. 2) The beneficiary requires caregivers with training or experience in caring for individuals who have a degenerative disease, characterized by irreversible memory dysfunction, that attacks the brain and results in impaired memory, thinking, and behavior, including gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. 3) Regardless of setting, the beneficiary requires a physical environment that includes modifications and safety measures to safeguard the recipient because of the beneficiary's gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning, and the loss of language skills. 4) The beneficiary has a history of safety concerns related to inappropriate wandering, ingestion,

aggressive behavior, and an increased incidence of falls. Once all of these conditions are met, as shown by the Physician's Attestation and as verified by the independent assessment, additional hours may be approved for any of the exacerbating conditions outlined in Session Law 2013-306 as assessed in Sections D and O of the independent assessment.

- a. If one exacerbating condition is present, up to 10 hours additional per month will be approved.
 - b. If two exacerbating conditions are present up to 20 hours additional per month will be approved.
 - c. If three exacerbating conditions are present, up to 30 hours additional per month will be approved.
 - d. If four exacerbating conditions are present, up to 40 hours additional per month will be approved.
 - e. If five or more exacerbating conditions are present, up to 50 hours additional per month will be approved
6. The total authorized service hours per month may not exceed 60 for children under 21 years of age, unless the requested services are approved under EPSDT.
7. Total authorized PCS hours may only exceed 80 hours per month for adults, if there is present: a) a physician attestation of need for expanded hours; and b) qualifying criteria as established above. In no case will PCS hours exceed the maximum of 130 hours per month.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

CPT Code(s)
99509

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions for Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

Providers	Modifier(s)
Any beneficiary Under 21 Years regardless of setting	HA
In-Home Care Agencies, Beneficiary 21 Years and Older	HB
Adult Care Homes	HC
Combination Homes	TT
Special Care Units	SC
Family Care Homes	HQ
Supervised Living Facilities for adults with MI/SA	HH
Supervised Living Facilities for adults with I/DD	HI

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

1 unit of service = 15 minutes

PCS follows wage and hour requirements for rounding billing units (7/8 rule).

F. Place of Service

PCS is provided in the beneficiary's primary private residence or a residential facility licensed by the State of North Carolina as an adult care home, a family care home, a combination home, or a supervised living facility for adults with intellectual disabilities, developmental disabilities or mental illness.

Beneficiaries under 21 years of age approved for PCS under EPSDT may receive services in the home, school, or other approved community settings. Refer to **Subsection 5.2.3**.

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://dma.ncdhhs.gov/>.

For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html

H. Reimbursement

Provider(s) shall bill their usual and customary charges.

For a schedule of rates, refer to: <http://dma.ncdhhs.gov/>

Appendix B

Memorandum from NC Department of Health and Human Services, Office of the
Controller, on Approved Institution Rates
Dated March 29, 2019



North Carolina Department of Health and Human Services
Office of the Controller

Roy Cooper
Governor

Mandy Cohen, MD, MPH
Secretary

Laketha M. Miller
Controller

MEMORANDUM

TO: Dale C. Armstrong, FACHE, Director
Division of State Operated Healthcare Facilities

FROM: Laketha M. Miller *Laketha M. Miller*

DATE: March 29, 2018

Re: Approved Institution Rates

Please find attached the approved Schedules of Full Cost and Medicaid Rates (including full pharmacy costs and pharmacy costs excluding Medicare Part D) for SFY 2018-2019. These rates become effective July 1, 2018. Also, attached are the Schedules of Room & Board and Ancillaries.

Please contact Jeronica Dickerson at 919-855-3715 if you have questions.

LMM/jmd

Attachments

CC: Rod Davis
Dave Richard
Jim Slate
Roger Barnes
Curtis Crouch
Larry Huffman
Susan Sibbett
Suzanne Beasley
Danine Edwards



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Full Cost and Medicaid Rates Including Medicare Part D
(Based on 2019 Estimated Budget plus adjustments)
For FY 2018-2019
Effective July 1, 2018

FACILITY NAME	PROVIDER NUMBER	SERVICE LINE	FULL COST RATE	MEDICAID COST RATE
Broughton Hospital	3404025	Psychiatric	\$1,051.00	\$1,034.00
Cherry Hospital	3404026	Psychiatric	\$1,318.00	\$1,317.00
Central Regional Hospital	3404004	Psychiatric	\$1,297.00	\$1,269.00
Whitaker	3404511	PRTF	\$1,127.00	\$1,107.00
Longleaf Neuro-Medical Treatment Center	3406177	ICF	\$559.00	\$547.00
Black Mountain Center	3495689	NF	\$526.00	\$501.00
* Caswell Center	3406105	ICF/MR	\$774.36	\$759.36
* Murdoch Center	3406025	ICF/MR	\$756.36	\$740.36
* O'Berry Center	3495189	NF	\$489.00	\$465.00
	3406028	ICF/MR	\$1,108.36	\$1,084.36
* J. Iverson Riddle Center	3406014	ICF/MR	\$663.36	\$647.36
Julian F. Keith - ADATC	3404023	Psychiatric	\$905.00	\$870.00
R. J. Blackley - ADATC	3404027	Psychiatric	\$995.00	\$950.00
Walter B. Jones - ADATC	3404024	Psychiatric	\$985.00	\$939.00

*Rate Includes a \$20.36 ICF-MR Provider Tax

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Room & Board and Ancillaries (Full Pharmacy Costs)
Effective July 1, 2018

(1)	(2)	(3)	(4)	(5)
Institution	Service	Total Charge	Room and Board	Ancillaries
Broughton	Psychiatric	1,051.00	915.00	136.00
Cherry	Psychiatric	1,318.00	1,152.00	166.00
Central Regional	Psychiatric	1,297.00	1,150.00	147.00
Whitaker	Residential Treatment Facility	1,127.00	1,106.00	21.00
Longleaf Neuro-Med	NF	559.00	510.00	49.00
Black Mountain Center	NF	526.00	465.00	61.00
Caswell Center	ICF/MR	774.36	709.36	65.00
Murdoch Center	ICF/MR	756.36	688.36	68.00
O'Berry Center	ICF/MR	1,108.36	1,008.36	100.00
	NF	489.00	431.00	58.00
J. Iverson Riddle Dev. Ctr.	ICF/MR	663.36	587.36	76.00
Julian F Keith ADATC	Psychiatric	905.00	794.00	111.00
R. J. Blackley ADATC	Psychiatric	995.00	859.00	136.00
Walter B. Jones ADATC	Psychiatric	985.00	901.00	84.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Full Cost and Medicaid Rates Including Medicare Part D
(Based on 2017 Estimated Budget plus adjustments)
For FY 2016-2017
Effective July 1, 2016

FACILITY NAME	PROVIDER NUMBER	SERVICE LINE	FULL COST RATE	MEDICAID COST RATE
Broughton Hospital	3404025	Psychiatric	\$1,051.00	\$1,034.00
	3404025	LL SNF	\$1,051.00	\$1,034.00
	3404025	LL ICF	\$1,051.00	\$1,034.00
Cherry Hospital	3404026	Psychiatric	\$1,318.00	\$1,317.00
	3404026	LL SNF	\$1,318.00	\$1,317.00
	3404026	LL ICF	\$1,318.00	\$1,317.00
Central Regional Hospital	3404004	Psychiatric	\$1,297.00	\$1,269.00
	3404004	LL SNF	\$1,297.00	\$1,269.00
	3404004	LL ICF	\$1,297.00	\$1,269.00
Whitaker	3404511	PRTF	\$1,127.00	\$1,107.00
Longleaf Neuro-Medical Treatment Center	3406177	ICF	\$559.00	\$547.00
Black Mountain Center	3495689	NF	\$526.00	\$501.00
* Caswell Center	3406105	ICF/MR	\$774.36	\$759.36
* Murdoch Center	3406025	ICF/MR	\$756.36	\$740.36
* O'Berry Center	3495189	NF	\$489.00	\$465.00
	3406028	ICF/MR	\$1,108.36	\$1,084.36
* J. Iverson Riddle Center	3406014	ICF/MR	\$663.36	\$647.36
Julian F. Keith - ADATC	3404023	Psychiatric	\$905.00	\$870.00
R. J. Blackley - ADATC	3404027	Psychiatric	\$995.00	\$950.00
Walter B. Jones - ADATC	3404024	Psychiatric	\$985.00	\$939.00

*Rate includes a \$20.36 ICF-MR Provider Tax

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Room & Board and Ancillaries (Full Pharmacy Costs)
Effective July 1, 2018

(1)	(2)	(3)	(4)	(5)
Institution	Service	Total Charge	Room and Board	Ancillaries
Broughton	Psychiatric	1,051.00	915.00	136.00
	LL SNF	1,051.00	915.00	136.00
	LL ICF	1,051.00	915.00	136.00
Cherry	Psychiatric	1,318.00	1,152.00	166.00
	LL SNF	1,318.00	1,152.00	166.00
	LL ICF	1,318.00	1,152.00	166.00
Central Regional	Psychiatric	1,297.00	1,150.00	147.00
	LL SNF	1,297.00	1,150.00	147.00
	LL ICF	1,297.00	1,150.00	147.00
Whitaker	Residential Treatment Facility	1,127.00	1,106.00	21.00
Longleaf Neuro-Med	NF	559.00	510.00	49.00
Black Mountain Center	NF	526.00	465.00	61.00
Caswell Center	ICF/MR	774.36	709.36	65.00
Murdoch Center	ICF/MR	756.36	688.36	68.00
O'Berry Center	ICF/MR	1,108.36	1,008.36	100.00
	NF	489.00	431.00	58.00
J. Iverson Riddle Dev. Ctr.	ICF/MR	663.36	587.36	76.00
Julian F Keith ADATC	Psychiatric	905.00	794.00	111.00
R. J. Blackley ADATC	Psychiatric	995.00	859.00	136.00
Walter B. Jones ADATC	Psychiatric	985.00	901.00	84.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Full Cost and Medicaid Rates Excluding Medicare Part D
(Based on 2019 Estimated Budget plus adjustments)
For FY 2018-2019
Effective July 1, 2018

FACILITY NAME	PROVIDER NUMBER	SERVICE LINE	FULL COST RATE	MEDICAID COST RATE
Broughton Hospital	3404025	Psychiatric	\$1,044.00	\$1,024.00
Cherry Hospital	3404026	Psychiatric	\$1,315.00	\$1,314.00
Central Regional Hospital	3404004	Psychiatric	\$1,284.00	\$1,257.00
Whitaker	3404511	PRTF	\$1,127.00	\$1,107.00
Longleaf Neuro-Medical Treatment Center	3406177	NF	\$547.00	\$537.00
Black Mountain Center	3495689	NF	\$503.00	\$483.00
* Caswell Center	3406105	ICF/MR	\$762.36	\$750.36
* Murdoch Center	3406025	ICF/MR	\$747.36	\$733.36
* O'Berry Center	3495189	NF	\$467.00	\$450.00
	3406028	ICF/MR	\$1,065.36	\$1,049.36
* J. Iverson Riddle Center	3406014	ICF/MR	\$652.36	\$638.36
Julian F. Keith - ADATC	3404023	Psychiatric	\$905.00	\$870.00
R. J. Blackley - ADATC	3404027	Psychiatric	\$995.00	\$950.00
Walter B. Jones - ADATC	3404024	Psychiatric	\$985.00	\$939.00

*Rate includes a \$20.36 ICF-MR Provider Tax

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Room and Board and Ancillaries (Excluding Medicare Part D)
Effective July 1, 2018

(1)	(2)	(3)	(4)	(5)
Institution	Service	Total Charge	Room and Board	Ancillaries
Broughton	Psychiatric	1,044.00	915.00	129.00
Cherry	Psychiatric	1,315.00	1,153.00	162.00
Central Regional	Psychiatric	1,284.00	1,151.00	133.00
Whitaker	Residential Treatment Facility	1,127.00	1,106.00	21.00
Longleaf Neuro-Med	NF	547.00	511.00	36.00
Black Mountain Center	NF	503.00	455.00	48.00
Caswell Center	ICF/MR	762.36	710.36	52.00
Murdoch Center	ICF/MR	747.36	689.36	58.00
O'Berry Center	ICF/MR	1,065.36	1,011.36	54.00
	NF	467.00	433.00	34.00
J. Iverson Riddle Dev. Ctr.	ICF/MR	652.36	588.36	64.00
Julian F Keith ADATC	Psychiatric	905.00	794.00	111.00
R. J. Blackley ADATC	Psychiatric	995.00	859.00	136.00
Walter B. Jones ADATC	Psychiatric	985.00	901.00	84.00

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Schedule of Full Cost and Medicaid Rates Excluding Medicare Part D
(Based on 2019 Estimated Budget plus adjustments)
For FY 2018-2019
Effective July 1, 2018

FACILITY NAME	PROVIDER NUMBER	SERVICE LINE	FULL COST RATE	MEDICAID COST RATE
Broughton Hospital	3404025	Psychiatric	\$1,044.00	\$1,024.00
	3404025	LL SNF	\$1,044.00	\$1,024.00
	3404025	LL ICF	\$1,044.00	\$1,024.00
Cherry Hospital	3404026	Psychiatric	\$1,315.00	\$1,314.00
	3404026	LL SNF	\$1,315.00	\$1,314.00
	3404026	LL ICF	\$1,315.00	\$1,314.00
Central Regional Hospital	3404004	Psychiatric	\$1,284.00	\$1,257.00
	3404004	LL SNF	\$1,284.00	\$1,257.00
	3404004	LL ICF	\$1,284.00	\$1,257.00
Whitaker	3404511	PRTF	\$1,127.00	\$1,107.00
Longleaf Neuro-Medical Treatment Center	3406177	NF	\$547.00	\$537.00
Black Mountain Center	3495689	NF	\$503.00	\$483.00
* Caswell Center	3406105	ICF/MR	\$762.36	\$750.36
* Murdoch Center	3406025	ICF/MR	\$747.36	\$733.36
* O'Berry Center	3495189	NF	\$467.00	\$450.00
	3406028	ICF/MR	\$1,065.36	\$1,049.36
* J. Iverson Riddle Center	3406014	ICF/MR	\$652.36	\$638.36
Julian F. Keith - ADATC	3404023	Psychiatric	\$905.00	\$870.00
R. J. Blackley - ADATC	3404027	Psychiatric	\$995.00	\$950.00
Walter B. Jones - ADATC	3404024	Psychiatric	\$985.00	\$939.00

*Rate includes a \$20.36 ICF-MR Provider Tax

DMH/DD/SAS

Schedule of Room & Board and Ancillaries (Excluding Medicare Part D)

Effective July 1, 2018

(1)	(2)	(3)	(4)	(5)
Institution	Service	Total Charge	Room and Board	Ancillaries
Broughton	Psychiatric	1,044.00	915.00	129.00
	LL SNF	1,044.00	915.00	129.00
	LL ICF	1,044.00	915.00	129.00
Cherry	Psychiatric	1,315.00	1,153.00	162.00
	LL SNF	1,315.00	1,153.00	162.00
	LL ICF	1,315.00	1,153.00	162.00
Central Regional	Psychiatric	1,284.00	1,151.00	133.00
	LL SNF	1,284.00	1,151.00	133.00
	LL ICF	1,284.00	1,151.00	133.00
Whitaker	Psychiatric Residential Treatment Facility	1,127.00	1,106.00	21.00
Longleaf Neuro-Med	NF	547.00	511.00	36.00
Black Mountain Center	NF	503.00	455.00	48.00
Caswell Center	ICF/MR	762.36	710.36	52.00
Murdoch Center	ICF/MR	747.36	689.36	58.00
O'Berry Center	ICF/MR	1,065.36	1,011.36	54.00
	NF	467.00	433.00	34.00
J. Iverson Riddle Dev. Ctr.	ICF/MR	652.36	588.36	64.00
Julian F Keith ADATC	Psychiatric	905.00	794.00	111.00
R. J. Blackley ADATC	Psychiatric	995.00	859.00	136.00
Walter B. Jones ADATC	Psychiatric	985.00	901.00	84.00

Appendix C

Rates Paid by LME/MCOs for State/Block Grant Funded Services
(State Fiscal Year 2018)



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Rates Paid by LME/MCOs for State/Block Grant Funded Services

In State Fiscal Year 2018
(July 1, 2017 - June 30, 2018)

February 2018 Report

Prepared by NC DHHS DMH/DD/SAS Quality Management Section 6/19/2018.

Rates Paid by LME/MCOs for State/Block Grant Funded Services

Source: Claims processed in NCTracks; excludes denied claims.

NCDMHDDSAS Summary of Rates Paid by LME-MCOs shows the rates LME-MCOs reimburse providers for services covered by NCDMHDDSAS. Rates shown reflect the amount paid per unit of service. Units of service are prescribed in the service definition, and the unit may be 15 minutes, an hour, an event, or per diem (day). Effective July 1, 2017, LME-MCOs are allowed to set rates for services reimbursed with DMHDDSAS state and federal dollars. LME-MCOs are to establish rates that are necessary and appropriate; these may be specific to the provider or consumer.

The service definitions can be found at:

<https://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions>

Table of Contents

Rate most often Reimbursed (Mode) by LME for each Service.....	Pages 3-6
Service, Maximum and Mode Rates by Provider, LME	Pages 7-end

NOTES:

Services with less than 10 paid events are excluded.

Assertive Community Treatment (ACT) is billed at a case rate and additional events are billed at .01.

Inpatient bed day rates are excluded as 3-Way Inpatient rates are set by DHHS, and currently there are inaccuracies in reported state funded inpatient (YP820).

Occasionally, the provider name found in NCTracks is in error.

Rate most often Reimbursed (Mode) by LME for each Service

Date of Service Year-Month: **2018-02**

Services with less than 10 paid events are excluded.

High outliers are highlighted.

Rate Mode (occurs most often)		LME_MCO							Avg Mode	St. Dev.	2 St Dev > Avg
Svc_Name	PROC_ADJ DC_CD	ALLIANCE	CARDINAL	EASTPOINTE	PARTNERS	SANDHILLS	TRILLIUM	VAYA			
ADVP	YP620	\$1.57	\$1.57	\$1.80	\$1.57	\$1.57	\$1.94	\$1.57	\$1.66	\$ 0.14	\$ 1.94
Afterschool Summer enrichment Pgm	YA392		\$58.00						\$58.00	\$ -	\$ 58.00
Alcohol and/or Drug Assessment - non-licensed provider	YP830				\$13.78	\$13.87			\$13.83	\$ 0.04	\$ 13.92
Alcohol and/or Drug Group Counseling - non-licensed provider	YP835				\$5.08	\$5.12	\$7.45		\$5.88	\$ 1.11	\$ 8.10
Assertive Community Treatment Program	H0040	\$324.00	\$350.00	\$312.50	\$348.75	\$339.62	\$0.01	\$304.18	\$282.72	\$ 116.56	\$ 515.84
Assertive engagement	YA323	\$15.00						\$15.00	\$15.00	\$ -	\$ 15.00
	YA341				\$15.00				\$15.00	\$ -	\$ 15.00
	YA368							\$15.00	\$15.00	\$ -	\$ 15.00
Assertive Engagement - AP & Paraprofessional	YA353					\$6.00			\$6.00	\$ -	\$ 6.00
Assertive Engagement - QP (Licensed & Unlicensed)	YA352					\$15.00			\$15.00	\$ -	\$ 15.00
Behavioral Health Counseling - Group Therapy - non-licensed provider	YP832		\$8.11						\$8.11	\$ -	\$ 8.11
Behavioral Health Counseling - non-licensed provider	YP831					\$19.81	\$19.67		\$19.74	\$ 0.07	\$ 19.88
CAET Group	YA394							\$3.75	\$3.75	\$ -	\$ 3.75
CAET school to work transition (group)	YA382					\$2.27			\$2.27	\$ -	\$ 2.27
Clinical Evaluation/Intake - Telemedicine	90791	\$67.80	\$160.00		\$98.49				\$108.76	\$ 38.34	\$ 185.43
Clinical Evaluation/Intake	90791	\$125.39	\$160.00	\$96.86	\$98.49	\$110.68	\$103.44	\$140.94	\$119.40	\$ 22.12	\$ 163.63
Community Rehabilitation Program (Sheltered Workshop)	YP650				\$3.71				\$3.71	\$ -	\$ 3.71
Community Respite	YP730	\$160.79							\$160.79	\$ -	\$ 160.79
Community Support Team	H2015	\$14.50	\$21.95	\$14.50	\$16.52	\$14.50		\$23.50	\$17.58	\$ 3.74	\$ 25.05
Comprehensive Screening and Community Connection	YA377	\$19.45							\$19.45	\$ -	\$ 19.45
Crisis Evaluation & Observation	YA324	\$13.06							\$13.06	\$ -	\$ 13.06
	YA369				\$11.31				\$11.31	\$ -	\$ 11.31
Critical Time Intervention	YP400				\$20.64				\$20.64	\$ -	\$ 20.64
Day Activity	YP660	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$2.75		\$3.58	\$ 0.37	\$ 4.33
Day Supports	YM580		\$112.23		\$6.01	\$90.00			\$69.41	\$ 45.74	\$ 160.90
Detox - Soc Set	YP790		\$118.42						\$118.42	\$ -	\$ 118.42
Developmental Day	YP610	\$2.50	\$4.74			\$4.74	\$4.74		\$4.18	\$ 0.97	\$ 6.12

Rate most often Reimbursed (Mode) by LME for each Service

Date of Service Year-Month: **2018-02**

Services with less than 10 paid events are excluded.

High outliers are highlighted.

Rate Mode (occurs most often)		LME_MCO							Avg Mode	St. Dev.	2 St Dev > Avg
Svc_Name	PROC_ADJ DC_CD	ALLIANCE	CARDINAL	EASTPOINTE	PARTNERS	SANDHILLS	TRILLIUM	VAYA			
Developmental Therapy Service Paraprofessional	H2014	\$6.01		\$6.01	\$6.01	\$6.01	\$5.00		\$5.81	\$ 0.40	\$ 6.62
Developmental Therapy Service Paraprofessional - Group	H2014							\$2.01	\$2.01	\$ -	\$ 2.01
Developmental Therapy Service Professional	H2014	\$13.00				\$8.34			\$10.67	\$ 2.33	\$ 15.33
Diagnostic Assessment	T1023			\$238.24	\$231.30		\$231.30		\$233.61	\$ 3.27	\$ 240.16
E&M-Detailed-Established Patient	99213	\$55.94	\$90.00	\$57.62	\$69.86	\$67.64	\$61.53	\$74.43	\$68.15	\$ 10.85	\$ 89.84
E&M-Detailed-Established Patient - Telemedicine	99213	\$47.55	\$95.00	\$57.62	\$69.86	\$67.64	\$61.53	\$74.43	\$67.66	\$ 13.84	\$ 95.34
E&M-Detailed-New Patient	99203		\$145.00				\$83.36		\$114.18	\$ 30.82	\$ 175.82
E&M-Expanded-Established Patient	99212		\$50.00			\$40.50	\$28.48		\$39.66	\$ 8.81	\$ 57.27
E&M-High-Established Patient	99215				\$110.58		\$125.40		\$117.99	\$ 7.41	\$ 132.81
E&M-High-Established Patient - Telemedicine	99215						\$125.40		\$125.40	\$ -	\$ 125.40
E&M-High-New Patient	99205	\$163.41	\$163.41		\$168.79	\$167.94	\$179.75		\$168.66	\$ 5.98	\$ 180.61
E&M-High-New Patient - Telemedicine	99205						\$179.75		\$179.75	\$ -	\$ 179.75
E&M-Moderate-Established Patient	99214	\$84.29	\$140.00	\$73.80	\$103.28	\$101.92	\$92.72	\$105.00	\$100.14	\$ 19.37	\$ 138.88
E&M-Moderate-Established Patient - Telemedicine	99214	\$71.65	\$125.00	\$86.82	\$103.28	\$98.86	\$92.72	\$105.00	\$97.62	\$ 15.37	\$ 128.35
E&M-Moderate-New Patient	99204	\$129.27	\$180.00	\$133.15	\$135.18	\$156.30	\$129.27		\$143.86	\$ 18.60	\$ 181.07
E&M-Moderate-New Patient - Telemedicine	99204		\$185.00	\$133.15	\$159.04				\$159.06	\$ 21.17	\$ 201.40
E&M-Problem Focused-Established Patient	99211	\$16.82					\$16.82		\$16.82	\$ -	\$ 16.82
Facility Based Crisis Program-Non-Medicaid	YP485					\$313.32			\$313.32	\$ -	\$ 313.32
Facility Based Crisis Service	S9484	\$15.93	\$18.78	\$15.93	\$26.57		\$30.02	\$50.00	\$26.21	\$ 11.88	\$ 49.97
Familiiy Living - Mod	YP750		\$30.76	\$117.42	\$100.00		\$46.83	\$100.00	\$79.00	\$ 33.82	\$ 146.65
Family Living - High	YM755				\$100.00			\$100.00	\$100.00	\$ -	\$ 100.00
Family Living - Low	YP740	\$50.00	\$50.00	\$116.00	\$70.47		\$56.50	\$90.00	\$72.16	\$ 24.05	\$ 120.26
Family Therapy with patient	90847			\$69.30				\$107.88	\$88.59	\$ 19.29	\$ 127.17
Group Living - Hi	YP780	\$184.02	\$188.00	\$288.00	\$422.00	\$141.51	\$141.51	\$187.35	\$221.77	\$ 93.44	\$ 408.64
Group Living - Low	YP760	\$55.29	\$168.48	\$151.08	\$55.29	\$135.16	\$55.29	\$95.32	\$102.27	\$ 45.54	\$ 193.35
Group Living - Mod	YP770	\$147.65	\$268.99	\$175.00	\$75.48	\$157.00	\$157.00	\$75.48	\$150.94	\$ 60.93	\$ 272.80
Group Therapy (non-multiple family group)	90853	\$19.18	\$48.66	\$19.76	\$36.00	\$22.58	\$19.18	\$48.66	\$30.57	\$ 12.67	\$ 55.92
Hospital Discharge Transition Service	YA346	\$18.25			\$18.25				\$18.25	\$ -	\$ 18.25
Ind Placement Support/Supported Emp	YP630	\$22.77	\$27.32	\$22.82	\$19.02	\$19.02	\$22.82	\$22.82	\$22.37	\$ 2.61	\$ 27.59
Independent Living-MR/MI	YM700	\$23.34		\$68.15	\$38.80	\$37.34			\$41.91	\$ 16.31	\$ 74.53

Rate most often Reimbursed (Mode) by LME for each Service

Date of Service Year-Month: **2018-02**

Services with less than 10 paid events are excluded.

