VAYA PARTNERS
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Standard Rate Schedule: Tailored Plan/Medicaid Direct Non-Clinician-Based

Effective 10/01/2026
Revised 11/03/2026

Service Description	Unit	Effective Date of Service	Standard Rates
Behavioral Health Services Rendered Under Billing NPI			
96138 - Psych or Neuropsych Testing Tech Tst Admin And Scoring	15 minutes	10/1/2026	$ 37.99
96139 - Add-on Psych or Neuropsych Testing Tech Tst Admin And Scoring	15 minutes	10/1/2026	$ 32.42
96146 - Psych or Neuropsych Automated