High outliers are highlighted.

Rate Mode (occurs most often)		LME_MCO							Avg Mode	St. Dev.	2 St Dev > Avg
Svc_Name	PROC_ADJ DC_CD	ALLIANCE	CARDINAL	EASTPOINTE	PARTNERS	SANDHILLS	TRILLIUM	VAYA			
Individual Therapy (20-30 min.)	90832	\$39.18	\$45.36	\$40.36	\$47.72	\$46.12	\$39.18	\$52.24	\$44.31	\$ 4.58	\$ 53.48
Individual Therapy (20-30 min.)--MD	90833	\$29.67			\$29.67				\$29.67	\$ -	\$ 29.67
Individual Therapy (45-50 min.)	90834	\$50.89	\$68.30	\$52.42	\$63.29	\$59.90	\$74.64	\$77.41	\$63.84	\$ 9.52	\$ 82.88
Individual Therapy (60 min.)	90837	\$74.57	\$88.00	\$76.81		\$87.77	\$109.36	\$88.34	\$87.48	\$ 11.26	\$ 109.99
Initial Hospital Care Mod Severity	99222							\$113.34	\$113.34	\$ -	\$ 113.34
Intensive In-Home Services	H2022	\$239.66	\$258.20	\$239.66					\$245.84	\$ 8.74	\$ 263.32
Interactive Evaluation	90792	\$104.58	\$158.30	\$104.58		\$123.09		\$158.30	\$129.77	\$ 24.26	\$ 178.28
Interactive Evaluation- Telemedicine	90792		\$158.30			\$123.09		\$158.30	\$146.56	\$ 16.60	\$ 179.76
Long Term Vocation Support Indiv IDD	YA389	\$11.21	\$15.00	\$11.21	\$11.21	\$11.21	\$11.21		\$11.84	\$ 1.41	\$ 14.67
Long Term Vocational Support Group	YA383							\$3.00	\$3.00	\$ -	\$ 3.00
Mental Health - Day Treatment - Child	H2012		\$50.26	\$31.41			\$31.41		\$37.69	\$ 8.89	\$ 55.47
Mental Health - Partial Hospitalization	H0035	\$300.00	\$132.32		\$192.00				\$208.11	\$ 69.40	\$ 346.90
Mobile Crisis Management	H2011	\$33.68	\$34.37	\$33.68	\$56.00	\$33.68	\$91.00	\$33.68	\$45.16	\$ 20.22	\$ 85.60
Multi-Systemic Therapy	H2033	\$36.57							\$36.57	\$ -	\$ 36.57
Non-Hospital Medical Detox	H0010	\$325.58	\$325.58	\$325.58					\$325.58	\$ -	\$ 325.58
Opioid Treatment	H0020	\$16.60	\$19.17		\$16.49	\$18.76	\$16.60	\$16.60	\$17.37	\$ 1.13	\$ 19.64
Outpatient DBT (Group)	YA386	\$62.68							\$62.68	\$ -	\$ 62.68
Outpatient DBT (Individual)	YA387	\$110.96					\$142.08		\$126.52	\$ 15.56	\$ 157.64
Peer support	YA308		\$12.00	\$8.14		\$8.14		\$12.00	\$10.07	\$ 1.93	\$ 13.93
Peer support group B3	YA309		\$2.71			\$2.71		\$2.71	\$2.71	\$ 0.00	\$ 2.71
Peer Support Hospital Discharge & Diversion - Ind	YA343	\$10.14			\$10.14	\$10.14		\$10.14	\$10.14	\$ -	\$ 10.14
Personal Asst - Indiv	YP020	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$4.46	\$ -	\$ 4.46
Psychosocial Rehab Services	H2017	\$2.69	\$3.34	\$2.69	\$3.75	\$2.91		\$2.69	\$3.01	\$ 0.40	\$ 3.82
Psychotherapy for Crisis (60 min.)	90839							\$120.28	\$120.28	\$ -	\$ 120.28
Public Psychiatry - Administrative Functions	YP851				\$25.00		\$25.00	\$25.00	\$25.00	\$ -	\$ 25.00
Public Psychiatry - Consultation and Service Functions	YP852				\$35.00		\$35.00	\$35.00	\$35.00	\$ -	\$ 35.00
Recovery Education Center (REC) - Group	YA367							\$2.22	\$2.22	\$ -	\$ 2.22
Recovery Education Center (REC) - Indiv	YA366							\$6.00	\$6.00	\$ -	\$ 6.00
Residential Supports	YM850		\$96.25						\$96.25	\$ -	\$ 96.25
Respite Hourly - Group	YP011						\$1.67		\$1.67	\$ -	\$ 1.67
Respite Hourly - Indiv	YP010	\$5.00	\$5.00			\$5.00	\$71.59	\$3.75	\$18.07	\$ 26.77	\$ 71.60

Rate most often Reimbursed (Mode) by LME for each Service

Date of Service Year-Month: **2018-02**

Services with less than 10 paid events are excluded.

High outliers are highlighted.

Rate Mode (occurs most often)		LME_MCO							Avg Mode	St. Dev.	2 St Dev > Avg
Svc_Name	PROC_ADJ DC_CD	ALLIANCE	CARDINAL	EASTPOINTE	PARTNERS	SANDHILLS	TRILLIUM	VAYA			
SA Comprehensive Outpatient Treatment Program	H2035		\$45.35	\$46.71	\$45.35	\$45.35	\$45.35	\$45.35	\$45.58	\$ 0.51	\$ 46.59
SA Halfway House	H2034	\$89.62	\$74.90						\$82.26	\$ 7.36	\$ 96.98
SA Intensive Outpatient Program	H0015	\$131.56	\$193.08	\$135.51	\$131.56	\$131.56	\$131.56	\$148.52	\$143.34	\$ 21.10	\$ 185.54
Safety Supervisor - Hourly	YA385		\$15.00						\$15.00	\$ -	\$ 15.00
Senior IDD-My Turn	YA391		\$60.00						\$60.00	\$ -	\$ 60.00
Supervised Living - 1 Resident	YM811	\$380.00	\$305.00	\$139.71	\$274.92				\$274.91	\$ 86.93	\$ 448.77
Supervised Living - 2 Resident	YM812	\$161.99	\$116.15			\$161.99		\$161.99	\$150.53	\$ 19.85	\$ 190.23
Supervised Living - 3 Resident	YM813	\$116.15	\$116.15		\$116.15	\$116.15		\$116.15	\$116.15	\$ -	\$ 116.15
Supervised Living - 4 Resident	YM814		\$93.17			\$93.17		\$93.17	\$93.17	\$ -	\$ 93.17
Supervised Living - 6 Resident	YM816							\$68.83	\$68.83	\$ -	\$ 68.83
Supervised Living - Low	YP710	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$ 0.00	\$ 28.92
Supervised Living - Mod.	YP720	\$180.23	\$75.48		\$55.11		\$37.36	\$55.11	\$80.66	\$ 51.23	\$ 183.11
Supported Emp - Group	YP640		\$2.53				\$2.53		\$2.53	\$ -	\$ 2.53
Supported Employment Indiv IDD	YA390	\$11.21	\$11.21		\$11.21	\$11.21		\$11.21	\$11.21	\$ -	\$ 11.21
Telehealth originating site facility fee	Q3014		\$21.25	\$21.25	\$20.83	\$22.74		\$21.25	\$21.46	\$ 0.66	\$ 22.78
Therapeutic, prophylactic, or diagnostic injection	96372		\$14.48		\$16.53	\$15.61	\$18.74		\$16.34	\$ 1.56	\$ 19.47
Transition Management Services	YM120	\$20.00	\$17.26	\$13.92	\$13.92	\$18.55	\$18.44	\$17.00	\$17.01	\$ 2.16	\$ 21.32
Wellness Education Group	YA340						\$400.00		\$400.00	\$ -	\$ 400.00

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
ADVP	YP620	ASHE COUNTY ADAP	VAYA	\$1.57	\$1.57	318	\$499
		AVERY COUNTY GROUP HOME	VAYA	\$1.57	\$1.57	161	\$253
		BEAUFORT COUNTY DEVELOPMENTAL CENTE	TRILLIUM	\$1.94	\$1.94	13	\$25
		BLUE RIDGE AREA FOUNDATION INC	VAYA	\$1.57	\$1.57	126	\$198
		C R E S T GROUP HOME	ALLIANCE	\$1.57	\$1.57	717	\$1,126
			SANDHILLS	\$1.57	\$1.57	18	\$28
		CABARRUS VOCATIONAL OPPORTUNITIES	CARDINAL	\$1.13	\$1.13	1977	\$2,234
		CALDWELL OPPORTUNITIES INC	VAYA	\$1.57	\$1.57	332	\$521
		CAROBELL INC	TRILLIUM	\$1.94	\$1.94	30	\$58
		CHATHAM TRADES INC	CARDINAL	\$1.57	\$1.57	242	\$380
		CLEVELAND VOCATIONAL INDUSTRIES IN	PARTNERS	\$1.57	\$1.57	332	\$521
		COASTAL ENTERPRISES OF WILMINGTON	TRILLIUM	\$1.94	\$1.94	107	\$208
		Community Workforce Solutions, Inc.	ALLIANCE	\$1.25	\$1.25	451	\$564
			CARDINAL	\$1.57	\$1.57	722	\$1,134
		DIVERSIFIED OPPORTUNITIESINC	EASTPOINTE	\$1.80	\$1.80	730	\$1,314
		DURHAM EXCHANGE CLUB INDUSTRIES INC	ALLIANCE	\$1.47	\$1.47	787	\$1,157
		EAST CAROLINA VOCATIONAL CENTER	TRILLIUM	\$1.94	\$1.94	55	\$107
		EASTER SEALS UCP NC & VA	CARDINAL	\$1.57	\$1.57	340	\$534
			TRILLIUM	\$1.94	\$1.94	19	\$37
		EMPLOYMENT SOURCE INC	ALLIANCE	\$1.57	\$1.57	233	\$366
		FOOTHILLS INDUSTRIES OF MCDOWELL CO	VAYA	\$1.57	\$1.57	512	\$804
		GASTON SKILLS INC	PARTNERS	\$1.57	\$1.57	167	\$262
		GOODWILL INDUSTRIES OF NWNC	PARTNERS	\$1.57	\$1.57	306	\$480
			VAYA	\$1.57	\$1.57	72	\$113
		HAYWOOD VOCATIONAL OPPORTUNITIES IN	VAYA	\$1.57	\$1.57	232	\$364
		HOWELL SUPPORT SERVICES LLC	EASTPOINTE	\$1.80	\$1.80	502	\$904
		INDUSTRIAL OPPORTUNITIES INC	VAYA	\$1.57	\$1.57	138	\$217
		JOHNSTON COUNTY INDUSTRIES INC	ALLIANCE	\$1.57	\$1.57	606	\$951
			SANDHILLS	\$1.57	\$1.57	501	\$787

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
ADVP	YP620	LEE COUNTY INDUSTRIES INC	SANDHILLS	\$1.57	\$1.57	393	\$617
		MARTIN COUNTY RESIDENTIAL SERVICES	TRILLIUM	\$1.94	\$1.94	17	\$33
		MCLAURIN VOCATIONAL TRAINING CENTER	SANDHILLS	\$1.57	\$1.57	23	\$36
		MONARCH	CARDINAL	\$1.94	\$1.13	946	\$1,407
			EASTPOINTE	\$1.80	\$1.80	1410	\$2,538
			SANDHILLS	\$1.57	\$1.57	1145	\$1,798
			TRILLIUM	\$1.94	\$1.94	39	\$76
		NEUSE ENTERPRISES INC	ALLIANCE	\$1.57	\$1.57	18	\$28
			EASTPOINTE	\$1.80	\$1.80	1187	\$2,137
		OE ENTERPRISES INC	CARDINAL	\$1.57	\$1.57	1163	\$1,826
		POLK VOCATIONAL SERVICES	VAYA	\$1.57	\$1.57	143	\$225
		RALPH SCOTT LIFESERVICES INC	CARDINAL	\$1.57	\$1.57	151	\$237
		RANDOLPH VOCATIONAL WORKSHOP INC	SANDHILLS	\$1.57	\$1.57	437	\$686
		RHA HEALTH SERVICES INC	PARTNERS	\$1.57	\$1.57	173	\$272
		RHA Health Services NC LLC	ALLIANCE	\$1.57	\$1.57	215	\$338
			EASTPOINTE	\$1.57	\$1.57	54	\$85
			PARTNERS	\$1.57	\$1.57	80	\$126
			TRILLIUM	\$1.94	\$1.94	27	\$52
		RUTHERFORD LIFE SERVICES INC	VAYA	\$1.57	\$1.57	278	\$436
		SOLID FOUNDATION FACILITIES INC	TRILLIUM	\$1.94	\$1.94	40	\$78
		THE MENTAL HEALTH FUND INC	PARTNERS	\$1.57	\$1.57	140	\$220
		THE WORKSHOP OF DAVIDSON INC	CARDINAL	\$1.13	\$1.13	909	\$1,027
		TRANSYLVANIA VOCATIONAL SERVICES IN	VAYA	\$1.57	\$1.57	84	\$132
		TRI-COUNTY INDUSTRIES	EASTPOINTE	\$1.80	\$1.80	422	\$760
			TRILLIUM	\$1.94	\$1.94	111	\$215
		TURNING POINT SERVICES	PARTNERS	\$1.57	\$1.57	342	\$537
			VAYA	\$1.57	\$1.57	25	\$39
		UNION DIVERSIFIED INDUSTRIES INC	CARDINAL	\$1.13	\$1.13	873	\$986
		VOCATIONAL OPPSOF CHEROKEE	VAYA	\$1.57	\$1.57	12	\$19
		VOCATIONAL SOLUTIONS OF HENDERSON C	VAYA	\$1.57	\$1.57	82	\$129

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
ADVP	YP620	WAKE ENTERPRISES INC	ALLIANCE	\$1.25	\$1.25	702	\$878
			EASTPOINTE	\$1.80	\$1.80	20	\$36
		WAYNE OPPORTUNITY CENTER INC	EASTPOINTE	\$1.80	\$1.80	1230	\$2,214
		WILKES VOCATIONAL SERVICES INC	VAYA	\$1.57	\$1.57	233	\$366
		UMAR SERVICES INC	CARDINAL	\$1.13	\$1.13	19	\$21
		VICTOR & ASSOCIATES INC	SANDHILLS	\$1.57	\$1.57	51	\$80
		ROANOKE DEVELOPMENTAL CENTER INC	TRILLIUM	\$1.94	\$1.94	25	\$49
Afterschool Summer enrichment Pgm	YA392	LINDLEY HABILITATION SERVICES INC	CARDINAL	\$58.00	\$58.00	40	\$2,320
Alcohol and/or Drug Assessment - non-licensed provider	YP830	ADDICTION RECOVERY CARE ASSOCIATION	SANDHILLS	\$13.87	\$13.87	23	\$319
		BURKE COUNCIL ON ALCOHOLISM CHEMI	PARTNERS	\$13.78	\$13.78	11	\$152
Alcohol and/or Drug Group Counseling - non-licensed provider	YP835	CARING SERVICES INC	SANDHILLS	\$5.12	\$5.12	31	\$159
		PORT HUMAN SERVICES	TRILLIUM	\$7.45	\$7.45	15	\$95
		BURKE COUNCIL ON ALCOHOLISM CHEMI	PARTNERS	\$5.08	\$5.08	29	\$147
Assertive Community Treatment Program	H0040	ALLIANCE REHABILITATIVE CARE INC	CARDINAL	\$323.98	\$323.98	23	\$7,452
		CAROLINA OUTREACH LLC	ALLIANCE	\$305.00	\$305.00	181	\$39,651
			CARDINAL	\$323.98	\$323.98	32	\$10,367
			EASTPOINTE	\$312.50	\$312.50	16	\$5,000
		CAROLINAS MEDICAL CENTER	CARDINAL	\$323.98	\$323.98	16	\$5,184
		COASTAL SOUTHEASTERN UNITED CARE	EASTPOINTE	\$312.50	\$312.50	20	\$6,250
			PARTNERS	\$348.75	\$348.75	16	\$3,836
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$323.98	\$323.98	26	\$8,423
			SANDHILLS	\$323.98	\$323.98	115	\$20,735
			VAYA	\$304.18	\$304.18	291	\$46,237
		EASTER SEALS UCP NC & VA	ALLIANCE	\$324.00	\$324.00	178	\$56,376
			CARDINAL	\$323.98	\$323.98	50	\$16,199

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Assertive Community	H0040	EASTER SEALS UCP NC & VA	PARTNERS	\$348.75	\$0.01	79	\$13,253
			VAYA	\$304.18	\$304.18	116	\$20,381
		EASTER SEALS UCP NORTH CAROLINA	PARTNERS	\$348.75	\$348.75	20	\$6,975
		ENVISIONS OF LIFE LLC	SANDHILLS	\$339.62	\$339.62	44	\$14,943
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$304.18	\$304.18	203	\$43,803
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$324.00	\$324.00	128	\$27,216
		LUTHERAN FAMILY SERVICES IN THE CAR	CARDINAL	\$323.98	\$323.98	38	\$12,311
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$304.18	\$304.18	86	\$18,555
		MONARCH	CARDINAL	\$350.00	\$350.00	273	\$91,857
			PARTNERS	\$348.75	\$348.75	46	\$11,858
		NEW DIMENSION GROUP LLC	EASTPOINTE	\$312.50	\$312.50	28	\$8,750
		OCTOBER ROAD INC	VAYA	\$304.18	\$304.18	350	\$79,088
		PHYSICIAN ALLIANCE FOR MENTAL HEALT	TRILLIUM	\$1,182.00	\$0.01	10	\$1,182
		PQA HEALTHCARE INC	CARDINAL	\$323.98	\$323.98	11	\$3,564
		PSYCHOTHERAPEUTIC SERVICES INC	CARDINAL	\$323.98	\$323.98	26	\$8,423
			SANDHILLS	\$339.62	\$0.01	170	\$26,152
		RHA HEALTH SERVICES INC	VAYA	\$304.18	\$304.18	223	\$55,057
		STRATEGIC INTERVENTIONS INC	CARDINAL	\$323.98	\$323.98	63	\$20,411
		TELECARE MENTAL HEALTH SERVICES OF	ALLIANCE	\$324.00	\$324.00	111	\$23,328
		THE MENTAL HEALTH FUND INC	PARTNERS	\$348.75	\$348.75	88	\$19,182
		UNIVERSITY OF NORTH CAROLINA AT CHA	ALLIANCE	\$324.00	\$324.00	124	\$21,385
			CARDINAL	\$323.98	\$323.98	42	\$13,607
		PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$323.98	\$323.98	79	\$25,594
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$312.50	\$312.50	34	\$10,625
		A CARING ALTERNATIVE LLC	PARTNERS	\$348.75	\$0.01	206	\$26,855
Assertive engagement	YA323	FAMILY PRESERVATION SERVICES OF NC	VAYA	\$15.00	\$15.00	20	\$300
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$15.00	\$15.00	30	\$450
	YA341	A CARING ALTERNATIVE LLC	PARTNERS	\$15.00	\$15.00	11	\$165
	YA368	MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$15.00	\$15.00	20	\$300

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Behavioral Health Counseling - Group Therapy - non-licensed provider	YP832	FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$8.11	\$8.11	27	\$219
Behavioral Health Counseling - non-licensed provider	YP831	ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$19.81	\$19.81	27	\$535
		CARING SERVICES INC	SANDHILLS	\$19.81	\$19.81	29	\$574
		PORT HUMAN SERVICES	TRILLIUM	\$19.67	\$19.67	34	\$669
CAET Group	YA394	WATAUGA OPPORTUNITIES INC	VAYA	\$3.75	\$3.75	72	\$270
CAET school to work transition (group)	YA382	JOHNSTON COUNTY INDUSTRIES INC	SANDHILLS	\$2.27	\$2.27	72	\$163
Clinical Evaluation/Intake - Telemedicine	90791	MONARCH	ALLIANCE	\$67.80	\$67.80	19	\$1,288
			CARDINAL	\$160.00	\$160.00	18	\$2,768
			PARTNERS	\$98.49	\$98.49	29	\$2,856
Clinical Evaluation/Intake	90791	A HELPING HAND OF WILMINGTON LLC	TRILLIUM	\$94.04	\$94.04	54	\$5,078
		ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$110.68	\$110.68	14	\$1,550
		ANUVIA PREVENTION AND RECOVERY CENT	CARDINAL	\$94.04	\$94.04	78	\$7,335
		CAROLINA OUTREACH LLC	ALLIANCE	\$94.04	\$94.04	98	\$9,212
			EASTPOINTE	\$96.86	\$94.04	22	\$2,074
		CARTERET COUNSELING SERVICES INC	TRILLIUM	\$94.04	\$94.04	12	\$1,128
		COASTAL SOUTHEASTERN UNITED CARE	TRILLIUM	\$94.04	\$94.04	11	\$1,034
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$140.94	\$132.00	371	\$46,969
			PARTNERS	\$98.49	\$98.49	72	\$7,091
			SANDHILLS	\$110.68	\$110.68	133	\$14,720
			VAYA	\$140.94	\$140.94	55	\$7,752
		DREAM PROVIDER CARE SERVICES	TRILLIUM	\$103.44	\$103.44	47	\$4,830

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Clinical Evaluation/Intake	90791	EASTER SEALS UCP NC & VA	ALLIANCE	\$94.04	\$94.04	11	\$1,034
		EL FUTURO	ALLIANCE	\$94.04	\$94.04	19	\$1,787
		FAMILY FIRST SUPPORT CENTER INC	EASTPOINTE	\$96.86	\$96.86	24	\$2,305
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$140.94	\$140.94	62	\$8,738
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$94.04	\$94.04	18	\$1,693
		FERNANDEZ COMMUNITY CENTER LLC	ALLIANCE	\$94.04	\$94.04	11	\$1,034
		Greater Image Healthcare, Corp.	ALLIANCE	\$94.04	\$94.04	24	\$2,237
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$94.04	\$94.04	25	\$2,351
		INTEGRATED BEHAVIORAL HEALTHCARE SE	ALLIANCE	\$94.04	\$94.04	32	\$3,009
		JOHNSTON CO HEALTH DEPT	ALLIANCE	\$94.04	\$94.04	10	\$940
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$94.04	\$94.04	59	\$5,548
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$140.94	\$140.94	35	\$4,685
		MONARCH	ALLIANCE	\$94.04	\$94.04	68	\$6,322
			CARDINAL	\$160.00	\$160.00	144	\$21,250
			EASTPOINTE	\$96.86	\$96.86	40	\$3,874
			PARTNERS	\$98.49	\$98.49	55	\$5,417
			SANDHILLS	\$110.68	\$110.68	28	\$3,099
			TRILLIUM	\$188.08	\$94.04	11	\$1,505
		NORTH CAROLINA RECOVERY SUPPORT SER	ALLIANCE	\$94.04	\$94.04	16	\$1,505
		PHOENIX COUNSELING CENTER	PARTNERS	\$98.49	\$98.49	67	\$6,599
		PORT HUMAN SERVICES	EASTPOINTE	\$96.86	\$96.86	19	\$1,840
			TRILLIUM	\$117.16	\$94.04	62	\$5,854
		PREMIER BEHAVIORAL SERVICES INC	EASTPOINTE	\$94.04	\$94.04	15	\$1,411
		RESTORATION FAMILY SERVICERS INC	ALLIANCE	\$94.04	\$94.04	24	\$2,257
		RHA HEALTH SERVICES INC	CARDINAL	\$132.00	\$132.00	66	\$8,712
			VAYA	\$140.94	\$140.94	129	\$18,087
			TRILLIUM	\$103.44	\$103.44	20	\$2,059
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$94.04	\$94.04	83	\$7,805
		THE COGNITIVE CONNECTION	PARTNERS	\$98.49	\$98.49	36	\$3,506
		THE MENTAL HEALTH FUND INC	PARTNERS	\$98.49	\$98.49	38	\$3,743
		TRINITY BEHAVIORAL HEALTHCARE PC	CARDINAL	\$132.00	\$132.00	21	\$2,772

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Clinical Evaluation/Intake	90791	UNIVERSITY OF NORTH CAROLINA AT CHA	ALLIANCE	\$125.39	\$125.39	35	\$3,887
		VISION BEHAVIORAL HEALTH SERVICES L	CARDINAL	\$132.00	\$132.00	21	\$2,772
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$96.86	\$94.04	20	\$1,884
			SANDHILLS	\$110.68	\$110.68	23	\$2,546
		CROSSROADS TREATMENT CENTERS	VAYA	\$89.04	\$89.04	13	\$1,158
		FREEDOM HOUSE RECOVERY CENTER INC	ALLIANCE	\$94.04	\$94.04	21	\$1,975
			CARDINAL	\$140.94	\$132.00	36	\$4,788
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$94.04	\$94.04	93	\$8,746
		PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$132.00	\$132.00	40	\$5,280
		RECOVERY INNOVATIONS INC	ALLIANCE	\$106.58	\$106.58	62	\$6,608
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$129.15	\$96.86	80	\$7,878
		FAMILY SERVICE OF THE PIEDMONT INC	SANDHILLS	\$110.68	\$110.68	67	\$7,416
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$94.04	\$94.04	37	\$3,479
		A CARING ALTERNATIVE LLC	PARTNERS	\$98.49	\$98.49	30	\$2,954
		NCG ACQUISITION LLC	VAYA	\$140.94	\$140.94	18	\$2,537
Community Rehabilitation Program (Sheltered Workshop)	YP650	CLEVELAND VOCATIONAL INDUSTRIES IN	PARTNERS	\$3.71	\$3.71	48	\$178
Community Support Team	H2015	CAROLINA OUTREACH LLC	ALLIANCE	\$14.50	\$14.50	74	\$1,073
			CARDINAL	\$18.52	\$18.52	105	\$1,945
			EASTPOINTE	\$14.50	\$14.50	74	\$1,073
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$23.50	\$23.50	86	\$2,021
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$23.50	\$23.50	73	\$1,716
		MONARCH	PARTNERS	\$16.52	\$16.52	48	\$793
		NORTH CAROLINA RECOVERY SUPPORT SER	ALLIANCE	\$14.50	\$14.50	146	\$2,117
		OUTREACH MANAGEMENT SERVICES	PARTNERS	\$16.52	\$16.52	24	\$396
		PSYCHOTHERAPEUTIC SERVICES INC	SANDHILLS	\$14.50	\$14.50	42	\$609
		RHA HEALTH SERVICES INC	CARDINAL	\$21.95	\$21.95	29	\$637
			VAYA	\$23.50	\$23.50	256	\$6,016

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Community Support Team	H2015	RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$14.50	\$14.50	42	\$609
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$14.50	\$14.50	304	\$4,408
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$14.50	\$14.50	187	\$2,712
		A CARING ALTERNATIVE LLC	PARTNERS	\$16.52	\$16.52	30	\$496
		PRIDE IN NORTH CAROLINA INC	EASTPOINTE	\$14.50	\$14.50	52	\$754
Comprehensive Screening and Community Connection	YA377	COMMUNITY PARTNERSHIPS INC	ALLIANCE	\$19.45	\$19.45	69	\$1,342
Crisis Evaluation & Observation	YA324	CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$13.06	\$13.06	67	\$869
		RECOVERY INNOVATIONS INC	ALLIANCE	\$13.06	\$13.06	285	\$3,721
	YA369	PHOENIX COUNSELING CENTER	PARTNERS	\$11.31	\$11.31	30	\$339
Critical Time Intervention	YP400	PHOENIX COUNSELING CENTER	PARTNERS	\$61.92	\$20.64	29	\$640
		A CARING ALTERNATIVE LLC	PARTNERS	\$20.64	\$20.64	10	\$206
Day Activity	YP660	ACHIEVE CASE MANAGEMENT SERVICES IN	PARTNERS	\$3.75	\$3.75	517	\$1,938
		ADULT LIFE PROGRAMS INC	PARTNERS	\$3.75	\$3.75	280	\$1,050
		AUTISM SOCIETY OF NORTH CAROLINA	ALLIANCE	\$3.75	\$3.75	110	\$413
			SANDHILLS	\$3.75	\$3.75	146	\$548
		BETTER DAYS AHEAD OF ROCKY MOUNT	EASTPOINTE	\$3.75	\$1.71	42	\$86
		COASTAL RESIDENTIAL SERVICES INC	TRILLIUM	\$2.50	\$2.50	12	\$30
		Community Workforce Solutions, Inc.	CARDINAL	\$5.45	\$3.75	411	\$1,555
		COMSERV INC	PARTNERS	\$3.75	\$3.75	329	\$1,234
		COUNTY OF HYDE	TRILLIUM	\$2.75	\$2.75	15	\$41
		DREAM CONNECTIONS INC	PARTNERS	\$3.75	\$3.75	78	\$293
		FOOTHILLS INDUSTRIES OF MCDOWELL CO	PARTNERS	\$3.75	\$3.75	116	\$435
		GASTON SKILLS INC	PARTNERS	\$3.75	\$3.75	214	\$803
		GREAT EXPECTATIONS DAY FACILITY AND	ALLIANCE	\$3.75	\$3.75	48	\$180
		HOLY ANGELS INC	PARTNERS	\$3.75	\$3.75	312	\$1,170
		HEMOCARE MANAGEMENT CORPORATION	CARDINAL	\$3.75	\$3.75	75	\$281
		IQUOLIOC INC	TRILLIUM	\$2.50	\$2.50	10	\$25

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Day Activity	YP660	MENTAL HEALTH ASSOCIATES OF THE TRI	SANDHILLS	\$3.75	\$3.75	130	\$488
		MONARCH	CARDINAL	\$3.75	\$3.75	376	\$1,387
			SANDHILLS	\$3.75	\$3.75	50	\$188
			TRILLIUM	\$2.50	\$2.50	229	\$573
		NEW HORIZONS ADULT DAY SERVICES INC	CARDINAL	\$3.75	\$3.75	17	\$64
			PARTNERS	\$3.75	\$3.75	259	\$971
		ONE-ON-ONE CARE INC	PARTNERS	\$3.75	\$3.75	110	\$413
		PARADIGM, INC.	EASTPOINTE	\$3.75	\$3.75	19	\$71
		RAINBOW 66 STOREHOUSE INC	ALLIANCE	\$1.46	\$1.46	286	\$418
		RENU LIFE EXTENDED INC	SANDHILLS	\$3.75	\$3.75	20	\$75
		SANCTUARY HOUSE INC	SANDHILLS	\$3.75	\$3.75	344	\$1,290
		THE ENOLA GROUP INC	PARTNERS	\$3.75	\$3.75	96	\$360
		THE ENRICHMENT CTR AN AFFL CHPT	CARDINAL	\$3.75	\$3.75	401	\$1,504
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$3.75	\$3.75	24	\$90
		UMAR SERVICES INC	CARDINAL	\$3.75	\$3.75	355	\$1,331
			PARTNERS	\$3.75	\$3.75	77	\$289
		LINDLEY HABILITATION SERVICES INC	CARDINAL	\$3.75	\$3.75	12	\$45
		THERAPEUTIC ALTERNATIVES INC	SANDHILLS	\$3.75	\$3.75	628	\$2,355
		LIFESPAN INC	CARDINAL	\$3.75	\$3.75	122	\$458
			PARTNERS	\$3.75	\$3.75	718	\$2,693
			SANDHILLS	\$3.75	\$3.75	1062	\$3,983
		SKILL CREATIONS INC	CARDINAL	\$3.75	\$3.75	17	\$64
			EASTPOINTE	\$3.75	\$3.75	381	\$1,429
			TRILLIUM	\$2.50	\$2.50	20	\$50
Day Supports	YM580	ACHIEVE CASE MANAGEMENT SERVICES IN	PARTNERS	\$3.84	\$3.84	10	\$38
		ADULT CENTER FOR ENRICHMENT INC	SANDHILLS	\$66.05	\$66.05	97	\$6,407
		Adult Day and Respite Care Center	SANDHILLS	\$60.05	\$60.05	202	\$12,130
		AFTER GATEWAY INC	SANDHILLS	\$90.00	\$90.00	86	\$7,740
		CLEVELAND VOCATIONAL INDUSTRIES IN	PARTNERS	\$6.01	\$3.84	422	\$1,777
		GASTON SKILLS INC	PARTNERS	\$3.84	\$3.84	547	\$2,100
		GOODWILL INDUSTRIES OF NWN	PARTNERS	\$3.84	\$3.84	181	\$695

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Day Supports	YM580	NEW HORIZONS ADULT DAY SERVICES INC	PARTNERS	\$3.84	\$3.84	63	\$242
		ONE-ON-ONE CARE INC	PARTNERS	\$6.01	\$6.01	170	\$967
		THE CENTER FOR CREATING OPPORTUNITI	PARTNERS	\$6.01	\$6.01	46	\$276
		THE MENTAL HEALTH FUND INC	PARTNERS	\$6.01	\$6.01	50	\$301
		LINDLEY HABILITATION SERVICES INC	CARDINAL	\$96.32	\$96.32	54	\$5,201
		THERAPEUTIC ALTERNATIVES INC	CARDINAL	\$112.23	\$112.23	74	\$8,305
		SKILL CREATIONS INC	PARTNERS	\$6.01	\$6.01	56	\$337
Developmental Day	YP610	BEAUFORT COUNTY DEVELOPMENTAL CENTE	TRILLIUM	\$7.11	\$4.74	147	\$699
		CHAPEL HILL TRAINING OUTREACH PROJE	CARDINAL	\$4.74	\$4.74	42	\$199
		EASTER SEALS UCP NC & VA	TRILLIUM	\$4.74	\$4.74	247	\$1,171
		HOKE COUNTY ASSOC FOR DEVELOPMENTAL	SANDHILLS	\$4.74	\$4.74	163	\$773
		RHA Health Services NC LLC	SANDHILLS	\$4.74	\$4.74	190	\$901
		SANDHILLS CHILDRENS CENTER	SANDHILLS	\$4.74	\$4.74	767	\$3,635
		TLC OPERATIONS INC	ALLIANCE	\$2.50	\$2.50	27	\$68
		LIFESPAN INC	CARDINAL	\$4.74	\$4.74	37	\$165
			SANDHILLS	\$4.74	\$4.74	11	\$52
Developmental Therapy Service Paraprofessional	H2014	A SMALL MIRACLE INC	ALLIANCE	\$6.01	\$6.01	38	\$228
		ACI SUPPORT SPECIALISTS INC	ALLIANCE	\$6.01	\$6.01	185	\$1,112
		ADVANTAGE BEHAVIORAL HEALTHCARE INC	EASTPOINTE	\$6.01	\$6.01	10	\$60
		AUTISM SOCIETY OF NORTH CAROLINA	ALLIANCE	\$6.01	\$6.01	223	\$1,340
			TRILLIUM	\$5.00	\$5.00	256	\$1,280
		BENJAMIN HOUSE CASE MANAGEMENT	TRILLIUM	\$5.00	\$5.00	25	\$125
		CLEVELAND VOCATIONAL INDUSTRIES IN	PARTNERS	\$6.01	\$6.01	12	\$72
		EASTER SEALS UCP NC & VA	ALLIANCE	\$6.01	\$6.01	109	\$655
			TRILLIUM	\$5.00	\$5.00	228	\$1,140
		HOKE COUNTY ASSOC FOR DEVELOPMENTAL	SANDHILLS	\$6.01	\$6.01	168	\$1,010
		HUMAN RESOURCES UNLIMITED INC	TRILLIUM	\$5.00	\$5.00	23	\$115

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Developmental Therapy	H2014	INDEPENDENT HUMAN SERVICES LLC	TRILLIUM	\$5.00	\$5.00	15	\$75
		LECHRIS HEALTH SYSTEMS OF NEW BERN	TRILLIUM	\$5.00	\$5.00	12	\$60
		MONARCH	SANDHILLS	\$6.01	\$6.01	33	\$198
		ONE-ON-ONE CARE INC	PARTNERS	\$6.01	\$6.01	32	\$192
		RHA Health Services NC LLC	SANDHILLS	\$6.01	\$6.01	145	\$871
		SPECIALIZED SERVICES AND PERSONNEL	ALLIANCE	\$6.01	\$6.01	13	\$78
		TURNING POINT SERVICES	ALLIANCE	\$6.01	\$6.01	22	\$132
		AUTISM SERVICES INCORPORATED	ALLIANCE	\$6.01	\$6.01	62	\$373
		CNC ACCESS INC	ALLIANCE	\$6.01	\$6.01	278	\$1,671
			TRILLIUM	\$5.00	\$5.00	35	\$175
		UNIVERSAL MENTAL HEALTH SERVICES I	ALLIANCE	\$6.01	\$6.01	48	\$288
			TRILLIUM	\$5.00	\$5.00	21	\$105
		PINNACLE HOME CARE INC	TRILLIUM	\$5.00	\$5.00	50	\$250
Developmental Therapy Service Paraprofessional - Group	H2014	SUMMIT SUPPORT SERVICES OF ASHE INC	VAYA	\$2.01	\$2.01	64	\$129
		THE ARC OF NORTH CAROLINA INC	VAYA	\$2.01	\$2.01	24	\$48
		LIFESPAN INC	VAYA	\$2.01	\$2.01	20	\$40
		AUTUMN HALLS OF UNAKA 2	VAYA	\$2.01	\$2.01	88	\$177
		NCG ACQUISITION LLC	VAYA	\$2.01	\$2.01	104	\$209
Developmental Therapy Service Professional	H2014	ACI SUPPORT SPECIALISTS INC	ALLIANCE	\$13.00	\$13.00	72	\$936
		RHA Health Services NC LLC	SANDHILLS	\$8.34	\$8.34	45	\$375
Diagnostic Assessment	T1023	PORT HUMAN SERVICES	EASTPOINTE	\$238.24	\$238.24	16	\$3,812
			TRILLIUM	\$231.30	\$231.30	207	\$47,879
		SUNPATH LLC	PARTNERS	\$231.30	\$231.30	15	\$3,470
E&M-Detailed-Established Patient	99213			\$55.94	\$47.55	15	\$722
		CAROLINA OUTREACH LLC	ALLIANCE				
		CLIENTFIRST OF NC LLC	EASTPOINTE	\$57.62	\$57.62	22	\$1,268
		COASTAL SOUTHEASTERN UNITED CARE	EASTPOINTE	\$55.94	\$47.55	16	\$820
			TRILLIUM	\$61.53	\$47.55	24	\$1,225

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
E&M-Detailed-Established	99213	CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$55.94	\$47.55	105	\$5,119
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$90.00	\$90.00	384	\$32,874
			PARTNERS	\$69.86	\$69.86	21	\$1,467
			SANDHILLS	\$67.64	\$67.64	79	\$5,262
			VAYA	\$74.43	\$74.43	24	\$1,786
		EAST CAROLINA UNIVERSITY	TRILLIUM	\$61.53	\$61.53	23	\$1,415
		FAMILY FIRST SUPPORT CENTER INC	EASTPOINTE	\$57.62	\$57.62	10	\$576
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$55.94	\$47.55	42	\$2,148
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$75.00	\$75.00	52	\$3,900
		INTEGRATED FAMILY SERVICES PLLC	TRILLIUM	\$61.53	\$61.53	11	\$677
		JOHNSTON CO HEALTH DEPT	ALLIANCE	\$55.94	\$47.55	89	\$4,500
		MONARCH	ALLIANCE	\$55.94	\$47.55	97	\$4,622
			CARDINAL	\$110.00	\$63.75	229	\$18,743
			EASTPOINTE	\$57.62	\$57.62	73	\$4,043
			PARTNERS	\$69.86	\$59.38	148	\$8,724
			SANDHILLS	\$57.49	\$57.49	29	\$1,667
			TRILLIUM	\$123.06	\$61.53	48	\$3,015
		OUTREACH MANAGEMENT SERVICES	PARTNERS	\$69.86	\$59.38	58	\$3,475
		PHOENIX COUNSELING CENTER	PARTNERS	\$69.86	\$69.86	11	\$768
		PHYSICIAN ALLIANCE FOR MENTAL HEALT	TRILLIUM	\$61.53	\$55.94	53	\$3,004
		PORT HUMAN SERVICES	EASTPOINTE	\$48.98	\$48.98	50	\$2,449
			TRILLIUM	\$69.98	\$47.55	346	\$18,825
		RHA HEALTH SERVICES INC	CARDINAL	\$90.00	\$90.00	69	\$6,079
			VAYA	\$74.43	\$47.55	26	\$1,263
			TRILLIUM	\$61.53	\$61.53	38	\$2,212
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$55.94	\$55.94	33	\$1,846
		THE COGNITIVE CONNECTION	PARTNERS	\$55.94	\$55.94	76	\$4,185
		THE MENTAL HEALTH FUND INC	PARTNERS	\$69.86	\$69.86	39	\$2,683
		TRINITY BEHAVIORAL HEALTHCARE PC	CARDINAL	\$90.00	\$90.00	87	\$7,830
		VISION BEHAVIORAL HEALTH SERVICES L	CARDINAL	\$90.00	\$90.00	24	\$1,876
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$57.62	\$55.94	29	\$1,624

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
E&M-Detailed-Established	99213	RHA BEHAVIORAL HEALTH NC LLC	SANDHILLS	\$67.63	\$67.63	86	\$5,816
		FREEDOM HOUSE RECOVERY CENTER INC	ALLIANCE	\$55.94	\$55.94	45	\$2,517
			CARDINAL	\$90.00	\$90.00	102	\$8,118
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$61.53	\$55.94	50	\$2,831
		PATHWAYS TO LIFE INC	ALLIANCE	\$55.94	\$55.94	13	\$727
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$57.62	\$57.62	57	\$3,198
		VIDANT MEDICAL GROUP LLC	TRILLIUM	\$61.53	\$61.53	59	\$3,630
		COTTAGE HEALTH CARE SERVICES INC	ALLIANCE	\$55.94	\$55.94	14	\$783
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$47.55	\$47.55	54	\$2,568
		NCG ACQUISITION LLC	VAYA	\$74.43	\$74.43	23	\$1,712
E&M-Detailed-Established Patient - Telemedicine	99213	DAYMARK RECOVERY SERVICES INC	CARDINAL	\$90.00	\$90.00	11	\$896
			PARTNERS	\$69.86	\$69.86	13	\$908
			SANDHILLS	\$67.64	\$67.64	48	\$3,186
			VAYA	\$74.43	\$74.43	35	\$2,605
		MONARCH	ALLIANCE	\$47.55	\$47.55	24	\$1,141
			CARDINAL	\$95.00	\$95.00	24	\$1,924
			EASTPOINTE	\$57.62	\$57.62	12	\$666
			SANDHILLS	\$57.49	\$57.49	33	\$1,897
		PHOENIX COUNSELING CENTER	PARTNERS	\$69.86	\$69.86	13	\$866
		PORT HUMAN SERVICES	TRILLIUM	\$69.35	\$61.53	32	\$1,859
E&M-Detailed-New Patient	99203	RHA HEALTH SERVICES INC	CARDINAL	\$90.00	\$63.75	31	\$2,055
		YOUTH HAVEN SERVICES INC	CARDINAL	\$75.00	\$55.75	17	\$1,060
E&M-Expanded-Established Patient	99212	DAYMARK RECOVERY SERVICES INC	CARDINAL	\$145.00	\$145.00	20	\$2,900
		PORT HUMAN SERVICES	TRILLIUM	\$83.36	\$83.36	21	\$1,626
E&M-Expanded-Established Patient	99212	ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$40.50	\$40.50	11	\$446
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$50.00	\$50.00	10	\$394
		RHA HEALTH SERVICES INC	TRILLIUM	\$36.85	\$28.48	90	\$2,647

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
E&M-High-Established Patient	99215	PORT HUMAN SERVICES	TRILLIUM	\$219.45	\$125.40	76	\$10,089
		THE COGNITIVE CONNECTION	PARTNERS	\$138.57	\$110.58	17	\$2,084
E&M-High-Established Patient - Telemedicine	99215	DREAM PROVIDER CARE SERVICES	TRILLIUM	\$125.40	\$125.40	22	\$2,759
		PORT HUMAN SERVICES	TRILLIUM	\$125.40	\$125.40	10	\$1,254
E&M-High-New Patient	99205	INTEGRATED BEHAVIORAL HEALTHCARE SE	ALLIANCE	\$163.41	\$163.41	17	\$2,778
		PORT HUMAN SERVICES	TRILLIUM	\$198.62	\$179.75	23	\$3,826
		RHA HEALTH SERVICES INC	TRILLIUM	\$197.73	\$152.79	10	\$1,663
		THE MENTAL HEALTH FUND INC	PARTNERS	\$198.58	\$168.79	33	\$5,838
		PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$163.41	\$163.41	22	\$3,595
		FAMILY SERVICE OF THE PIEDMONT INC	SANDHILLS	\$167.94	\$167.94	27	\$4,534
E&M-High-New Patient - Telemedicine	99205	DREAM PROVIDER CARE SERVICES	TRILLIUM	\$197.69	\$179.75	14	\$2,534
E&M-Moderate-Established Patient	99214	ANUVIA PREVENTION AND RECOVERY CENT	CARDINAL	\$89.25	\$89.25	14	\$1,250
		BAART COMMUNITY HEALTHCARE	ALLIANCE	\$84.29	\$84.29	15	\$1,264
		CAROLINA BEHAVIORAL CARE	ALLIANCE	\$84.29	\$71.65	18	\$1,378
		CAROLINA OUTREACH LLC	ALLIANCE	\$84.29	\$71.65	262	\$19,632
			EASTPOINTE	\$73.80	\$73.80	20	\$1,474
		CARTER CLINIC PA	ALLIANCE	\$84.29	\$71.65	18	\$1,315
		CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$84.29	\$71.65	14	\$1,066
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$125.00	\$125.00	147	\$16,164
			PARTNERS	\$103.28	\$103.28	32	\$3,258
			SANDHILLS	\$101.92	\$86.63	30	\$2,813
		EAST CAROLINA UNIVERSITY	TRILLIUM	\$92.72	\$92.72	23	\$2,133
		EL FUTURO	ALLIANCE	\$84.29	\$84.29	36	\$3,034
			CARDINAL	\$150.00	\$105.00	14	\$1,605
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$105.00	\$105.00	54	\$5,670
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$84.29	\$71.65	11	\$801
		Greater Image Healthcare, Corp.	ALLIANCE	\$84.29	\$84.29	41	\$3,452

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
E&M-Moderate-Established	99214	HOPE SERVICES LLC	ALLIANCE	\$84.29	\$84.29	10	\$843
		INTEGRATED BEHAVIORAL HEALTHCARE SE	ALLIANCE	\$84.29	\$84.29	29	\$2,444
		JOHNSTON CO HEALTH DEPT	ALLIANCE	\$84.29	\$84.29	39	\$3,174
		LE CHRIS COUNSELING SERVICES INC	TRILLIUM	\$92.72	\$80.71	16	\$1,239
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$105.00	\$105.00	48	\$4,966
		MONARCH	ALLIANCE	\$84.29	\$71.65	131	\$9,513
			CARDINAL	\$140.00	\$140.00	51	\$6,451
			EASTPOINTE	\$86.82	\$73.80	20	\$1,526
			PARTNERS	\$87.79	\$87.79	119	\$10,417
			SANDHILLS	\$101.92	\$86.63	174	\$15,227
		NEW DIMENSION GROUP LLC	EASTPOINTE	\$73.80	\$73.80	52	\$3,838
		NORTH CAROLINA RECOVERY SUPPORT SER	ALLIANCE	\$84.29	\$84.29	43	\$3,473
		OUTREACH MANAGEMENT SERVICES	PARTNERS	\$87.79	\$87.79	46	\$4,038
		PHOENIX COUNSELING CENTER	PARTNERS	\$103.28	\$103.28	10	\$1,002
		PHYSICIAN ALLIANCE FOR MENTAL HEALT	TRILLIUM	\$92.72	\$84.29	11	\$952
		PORT HUMAN SERVICES	EASTPOINTE	\$86.82	\$73.80	50	\$3,976
			TRILLIUM	\$162.26	\$92.72	484	\$43,260
		RHA HEALTH SERVICES INC	VAYA	\$71.65	\$71.65	94	\$6,634
			TRILLIUM	\$92.72	\$92.72	60	\$5,226
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$84.29	\$84.29	161	\$13,571
		THE COGNITIVE CONNECTION	PARTNERS	\$103.28	\$103.28	28	\$2,707
		THE MENTAL HEALTH FUND INC	PARTNERS	\$103.28	\$87.79	103	\$9,461
		TRINITY BEHAVIORAL HEALTHCARE PC	CARDINAL	\$125.00	\$125.00	75	\$9,294
		VISION BEHAVIORAL HEALTH SERVICES L	CARDINAL	\$89.25	\$89.25	28	\$2,355
		BOBBY P KEARNEY MD PLLC	PARTNERS	\$103.28	\$103.28	23	\$2,375
		PRIMARY HEALTH CHOICE INC	EASTPOINTE	\$73.80	\$73.80	16	\$1,181
		RHA BEHAVIORAL HEALTH NC LLC	SANDHILLS	\$101.92	\$101.92	11	\$1,121
		CROSSROADS TREATMENT CENTERS	VAYA	\$76.76	\$76.76	89	\$6,832
		JOHNSTON RECOVERY SERVICES	ALLIANCE	\$71.65	\$71.65	22	\$1,576
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$125.00	\$125.00	66	\$7,435
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$92.72	\$92.72	123	\$10,983

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
E&M-Moderate-Established	99214	PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$105.00	\$105.00	39	\$4,095
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$86.82	\$73.80	65	\$5,132
		FAMILY SERVICE OF THE PIEDMONT INC	SANDHILLS	\$86.63	\$86.63	54	\$4,678
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$71.65	\$71.65	195	\$13,972
		A CARING ALTERNATIVE LLC	PARTNERS	\$103.28	\$87.79	19	\$1,724
		NCG ACQUISITION LLC	VAYA	\$105.00	\$105.00	28	\$2,940
E&M-Moderate-Established Patient - Telemedicine	99214	DAYMARK RECOVERY SERVICES INC	CARDINAL	\$125.00	\$125.00	47	\$5,702
			PARTNERS	\$103.28	\$103.28	33	\$3,408
			SANDHILLS	\$98.86	\$98.86	49	\$4,624
			VAYA	\$105.00	\$105.00	58	\$6,090
		DREAM PROVIDER CARE SERVICES	TRILLIUM	\$92.72	\$92.72	21	\$1,947
		EASTER SEALS UCP NORTH CAROLINA	EASTPOINTE	\$86.82	\$86.82	22	\$1,910
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$105.00	\$105.00	19	\$1,995
		MONARCH	ALLIANCE	\$71.65	\$71.65	12	\$860
			CARDINAL	\$130.00	\$89.25	14	\$1,494
		PHOENIX COUNSELING CENTER	PARTNERS	\$103.28	\$87.79	19	\$1,699
E&M-Moderate-New Patient	99204	PORT HUMAN SERVICES	TRILLIUM	\$92.72	\$92.72	95	\$8,450
		CAROLINA OUTREACH LLC	ALLIANCE	\$129.27	\$109.88	42	\$4,770
		JOHNSTON CO HEALTH DEPT	ALLIANCE	\$129.27	\$129.27	17	\$2,198
		MONARCH	ALLIANCE	\$129.27	\$129.27	35	\$4,408
			CARDINAL	\$185.00	\$180.00	50	\$8,249
			PARTNERS	\$159.04	\$135.18	17	\$2,489
			SANDHILLS	\$132.86	\$132.86	10	\$1,329
		NORTH CAROLINA RECOVERY SUPPORT SER	ALLIANCE	\$129.27	\$129.27	10	\$1,254
		PHOENIX COUNSELING CENTER	PARTNERS	\$159.04	\$135.18	12	\$1,718
		PORT HUMAN SERVICES	TRILLIUM	\$248.85	\$109.88	61	\$7,907
		RHA HEALTH SERVICES INC	CARDINAL	\$180.00	\$180.00	21	\$3,780
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$129.27	\$129.27	45	\$5,817

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
E&M-Moderate-New	99204	RHA BEHAVIORAL HEALTH NC LLC	SANDHILLS	\$156.30	\$156.30	11	\$1,719
		JOHNSTON RECOVERY SERVICES	ALLIANCE	\$109.88	\$109.88	12	\$1,319
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$142.20	\$129.27	12	\$1,564
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$133.15	\$133.15	25	\$3,089
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$109.88	\$109.88	31	\$3,406
E&M-Moderate-New Patient - Telemedicine	99204	DAYMARK RECOVERY SERVICES INC	PARTNERS	\$159.04	\$159.04	12	\$1,908
		MONARCH	CARDINAL	\$185.00	\$185.00	12	\$2,050
			EASTPOINTE	\$133.15	\$133.15	11	\$1,425
			PARTNERS	\$159.04	\$159.04	30	\$4,533
E&M-Problem Focused-Established Patient	99211	PHOENIX COUNSELING CENTER	PARTNERS	\$159.04	\$135.18	33	\$4,580
		JOHNSTON CO HEALTH DEPT	ALLIANCE	\$16.82	\$16.82	10	\$168
Facility Based Crisis Program-Non-Medicaid	YP485	RHA HEALTH SERVICES INC	TRILLIUM	\$16.82	\$16.82	27	\$454
		ADDICTION RECOVERY CARE ASSOCIATION	SANDHILLS	\$313.32	\$300.47	86	\$26,316
Facility Based Crisis Service	S9484	FREEDOM HOUSE RECOVERY CENTER INC	SANDHILLS	\$313.32	\$313.32	48	\$15,039
		CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$15.93	\$15.93	44	\$701
			CARDINAL	\$33.00	\$18.78	1050	\$25,037
			PARTNERS	\$26.57	\$26.57	312	\$8,290
		MONARCH	VAYA	\$15.93	\$15.93	14	\$223
			EASTPOINTE	\$15.93	\$15.93	77	\$1,227
			PARTNERS	\$26.57	\$21.88	548	\$13,008
		PHOENIX COUNSELING CENTER	TRILLIUM	\$24.30	\$24.30	575	\$13,914
		RHA HEALTH SERVICES INC	VAYA	\$50.00	\$50.00	193	\$9,650
			TRILLIUM	\$30.02	\$30.02	346	\$10,387
		SYNERGY RECOVERY INC	PARTNERS	\$18.44	\$18.44	91	\$1,678
			VAYA	\$18.78	\$18.78	176	\$3,305
		UNIVERSITY OF NC HOSPITALS AT CHAPE	ALLIANCE	\$15.93	\$15.93	195	\$3,094
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$18.78	\$18.78	246	\$4,620

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Facility Based Crisis Service	S9484	RECOVERY INNOVATIONS INC	ALLIANCE	\$15.93	\$15.93	263	\$4,179
			CARDINAL	\$23.90	\$18.78	188	\$3,825
		NCG ACQUISITION LLC	VAYA	\$50.00	\$50.00	310	\$15,500
Familiy Living - Mod	YP750	BETTER CONNECTIONS INC	EASTPOINTE	\$117.42	\$117.42	28	\$3,288
		COMSERV INC	PARTNERS	\$70.47	\$70.47	14	\$987
		EASTER SEALS UCP NC & VA	TRILLIUM	\$46.83	\$46.83	28	\$1,311
		KD SUPPORT SERVICES	VAYA	\$100.00	\$100.00	38	\$3,800
		PARADIGM, INC.	EASTPOINTE	\$52.03	\$52.03	28	\$1,457
		STILL FAMILY LLC	CARDINAL	\$30.76	\$30.76	19	\$584
		TURNING POINT SERVICES	PARTNERS	\$100.00	\$100.00	28	\$2,800
		VOCA CORPORATION OF NORTH CAROLINA	VAYA	\$90.00	\$90.00	28	\$2,520
		SKILL CREATIONS INC	PARTNERS	\$70.47	\$70.47	63	\$4,440
Family Living - High	YM755	ALBERTA PROFESSIONAL SERVICES INC	VAYA	\$100.00	\$100.00	104	\$10,400
		COMSERV INC	PARTNERS	\$100.00	\$100.00	28	\$2,800
		DAVIDSON HOMES INC	VAYA	\$100.00	\$100.00	28	\$2,800
		HEMOCARE MANAGEMENT CORPORATION	PARTNERS	\$100.00	\$100.00	18	\$1,800
			VAYA	\$100.00	\$100.00	28	\$2,800
		OMNI VISIONS INC	VAYA	\$100.00	\$100.00	28	\$2,800
		RAY OF LIGHT HOMES, LLC.	VAYA	\$100.00	\$100.00	28	\$2,800
		REACH FOR INDEPENDENCE INC	VAYA	\$100.00	\$100.00	27	\$2,700
		SUMMERLAND HOMES INC	VAYA	\$100.00	\$100.00	28	\$2,800
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$100.00	\$100.00	196	\$19,600
		LIFESPAN INC	VAYA	\$100.00	\$100.00	28	\$2,800
Family Living - Low	YP740	A SMALL MIRACLE INC	CARDINAL	\$21.73	\$21.73	28	\$608
		BETTER DAYS AHEAD OF ROCKY MOUNT	EASTPOINTE	\$70.47	\$70.47	21	\$1,480
		EASTER SEALS UCP NC & VA	TRILLIUM	\$56.50	\$56.50	28	\$1,582
		EDUCARE COMMUNITY LIVING CORP NC	EASTPOINTE	\$116.00	\$116.00	250	\$27,725
		HERBERT REID HOME	EASTPOINTE	\$70.47	\$70.47	28	\$1,973
		MCDANIEL HOMES, LLC	CARDINAL	\$82.65	\$30.00	16	\$852
		OMNI VISIONS INC	VAYA	\$90.00	\$90.00	84	\$7,560
		RHA Health Services NC LLC	CARDINAL	\$50.00	\$50.00	56	\$2,800

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Family Living - Low	YP740	RHA Health Services NC LLC	EASTPOINTE	\$70.47	\$50.00	56	\$3,373
		SUMMIT SUPPORT SERVICES OF ASHE INC	VAYA	\$55.00	\$55.00	28	\$1,540
		THE ENOLA GROUP INC	PARTNERS	\$52.03	\$52.03	28	\$1,457
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$70.47	\$70.47	28	\$1,973
		LINDLEY HABILITATION SERVICES INC	ALLIANCE	\$50.00	\$50.00	27	\$1,350
		SKILL CREATIONS INC	PARTNERS	\$52.03	\$52.03	93	\$4,839
Family Therapy with patient	90847	FAMILY PRESERVATION SERVICES OF NC	VAYA	\$107.88	\$107.88	10	\$1,079
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$107.88	\$107.88	13	\$1,402
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$69.30	\$69.30	10	\$693
Group Living - Hi	YP780	ADDICTION RECOVERY CARE ASSOCIATION	CARDINAL	\$141.51	\$141.51	72	\$10,189
			PARTNERS	\$141.51	\$141.51	69	\$9,764
			SANDHILLS	\$141.51	\$141.51	241	\$34,104
		ANUVIA PREVENTION AND RECOVERY CENT	CARDINAL	\$66.11	\$66.11	671	\$44,360
		DAVIDSON HOMES INC	PARTNERS	\$141.51	\$141.51	84	\$11,887
		DAYMARK RECOVERY SERVICES INC	SANDHILLS	\$141.51	\$141.51	977	\$138,255
		EASTER SEALS UCP NC & VA	CARDINAL	\$228.00	\$161.00	122	\$23,592
		EDWARDS COMMUNITY SUPPORT SVCS	ALLIANCE	\$141.51	\$141.51	442	\$62,547
			SANDHILLS	\$141.51	\$141.51	56	\$7,925
		ELITE CARE SERVICE INC	ALLIANCE	\$126.24	\$126.24	51	\$6,438
		ETTA'S RESIDENTIAL SERVICES	ALLIANCE	\$250.00	\$141.51	51	\$7,976
		HOLY ANGELS INC	PARTNERS	\$420.26	\$420.26	516	\$208,386
		House of Care, Inc.	ALLIANCE	\$141.51	\$141.51	28	\$3,962
		I INNOVATIONS INC.	ALLIANCE	\$141.51	\$141.51	56	\$7,925
			EASTPOINTE	\$141.51	\$141.51	28	\$3,962
		INDEPENDENT LIVING GROUP HOME LLC	PARTNERS	\$422.00	\$422.00	28	\$11,816
		INSIGHT HUMAN SERVICES INC	VAYA	\$187.35	\$187.35	210	\$39,343
		KD SUPPORT SERVICES	VAYA	\$141.15	\$141.15	112	\$15,809
		LIBERTY CORNER ENTERPRISES INC.	VAYA	\$141.15	\$141.15	28	\$3,952
		LUTHERAN FAMILY SERVICES IN THE CAR	CARDINAL	\$141.50	\$141.50	84	\$11,886
			SANDHILLS	\$141.51	\$141.51	24	\$3,396

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Living - Hi	YP780	MACBILL INC	ALLIANCE	\$141.51	\$141.51	128	\$18,113
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$141.51	\$141.51	326	\$46,132
		MONARCH	ALLIANCE	\$141.51	\$141.51	28	\$3,962
			CARDINAL	\$225.00	\$188.00	262	\$53,363
			SANDHILLS	\$141.51	\$141.51	96	\$13,585
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$310.00	\$310.00	98	\$28,021
		PATH OF HOPE INC.	CARDINAL	\$115.00	\$115.00	31	\$3,565
			SANDHILLS	\$141.51	\$141.51	70	\$9,906
		PLUMB LINE SERVICES INC.	TRILLIUM	\$141.51	\$141.51	28	\$3,962
		RENU LIFE EXTENDED INC	SANDHILLS	\$141.51	\$141.51	28	\$3,962
		RESOURCES FOR HUMAN DEVELOPMENT INC	ALLIANCE	\$184.02	\$184.02	23	\$4,232
		ROUSES GROUP HOME II INC.	CARDINAL	\$141.51	\$141.51	18	\$2,547
			SANDHILLS	\$141.51	\$141.51	28	\$3,962
		SAMARITAN COLONY	SANDHILLS	\$141.51	\$141.51	247	\$34,667
		ULTIMATE FAMILY HOME CARE INC	ALLIANCE	\$141.51	\$141.51	77	\$10,896
		SUNRISE RESIDENTIAL CARE LLC	ALLIANCE	\$141.51	\$141.51	56	\$7,925
		EASON COURT GROUP HOME	CARDINAL	\$141.51	\$141.51	16	\$2,264
		MULTICULTURAL RESOURCES CENTER, INC	ALLIANCE	\$132.89	\$132.89	112	\$14,884
			SANDHILLS	\$141.51	\$141.51	28	\$3,962
		LIFESPAN INC	CARDINAL	\$141.51	\$141.51	28	\$3,962
		WATLINGTONS FAMILY HOME	EASTPOINTE	\$288.00	\$288.00	28	\$8,064
		NCG ACQUISITION LLC	VAYA	\$141.15	\$141.15	84	\$11,857
		AMAT GROUP HOMES LLC	SANDHILLS	\$141.50	\$141.50	26	\$3,679
		CRANDELLS ENTERPRISES INC	ALLIANCE	\$141.51	\$141.51	28	\$3,962
			CARDINAL	\$141.51	\$141.51	28	\$3,962
Group Living - Low	YP760	BETHANY HOUSE	SANDHILLS	\$55.29	\$55.29	142	\$7,851
		BETHESDA INC	SANDHILLS	\$55.29	\$55.29	283	\$15,426
		C R E S T GROUP HOME	ALLIANCE	\$55.29	\$55.29	558	\$30,852
			SANDHILLS	\$55.29	\$55.29	27	\$1,493

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Living - Low	YP760	COMMUNITY ALTERNATIVES INCORPORATED	CARDINAL	\$168.48	\$168.48	233	\$39,256
		COMMUNITY INNOVATIONS INC	EASTPOINTE	\$55.29	\$55.29	83	\$4,589
		COUNTRY PINES INC	EASTPOINTE	\$55.29	\$55.29	27	\$1,493
		DUPLIN SAMPSON GROUP HOMES INC	EASTPOINTE	\$55.29	\$55.29	387	\$21,204
		EASTER SEALS UCP NC & VA	CARDINAL	\$55.29	\$55.29	406	\$22,448
			EASTPOINTE	\$55.29	\$55.29	84	\$4,644
			SANDHILLS	\$55.29	\$55.29	362	\$20,015
			VAYA	\$55.29	\$55.29	56	\$3,096
			TRILLIUM	\$55.29	\$55.29	112	\$6,192
		First Step Farm of WNC	VAYA	\$95.32	\$95.32	888	\$84,644
		GROUP HOMES OF FORSYTH	CARDINAL	\$55.29	\$55.29	518	\$28,640
		HOPE HAVEN INC.	CARDINAL	\$61.10	\$61.10	168	\$10,265
		HOWELL SUPPORT SERVICES LLC	EASTPOINTE	\$55.29	\$55.29	109	\$6,027
		INREACH	CARDINAL	\$55.29	\$55.29	919	\$50,812
		KD SUPPORT SERVICES	VAYA	\$30.00	\$30.00	28	\$840
		LEE COUNTY GROUP HOME INC	SANDHILLS	\$55.29	\$55.29	224	\$12,385
		MILLING MANOR INC	CARDINAL	\$55.29	\$55.29	20	\$1,106
		MITCHELL COUNTY GROUP HOME	VAYA	\$55.29	\$55.29	96	\$5,308
		MONARCH	CARDINAL	\$60.00	\$55.29	124	\$7,124
			PARTNERS	\$55.29	\$55.29	28	\$1,548
			SANDHILLS	\$55.29	\$55.29	439	\$24,272
		MOUNTAIN AREA RESIDENTIAL FACILITIE	VAYA	\$55.29	\$55.29	28	\$1,548
		MYROVER REESE QUALITY ROAD	ALLIANCE	\$46.73	\$46.73	244	\$11,402
		NEW DESTINATIONS INC	CARDINAL	\$55.29	\$55.29	36	\$1,990
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$55.29	\$55.29	1258	\$62,921
		PRI COUNSELING SERVICES	SANDHILLS	\$55.29	\$55.29	224	\$12,385
		PROFESSIONAL FAMILY CARE SERVICES I	ALLIANCE	\$55.29	\$55.29	28	\$1,548
		Randolph Fellowship Homes, Inc.	SANDHILLS	\$55.29	\$55.29	11	\$608
		RESIDENTIAL TREATMENT SERVICES	CARDINAL	\$55.29	\$55.29	35	\$1,935
		RHA Health Services NC LLC	ALLIANCE	\$32.61	\$32.61	15	\$489

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Living - Low	YP760	RHA Health Services NC LLC	CARDINAL	\$55.29	\$55.29	370	\$20,457
			EASTPOINTE	\$83.59	\$74.64	435	\$32,662
			SANDHILLS	\$55.29	\$55.29	806	\$44,564
			VAYA	\$55.29	\$55.29	15	\$829
			TRILLIUM	\$55.29	\$55.29	108	\$5,971
		ROBESON HEALTH CARE CORPORATION	EASTPOINTE	\$151.08	\$151.08	149	\$22,511
			SANDHILLS	\$135.16	\$135.16	77	\$10,407
		ROUSES GROUP HOME II INC.	CARDINAL	\$55.29	\$55.29	37	\$1,782
		THE MENTAL HEALTH FUND INC	PARTNERS	\$55.29	\$55.29	446	\$24,659
		TRANSYLVANIA ASSOCIATION FOR DISABL	VAYA	\$55.29	\$55.29	76	\$4,202
		TRANSYLVANIA VOCATIONAL SERVICES IN	VAYA	\$55.29	\$55.29	28	\$1,548
		TURNING POINT SERVICES	PARTNERS	\$55.29	\$55.29	84	\$4,644
			VAYA	\$30.00	\$30.00	190	\$5,700
		WNC MADISON COUNTY HOUSING CORP	VAYA	\$55.29	\$55.29	56	\$3,096
		REMMSCO INC	CARDINAL	\$55.29	\$55.29	14	\$774
		UMAR SERVICES INC	PARTNERS	\$55.29	\$55.29	71	\$3,926
			VAYA	\$55.29	\$55.29	56	\$3,096
		AUTISM SERVICES INCORPORATED	ALLIANCE	\$52.60	\$52.60	126	\$6,628
		SKILL CREATIONS INC	CARDINAL	\$28.92	\$28.92	27	\$781
			EASTPOINTE	\$55.29	\$55.29	167	\$9,233
		BURKE COUNCIL ON ALCOHOLISM CHEMI	PARTNERS	\$55.29	\$55.29	136	\$7,519
Group Living - Mod	YP770	ALPHA HOME CARE SERVICES INC VI	ALLIANCE	\$75.48	\$75.48	10	\$755
		AUTISM SERVICES OF MECKLENBURG COUN	CARDINAL	\$75.48	\$75.48	17	\$1,283
		CABARRUS COUNTY GROUP HOMES INC	CARDINAL	\$41.05	\$41.05	83	\$3,407
		CAROLINA RESIDENTAL CARE INC	SANDHILLS	\$110.00	\$110.00	28	\$3,080
		COMMUNITY ALTERNATIVES INCORPORATED	ALLIANCE	\$147.65	\$147.65	143	\$21,114
			CARDINAL	\$268.99	\$268.99	260	\$69,937
		COMSERV INC	PARTNERS	\$75.48	\$75.48	168	\$12,681
		D D RESIDENTIAL SERVICES INC	CARDINAL	\$50.00	\$50.00	60	\$3,000
		DAYMARK RECOVERY SERVICES INC	SANDHILLS	\$75.48	\$75.48	82	\$6,189

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Living - Mod	YP770	DURHAM COUNTY COMMUNITY LIVING PROG	ALLIANCE	\$69.89	\$69.89	610	\$42,633
		EASTER SEALS UCP NC & VA	ALLIANCE	\$70.95	\$70.95	112	\$7,946
			CARDINAL	\$75.48	\$75.48	140	\$10,567
			EASTPOINTE	\$75.48	\$75.48	420	\$31,702
			PARTNERS	\$75.48	\$75.48	28	\$2,113
			SANDHILLS	\$75.48	\$75.48	82	\$6,189
			VAYA	\$75.48	\$75.48	135	\$10,190
		GASTON RESIDENTIAL SERVICESINC	PARTNERS	\$75.48	\$75.48	112	\$8,454
		GAYLAIN'S HOUSE OF HOPE	PARTNERS	\$75.48	\$75.48	212	\$15,549
		GROUP HOMES OF FORSYTH	CARDINAL	\$75.48	\$75.48	24	\$1,812
		HAYWOOD COUNTY GROUP HOME	VAYA	\$45.00	\$45.00	277	\$12,465
		HIGHER HORIZONSINC	ALLIANCE	\$75.48	\$75.48	28	\$2,113
		HOLY ANGELS INC	PARTNERS	\$75.48	\$75.48	56	\$4,227
		HOME CARE SOLUTIONS OF NC LLC	PARTNERS	\$75.48	\$75.48	28	\$2,113
		House of Care, Inc.	ALLIANCE	\$75.48	\$75.48	56	\$4,227
		I INNOVATIONS INC.	ALLIANCE	\$75.48	\$75.48	56	\$4,227
		INREACH	CARDINAL	\$67.00	\$67.00	379	\$25,393
		JMJ ENTERPRISES LLC	EASTPOINTE	\$75.48	\$75.48	28	\$2,113
		KD SUPPORT SERVICES	VAYA	\$45.00	\$45.00	56	\$2,520
		LIBERTY CORNER ENTERPRISES INC.	VAYA	\$75.48	\$75.48	137	\$8,634
		LUTHERAN FAMILY SERVICES IN THE CAR	ALLIANCE	\$65.42	\$65.42	83	\$5,430
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$120.00	\$120.00	125	\$15,000
		MILLING MANOR INC	CARDINAL	\$75.48	\$75.48	14	\$1,057
		MISS DAISYS AND ASSOCIATES INC	EASTPOINTE	\$75.48	\$75.48	140	\$10,567
		MONARCH	ALLIANCE	\$75.48	\$75.48	302	\$22,795
			CARDINAL	\$137.93	\$75.48	872	\$74,811
			EASTPOINTE	\$75.48	\$75.48	111	\$8,378
			PARTNERS	\$75.48	\$75.48	42	\$3,170
			SANDHILLS	\$75.48	\$75.48	1499	\$113,145
			VAYA	\$75.48	\$75.48	112	\$8,454

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Living - Mod	YP770	MONARCH	TRILLIUM	\$58.21	\$58.21	466	\$27,126
		MYROVER REESE QUALITY ROAD	ALLIANCE	\$99.00	\$99.00	198	\$19,517
		NEW DESTINATIONS INC	ALLIANCE	\$36.29	\$36.29	223	\$8,093
			EASTPOINTE	\$75.48	\$75.48	84	\$6,340
			PARTNERS	\$75.48	\$75.48	140	\$10,567
		PARADIGM, INC.	EASTPOINTE	\$175.00	\$175.00	28	\$4,900
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$258.00	\$75.48	926	\$75,005
		PERSON COUNTY GROUP HOMES INC	CARDINAL	\$141.00	\$75.48	23	\$1,933
		PORT HUMAN SERVICES	SANDHILLS	\$157.00	\$157.00	209	\$32,813
			TRILLIUM	\$157.00	\$157.00	401	\$62,957
		RALPH SCOTT LIFESERVICES INC	CARDINAL	\$75.48	\$75.48	108	\$8,152
		RECOVERY CONNECTIONS OF DURHAM	ALLIANCE	\$90.63	\$90.63	271	\$24,515
		RENU LIFE EXTENDED INC	ALLIANCE	\$70.95	\$70.95	28	\$1,987
		RESIDENTIAL SERVICES INC	ALLIANCE	\$75.48	\$75.48	28	\$2,113
			CARDINAL	\$75.48	\$75.48	15	\$1,132
		RESIDENTIAL SUPPORT SERVICES OF WAK	ALLIANCE	\$113.65	\$113.65	270	\$30,686
		RESIDENTIAL TREATMENT SERVICES	CARDINAL	\$75.48	\$75.48	12	\$906
		RHA Health Services NC LLC	ALLIANCE	\$70.95	\$70.95	112	\$7,946
			CARDINAL	\$75.48	\$75.48	327	\$24,682
			PARTNERS	\$75.48	\$75.48	26	\$1,962
			SANDHILLS	\$110.66	\$110.66	26	\$2,877
			VAYA	\$45.00	\$45.00	74	\$3,330
		ROBESON HEALTH CARE CORPORATION	TRILLIUM	\$144.56	\$144.56	145	\$20,961
		ROUSES GROUP HOME II INC.	CARDINAL	\$75.48	\$75.48	11	\$727
			SANDHILLS	\$75.48	\$75.48	55	\$4,151
		SOMEONE DOES CARE	EASTPOINTE	\$75.48	\$75.48	82	\$6,189
		SOPHIA B PIERCE AND ASSOCIATES INC	EASTPOINTE	\$75.48	\$75.48	84	\$6,340
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$75.48	\$75.48	140	\$10,567
		SPIRIT OF EXCELLENCE COMMUNITY OUTR	ALLIANCE	\$75.48	\$75.48	28	\$2,113
		SUMMIT SUPPORT SERVICES OF ASHE INC	PARTNERS	\$75.48	\$75.48	28	\$2,113
			VAYA	\$45.00	\$45.00	168	\$7,560

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Living - Mod	YP770	SYNERGY IN ACTION INC	VAYA	\$42.75	\$42.75	28	\$1,197
		THE ARC OF DAVIDSON COUNTY	CARDINAL	\$41.05	\$41.05	35	\$1,437
		THE ASBURY HOMES INC	EASTPOINTE	\$75.48	\$75.48	112	\$8,454
		THE WORKSHOP OF DAVIDSON INC	CARDINAL	\$41.05	\$41.05	11	\$439
		TURNING POINT SERVICES	PARTNERS	\$75.48	\$75.48	28	\$2,113
			VAYA	\$45.00	\$45.00	65	\$2,925
		ULTIMATE FAMILY HOME CARE INC	ALLIANCE	\$75.48	\$75.48	28	\$2,113
		UNIVERSITY OF NORTH CAROLINA AT CHA	CARDINAL	\$155.73	\$155.73	199	\$30,990
		VISION YOUTH GROUP HOMES	TRILLIUM	\$157.00	\$157.00	243	\$38,151
		WATAUGA OPPORTUNITIES INC	VAYA	\$45.00	\$45.00	28	\$1,260
		WESTERN NORTH CAROLINA GROUP HOME F	VAYA	\$75.48	\$75.48	84	\$6,340
		WITH A PURPOSE FAMILY CARE#2 WOODY	EASTPOINTE	\$75.48	\$75.48	112	\$8,454
		JACE HEALTHCARE SERVICES INC	ALLIANCE	\$75.48	\$75.48	28	\$2,113
		UMAR SERVICES INC	CARDINAL	\$41.05	\$41.05	110	\$4,516
			PARTNERS	\$75.48	\$75.48	98	\$7,397
		UNION COUNTY RESIDENTIAL SERVICES I	CARDINAL	\$41.05	\$41.05	13	\$534
		AUTISM SERVICES INCORPORATED	ALLIANCE	\$110.95	\$69.53	156	\$12,669
		BRUSHY MOUNTAIN GROUP HOMES INC	VAYA	\$45.00	\$45.00	448	\$19,620
		HEAVENLY PLACE LLC	ALLIANCE	\$75.48	\$75.48	22	\$1,661
		THERAPEUTIC ALTERNATIVES INC	SANDHILLS	\$75.48	\$75.48	370	\$27,928
		TRI COUNTY COMMUNITY HEALTH COUNCIL	EASTPOINTE	\$75.48	\$75.48	253	\$19,096
		LIFESPAN INC	VAYA	\$75.48	\$75.48	99	\$7,473
		CHATHAM COUNTY GROUP HOMES INC	CARDINAL	\$41.05	\$41.05	22	\$903
		AUTUMN HALLS OF UNAKA 2	VAYA	\$75.48	\$75.48	112	\$8,454
		LIFE INC	CARDINAL	\$75.48	\$75.48	111	\$8,378
			TRILLIUM	\$58.21	\$58.21	247	\$14,378
		NCG ACQUISITION LLC	VAYA	\$45.00	\$45.00	510	\$22,950
		CAROLINAS HOME CARE AGENCY INC	EASTPOINTE	\$75.48	\$75.48	28	\$2,113
		RENU LIFE LLC	ALLIANCE	\$71.23	\$71.23	28	\$1,994
		CRANDELLS ENTERPRISES INC	ALLIANCE	\$75.48	\$75.48	112	\$8,454
		CAROLINA RESIDENTIAL SERVICES INC	PARTNERS	\$75.48	\$75.48	112	\$8,454

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Therapy (non-multiple family group)	90853	A HELPING HAND OF WILMINGTON LLC	TRILLIUM	\$19.18	\$19.18	62	\$1,189
		ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$22.58	\$22.58	211	\$4,676
		CAROLINA OUTREACH LLC	ALLIANCE	\$19.18	\$19.18	109	\$2,090
			EASTPOINTE	\$19.76	\$19.18	56	\$1,076
		CARTERET COUNSELING SERVICES INC	TRILLIUM	\$19.18	\$19.18	40	\$767
		COMMUNITY-BASED DEVELOPMENTAL SERVI	ALLIANCE	\$19.18	\$19.18	77	\$1,477
		DAYMARK RECOVERY SERVICES INC	CARDINAL PARTNERS SANDHILLS VAYA	\$48.66	\$48.66	1268	\$60,418
				\$36.00	\$36.00	346	\$12,456
				\$22.58	\$22.58	399	\$9,009
				\$48.66	\$48.66	299	\$14,549
		EL FUTURO	ALLIANCE	\$19.18	\$19.18	28	\$537
		ELITE CARE SERVICE INC	ALLIANCE	\$19.18	\$19.18	32	\$614
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$48.66	\$48.66	92	\$4,477
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$19.18	\$19.18	73	\$1,400
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$36.00	\$36.00	170	\$6,120
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$36.00	\$36.00	34	\$1,224
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$48.66	\$48.66	120	\$5,630
		MONARCH	ALLIANCE	\$19.18	\$19.18	14	\$269
			CARDINAL	\$50.00	\$48.66	18	\$873
			PARTNERS	\$36.00	\$36.00	14	\$504
			SANDHILLS	\$22.58	\$22.58	53	\$1,197
			TRILLIUM	\$19.18	\$19.18	24	\$460
		OCTOBER ROAD INC	VAYA	\$24.43	\$24.43	26	\$635
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$36.00	\$36.00	12	\$432
		PHOENIX COUNSELING CENTER	PARTNERS	\$36.00	\$36.00	77	\$2,772
		PORT HUMAN SERVICES	EASTPOINTE	\$19.76	\$19.76	97	\$1,917
			TRILLIUM	\$26.09	\$19.18	852	\$16,473
		REPAY INC	PARTNERS	\$36.00	\$36.00	17	\$612
			VAYA	\$24.43	\$24.43	19	\$464

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Group Therapy (non-	90853	RESTORATION FAMILY SERVICERS INC	ALLIANCE	\$19.18	\$19.18	14	\$269
		RHA HEALTH SERVICES INC	CARDINAL	\$48.66	\$48.66	58	\$2,822
			VAYA	\$48.66	\$48.66	693	\$33,543
			TRILLIUM	\$19.18	\$19.18	53	\$1,017
		SUNPATH LLC	PARTNERS	\$36.00	\$36.00	59	\$2,124
		THE COGNITIVE CONNECTION	PARTNERS	\$36.00	\$36.00	190	\$6,831
		TRINITY BEHAVIORAL HEALTHCARE PC	CARDINAL	\$48.66	\$48.66	58	\$2,822
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$19.76	\$19.18	40	\$768
			SANDHILLS	\$22.58	\$22.58	45	\$1,016
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$48.66	\$48.66	57	\$2,698
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$19.18	\$19.18	71	\$1,362
		BHG XXXVI LLC	VAYA	\$24.43	\$24.43	12	\$293
		FAMILY SERVICE OF THE PIEDMONT INC	SANDHILLS	\$22.58	\$22.58	293	\$6,616
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$19.18	\$19.18	10	\$192
		A CARING ALTERNATIVE LLC	PARTNERS	\$36.00	\$36.00	11	\$396
		NCG ACQUISITION LLC	VAYA	\$48.66	\$48.66	64	\$3,114
		BURKE COUNCIL ON ALCOHOLISM CHEMI	PARTNERS	\$36.00	\$36.00	91	\$3,276
Hospital Discharge Transition Service	YA346	THE COGNITIVE CONNECTION	PARTNERS	\$18.25	\$18.25	112	\$1,978
		THE MENTAL HEALTH FUND INC	PARTNERS	\$18.25	\$18.25	34	\$621
		THERAPEUTIC ALTERNATIVES INC	ALLIANCE	\$18.25	\$18.25	489	\$8,924
		A CARING ALTERNATIVE LLC	PARTNERS	\$18.25	\$18.25	49	\$828
Ind Placement Support/Supported Emp	YP630	CLIENTFIRST OF NC LLC	EASTPOINTE	\$22.82	\$22.82	118	\$2,693
		COASTAL SOUTHEASTERN UNITED CARE	PARTNERS	\$14.22	\$14.22	18	\$256
		EASTER SEALS UCP NC & VA	ALLIANCE	\$19.02	\$19.02	296	\$5,630
			TRILLIUM	\$19.02	\$19.02	90	\$1,649
		EASTER SEALS UCP NORTH CAROLINA	ALLIANCE	\$19.02	\$19.02	108	\$2,054
		EMPLOYMENT SOURCE INC	ALLIANCE	\$22.77	\$22.77	61	\$1,389
		FAMILY FIRST SUPPORT CENTER INC	EASTPOINTE	\$19.02	\$19.02	268	\$5,088
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$22.82	\$22.82	81	\$1,848

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Ind Placement	YP630	INNERVISION INC	CARDINAL	\$19.02	\$19.02	99	\$1,883
		JOHNSTON COUNTY INDUSTRIES INC	ALLIANCE	\$19.02	\$19.02	129	\$2,454
			SANDHILLS	\$19.02	\$19.02	26	\$495
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$22.82	\$22.82	90	\$2,054
		MONARCH	ALLIANCE	\$19.02	\$19.02	48	\$913
			CARDINAL	\$25.00	\$22.82	88	\$2,039
			EASTPOINTE	\$19.02	\$19.02	123	\$2,339
			PARTNERS	\$19.02	\$19.02	54	\$1,027
			SANDHILLS	\$19.02	\$19.02	238	\$4,527
		NEW DIMENSION GROUP LLC	EASTPOINTE	\$19.02	\$19.02	66	\$1,255
		PHYSICIAN ALLIANCE FOR MENTAL HEALT	TRILLIUM	\$22.82	\$22.82	103	\$2,348
		PQA HEALTHCARE INC	CARDINAL	\$19.02	\$19.02	47	\$884
			PARTNERS	\$19.02	\$14.22	15	\$228
		RHA HEALTH SERVICES INC	VAYA	\$19.02	\$19.02	88	\$1,674
		RHA Health Services NC LLC	CARDINAL	\$22.82	\$19.02	152	\$3,168
		SANCTUARY HOUSE INC	SANDHILLS	\$19.02	\$19.02	20	\$380
		UNIVERSITY OF NORTH CAROLINA AT CHA	CARDINAL	\$27.32	\$27.32	83	\$2,247
Independent Living-MR/MI	YM700	RHA BEHAVIORAL HEALTH NC LLC	SANDHILLS	\$19.02	\$19.02	155	\$2,948
		COMMUNITY PARTNERSHIPS INC	ALLIANCE	\$19.02	\$19.02	58	\$1,103
		COMMUNITY SUPPORT SERVICE LLC	SANDHILLS	\$37.34	\$37.34	28	\$1,046
		RHA Health Services NC LLC	EASTPOINTE	\$68.15	\$68.15	167	\$11,381
		SPECIALIZED SERVICES AND PERSONNEL	SANDHILLS	\$16.68	\$16.68	28	\$467
Individual Therapy (20-30 min.)	90832	UNIVERSITY OF NORTH CAROLINA AT CHA	ALLIANCE	\$23.34	\$23.34	28	\$654
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$38.80	\$38.80	56	\$2,173
		ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$46.12	\$46.12	42	\$1,888
		BAART COMMUNITY HEALTHCARE	ALLIANCE	\$39.18	\$39.18	24	\$940
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$52.24	\$45.36	52	\$2,381
			PARTNERS	\$47.72	\$47.72	66	\$3,150
			SANDHILLS	\$46.12	\$46.12	21	\$969

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Individual Therapy (20-30	90832	DAYMARK RECOVERY SERVICES INC	VAYA	\$52.24	\$52.24	44	\$2,299
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$52.24	\$52.24	13	\$679
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$39.18	\$39.18	14	\$549
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$39.18	\$39.18	187	\$7,327
			VAYA	\$34.18	\$34.18	71	\$2,427
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$52.24	\$52.24	42	\$2,194
		MONARCH	EASTPOINTE	\$40.36	\$40.36	19	\$767
			PARTNERS	\$47.72	\$47.72	84	\$4,008
		OUTREACH MANAGEMENT SERVICES	PARTNERS	\$63.63	\$47.72	21	\$1,018
		PORT HUMAN SERVICES	EASTPOINTE	\$40.36	\$40.36	56	\$2,259
			TRILLIUM	\$48.81	\$39.18	214	\$8,404
		RHA HEALTH SERVICES INC	CARDINAL	\$45.36	\$45.36	15	\$680
			VAYA	\$52.24	\$52.24	50	\$2,612
		THE MENTAL HEALTH FUND INC	PARTNERS	\$47.72	\$47.72	49	\$2,338
		UNIVERSITY OF NORTH CAROLINA AT CHA	ALLIANCE	\$52.24	\$39.18	12	\$496
		PRIMARY HEALTH CHOICE INC	EASTPOINTE	\$40.36	\$40.36	14	\$565
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$39.18	\$39.18	23	\$901
			SANDHILLS	\$46.12	\$46.12	11	\$507
		CROSSROADS TREATMENT CENTERS	VAYA	\$34.18	\$34.18	94	\$3,213
		MORSE CLINIC OF ZEBULON	ALLIANCE	\$39.18	\$39.18	26	\$1,019
		CHATHAM RECOVERY, LLC	CARDINAL	\$39.18	\$39.18	11	\$431
			SANDHILLS	\$39.18	\$39.18	16	\$627
		MORSE CLINIC OF NORTH RALEIGH	ALLIANCE	\$39.18	\$39.18	18	\$705
		JOHNSTON RECOVERY SERVICES	ALLIANCE	\$39.18	\$39.18	33	\$1,293
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$45.36	\$45.36	15	\$679
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$39.18	\$39.18	68	\$2,664
		BHG XXXVI LLC	VAYA	\$34.18	\$34.18	29	\$991
		A CARING ALTERNATIVE LLC	PARTNERS	\$47.72	\$47.72	13	\$620
		PRIDE IN NORTH CAROLINA INC	ALLIANCE	\$39.18	\$39.18	10	\$392
Individual Therapy (20-30 mi	90833	TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$29.67	\$29.67	10	\$297
		A CARING ALTERNATIVE LLC	PARTNERS	\$29.67	\$29.67	11	\$326

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Individual Therapy (45-50 min.)	90834	A HELPING HAND OF WILMINGTON LLC	TRILLIUM	\$50.89	\$50.89	62	\$3,155
		CAROLINA OUTREACH LLC	ALLIANCE	\$50.89	\$50.89	11	\$560
		COUNTY OF CATAWBA OFFICE OF ACCOUNT	PARTNERS	\$63.29	\$63.29	41	\$2,595
		CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$50.89	\$50.89	26	\$1,323
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$77.41	\$68.30	30	\$2,063
			PARTNERS	\$63.29	\$63.29	21	\$1,329
			SANDHILLS	\$59.90	\$59.90	20	\$1,198
			VAYA	\$77.41	\$77.41	55	\$4,258
		EAST CAROLINA UNIVERSITY	TRILLIUM	\$74.64	\$74.64	13	\$852
		EASTER SEALS UCP NC & VA	ALLIANCE	\$50.89	\$50.89	12	\$611
		EL FUTURO	ALLIANCE	\$50.89	\$50.89	27	\$1,374
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$77.41	\$77.41	79	\$6,115
		FAMILY WORKS PSYCHOLOGICAL CENTER	EASTPOINTE	\$52.42	\$52.42	10	\$524
		JOHNSTON CO HEALTH DEPT	ALLIANCE	\$67.85	\$50.89	18	\$950
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$77.41	\$77.41	72	\$5,574
		MONARCH	CARDINAL	\$70.00	\$68.30	12	\$828
			PARTNERS	\$63.29	\$63.29	74	\$4,683
		NORTH CAROLINA RECOVERY SUPPORT SER	ALLIANCE	\$50.89	\$50.89	31	\$1,578
		OCTOBER ROAD INC	VAYA	\$45.89	\$45.89	28	\$1,285
		OUTREACH MANAGEMENT SERVICES	PARTNERS	\$63.29	\$63.29	12	\$759
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$63.29	\$63.29	17	\$1,076
		PHOENIX COUNSELING CENTER	PARTNERS	\$63.29	\$63.29	49	\$3,101
		PHYSICIAN ALLIANCE FOR MENTAL HEALT	TRILLIUM	\$50.89	\$50.89	11	\$560
		PORT HUMAN SERVICES	TRILLIUM	\$63.40	\$50.89	150	\$7,734
		RHA HEALTH SERVICES INC	CARDINAL	\$91.07	\$68.30	19	\$1,320
			VAYA	\$77.41	\$77.41	145	\$11,033
			TRILLIUM	\$50.89	\$50.89	11	\$560
		SELF CONCEPTS CLINICAL COUNSELING S	PARTNERS	\$63.29	\$63.29	18	\$1,139
		SUNPATH LLC	PARTNERS	\$63.29	\$63.29	111	\$7,025

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Individual Therapy (45-50)	90834	THE MENTAL HEALTH FUND INC	PARTNERS	\$63.29	\$63.29	136	\$8,607
		PRIMARY HEALTH CHOICE INC	EASTPOINTE	\$52.42	\$52.42	14	\$734
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$52.42	\$50.89	11	\$561
			SANDHILLS	\$59.90	\$59.90	14	\$839
		MORSE CLINIC OF ZEBULON	ALLIANCE	\$50.89	\$50.89	10	\$509
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$68.30	\$68.30	18	\$1,226
		YOUTH HAVEN SERVICES INC	CARDINAL	\$50.89	\$45.89	13	\$602
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$50.89	\$50.89	139	\$7,074
		BHG XXXVI LLC	VAYA	\$45.89	\$45.89	14	\$642
		PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$68.30	\$68.30	20	\$1,366
		TAR HEEL HUMAN SERVICES INC	EASTPOINTE	\$52.42	\$52.42	25	\$1,311
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$52.42	\$52.42	18	\$944
		FAMILY SERVICE OF THE PIEDMONT INC	SANDHILLS	\$59.90	\$59.90	415	\$24,859
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$50.89	\$50.89	15	\$763
		A CARING ALTERNATIVE LLC	PARTNERS	\$63.29	\$63.29	117	\$7,402
		NCG ACQUISITION LLC	VAYA	\$77.41	\$77.41	103	\$7,973
		BURKE COUNCIL ON ALCOHOLISM CHEMI	PARTNERS	\$63.29	\$63.29	20	\$1,266
Individual Therapy (60 min.)	90837	A HELPING HAND OF WILMINGTON LLC	TRILLIUM	\$74.57	\$74.57	329	\$24,534
		ACCESS FAMILY SERVICES INC	TRILLIUM	\$74.57	\$74.57	16	\$1,193
		ADVANTAGE BEHAVIORAL HEALTHCARE INC	EASTPOINTE	\$76.81	\$74.57	10	\$752
		BRADFORD ASSOCIATES NC LLC	SANDHILLS	\$87.77	\$87.77	51	\$4,476
		CAROLINA OUTREACH LLC	ALLIANCE	\$74.57	\$74.57	280	\$20,880
			CARDINAL	\$74.57	\$74.57	24	\$1,790
			EASTPOINTE	\$76.81	\$74.57	66	\$4,928
		CLIENTFIRST OF NC LLC	EASTPOINTE	\$76.81	\$76.81	30	\$2,304
		COASTAL SOUTHEASTERN UNITED CARE	TRILLIUM	\$74.57	\$74.57	14	\$1,044
		CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$74.57	\$74.57	38	\$2,834
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$95.00	\$88.00	204	\$17,795
			SANDHILLS	\$87.77	\$87.77	84	\$7,373
			VAYA	\$88.34	\$88.34	38	\$3,357

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Individual Therapy (60 min.)	90837	DREAM PROVIDER CARE SERVICES	TRILLIUM	\$74.57	\$74.57	121	\$9,023
		DREAMS TREATMENT SERVICES INC	SANDHILLS	\$87.77	\$87.77	12	\$1,053
		EAST CAROLINA UNIVERSITY	TRILLIUM	\$109.36	\$109.36	19	\$1,939
		EASTER SEALS UCP NC & VA	ALLIANCE	\$74.57	\$74.57	48	\$3,579
		EASTER SEALS UCP NORTH CAROLINA	EASTPOINTE	\$76.81	\$76.81	33	\$2,535
		EL FUTURO	ALLIANCE	\$74.57	\$74.57	95	\$7,084
			CARDINAL	\$150.00	\$74.57	14	\$1,341
		FAMILY FIRST COMMUNITY SERVICES LLC	CARDINAL	\$74.57	\$74.57	12	\$895
		FAMILY FIRST SUPPORT CENTER INC	EASTPOINTE	\$76.81	\$76.81	60	\$4,606
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$69.57	\$69.57	72	\$5,009
		FAMILY WORKS PSYCHOLOGICAL CENTER	EASTPOINTE	\$76.81	\$76.81	24	\$1,843
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$74.57	\$74.57	60	\$4,474
		FERNANDEZ COMMUNITY CENTER LLC	ALLIANCE	\$74.57	\$74.57	75	\$5,593
		Greater Image Healthcare, Corp.	ALLIANCE	\$74.57	\$74.57	40	\$2,977
		HOPE SERVICES LLC	ALLIANCE	\$74.57	\$74.57	54	\$4,027
		INNERVISION INC	CARDINAL	\$74.57	\$74.57	10	\$746
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$74.57	\$74.57	10	\$707
		INTEGRATED BEHAVIORAL HEALTHCARE SE	ALLIANCE	\$74.57	\$74.57	78	\$5,676
		INTEGRATED FAMILY SERVICES PLLC	TRILLIUM	\$74.57	\$74.57	11	\$820
		LE CHRIS COUNSELING SERVICES INC	TRILLIUM	\$70.99	\$70.99	17	\$1,207
		MENTAL HEALTH ASSOCIATES OF THE TRI	SANDHILLS	\$87.77	\$87.77	38	\$3,335
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$69.57	\$69.57	65	\$4,506
		MONARCH	ALLIANCE	\$74.57	\$74.57	232	\$17,159
			CARDINAL	\$120.00	\$88.00	155	\$15,798
			EASTPOINTE	\$76.81	\$76.81	131	\$9,973
			SANDHILLS	\$87.77	\$87.77	110	\$9,655
			TRILLIUM	\$149.14	\$74.57	29	\$3,132
		PEACE OF MIND INC	SANDHILLS	\$87.77	\$87.77	17	\$1,492
		PHYSICIAN ALLIANCE FOR MENTAL HEALT	TRILLIUM	\$74.57	\$74.57	25	\$1,864
		PORT HUMAN SERVICES	TRILLIUM	\$92.90	\$74.57	327	\$24,806
		PREMIER BEHAVIORAL SERVICES INC	EASTPOINTE	\$74.57	\$74.57	90	\$6,711

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Individual Therapy (60 min.)	90837	PROGRESSIVE CHILD AND ADOLESCENT CE	EASTPOINTE	\$74.57	\$74.57	11	\$820
		RESTORATION FAMILY SERVICERS INC	ALLIANCE	\$74.57	\$74.57	62	\$4,623
		RHA HEALTH SERVICES INC	CARDINAL	\$88.00	\$88.00	40	\$3,520
			VAYA	\$69.57	\$69.57	74	\$5,148
			TRILLIUM	\$74.57	\$74.57	17	\$1,268
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$74.57	\$74.57	83	\$6,189
		TRINITY BEHAVIORAL HEALTHCARE PC	CARDINAL	\$88.00	\$88.00	58	\$5,104
		TURNING POINT HOMES INC	CARDINAL	\$84.00	\$74.57	16	\$1,128
		VISION BEHAVIORAL HEALTH SERVICES L	CARDINAL	\$88.00	\$88.00	62	\$4,845
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$76.81	\$71.29	56	\$4,076
			SANDHILLS	\$87.77	\$87.77	14	\$1,229
		MORSE CLINIC OF NORTH RALEIGH	ALLIANCE	\$74.57	\$74.57	10	\$746
		FREEDOM HOUSE RECOVERY CENTER INC	ALLIANCE	\$74.57	\$74.57	24	\$1,790
			CARDINAL	\$113.51	\$88.00	115	\$10,352
		YOUTH HAVEN SERVICES INC	CARDINAL	\$74.57	\$67.57	30	\$2,103
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$74.57	\$74.57	190	\$14,168
		BHG XXXVI LLC	VAYA	\$69.57	\$69.57	11	\$765
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$102.40	\$76.81	119	\$9,473
		KV CONSULTANTS AND ASSOCIATES INC	ALLIANCE	\$74.57	\$74.57	14	\$1,044
		COTTAGE HEALTH CARE SERVICES INC	ALLIANCE	\$74.57	\$74.57	44	\$3,281
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$74.57	\$74.57	291	\$21,700
		TT&T SERVICES INC	EASTPOINTE	\$76.81	\$76.81	64	\$4,876
		PRIDE IN NORTH CAROLINA INC	ALLIANCE	\$74.57	\$74.57	30	\$2,237
			EASTPOINTE	\$76.81	\$76.81	28	\$2,151
			TRILLIUM	\$74.57	\$74.57	11	\$820
Initial Hospital Care Mod Severity	99222	NCG ACQUISITION LLC	VAYA	\$113.34	\$113.34	12	\$1,360
Intensive In-Home Services	H2022	CAROLINA OUTREACH LLC	ALLIANCE	\$239.66	\$239.66	49	\$11,743
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$258.20	\$258.20	11	\$2,840
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$239.66	\$239.66	40	\$9,586

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Intensive In-Home Services	H2022	PRIDE IN NORTH CAROLINA INC	EASTPOINTE	\$239.66	\$239.66	10	\$2,397
Interactive Evaluation	90792	DAYMARK RECOVERY SERVICES INC	CARDINAL	\$158.30	\$158.30	70	\$10,590
			SANDHILLS	\$123.09	\$123.09	20	\$2,351
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$158.30	\$158.30	19	\$2,879
		MONARCH	SANDHILLS	\$104.62	\$104.62	28	\$2,929
		RHA HEALTH SERVICES INC	VAYA	\$158.30	\$158.30	40	\$6,332
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$104.58	\$104.58	10	\$1,046
		FREEDOM HOUSE RECOVERY CENTER INC	ALLIANCE	\$104.58	\$104.58	17	\$1,778
Interactive Evaluation-Telemedicine	90792	DAYMARK RECOVERY SERVICES INC	CARDINAL	\$158.30	\$158.30	13	\$2,003
			SANDHILLS	\$123.09	\$123.09	14	\$1,723
			VAYA	\$158.30	\$158.30	14	\$2,216
Long Term Vocation Support Indiv IDD	YA389	Community Workforce Solutions, Inc.	ALLIANCE	\$11.21	\$11.21	24	\$269
			CARDINAL	\$11.21	\$11.21	14	\$157
		DURHAM EXCHANGE CLUB INDUSTRIES INC	ALLIANCE	\$11.21	\$11.21	57	\$639
		EASTER SEALS UCP NC & VA	ALLIANCE	\$11.21	\$11.21	47	\$527
			TRILLIUM	\$11.21	\$11.21	33	\$370
		JOHNSTON COUNTY INDUSTRIES INC	ALLIANCE	\$11.21	\$11.21	45	\$504
			SANDHILLS	\$11.21	\$11.21	29	\$325
		LEE COUNTY INDUSTRIES INC	SANDHILLS	\$11.21	\$11.21	24	\$269
		MONARCH	CARDINAL	\$15.00	\$15.00	37	\$487
			SANDHILLS	\$11.21	\$11.21	18	\$202
		NEUSE ENTERPRISES INC	EASTPOINTE	\$11.21	\$11.21	51	\$572
		OE ENTERPRISES INC	CARDINAL	\$11.21	\$11.21	51	\$572
		RANDOLPH VOCATIONAL WORKSHOP INC	SANDHILLS	\$11.21	\$11.21	32	\$359
		THE ARC OF GREENSBORO INC	SANDHILLS	\$11.21	\$11.21	82	\$919
		THE ENRICHMENT CTR AN AFFL CHPT	CARDINAL	\$11.21	\$11.21	11	\$123
		UNIVERSITY OF NORTH CAROLINA AT CHA	ALLIANCE	\$11.21	\$11.21	38	\$426
			CARDINAL	\$11.21	\$11.21	60	\$673

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Long Term Vocation	YA389	UNIVERSITY OF NORTH CAROLINA AT CHA	SANDHILLS	\$11.21	\$11.21	45	\$504
		LIFESPAN INC	PARTNERS	\$11.21	\$11.21	10	\$112
			SANDHILLS	\$11.21	\$11.21	79	\$886
		COMMUNITY PARTNERSHIPS INC	ALLIANCE	\$11.21	\$11.21	75	\$841
Long Term Vocational Suppo	YA383	WATAUGA OPPORTUNITIES INC	VAYA	\$3.00	\$3.00	16	\$48
Mental Health - Day Treatment - Child	H2012	PORT HUMAN SERVICES	TRILLIUM	\$31.41	\$31.41	48	\$1,508
		YOUTH HAVEN SERVICES INC	CARDINAL	\$50.26	\$50.26	13	\$653
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$31.41	\$31.41	20	\$628
Mental Health - Partial Hospitalization	H0035	OUTREACH MANAGEMENT SERVICES	PARTNERS	\$192.00	\$192.00	21	\$4,032
		PHOENIX COUNSELING CENTER	PARTNERS	\$192.00	\$192.00	85	\$16,320
		Psi Nc Inc Holly Hill Hospital	ALLIANCE	\$300.00	\$300.00	82	\$24,600
		KEYSTONE WSNC LLC	CARDINAL	\$132.32	\$132.32	59	\$7,807
Mobile Crisis Management	H2011	CRISYS LLC	CARDINAL	\$34.37	\$34.37	106	\$3,643
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$34.37	\$34.37	143	\$4,915
			PARTNERS	\$56.00	\$56.00	34	\$1,904
			VAYA	\$33.68	\$33.68	30	\$1,010
		EASTER SEALS UCP NORTH CAROLINA	EASTPOINTE	\$33.68	\$33.68	27	\$909
		INTEGRATED FAMILY SERVICES PLLC	TRILLIUM	\$91.00	\$91.00	298	\$27,118
		MONARCH	EASTPOINTE	\$33.68	\$33.68	23	\$775
		PHOENIX COUNSELING CENTER	PARTNERS	\$56.00	\$56.00	135	\$7,560
		RHA HEALTH SERVICES INC	VAYA	\$33.46	\$33.46	160	\$5,354
			TRILLIUM	\$91.00	\$91.00	150	\$13,650
		THE MENTAL HEALTH FUND INC	PARTNERS	\$56.00	\$56.00	58	\$2,690
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$34.37	\$34.37	12	\$412
		THERAPEUTIC ALTERNATIVES INC	ALLIANCE	\$33.68	\$33.68	27	\$909
Multi-Systemic Therapy	H2033		SANDHILLS	\$33.68	\$33.68	29	\$977
		NCG ACQUISITION LLC	VAYA	\$33.68	\$33.68	194	\$6,534
		EASTER SEALS UCP NC & VA	ALLIANCE	\$36.57	\$36.57	52	\$1,902

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Multi-Systemic Therapy	H2033	HAIRE ENTERPRISES INC	ALLIANCE	\$36.57	\$36.57	51	\$1,865
		HAVEN HOUSE SERVICES	ALLIANCE	\$36.57	\$36.57	16	\$585
Non-Hospital Medical Detox	H0010	ADDICTION RECOVERY CARE ASSOCIATION	CARDINAL	\$325.58	\$325.58	36	\$11,721
		CUMBERLAND COUNTY HOSPITAL SYSTEM I	ALLIANCE	\$325.58	\$325.58	205	\$66,744
		MONARCH	EASTPOINTE	\$335.35	\$325.58	15	\$4,933
		RESIDENTIAL TREATMENT SERVICES	CARDINAL	\$325.58	\$325.58	23	\$7,488
		UNIVERSITY OF NC HOSPITALS AT CHAPE	ALLIANCE	\$325.58	\$325.58	356	\$105,249
Opioid Treatment	H0020	ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$18.76	\$18.76	2043	\$38,327
		BAART COMMUNITY HEALTHCARE	ALLIANCE	\$16.60	\$16.60	2912	\$48,339
			CARDINAL	\$16.60	\$16.60	29	\$481
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$131.56	\$16.60	3413	\$56,756
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$16.60	\$16.60	3077	\$51,078
			VAYA	\$16.60	\$16.60	1864	\$30,942
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$16.49	\$16.49	85	\$1,402
		PORT HUMAN SERVICES	TRILLIUM	\$23.60	\$16.60	3008	\$50,703
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$16.60	\$16.60	4888	\$81,141
		BOBBY P KEARNEY MD PLLC	PARTNERS	\$16.49	\$16.49	215	\$3,545
			VAYA	\$16.60	\$16.60	368	\$6,109
		CROSSROADS TREATMENT CENTERS	VAYA	\$16.60	\$16.60	2004	\$33,266
		MORSE CLINIC OF ZEBULON	ALLIANCE	\$16.60	\$16.60	1000	\$16,600
		CHATHAM RECOVERY, LLC	CARDINAL	\$19.17	\$19.17	182	\$3,489
			SANDHILLS	\$18.76	\$18.76	441	\$8,273
		MORSE CLINIC OF NORTH RALEIGH	ALLIANCE	\$16.60	\$16.60	653	\$10,840
			CARDINAL	\$19.17	\$19.17	32	\$613
		JOHNSTON RECOVERY SERVICES	ALLIANCE	\$16.60	\$16.60	2053	\$34,063
		ATS OF NORTH CAROLINA, INC.	ALLIANCE	\$16.60	\$16.60	2344	\$38,910
			SANDHILLS	\$18.76	\$18.76	261	\$4,896
			VAYA	\$16.60	\$16.60	1610	\$26,726
		VANCE RECOVERY PC	CARDINAL	\$19.17	\$19.17	153	\$2,933
		MORSE CLINIC OF HILLSBOROUGH, PC	CARDINAL	\$19.17	\$19.17	25	\$479

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Opioid Treatment	H0020	COASTAL HORIZONS CENTER INC	TRILLIUM	\$16.60	\$16.60	3316	\$55,046
		BHG XXXVI LLC	VAYA	\$16.60	\$16.60	1489	\$24,717
		BHG XXXVII LLC	VAYA	\$16.60	\$16.60	233	\$3,868
Outpatient DBT (Group)	YA386	CAROLINA OUTREACH LLC	ALLIANCE	\$62.68	\$62.68	124	\$7,772
		MONARCH	ALLIANCE	\$62.68	\$62.68	20	\$1,254
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$62.68	\$62.68	11	\$689
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$62.68	\$62.68	97	\$6,080
Outpatient DBT (Individual)	YA387	CAROLINA OUTREACH LLC	ALLIANCE	\$110.96	\$110.96	166	\$18,419
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$110.96	\$110.96	12	\$1,332
		MONARCH	ALLIANCE	\$110.96	\$110.96	30	\$3,329
		PORT HUMAN SERVICES	TRILLIUM	\$142.08	\$142.08	13	\$1,847
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$110.96	\$110.96	24	\$2,663
		TURNING POINT FAMILY CARE PLLC	ALLIANCE	\$110.96	\$110.96	98	\$10,874
Peer support	YA308	CARAMORE	CARDINAL	\$8.14	\$8.14	144	\$1,172
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$8.14	\$8.14	253	\$2,059
		INNERVISION INC	CARDINAL	\$12.00	\$12.00	80	\$960
		MONARCH	SANDHILLS	\$8.14	\$8.14	29	\$236
		NEW DIMENSION GROUP LLC	EASTPOINTE	\$8.14	\$8.14	61	\$497
		RHA HEALTH SERVICES INC	CARDINAL	\$12.00	\$12.00	547	\$6,564
			VAYA	\$12.00	\$12.00	272	\$3,264
		VISION BEHAVIORAL HEALTH SERVICES L	CARDINAL	\$12.00	\$12.00	122	\$1,464
		RHA BEHAVIORAL HEALTH NC LLC	SANDHILLS	\$8.14	\$8.14	102	\$830
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$12.00	\$12.00	27	\$324
Peer support group B3	YA309	RHA HEALTH SERVICES INC	CARDINAL	\$2.71	\$2.71	23	\$62
			VAYA	\$2.71	\$2.71	122	\$331
		RHA BEHAVIORAL HEALTH NC LLC	SANDHILLS	\$2.71	\$2.71	79	\$214
Peer Support Hospital Discharge & Diversion - Ind	YA343			\$10.14	\$10.14	13	\$132
		FAMILY PRESERVATION SERVICES OF NC	VAYA				
		OCTOBER ROAD INC	VAYA	\$10.14	\$10.14	26	\$264

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Peer Support Hospital	YA343	PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$10.14	\$10.14	45	\$456
		PHOENIX COUNSELING CENTER	PARTNERS	\$10.14	\$10.14	202	\$2,048
		PQA HEALTHCARE INC	PARTNERS	\$10.14	\$10.14	11	\$112
		RHA HEALTH SERVICES INC	VAYA	\$10.14	\$10.14	95	\$963
		THE MENTAL HEALTH FUND INC	PARTNERS	\$10.14	\$10.14	52	\$527
		THERAPEUTIC ALTERNATIVES INC	ALLIANCE	\$10.14	\$10.14	75	\$760
			SANDHILLS	\$10.14	\$10.14	103	\$1,044
		A CARING ALTERNATIVE LLC	PARTNERS	\$10.14	\$10.14	460	\$4,664
		NCG ACQUISITION LLC	VAYA	\$10.14	\$10.14	13	\$132
Personal Asst - Indiv	YP020	A SMALL MIRACLE INC	ALLIANCE	\$4.46	\$4.46	75	\$335
			EASTPOINTE	\$4.46	\$4.46	52	\$232
		ABILITIES INC.	EASTPOINTE	\$4.46	\$4.46	52	\$232
		ACHIEVE CASE MANAGEMENT SERVICES IN	PARTNERS	\$4.46	\$4.46	103	\$459
		ACI SUPPORT SPECIALISTS INC	ALLIANCE	\$4.46	\$4.46	137	\$611
			TRILLIUM	\$4.46	\$4.46	132	\$589
		Adult Day and Respite Care Center	SANDHILLS	\$4.46	\$4.46	53	\$234
		ADVANTAGE BEHAVIORAL HEALTHCARE INC	EASTPOINTE	\$4.46	\$4.46	72	\$321
		ALPHA MANAGEMENT SERVICES INC.	ALLIANCE	\$4.46	\$4.46	104	\$464
		ARC OF THE TRIANGLE INC	CARDINAL	\$4.46	\$4.46	112	\$500
		AUTISM SOCIETY OF NORTH CAROLINA	ALLIANCE	\$4.46	\$4.46	44	\$196
			SANDHILLS	\$4.46	\$4.46	36	\$161
			VAYA	\$4.46	\$4.46	296	\$1,320
			TRILLIUM	\$4.46	\$4.46	20	\$89
		BENJAMIN HOUSE CASE MANAGEMENT	TRILLIUM	\$4.46	\$4.46	76	\$339
		CARING HANDS AND SUPPLEMENTARY ENRI	ALLIANCE	\$4.46	\$4.46	68	\$303
			CARDINAL	\$4.46	\$4.46	21	\$94
		COMMUNITY INNOVATIONS INC	EASTPOINTE	\$4.46	\$4.46	16	\$71
		COMMUNITY SUPPORT SERVICE LLC	SANDHILLS	\$4.46	\$4.46	30	\$134
		Comprehensive Community Care, Inc.	ALLIANCE	\$4.46	\$4.46	38	\$169

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Personal Asst - Indiv	YP020	COMSERV INC	PARTNERS	\$4.46	\$4.46	52	\$232
		CROSSROADS SUPPORT SERVICES INC	EASTPOINTE	\$4.46	\$4.46	26	\$116
		DAVIDSON HOMES INC	VAYA	\$4.46	\$4.46	19	\$85
		DURHAM COUNTY COMMUNITY LIVING PROG	ALLIANCE	\$4.46	\$4.46	204	\$910
		EASTER SEALS UCP NC & VA	ALLIANCE	\$4.46	\$4.46	160	\$714
			CARDINAL	\$4.46	\$4.46	319	\$1,423
			SANDHILLS	\$4.46	\$4.46	199	\$888
			VAYA	\$4.46	\$4.46	138	\$615
			TRILLIUM	\$4.46	\$4.46	55	\$245
		EDUCARE COMMUNITY LIVING CORP NC	EASTPOINTE	\$4.46	\$4.46	20	\$89
		ELITE CARE SERVICES, INC	CARDINAL	\$4.46	\$4.46	49	\$219
		FAMILIES FIRST OF NC, LLC	VAYA	\$4.46	\$4.46	29	\$129
		GROUP HOMES OF FORSYTH	CARDINAL	\$4.46	\$4.46	39	\$174
		HAYWOOD COUNTY GROUP HOME	VAYA	\$4.46	\$4.46	194	\$865
		HOMECARE MANAGEMENT CORPORATION	EASTPOINTE	\$4.46	\$4.46	98	\$437
			PARTNERS	\$4.46	\$4.46	37	\$165
			VAYA	\$4.46	\$4.46	79	\$352
			TRILLIUM	\$4.46	\$4.46	51	\$227
		HUMAN RESOURCES UNLIMITED INC	TRILLIUM	\$4.46	\$4.46	11	\$49
		LIBERTY CORNER ENTERPRISES INC.	VAYA	\$4.46	\$4.46	50	\$223
		LUTHERAN FAMILY SERVICES IN THE CAR	CARDINAL	\$4.46	\$4.46	45	\$201
		MATCHBOX HEALTH SERVICES CORPORATIO	ALLIANCE	\$4.46	\$4.46	11	\$49
		MAXIM HEALTHCARE SERVICES	CARDINAL	\$4.46	\$4.46	44	\$196
			VAYA	\$4.46	\$4.46	40	\$178
			TRILLIUM	\$4.46	\$4.46	15	\$67
		MILLING MANOR INC	CARDINAL	\$4.41	\$4.41	11	\$49
		MONARCH	CARDINAL	\$5.00	\$4.46	88	\$411
			SANDHILLS	\$4.46	\$4.46	68	\$303
		MOUNTAIN AREA COMMUNITY SERVICES IN	VAYA	\$4.46	\$4.46	24	\$107

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Personal Asst - Indiv	YP020	ONE-ON-ONE CARE INC	PARTNERS	\$4.46	\$4.46	26	\$116
		PATHWAYS FOR PEOPLE INC.	CARDINAL	\$4.46	\$4.46	10	\$45
		PERSON COUNTY GROUP HOMES INC	CARDINAL	\$4.46	\$4.46	69	\$308
		RALPH SCOTT LIFESERVICES INC	CARDINAL	\$4.46	\$4.46	56	\$250
		RESIDENTIAL SERVICES INC	CARDINAL	\$4.46	\$4.46	23	\$103
		RESIDENTIAL SUPPORT SERVICES OF WAK	ALLIANCE	\$4.46	\$4.46	24	\$107
		RHA Health Services NC LLC	ALLIANCE	\$4.46	\$4.46	20	\$89
		RIVERBEND SERVICES INC	EASTPOINTE	\$4.46	\$4.46	92	\$410
		SECURING RESOURCES FOR CONSUMERS IN	ALLIANCE	\$4.46	\$4.46	150	\$669
		SPECIALIZED SERVICES AND PERSONNEL	ALLIANCE	\$4.46	\$4.46	34	\$152
			SANDHILLS	\$4.46	\$4.46	16	\$71
		SUMMIT SUPPORT SERVICES OF ASHE INC	VAYA	\$4.46	\$4.46	273	\$1,214
		THE ARC OF NORTH CAROLINA INC	VAYA	\$4.46	\$4.46	112	\$500
		THE ENRICHMENT CTR AN AFFL CHPT	CARDINAL	\$4.46	\$4.46	16	\$71
		TRANSYLVANIA VOCATIONAL SERVICES IN	VAYA	\$4.46	\$4.46	39	\$174
		TRIAD ADULT DAY CARE CENTER INC	SANDHILLS	\$4.46	\$4.46	20	\$89
		TURNING POINT SERVICES	ALLIANCE	\$4.46	\$4.46	84	\$375
			PARTNERS	\$4.46	\$4.46	25	\$112
			VAYA	\$4.46	\$4.46	322	\$1,436
		VIRPARK INC RESIDENTIAL FACILITY	SANDHILLS	\$4.46	\$4.46	28	\$125
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$4.46	\$4.46	29	\$129
			VAYA	\$4.46	\$4.46	52	\$232
		QUALITY CARE III LLC	SANDHILLS	\$4.46	\$4.46	28	\$125
		VICTOR & ASSOCIATES INC	SANDHILLS	\$4.46	\$4.46	36	\$161
		AUTISM SERVICES INCORPORATED	ALLIANCE	\$4.46	\$4.46	50	\$223
		CNC ACCESS INC	ALLIANCE	\$4.46	\$4.46	225	\$1,004
			CARDINAL	\$4.46	\$4.46	184	\$820
			EASTPOINTE	\$4.46	\$4.46	77	\$343
			TRILLIUM	\$4.46	\$4.46	37	\$165
		UNIVERSAL MENTAL HEALTH SERVICES I	ALLIANCE	\$4.46	\$4.46	186	\$830
			EASTPOINTE	\$4.46	\$4.46	20	\$89

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Personal Asst - Indiv	YP020	UNIVERSAL MENTAL HEALTH SERVICES I	VAYA	\$4.46	\$4.46	82	\$366
			TRILLIUM	\$4.46	\$4.46	12	\$54
		LIFESPAN INC	VAYA	\$4.46	\$4.46	100	\$446
		AUTUMN HALLS OF UNAKA 2	VAYA	\$4.46	\$4.46	85	\$379
		SKILL CREATIONS INC	PARTNERS	\$4.46	\$4.46	83	\$370
			VAYA	\$4.46	\$4.46	49	\$219
		NCG ACQUISITION LLC	VAYA	\$4.46	\$4.46	98	\$437
Psychosocial Rehab Services	H2017	SHFP INC	SANDHILLS	\$4.46	\$4.46	46	\$205
		ADVANTAGE BEHAVIORAL HEALTHCARE INC	EASTPOINTE	\$2.69	\$2.69	13	\$35
		CAROLINA CENTER FOR COUNSELING AND	PARTNERS	\$3.75	\$3.75	39	\$146
		CLEVELAND PSYCHOSOCIAL SERVICES INC	PARTNERS	\$8.00	\$3.75	177	\$668
		CLUB NOVA COMMUNITY INC	CARDINAL	\$3.34	\$3.34	92	\$307
		DAYMARK RECOVERY SERVICES INC	VAYA	\$2.69	\$2.69	58	\$156
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$2.69	\$2.69	123	\$331
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$2.69	\$2.69	109	\$293
		INNERVISION INC	CARDINAL	\$2.69	\$2.69	242	\$651
		JOHNSTON COUNTY INDUSTRIES INC	ALLIANCE	\$2.69	\$2.69	31	\$83
		LECHRIS ADULT DAY CARE OF ROCKY MOU	EASTPOINTE	\$2.69	\$2.69	63	\$169
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$2.69	\$2.69	40	\$108
		MONARCH	ALLIANCE	\$2.69	\$2.69	57	\$153
			SANDHILLS	\$2.91	\$2.91	22	\$64
		NEW DIMENSION GROUP LLC	EASTPOINTE	\$2.69	\$2.69	61	\$164
		PQA HEALTHCARE INC	PARTNERS	\$3.75	\$3.75	25	\$94
		PREFERRED CARE INC	SANDHILLS	\$2.91	\$2.91	40	\$116
		PSYCHOTHERAPEUTIC SERVICES INC	CARDINAL	\$2.69	\$2.69	60	\$161
		RHA HEALTH SERVICES INC	CARDINAL	\$3.01	\$3.01	216	\$650
		SANCTUARY HOUSE INC	SANDHILLS	\$2.91	\$2.91	12	\$35
		SIXTH AVENUE PSYCHIATRIC REHABILITA	VAYA	\$2.69	\$2.69	115	\$309
		SOUTHEASTERN HEALTHCARE OF NC INC	ALLIANCE	\$2.69	\$2.69	119	\$320
		THE MENTAL HEALTH FUND INC	PARTNERS	\$3.75	\$3.75	114	\$428

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Psychosocial Rehab Services	H2017	THRESHOLD INC	ALLIANCE	\$2.69	\$2.69	73	\$196
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$2.69	\$2.69	189	\$508
		THERAPEUTIC ALTERNATIVES INC	CARDINAL	\$3.03	\$3.03	54	\$164
		UNIVERSAL MENTAL HEALTH SERVICES I	VAYA	\$2.69	\$2.69	20	\$54
		PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$2.69	\$2.69	25	\$67
		INNERVISION, INC.	CARDINAL	\$2.69	\$2.69	41	\$110
		CAROLINA RESIDENTIAL SERVICES INC	EASTPOINTE	\$2.69	\$2.69	18	\$48
			PARTNERS	\$3.75	\$3.75	19	\$71
			VAYA	\$2.69	\$2.69	66	\$178
Psychotherapy for Crisis (60	90839	MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$120.28	\$120.28	10	\$1,078
Public Psychiatry - Administrative Functions	YP851	DAYMARK RECOVERY SERVICES INC	PARTNERS	\$25.00	\$25.00	20	\$500
			VAYA	\$25.00	\$25.00	19	\$475
		EAST CAROLINA UNIVERSITY	TRILLIUM	\$25.00	\$25.00	13	\$325
		INTEGRATED FAMILY SERVICES PLLC	TRILLIUM	\$25.00	\$25.00	32	\$800
		PORT HUMAN SERVICES	TRILLIUM	\$25.00	\$25.00	52	\$1,300
		RHA HEALTH SERVICES INC	TRILLIUM	\$25.00	\$25.00	11	\$275
		THE MENTAL HEALTH FUND INC	PARTNERS	\$25.00	\$25.00	20	\$500
Public Psychiatry - Consultation and Service Functions	YP852	DAYMARK RECOVERY SERVICES INC	PARTNERS	\$35.00	\$35.00	20	\$700
			VAYA	\$35.00	\$35.00	20	\$700
		EAST CAROLINA UNIVERSITY	TRILLIUM	\$35.00	\$35.00	18	\$630
		PORT HUMAN SERVICES	TRILLIUM	\$35.00	\$35.00	44	\$1,540
		RHA HEALTH SERVICES INC	TRILLIUM	\$35.00	\$35.00	11	\$385
		THE MENTAL HEALTH FUND INC	PARTNERS	\$35.00	\$35.00	20	\$700
Recovery Education Center (REC) - Group	YA367	MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$2.22	\$2.22	739	\$1,641
Recovery Education Center (REC) - Indiv	YA366	MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$6.00	\$6.00	130	\$780

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
SA Comprehensive Outpatient Treatment Program	H2035	ANUVIA PREVENTION AND RECOVERY CENT	CARDINAL	\$45.35	\$45.35	117	\$5,306
		INSIGHT HUMAN SERVICES INC	VAYA	\$45.35	\$45.35	11	\$499
		PHOENIX COUNSELING CENTER	PARTNERS	\$45.35	\$45.35	402	\$18,231
		PORT HUMAN SERVICES	EASTPOINTE TRILLIUM	\$46.71	\$46.71	36	\$1,682
				\$45.35	\$45.35	77	\$3,492
		STARTING POINTE INC	EASTPOINTE TRILLIUM	\$46.71	\$46.71	50	\$2,336
				\$45.35	\$45.35	50	\$2,268
		THE COGNITIVE CONNECTION	PARTNERS	\$45.35	\$45.35	188	\$8,526
		WB HEALTH CARE	EASTPOINTE	\$46.71	\$46.71	171	\$7,987
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$46.71	\$46.71	67	\$3,130
		TRI COUNTY COMMUNITY HEALTH COUNCIL	EASTPOINTE	\$46.71	\$46.71	70	\$3,270
SA Halfway House	H2034	SANDHILLS BEHAVIORAL CENTER INC	SANDHILLS	\$45.35	\$45.35	15	\$680
		ALLIANCE REHABILITATIVE CARE INC	CARDINAL	\$74.90	\$74.90	43	\$3,221
		RECOVERY CONNECTIONS OF DURHAM	ALLIANCE	\$61.20	\$61.20	154	\$9,425
SA Intensive Outpatient Program	H0015	FREEDOM HOUSE RECOVERY CENTER INC	ALLIANCE	\$89.62	\$89.62	361	\$32,353
		A HELPING HAND OF WILMINGTON LLC	TRILLIUM	\$131.56	\$131.56	134	\$17,629
		ALCOHOL AND DRUG SERVICES EAST	SANDHILLS	\$131.56	\$131.56	324	\$42,625
		ALLIANCE REHABILITATIVE CARE INC	CARDINAL	\$131.56	\$131.56	119	\$15,656
		ANUVIA PREVENTION AND RECOVERY CENT	CARDINAL	\$131.56	\$131.56	305	\$40,060
		CARING SERVICES INC	SANDHILLS	\$131.56	\$131.56	189	\$24,865
		CAROLINA OUTREACH LLC	ALLIANCE	\$131.56	\$131.56	268	\$35,258
			EASTPOINTE	\$131.56	\$131.56	138	\$18,155
		CARTERET COUNSELING SERVICES INC	TRILLIUM	\$131.56	\$131.56	147	\$19,339
		COASTAL SOUTHEASTERN UNITED CARE	TRILLIUM	\$131.56	\$131.56	34	\$4,473
		COMMUNITY SUPPORT AGENCY LLC	EASTPOINTE	\$131.56	\$131.56	14	\$1,842
		DAYMARK RECOVERY SERVICES INC	CARDINAL	\$148.52	\$148.52	222	\$32,971
			PARTNERS	\$131.56	\$131.56	200	\$26,312

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
SA Intensive Outpatient	H0015	DAYMARK RECOVERY SERVICES INC	SANDHILLS VAYA	\$131.56	\$131.56	12	\$1,579
				\$148.52	\$148.52	56	\$8,317
		DREAM PROVIDER CARE SERVICES	TRILLIUM	\$131.56	\$131.56	27	\$3,552
		EDWARDS ASSESSMENTS AND COUNSELING	CARDINAL	\$131.56	\$131.56	114	\$14,998
		FAMILY FIRST SUPPORT CENTER INC	EASTPOINTE	\$135.51	\$135.51	26	\$3,515
		FAMILY PRESERVATION SERVICES OF NC	VAYA	\$148.52	\$148.52	194	\$28,813
		FELLOWSHIP HEALTH RESOURCES INC	ALLIANCE	\$131.56	\$131.56	102	\$13,419
		GENERATIONS HEALTH SERVICES LLC	EASTPOINTE	\$135.51	\$135.51	105	\$14,209
		INSIGHT HUMAN SERVICES INC	CARDINAL	\$131.56	\$131.56	225	\$29,141
		MCLEOD ADDICTIVE DISEASE CENTER INC	CARDINAL	\$131.56	\$131.56	219	\$28,812
		MECKLENBURG COUNTY	CARDINAL	\$131.56	\$131.56	65	\$8,551
		MERIDIAN BEHAVIORAL HEALTH SERVICES	VAYA	\$148.52	\$148.52	109	\$16,189
		NORTH CAROLINA RECOVERY SUPPORT SER	ALLIANCE	\$131.56	\$131.56	288	\$37,889
		OCTOBER ROAD INC	VAYA	\$131.56	\$131.56	149	\$19,484
		PHOENIX COUNSELING CENTER	PARTNERS	\$151.81	\$131.56	345	\$45,429
		PORT HUMAN SERVICES	EASTPOINTE	\$135.51	\$135.51	79	\$10,705
			TRILLIUM	\$131.56	\$131.56	1199	\$157,740
		RESTORATION FAMILY SERVICERS INC	ALLIANCE	\$131.56	\$131.56	121	\$15,919
		RHA HEALTH SERVICES INC	CARDINAL	\$148.52	\$148.52	125	\$18,565
			VAYA	\$148.52	\$148.52	429	\$63,626
			TRILLIUM	\$131.56	\$131.56	72	\$9,472
		SELF CONCEPTS CLINICAL COUNSELING S	PARTNERS	\$131.56	\$131.56	24	\$3,157
		SOUTHLIGHT HEALTHCARE	ALLIANCE	\$131.56	\$131.56	814	\$107,090
		STARTING POINTE INC	EASTPOINTE	\$135.51	\$135.51	96	\$13,009
			TRILLIUM	\$131.56	\$131.56	55	\$7,236
		SUNPATH LLC	PARTNERS	\$131.56	\$131.56	28	\$3,684
		THE COGNITIVE CONNECTION	PARTNERS	\$131.56	\$131.56	214	\$28,154
		TRINITY BEHAVIORAL HEALTHCARE PC	CARDINAL	\$148.52	\$148.52	24	\$3,564
		UNIVERSITY OF NORTH CAROLINA AT CHA	CARDINAL	\$193.08	\$193.08	10	\$1,931
		VISION BEHAVIORAL HEALTH SERVICES L	CARDINAL	\$148.52	\$148.52	32	\$4,753
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$135.51	\$135.51	61	\$8,266

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
SA Intensive Outpatient	H0015	FREEDOM HOUSE RECOVERY CENTER INC	ALLIANCE	\$131.56	\$131.56	66	\$8,683
			CARDINAL	\$148.52	\$148.52	99	\$14,703
		TRI COUNTY COMMUNITY HEALTH COUNCIL	EASTPOINTE	\$135.51	\$135.51	28	\$3,794
		COASTAL HORIZONS CENTER INC	TRILLIUM	\$131.56	\$131.56	499	\$65,648
		PERSON CENTERED PARTNERSHIPS INC	CARDINAL	\$131.56	\$131.56	10	\$1,316
		WAYNESBORO FAMILY CLINIC PA	EASTPOINTE	\$135.51	\$135.51	76	\$10,299
		NCG ACQUISITION LLC	VAYA	\$148.52	\$148.52	119	\$17,674
Senior IDD-My Turn	YA391	THE ENRICHMENT CTR AN AFFL CHPT	CARDINAL	\$60.00	\$60.00	90	\$5,400
Supervised Living - 1 Resident	YM811	HERBERT REID HOME	EASTPOINTE	\$153.15	\$139.71	51	\$7,434
		HEMOCARE MANAGEMENT CORPORATION	PARTNERS	\$274.92	\$274.92	56	\$14,760
		LUTHERAN FAMILY SERVICES IN THE CAR	CARDINAL	\$116.15	\$116.15	225	\$26,134
		ONE-ON-ONE CARE INC	PARTNERS	\$150.00	\$150.00	28	\$4,200
		RESOURCES FOR HUMAN DEVELOPMENT INC	ALLIANCE	\$380.00	\$380.00	27	\$10,260
		THERAPEUTIC SERVICES GROUP	CARDINAL	\$305.00	\$305.00	79	\$24,095
		UNIVERSAL MENTAL HEALTH SERVICES I	ALLIANCE	\$114.84	\$114.84	28	\$3,216
Supervised Living - 2 Resident	YM812	COMMUNITY SUPPORT SERVICE LLC	SANDHILLS	\$161.99	\$161.99	56	\$9,071
		COZIE'S SUPERVISED LIVING	SANDHILLS	\$161.99	\$161.99	28	\$4,536
		LIBERTY CORNER ENTERPRISES INC.	VAYA	\$161.99	\$161.99	56	\$9,071
		MONARCH	CARDINAL	\$239.48	\$116.15	45	\$8,041
		PROFESSIONAL FAMILY CARE SERVICES I	SANDHILLS	\$161.99	\$161.99	26	\$4,212
		QUALITY LIFE SERVICES INC	SANDHILLS	\$161.99	\$161.99	112	\$18,143
		RESOURCES FOR HUMAN DEVELOPMENT INC	ALLIANCE	\$161.99	\$161.99	112	\$18,143
		SECURING RESOURCES FOR CONSUMERS IN	ALLIANCE	\$145.79	\$145.79	112	\$16,328
		SERENITY THERAPEUTIC SERVICES INC	ALLIANCE	\$161.99	\$161.99	56	\$9,071
		SPECIALIZED SERVICES AND PERSONNEL	SANDHILLS	\$161.99	\$161.99	28	\$4,536
		TLC ADULT GROUP HOME	SANDHILLS	\$161.91	\$161.91	28	\$4,533
		TRIAD ADULT DAY CARE CENTER INC	SANDHILLS	\$161.99	\$161.99	28	\$4,536

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Supervised Living - 2	YM812	VIRPARK INC RESIDENTIAL FACILITY	SANDHILLS	\$161.99	\$161.99	51	\$8,261
		QUALITY CARE III LLC	SANDHILLS	\$161.99	\$161.99	28	\$4,536
		VICTOR & ASSOCIATES INC	SANDHILLS	\$161.99	\$161.99	56	\$9,071
		COMMUNITY ALTERNATIVE HOUSING INC	SANDHILLS	\$161.99	\$161.99	28	\$4,536
		SHFP INC	SANDHILLS	\$161.99	\$161.99	28	\$4,536
Supervised Living - 3 Resident	YM813	GENESIS RESIDENTIAL CARE	CARDINAL	\$116.15	\$116.15	28	\$3,252
		KD SUPPORT SERVICES	VAYA	\$116.15	\$116.15	62	\$7,201
		LIBERTY CORNER ENTERPRISES INC.	VAYA	\$116.15	\$116.15	56	\$6,504
		MONARCH	CARDINAL	\$400.00	\$116.15	28	\$5,239
		MULTI THERAPEUTIC SERVICES INC	SANDHILLS	\$116.15	\$116.15	28	\$3,252
		ONE-ON-ONE CARE INC	PARTNERS	\$116.15	\$116.15	28	\$3,252
		PROFESSIONAL FAMILY CARE SERVICES I	SANDHILLS	\$116.15	\$116.15	112	\$13,009
		QUALITY LIFE SERVICES INC	SANDHILLS	\$116.15	\$116.15	56	\$6,504
		RESOURCES FOR HUMAN DEVELOPMENT INC	ALLIANCE	\$116.15	\$116.15	38	\$4,414
		RHA Health Services NC LLC	ALLIANCE	\$98.79	\$98.79	28	\$2,766
			PARTNERS	\$116.15	\$116.15	28	\$3,252
		SYLVANGLADE SERVICES INC	SANDHILLS	\$116.15	\$116.15	28	\$3,252
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$116.15	\$116.15	56	\$6,504
		WESCARE PROFESSIONAL SERVICES LLC	SANDHILLS	\$116.15	\$116.15	28	\$3,252
Supervised Living - 4 Resident	YM814	DIVINE KONCEPTS INC	SANDHILLS	\$93.17	\$93.17	27	\$2,516
		HIGHER HORIZONS INC	SANDHILLS	\$93.17	\$93.17	84	\$7,826
		MERCY HOME SERVICES INC	SANDHILLS	\$93.17	\$93.17	28	\$2,609
		MONARCH	CARDINAL	\$400.00	\$93.17	26	\$3,957
		RHA HEALTH SERVICES INC	VAYA	\$93.17	\$93.17	28	\$2,609
		UNITED DAY SUPPORT SERVICES	SANDHILLS	\$93.17	\$93.17	44	\$4,099
Supervised Living - 6 Resident	YM816	KD SUPPORT SERVICES	VAYA	\$68.83	\$68.83	28	\$1,927
Supervised Living - Low	YP710	CARAMORE	CARDINAL	\$28.92	\$28.92	20	\$578

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Supervised Living - Low	YP710	CARING SERVICES INC	SANDHILLS	\$28.92	\$28.92	555	\$16,051
		CLEVELAND PSYCHOSOCIAL SERVICES INC	PARTNERS	\$28.92	\$28.92	217	\$6,276
		EASTER SEALS UCP NC & VA	CARDINAL	\$28.92	\$18.46	1986	\$46,273
			EASTPOINTE	\$28.92	\$28.92	812	\$23,483
			PARTNERS	\$28.92	\$28.92	280	\$8,098
			SANDHILLS	\$28.92	\$28.92	526	\$15,212
			VAYA	\$28.92	\$28.92	496	\$14,344
		GASTON RESIDENTIAL SERVICESINC	PARTNERS	\$28.92	\$28.92	268	\$7,751
		INREACH	CARDINAL	\$28.92	\$28.92	92	\$2,661
		MONARCH	ALLIANCE	\$17.68	\$17.68	224	\$3,960
			CARDINAL	\$28.92	\$28.92	723	\$20,129
			EASTPOINTE	\$28.92	\$28.92	196	\$5,668
			PARTNERS	\$28.92	\$28.92	84	\$2,429
			SANDHILLS	\$28.92	\$28.92	1049	\$30,337
			TRILLIUM	\$28.92	\$28.92	445	\$12,869
		MOUNTAIN AREA RESIDENTIAL FACILITIE	VAYA	\$28.92	\$28.92	56	\$1,620
		NEW DESTINATIONS INC	ALLIANCE	\$25.12	\$25.12	362	\$9,093
			PARTNERS	\$28.92	\$28.92	271	\$7,837
		PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS	\$28.92	\$28.92	766	\$22,153
		RALPH SCOTT LIFESERVICES INC	CARDINAL	\$28.92	\$28.92	16	\$463
		RESIDENTIAL SUPPORT SERVICES OF WAK	ALLIANCE	\$28.92	\$28.92	1492	\$43,149
		SUMMIT SUPPORT SERVICES OF ASHE INC	VAYA	\$23.00	\$23.00	28	\$644
		THE MENTAL HEALTH FUND INC	PARTNERS	\$28.92	\$28.92	13	\$376
		TRANSYLVANIA ASSOCIATION FOR DISABL	VAYA	\$28.92	\$28.92	56	\$1,620
		TURNING POINT SERVICES	VAYA	\$40.00	\$23.00	364	\$8,474
		THERAPEUTIC ALTERNATIVES INC	SANDHILLS	\$28.92	\$28.92	228	\$6,594
Supervised Living - Mod.	YP720	GASTON RESIDENTIAL SERVICESINC	PARTNERS	\$55.11	\$55.11	264	\$14,549
		HAYWOOD COUNTY GROUP HOME	VAYA	\$29.00	\$29.00	166	\$4,814
		HOMECARE MANAGEMENT CORPORATION	PARTNERS	\$55.11	\$55.11	19	\$1,047
		INREACH	CARDINAL	\$55.11	\$55.11	1082	\$59,629
		MILLING MANOR INC	CARDINAL	\$55.11	\$55.11	40	\$2,204

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Supervised Living - Mod.	YP720	MONARCH	CARDINAL VAYA	\$55.11	\$55.11	1747	\$96,123
				\$55.11	\$55.11	168	\$9,258
		ONE-ON-ONE CARE INC	PARTNERS	\$55.11	\$55.11	28	\$1,543
		PORT HUMAN SERVICES	TRILLIUM	\$55.11	\$37.36	378	\$14,264
		RALPH SCOTT LIFESERVICES INC	CARDINAL	\$55.11	\$55.11	36	\$1,984
		RESOURCES FOR HUMAN DEVELOPMENT INC	ALLIANCE	\$180.23	\$180.23	272	\$49,023
		FREEDOM HOUSE RECOVERY CENTER INC	CARDINAL	\$75.48	\$75.48	619	\$46,722
Supported Emp - Group	YP640	COASTAL ENTERPRISES OF WILMINGTON	TRILLIUM	\$2.53	\$2.53	13	\$33
		Community Workforce Solutions, Inc.	CARDINAL	\$2.53	\$2.53	18	\$46
Supported Employment Indiv IDD	YA390	ACHIEVE CASE MANAGEMENT SERVICES IN	PARTNERS	\$11.21	\$11.21	38	\$426
		COMSERV INC	PARTNERS	\$11.21	\$11.21	11	\$123
		EASTER SEALS UCP NC & VA	CARDINAL	\$11.21	\$11.21	33	\$370
		HOMECARE MANAGEMENT CORPORATION	PARTNERS	\$11.21	\$11.21	28	\$314
		JOHNSTON COUNTY INDUSTRIES INC	SANDHILLS	\$11.21	\$11.21	19	\$213
		RHA Health Services NC LLC	ALLIANCE	\$11.21	\$11.21	26	\$291
		TURNING POINT SERVICES	PARTNERS	\$11.21	\$11.21	23	\$258
		VOCA CORPORATION OF NORTH CAROLINA	PARTNERS	\$11.21	\$11.21	19	\$213
		UNIVERSAL MENTAL HEALTH SERVICES I	VAYA	\$11.21	\$11.21	13	\$146
Telehealth originating site facility fee	Q3014	DAYMARK RECOVERY SERVICES INC	CARDINAL	\$25.00	\$21.25	93	\$2,058
				\$20.83	\$20.83	73	\$1,521
				\$22.74	\$22.74	119	\$2,706
				\$21.25	\$21.25	102	\$2,168
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$21.25	\$21.25	13	\$276
		NCG ACQUISITION LLC	VAYA	\$21.25	\$21.25	71	\$1,509
Therapeutic, prophylactic, or diagnostic injection	96372	MONARCH	CARDINAL	\$30.00	\$14.48	30	\$633
			PARTNERS	\$16.53	\$14.19	16	\$234

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month	2018-02
----------------------------	---------

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Therapeutic, prophylactic,	96372	MONARCH	SANDHILLS	\$15.61	\$15.61	16	\$250
		PORT HUMAN SERVICES	TRILLIUM	\$18.74	\$18.74	30	\$533
		THE MENTAL HEALTH FUND INC	PARTNERS	\$16.53	\$16.53	28	\$444
Transition Management Services	YM120	B & D INTEGRATED HEALTH SERVICES	ALLIANCE	\$20.00	\$20.00	210	\$4,200
		EASTER SEALS UCP NC & VA	ALLIANCE	\$20.00	\$20.00	367	\$7,340
			PARTNERS	\$13.92	\$13.40	53	\$711
		MONARCH	CARDINAL	\$18.00	\$17.26	619	\$10,858
		OUTREACH MANAGEMENT SERVICES	PARTNERS	\$13.92	\$13.40	72	\$966
		RHA HEALTH SERVICES INC	CARDINAL	\$17.26	\$17.26	200	\$3,452
			VAYA	\$17.00	\$17.00	397	\$6,749
			TRILLIUM	\$18.44	\$18.44	442	\$8,100
		STEPHENS OUTREACH CENTER INC	EASTPOINTE	\$13.92	\$13.92	102	\$1,420
		THE SPARC NETWORK, LLC	CARDINAL	\$20.71	\$17.26	147	\$2,541
		RHA BEHAVIORAL HEALTH NC LLC	EASTPOINTE	\$13.92	\$13.92	188	\$2,617
			SANDHILLS	\$18.55	\$18.55	206	\$3,821
		A CARING ALTERNATIVE LLC	PARTNERS	\$13.92	\$13.92	206	\$2,868
Wellness Education Group	YA340	RECOVERY INNOVATIONS INC	TRILLIUM	\$400.00	\$400.00	156	\$62,400
Assertive Engagement - AP & Paraprofessional	YA353	THERAPEUTIC ALTERNATIVES INC	SANDHILLS	\$6.00	\$6.00	79	\$474
Assertive Engagement - QP (Licensed & Unlicensed)	YA352		SANDHILLS	\$15.00	\$15.00	440	\$6,600
		THERAPEUTIC ALTERNATIVES INC					
Residential Supports	YM850	EASTER SEALS UCP NC & VA	CARDINAL	\$96.25	\$96.25	104	\$10,010
		INREACH	CARDINAL	\$96.25	\$96.25	135	\$12,994
		RHA Health Services NC LLC	CARDINAL	\$96.25	\$96.25	103	\$9,914
		THERAPEUTIC SERVICES GROUP	CARDINAL	\$96.25	\$96.25	28	\$2,695
		RAES PLAYZE ADULT DAY CENTER	CARDINAL	\$95.00	\$95.00	28	\$2,660
		DEVELOPMENTAL DISABILITIES RESOURCE	CARDINAL	\$96.25	\$96.25	358	\$34,458
		LINDLEY HABILITATION SERVICES INC	CARDINAL	\$96.25	\$96.25	54	\$5,198

Service, Maximum and Mode Rates by Provider, LME

Date of Service Year-Month 2018-02

Services with less than 10 paid events are excluded.

* Paid amount, as of report date.

ACT is billed at a case rate and additional events are billed at .01.

Service Name	Procedure Code	FACILITY_LST_NM	LME_MCO	Max Paid Rate	Rate Mode	# Units Paid	Total Paid*
Safety Supervisor - Hourly	YA385	MARSHS RESIDENTIAL LIVING LLC	CARDINAL	\$15.00	\$15.00	28	\$420
		CRANDELLS ENTERPRISES INC	CARDINAL	\$15.00	\$15.00	65	\$975
Detox - Soc Set	YP790	ANUVIA PREVENTION AND RECOVERY CENT	CARDINAL	\$118.42	\$118.42	463	\$54,828
Respite Hourly - Indiv	YP010	ARC OF THE TRIANGLE INC	CARDINAL	\$5.00	\$5.00	23	\$115
		AUTISM SOCIETY OF NORTH CAROLINA	VAYA	\$3.75	\$3.75	28	\$105
			TRILLIUM	\$140.00	\$71.59	362	\$23,787
		COMMUNITY-BASED DEVELOPMENTAL SERVI	ALLIANCE	\$5.00	\$5.00	17	\$85
		EASTER SEALS UCP NC & VA	VAYA	\$3.75	\$3.75	32	\$120
			TRILLIUM	\$5.00	\$5.00	98	\$490
		FAMILIES FIRST OF NC, LLC	VAYA	\$3.75	\$3.75	15	\$56
		MAXIM HEALTHCARE SERVICES	VAYA	\$3.75	\$3.75	12	\$45
		SPECIALIZED SERVICES AND PERSONNEL	SANDHILLS	\$5.00	\$5.00	12	\$60
		THE ARC OF MOORE COUNTY INC	SANDHILLS	\$5.00	\$5.00	46	\$230
		TLC OPERATIONS INC	ALLIANCE	\$5.00	\$5.00	49	\$245
		TURNING POINT SERVICES	VAYA	\$3.75	\$3.75	43	\$161
		CNC ACCESS INC	TRILLIUM	\$5.00	\$5.00	16	\$80
		UNIVERSAL MENTAL HEALTH SERVICES I	VAYA	\$3.75	\$3.75	10	\$38
		PINNACLE HOME CARE INC	TRILLIUM	\$5.00	\$5.00	14	\$70
Community Respite	YP730	ALPHA MNGMENT COMMUNITY SVCS INC	ALLIANCE	\$160.79	\$160.79	15	\$2,412
Respite Hourly - Group	YP011	AUTISM SOCIETY OF NORTH CAROLINA	TRILLIUM	\$1.67	\$1.67	482	\$805
		EASTER SEALS UCP NC & VA	TRILLIUM	\$1.67	\$1.67	304	\$508

Rate most often Reimbursed (Mode) by LME for each Service

Date of Service Year-Month

2018-02

Services with less than 10 paid events are excluded.

Rate Mode (occurs most often)		LME_MCO_ASILLED						
Svc_Name	PROC_ADJ DC_CD	ALLIANCE	CARDINAL	EASTPOINTE	PARTNERS	SANDHILLS	TRILLIUM	VAYA
Family Living - Mod	YP750		\$30.76	\$117.42	\$100.00		\$46.83	\$100.00
Family Living - High	YM755				\$100.00			\$100.00
Family Living - Low	YP740	\$50.00	\$50.00	\$116.00	\$70.47		\$56.50	\$90.00
Group Living - Hi	YP780	\$184.02	\$188.00	\$288.00	\$422.00	\$141.51	\$141.51	\$187.35
Group Living - Low	YP760	\$55.29	\$168.48	\$151.08	\$55.29	\$135.16	\$55.29	\$95.32
Group Living - Mod	YP770	\$147.65	\$268.99	\$175.00	\$75.48	\$157.00	\$157.00	\$75.48
Residential Supports	YM850		\$96.25					
Supervised Living - 1 Resident	YM811	\$380.00	\$305.00	\$139.71	\$274.92			
Supervised Living - 2 Resident	YM812	\$161.99	\$116.15			\$161.99		\$161.99
Supervised Living - 3 Resident	YM813	\$116.15	\$116.15		\$116.15	\$116.15		\$116.15
Supervised Living - 4 Resident	YM814		\$93.17			\$93.17		\$93.17
Supervised Living - 6 Resident	YM816							\$68.83
Supervised Living - Low	YP710	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92	\$28.92
Supervised Living - Mod.	YP720	\$180.23	\$75.48		\$55.11		\$37.36	\$55.11

Select Service, Min, Max, and Mode Rates by LME

From Jan. 2017 Dates of Service

DOS_YYYYMM	(All)
PROC_ADJDC_CD	(All)

Services with less than 10 paid events are excluded.

Svc_Name	LME_MCO_ASBILLE D	Max Rate	Min Mode Rate	Max Rate Mode	Total Billed
Familiy Living - Mod	CARDINAL	\$60.00	\$30.76	\$60.00	\$36,527
	EASTPOINTE	\$175.00	\$52.03	\$117.42	\$156,086
	PARTNERS	\$100.00	\$70.47	\$100.00	\$151,688
	VAYA	\$155.00	\$77.50	\$100.00	\$87,510
	TRILLIUM	\$103.98	\$46.83	\$103.98	\$134,751
Family Living - High	PARTNERS	\$140.00	\$100.00	\$100.00	\$391,425
	VAYA	\$150.00	\$100.00	\$100.00	\$679,900
Family Living - Low	ALLIANCE	\$50.00	\$50.00	\$50.00	\$20,550
	CARDINAL	\$82.65	\$21.73	\$50.00	\$212,670
	EASTPOINTE	\$116.00	\$50.00	\$116.00	\$665,266
	PARTNERS	\$70.47	\$52.03	\$70.47	\$119,247
	VAYA	\$90.00	\$55.00	\$90.00	\$193,035
	TRILLIUM	\$116.00	\$56.50	\$116.00	\$33,054
Group Living - Hi	ALLIANCE	\$250.00	\$126.24	\$250.00	\$2,538,491
	CARDINAL	\$305.00	\$66.00	\$300.00	\$5,203,949
	EASTPOINTE	\$288.00	\$140.26	\$288.00	\$185,254
	PARTNERS	\$442.00	\$141.50	\$442.00	\$4,655,139
	SANDHILLS	\$141.51	\$115.00	\$141.51	\$4,417,025
	VAYA	\$187.35	\$141.15	\$187.35	\$1,524,754
	TRILLIUM	\$141.51	\$136.95	\$141.51	\$213,265
Group Living - Low	ALLIANCE	\$55.29	\$32.61	\$55.29	\$925,422
	CARDINAL	\$168.48	\$28.92	\$168.48	\$5,201,805
	EASTPOINTE	\$151.08	\$55.29	\$151.08	\$1,903,001
	PARTNERS	\$55.29	\$25.00	\$55.29	\$1,944,687
	SANDHILLS	\$135.16	\$55.29	\$135.16	\$2,660,506
	VAYA	\$95.32	\$30.00	\$95.32	\$2,311,629
	TRILLIUM	\$55.29	\$55.29	\$55.29	\$165,925
Group Living - Mod	ALLIANCE	\$202.87	\$36.29	\$147.65	\$4,435,812
	CARDINAL	\$7,548.00	\$41.05	\$315.00	\$7,948,342
	EASTPOINTE	\$175.00	\$72.25	\$175.00	\$2,355,718
	PARTNERS	\$258.00	\$45.00	\$137.93	\$2,865,132
	SANDHILLS	\$157.00	\$70.95	\$157.00	\$4,029,463
	VAYA	\$100.00	\$39.00	\$75.48	\$2,611,052
	TRILLIUM	\$157.00	\$58.21	\$157.00	\$4,056,895
Supervised Living - 1 Resident	ALLIANCE	\$380.00	\$114.84	\$380.00	\$225,655
	CARDINAL	\$305.00	\$116.15	\$305.00	\$764,477
	EASTPOINTE	\$153.15	\$139.71	\$153.15	\$102,901
	PARTNERS	\$274.92	\$150.00	\$274.92	\$281,239
Supervised Living - 2 Resident	ALLIANCE	\$161.99	\$145.79	\$161.99	\$714,736
	CARDINAL	\$400.00	\$116.15	\$328.50	\$338,432
	PARTNERS	\$161.99	\$161.99	\$161.99	\$40,174

Summary Statistics for Rates MASTER 2018-06-19

Svc_Name	LME_MCO_ASBILLE D	Max Rate	Min Mode Rate	Max Rate Mode	Total Billed
Supervised Living - 2 Resident	SANDHILLS	\$161.99	\$161.91	\$161.99	\$1,216,133
	VAYA	\$161.99	\$161.99	\$161.99	\$158,426
Supervised Living - 3 Resident	ALLIANCE	\$116.15	\$98.79	\$116.15	\$149,239
	CARDINAL	\$400.00	\$116.15	\$116.15	\$256,007
	PARTNERS	\$116.15	\$116.15	\$116.15	\$217,055
	SANDHILLS	\$116.15	\$116.15	\$116.15	\$488,427
	VAYA	\$116.15	\$116.15	\$116.15	\$364,246
	TRILLIUM	\$133.50	\$133.50	\$133.50	\$36,446
Supervised Living - 4 Resident	CARDINAL	\$400.00	\$93.17	\$93.17	\$60,697
	SANDHILLS	\$93.17	\$93.17	\$93.17	\$233,161
	VAYA	\$93.17	\$93.17	\$93.17	\$49,007
Supervised Living - 5 Resident	CARDINAL	\$77.67	\$77.67	\$77.67	\$24,854
Supervised Living - 6 Resident	VAYA	\$68.83	\$68.83	\$68.83	\$64,838
Supervised Living - Low	ALLIANCE	\$28.92	\$17.68	\$28.92	\$1,019,489
	CARDINAL	\$43.00	\$18.46	\$43.00	\$1,457,674
	EASTPOINTE	\$28.92	\$28.92	\$28.92	\$522,175
	PARTNERS	\$28.92	\$28.92	\$28.92	\$832,782
	SANDHILLS	\$28.92	\$28.92	\$28.92	\$1,170,281
	VAYA	\$40.00	\$23.00	\$28.92	\$825,110
	TRILLIUM	\$28.92	\$28.92	\$28.92	\$433,453
Supervised Living - Mod.	ALLIANCE	\$180.23	\$55.11	\$180.23	\$982,252
	CARDINAL	\$75.48	\$55.11	\$75.48	\$4,126,936
	PARTNERS	\$55.11	\$55.00	\$55.11	\$354,734
	VAYA	\$55.11	\$29.00	\$55.11	\$368,110
	TRILLIUM	\$55.11	\$37.36	\$53.92	\$252,720
Residential Supports	CARDINAL	\$125.21	\$75.09	\$96.25	\$1,425,955

Rate Mode, Select Service, Trend by Month

From Jan. 2017 Dates of Service

PROC_ADJDC_CD (All)

Services with less than 10 paid events are excluded.

Rate Mode			DOS_YYYYMM																	
Svc_Name	FACILITY_LST_NM	LME_MCO	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06
ADVP	ALLEGHANY COUNTY GROUP HOMES INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57							
	ASHE COUNTY ADAP	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		
	AVERY COUNTY GROUP HOME	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	
	BEAUFORT COUNTY DEVELOPMENTAL CE	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	
	BLUE RIDGE AREA FOUNDATION INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	
	C R E S T GROUP HOME	ALLIANCE	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		SANDHILLS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	CABARRUS VOCATIONAL OPPORTUNITIES	CARDINAL	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13
	CALDWELL OPPORTUNITIES INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		
	CAROBELL INC	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	CHATHAM TRADES INC	CARDINAL	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	CLEVELAND VOCATIONAL INDUSTRIES IN	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	COASTAL ENTERPRISES OF WILMINGTON	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	COASTAL RESIDENTIAL SERVICES INC	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94							
	Community Workforce Solutions, Inc.	ALLIANCE	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25
		CARDINAL	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	COUNTY OF PERSON OFFICE OF COUNTY	CARDINAL	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57				\$1.57	\$1.57	
	DIVERSIFIED OPPORTUNITIESINC	EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80		\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	
		TRILLIUM								\$1.94		\$1.94								
	DURHAM EXCHANGE CLUB INDUSTRIES IN	ALLIANCE	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	\$1.47	
	EAST CAROLINA VOCATIONAL CENTER	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	
	EASTER SEALS UCP NC & VA	CARDINAL	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94			
	EMPLOYMENT SOURCE INC	ALLIANCE	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	FOOTHILLS INDUSTRIES OF MCDOWELL CO	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57					
		VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57			
	GASTON SKILLS INC	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	GOODWILL INDUSTRIES OF NWN	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57				\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	
		VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	HAYWOOD VOCATIONAL OPPORTUNITIES	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	
	HOWELL SUPPORT SERVICES LLC	EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80
	INDUSTRIAL OPPORTUNITIES INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	JOHNSTON COUNTY INDUSTRIES INC	ALLIANCE	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80		\$1.80				\$1.80	\$1.80	
		SANDHILLS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	LEE COUNTY INDUSTRIES INC	SANDHILLS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	MARTIN COUNTY RESIDENTIAL SERVICES	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94		
	MCLAURIN VOCATIONAL TRAINING CENTE	SANDHILLS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57				
	MONARCH	CARDINAL	\$1.57	\$1.57	\$1.57		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.94	\$1.94	\$1.13	\$1.57	\$1.57	\$1.57	
		EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80
		SANDHILLS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		TRILLIUM	\$1.94	\$1.94	\$1.94		\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	NEUSE ENTERPRISES INC	ALLIANCE	\$1.57	\$1.57	\$1.57		\$1.57		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57			\$1.57	\$1.57	\$1.57	\$1.57
		EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80
	OE ENTERPRISES INC	CARDINAL	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	PARTNERS BEHAVIORAL HEALTH MANAG	PARTNERS		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		\$1.57	\$1.57	\$1.57	\$1.57							
	POLK VOCATIONAL SERVICES	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	RALPH SCOTT LIFESERVICES INC	CARDINAL	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	RANDOLPH VOCATIONAL WORKSHOP INC	SANDHILLS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	RHA HEALTH SERVICES INC	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	RHA Health Services NC LLC	ALLIANCE	\$1.57	\$1.57	\$1.57	\$1.57			\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		EASTPOINTE	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		PARTNERS								\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57						
		TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	RUTHERFORD LIFE SERVICES INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57

Rate Mode		DOS_YYYYMM																
ADVP	SOLID FOUNDATION FACILITIES INC	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	SPIRIT OF EXCELLENCE COMMUNITY OUT	ALLIANCE	\$1.57	\$1.57				\$1.57										
	THE MENTAL HEALTH FUND INC	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	THE WORKSHOP OF DAVIDSON INC	CARDINAL	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13
	TRANSYLVANIA VOCATIONAL SERVICES IN	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	TRI-COUNTY INDUSTRIES	EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80		\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80
		TRILLIUM						\$1.80	\$1.80	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	TURNING POINT SERVICES	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
		VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	UNION DIVERSIFIED INDUSTRIES INC	CARDINAL	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13
	VOCATIONAL OPPSOF CHEROKEE	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		\$1.57	\$1.57		\$1.57
	VOCATIONAL SOLUTIONS OF HENDERSON	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	WAKE ENTERPRISES INC	ALLIANCE	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25
		EASTPOINTE	\$1.57	\$1.57	\$1.57	\$1.57		\$1.57	\$1.57	\$1.25	\$1.25	\$1.25	\$1.80		\$1.80		\$1.80	
	WAYNE OPPORTUNITY CENTER INC	EASTPOINTE	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80	\$1.80
	WEBSTER CHILDRENS GROUP HOME	VAYA	\$1.57		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57		\$1.57					
	WILKES ADAP INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57					
	WILKES VOCATIONAL SERVICES INC	VAYA	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	UMAR SERVICES INC	CARDINAL	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13	\$1.13		\$1.13	\$1.13	\$1.13	\$1.13
	VICTOR & ASSOCIATES INC	SANDHILLS	\$1.57		\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
	ROANOKE DEVELOPMENTAL CENTER INC	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94
	LIFESPAN INC	PARTNERS	\$1.57	\$1.57	\$1.57	\$1.57												
	DILIGENT CARE INC.	SANDHILLS														\$1.57	\$1.57	\$1.57
	BRUNSWICK TECHNICAL COLLEGE	TRILLIUM	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94	\$1.94					

Minimum, Maximum and Mode Rates Statewide

From Jan. 2017 Dates of Service

DOS_YYYYMM	2017-09
LME_MCO_ASILLED	(All)

Services with less than 10 paid events are excluded.

Svc_Name	PROC_ADJ DC_CD	Max Rate	Min. Rate Mode (for Svc/LME)	Max. Rate Mode (for Svc/LME)	Total Billed
Familiy Living - Mod	YP750	\$117.42	\$30.76	\$117.42	\$39,094
Family Living - High	YM755	\$150.00	\$100.00	\$100.00	\$63,150
Family Living - Low	YP740	\$116.00	\$21.73	\$116.00	\$65,798
Group Living - Hi	YP780	\$442.00	\$66.11	\$442.00	\$1,258,168
Group Living - Low	YP760	\$168.48	\$28.92	\$168.48	\$978,270
Group Living - Mod	YP770	\$268.99	\$36.29	\$268.99	\$1,760,433
Supervised Living - 1 Resident	YM811	\$380.00	\$114.84	\$380.00	\$75,227
Supervised Living - 2 Resident	YM812	\$266.09	\$116.15	\$161.99	\$150,259
Supervised Living - 3 Resident	YM813	\$133.50	\$98.79	\$133.50	\$96,404
Supervised Living - 4 Resident	YM814	\$93.17	\$93.17	\$93.17	\$21,895
Supervised Living - 5 Resident	YM815	\$77.67	\$77.67	\$77.67	\$2,330
Supervised Living - 6 Resident	YM816	\$68.83	\$68.83	\$68.83	\$4,130
Supervised Living - Low	YP710	\$40.00	\$17.68	\$28.92	\$393,829
Supervised Living - Mod.	YP720	\$180.23	\$29.00	\$180.23	\$369,557
Residential Supports	YM850	\$96.25	\$75.09	\$96.25	\$84,660

Appendix D

Short Term Group Home Funding Sources (State Fiscal Year 2018)

LME-MCO Name	Provider Name	Group Home Name	Provider Address	Provider City	Provider Zip	SFY	Special Assistance1	SS1	State-Funded1	Innovations1	Enhanced Mental Health1	Private Funds1	3rd Party Insurance1	Medicaid PCS1	Other1	SFY 2015-2016	Special Assistance2	SS2	State-Funded2	Innovations2	Enhanced Mental Health2	Private Funds2	3rd Party Insurance2	Medicaid PCS2	Other2	Details
Alliance	Absolute Home and Community Services, Inc	Absolute 1-Millrace	5628 Millrace Trail	Raleigh	27606		x	x									x	x						x		
Alliance	Absolute Home and Community Services, Inc	Absolute 3- Seabrook	1108 Seabrook Road	Raleigh	27615		x	x									x	x								
Alliance	Absolute Home and Community Services, Inc	Absolute 4 Cotton place	819 Cotton place	Raleigh	27601		x	x				x					x	x				x				
Alliance	Absolute Home and Community Services, Inc	Absolute 6 Kaplan Drive	5040 Kaplan Drive	Raleigh	27606		x	x									x	x								
Alliance	Absolute Home and Community Services, Inc	Absolute 8 Wilshire Drive	1002 Wilshire Drive	Cary	27511		x	x									x	x								
Alliance	Absolute Home and Community Services, Inc	Absolute Home and Community Services 2	413 Normandy Street	Cary	27529		x	x									x	x								
Alliance	Absolute Home and Community Services, Inc	Marcony Way	3316 Marcony Way	Raleigh	27610		x	x									x	x								
Alliance	Absolute Home and Community Services, Inc	S. Roxboro Street	2826 S. Roxboro Street	Durham	27707		x	x									x	x								
Alliance	Autism Services, Inc	Glen Forest	5117 Glen Forest Drive	Raleigh	27612		x	x	x	x							x	x	x	x				x		
Alliance	Autism Services, Inc	Great Bend	2003 Great Bend Drive	Durham	27704		x	x	x	x							x	x	x	x						
Alliance	Autism Services, Inc	Walnut	544 Walnut Street	Cary	27511		x	x	x	x				x			x	x	x	x				x		
Alliance	Carolyn Parker BSQP	Parker House Two	811 Lakeland Street	Fayetteville	28301		x	x					x				x	x						x		
Alliance	Carolyn Parker BSQP	Parker house One	336 Moore Street	Fayetteville	28301		x	x					x				x	x						x		
Alliance	Carolyn Parker BSQP	Carol's Group Home	334 Moore Street	Fayetteville	28301		x	x		x			x				x	x		x				x		
Alliance	Carolyn Parker BSQP	Parker House 3	513 Mechanic Street	Fayetteville	28301		x	x					x				x	x						x		
Alliance	Daniel Saft	A Plus Residential Care	7609 Fiesta Way	Raleigh	27615		x	x						x			x	x						x		
Alliance	Derik Abney	DHD Group Home	1211 Camden Ave	Durham	27701		x	x						x			x	x						x		
Alliance	Destiny Family Care Home	Destiny Family Care Home	3509 Allendale Drive	Raleigh	27604		x	x						x			x	x						x		
Alliance	Destiny Family Care Home	Destiny Family Care Home 2	218 Westridge Drive	Raleigh	27609		x	x									x	x						x		
Alliance	Destiny Family Care Home	Destiny Family Care Home 3	8020 Caliber Woods Drive	Raleigh	27616		x	x						x			x	x						x		
Alliance	Durham County Community Living Programs, Inc.	Cambian Place Group Home	23 Cambian Place				x	x	x	x				x	x		x	x	x	x			x	x		social security; HB 1030
Alliance	Durham County Community Living Programs, Inc.	Carpenter Fletcher Road Group Home	1119 Carpenter Fletcher Road	Durham			x	x	x	x					x		x	x	x	x				x		social security; HB 1030
Alliance	Durham County Community Living Programs, Inc.	Dixon Road Group Home	3520 Dixon Rd				x	x	x	x					x		x	x	x	x				x		social security; HB 1030
Alliance	Durham County Community Living Programs, Inc.	Melbourne Street Group Home	311 Melbourne Street				x	x	x	x				x	x		x	x	x	x				x	x	social security; HB 1030
Alliance	Durham County Community Living Programs, Inc.	Regis Avenue Group Home	4425 Regis Ave				x	x	x	x					x		x	x	x	x				x		social security; HB 1030
Alliance	Durham County Community Living Programs, Inc.	Watts Street Group Home	506 Watts Street				x	x	x					x	x		x	x	x	x				x	x	social security; HB 1030
Alliance	Durham County Community Living Programs, Inc.	Westglen Road Group Home	3523 Westglen Road				x	x	x	x				x	x		x	x	x	x				x	x	social security; HB 1030
Alliance	Eagle Haelthcare Services, Inc	Eagle home 3	5800 Brambleton Avenue	Raleigh	27610		x	x		x			x				x	x		x				x		
Alliance	Eagle Haelthcare Services, Inc	Eagle Home II	3300 N New hope Rd	Raleigh	27604		x	x		x			x				x	x		x				x		
Alliance	Ella M Alford	Mother's Love Group Home	2926 Peacock Street	Hope Mills	28348			x										x								
Alliance	Favour Homes Inc	Favour Homes 2	3825 Cashew Drive	Raleigh	27616		x						x				x	x						x		
Alliance	Gloria Ilonze	Access Health System 2	5208 Country Pines Court	Raleigh	27616		x	x									x	x						x		
Alliance	Ike Osuorgi	PP&V Health Care Solutions	1717 N Alston Avenue	Durham	27701		x	x						x			x	x						x		
Alliance	Lucy Sharp	Sharper Images of Fayetteville	1700 Bridger Street	Fayetteville	28301		x	x						x	x		x	x		x				x	x	Social Security
Alliance	New Destinations, Inc.	Durham Group Home: Eastwood Group Home	409 Ebon Road	Durham	27713		x	x	x								x	x	x							
Alliance	New Destinations, Inc.	Group Home I: Southwood Group Home	1524 Southwood Drive	Durham	27707		x	x	x								x	x	x							
Alliance	Rose Morals	Serenity Home Corporation Inc	511 S Bloodworth Street	Raleigh	27601		x	x						x			x	x						x		
Alliance	Serenity Place	Serenity Place	1424 PJ Farms Lane	Raleigh	27603		x	x				x					x	x				x				
Alliance	Unity Home Care, Inc	Unity Home Care II	5975 Spinner Rd	Hope Mills	28348		x	x		x							x	x		x						
Alliance	Unity Home Care, Inc	Unity Home Care Residential	1419 Milton Street	Springlake	28390		x	x		x							x	x		x						
Alliance	WillDean McNeil	Joyful Living #1	1951 Ireland Drive	Fayetteville	28304		x	x					x	x			x	x					x	x		SS Disability
Alliance	WillDean McNeil	Joyful Living #2	6125 Louise St	Fayetteville	28314		x	x					x	x			x	x					x	x		SS Disability
Cardinal	Alliance Rehabilitative Care, Inc	Warren Street	200 Warren St	Warrenton	27589		x	x	x						x		x	x	x							SSA, DivOAgng
Cardinal	Autism Services of Mecklenburg County	Kelly Street Group Home	5300 Kelly Street	Charlotte	28205		x	x	x	x							x	x	x	x						
Cardinal	Autism Services of Mecklenburg County	Piney Grove Group Home	4016 Piney Grove	Charlotte	28212		x	x	x	x							x	x	x	x						
Cardinal	Creative Directions Inc	Turning Point	1308 Eldorado Street	Burlington	27217		x	x		x		x		x	x		x	x	x			x		x	x	Creative Directions INC
Cardinal	Easter Seals UCP NC & VA	Ashlyn Group Home	89 Ashlyn Drive SE	Concord	28025				x			x							x							
Cardinal	Easter Seals UCP NC & VA	Northridge Place Group Home	124 Ridge Run Street	Marshville	28103				x			x							x							
Cardinal	Easter Seals UCP NC & VA	Waverly Group Home	2215 Waverly Street	Albemarle	28001				x			x							x							
Cardinal	Easter Seals UCP NC & VA	Timber Ridge Group Home	2010 Timber Rdge Rd	Monroe	28112				x	x		x							x	x				x		
Cardinal	Easter Seals UCP NC & VA	Ashcraft Group Home	1351 Ashcraft lane	Charlotte	28209				x	x		x							x	x				x		
Cardinal	In Reach, Inc,	Chelmsford	4231 Chelmsford Rd	Charlotte	28211		x	x	x	x				x			x	x	x	x				x		
Cardinal	In Reach, Inc,	Crosby	3018 Crosby Rd	Charlotte	28211		x	x	x					x			x	x	x					x		
Cardinal	In Reach, Inc,	Forsythia	1631 Forsythia Circle	Charlotte	28208		x	x	x	x							x	x	x	x				x		
Cardinal	In Reach, Inc,	Gaynelle	4525 Gaynelle Drive	Charlotte	28215		x	x	x	x				x			x	x						x		
Cardinal	In Reach, Inc,	Greywood	4922 Greywood Drive	Charlotte	28212		x	x	x	x							x	x	x	x				x		
Cardinal	In Reach, Inc,	Larkhaven	8223 Larkhaven Rd	Charlotte	28228		x	x	x	x				x			x	x	x	x				x		

Cardinal	In Reach, Inc,	Lisa Circle	7401 Lisa Circle	Charlotte	28215	x	x	x		x			x	x	x	x				x	
Cardinal	In Reach, Inc,	Old Bell	215 Old Bell Rd	Charlotte	28270	x	x	x	x				x	x	x	x	x			x	
Cardinal	In Reach, Inc,	Plaza	6637 The Plaza	Charlotte	28215	x	x	x	x				x	x	x	x				x	
Cardinal	In Reach, Inc,	Shamrock	4724 Shamrock	Charlotte	28215	x	x	x	x				x	x	x	x				x	
Cardinal	In Reach, Inc,	Swans Run	7108 Swans Run Rd	Charlotte	28226	x	x	x	x				x	x	x	x	x			x	
Cardinal	In Reach, Inc,	Williams Rd	6312 Williams	Charlotte	28215	x	x	x		x			x	x	x	x			x	VA	
Cardinal	Monarch	Carmel Forest Drive	3722 Carmel Forest Drive	Charlotte	28226	x	x	x					x	x	x						
Cardinal	Monarch	Cauthen Drive	1401 Cauthen Drive	Rockingham	28379	x	x	x		x			x	x	x	x			x		
Cardinal	New Destinations, Inc.	Eden Square Group Home	219 N. Foushee Street	Roxboro	27573	x	x	x					x	x	x						
Cardinal	New Destinations, Inc.	Serenity Crest Group Home	202 N. Nash Street	Hillsborough	27278	x	x	x					x	x	x						
Cardinal	Residential Services, Inc	RSI-Clayton Road	417 Clayton Rd	Chapel Hill	27514	x		x	x		x	x	x	x	x				x	x	SSI, Rent
Cardinal	Residential Services, Inc	RSI-Ephesus Church Road	1508 Ephesus Church Road	Chapel Hill	27517	x	x	x	x		x		x	x	x	x			x		SSI, Rent
Cardinal	Residential Services, Inc	RSI-Umstead Road	334 Umstead Dr	Chapel Hill	27516	x	x	x	x		x		x	x	x	x			x		SSI, Rent
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	Brandywine Road Group Home	258 Brandywine Road	Winston-Salem	27103	x	x	x	x				x	x	x	x			x		
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	Ebert Street Group Home	3830 Ebert Road	Winston-Salem	27127	x	x	x	x		x		x	x	x	x					
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	Independence Road Group Home	2001 Independence Road	Winston-Salem	27106	x	x	x	x				x	x	x	x			x		
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	McGee Court Group Home	100 McGee Court	King	27021	x	x	x	x		x		x	x	x	x			x		
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	Pressman Drive Group Home	5130 Pressman Drive	Winston-Salem	27105	x	x	x	x				x	x	x	x			x		
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	Raven Ridge Group Home	460 Raven Ridge Drive	Kernersville	27284	x	x	x	x		x		x	x	x	x			x		
Cardinal	Springwell Network Inc (FKA Group Homes of Forsyth County)	Stockton Street Group Home	3520 Stockton Street	Winston-Salem	27127	x	x	x					x	x	x	x			x		
Cardinal	The Workshop of Davidson, Inc.	Group Home #1-Women	509 Shoaf Street	Lexington	27292				x				x						x		United Way
Cardinal	The Workshop of Davidson, Inc.	Group Home II-Men	226 West 9th Street	Lexington	27295				x				x						x		United Way
Cardinal	UMAR Services, Inc	Arey	495 Tripolis Street	Concord	28025	x			x	x	x		x		x	x			x		
Cardinal	UMAR Services, Inc	Hall	6426 Thermal Road	Charlotte	28211	x	x		x	x	x		x		x				x		
Cardinal	UMAR Services, Inc	Angel	2430 UMAR Court	Charlotte	28215	x	x	x	x		x		x		x	x			x		
Cardinal	UMAR Services, Inc	Hooper	1321 Reynolda Road	Winston-Salem	27104	x	x		x		x		x		x				x		
Cardinal	Unity Home Care, Inc	Barnabas	19704 Zion Street	Cornelius	28031	x	x	x	x		x		x		x	x			x		
Eastpointe	Easter Seals UCP NC & VA	Wilson County GH #1	308 Bragg Street	Wilson	27893	x	x	x	x				x		x	x	x				
Eastpointe	Easter Seals UCP NC & VA	Wilson County GH #4	1502 Pineview Avenue	Wilson	27893	x	x	x					x		x	x					
Eastpointe	Easter Seals UCP NC & VA	Wilson County GH #2	3108 Tilghman Road	Wilson	27893																
Eastpointe	Easter Seals UCP NC & VA	Wilson County GH #2	3108 Tilghman Rd	Wilson	27896	x	x	x					x		x	x					
Eastpointe	Howell Support Services, LLC	Hardee Road Group Home	1612 Hardee Rd	Kinston	28501	x	x	x	x		x		x		x	x	x		x		
Eastpointe	Howell Support Services, LLC	Larkspur Group Home	601 Larkspur Rd	Kinston	28501	x	x	x	x		x		x		x	x	x		x		
Eastpointe	Howell Support Services, LLC	Rhem Group Home	902 Rhem St	Kinston	28501	x	x	x	x		x		x		x	x	x		x		
Eastpointe	Joyce Adams	Circle of Love LLC	6722 Jaycross Road	Fremont	27830	x	x	x		x			x		x	x			x		
Eastpointe	Monarch	Wayfarer Court	145 Wayfarer Court	Rocky mount	27801	x	x	x	x		x		x		x	x	x		x		
Eastpointe	New Destinations, Inc.	Claiborne Place Group Home	404 S. Claiborne Street	Goldsboro	27530	x	x	x					x		x	x					
Eastpointe	RHA Health Services NC, LLC	Bladen # 2 Riverwood	706 West Swanzy Street	Elizabethtown	28337	x	x	x	x		x		x		x	x			x		
Eastpointe	RHA Health Services NC, LLC	Bladen #1 Millbranch	407 East Bladen Street	Bladenboro	28320	x	x	x	x				x		x	x	x				
Eastpointe	RHA Health Services NC, LLC	Robeson 1	601 Carriage Road	Lumberton	28358	x	x	x	x				x		x	x	x				
Eastpointe	RHA Health Services NC, LLC	Schotchfair #2	13880 Francis Street	Gibson	28343	x	x	x	x				x		x	x	x				
Eastpointe	RHA Health Services NC, LLC	Scotchfair #1	1236 Hammond Drive	Laurinburg	28352	x	x	x	x		x		x		x	x	x		x		
Eastpointe	Skill Creation Inc.	SCI-Simmons St	801 Simmons St	Goldsboro	27533	x	x	x	x				x		x	x	x				
Eastpointe	Skill Creation Inc.	SCI-Mt. Olive	600 W. John St	Mt. Olive	28365	x	x	x	x		x		x		x	x			x		
Partners	BMMGH-OPGH, Inc.	Burkemont Mountain Men Group Home	401 Drexel Road	Morganton	28655-8322	x	x						x		x						
Partners	Carolina Residential Services, Inc	Boonville Group Home	130 Williams Street	Boonville	27011	x			x	x			x		x	x	x		x		Social Security
Partners	Carolina Residential Services, Inc	Elkin Group Home	534 Elk Spur Street	Elkin	28621	x	x	x	x		x	x	x		x	x	x		x		Social Security
Partners	Carolina Residential Services, Inc	Gilmer Group Home	145 N Gilmer Street	Mt Airy	27030	x	x	x	x		x	x		x		x	x		x		social security
Partners	Carolina Residential Services, Inc	Kelly Group Home	804 Hunter Street	Statesville	28677	x			x	x			x		x	x	x		x		social security
Partners	Carolina Residential Services, Inc	Mulberry Group Home	730 N. Mulberry Street	Statesville	28677	x	x	x		x	x		x		x	x			x		social security
Partners	Carolina Residential Services, Inc	Spring Street Goup Home	910 Spring Street	Mt Airy	27030	x	x	x		x	x		x		x	x			x		social security
Partners	Carolina Residential Services, Inc	Yadkin Home Place	160 River Road	Boonville	27011	x	x	x		x	x		x		x	x			x		social security
Partners	Catawba Valley Behavioral Healthcare	Catawba County Group Home #3	1516 Steeple Street	Conover	28613				x						x				x	x	Resident Rent
Partners	Catawba Valley Behavioral Healthcare	Community Housing Group Home	1018 5th Street SE	Hickory	28602				x						x				x	x	Resident Rent
Partners	Catawba Valley Behavioral Healthcare	Catawba County Group Home #1	401 North 4th Avenue	Maiden	28650				x						x				x	x	Resident Rent
Partners	Catawba Valley Behavioral Healthcare	Catawba County Group Home #4	722 8th Ave SW	Conover	28613				x						x				x	x	Resident Rent
Partners	Easter Seals UCP NC & VA	Elizabeth Group Home	10156 Elizabeth Drive	Dallas	28034				x	x					x	x			x		
Partners	Easter Seals UCP NC & VA	Greystone Group Home	114 Erwin Street	Morganton	28655				x						x				x		
Partners	Kellys Care	Kellys Care	2073 Harris Henrietta Rd	Mooresboro	28114	x	x	x	x				x		x	x	x				
Partners	Kellys Care	Kellys Care 3	133 Keeter Rd	Mooresboro	28114	x	x	x					x		x	x					
Partners	Kellys Care	Kellys Care 7	1998 Harris Henrietta Rd	Mooresboro	28114	x	x		x				x		x		x				
Partners	New Destinations, Inc.	Brookdale Group Home	711 Brookdale Drive	Statesville	28677	x	x	x					x		x	x					
Partners	Peace Lily Development	Peace Lily Development	101 Peace Lilly Lane	Dobson	27017	x	x			x			x		x				x		Social Security
Partners	Peace Lily Development	Peace Lily Development	103 Peace Lilly Lane	Dobson	27017	x	x			x			x		x				x		Social Security
Partners	Unity Home Care, Inc	Weaver	203 N. Toria Drive	Statesville	28625	x	x	x		x			x		x	x			x		
Partners	Unity Home Care, Inc	Pitzer	200 Wellington Drive	Lincolnton	28092	x	x	x	x				x		x	x	x				
Partners	Unity Home Care, Inc	Hoffman	1482 Hoffman Road	Gastonia	28054	x	x		x				x		x	x	x		x		
Sandhills	Creative Custom Living, Inc.	Mephis House	406 Mephis Street	Greensboro	27406	x			x				x		x				x		SSA; NCOSC* (not 16)
Sandhills	Easter Seals UCP NC & VA	Brentwood Group Home	2325 Brentwood Street	High Point	27263				x						x				x		
Sandhills	Easter Seals UCP NC & VA	Edgewood Group Home	408 North Ward Avenue	High Point	27262				x						x				x		

[illegible]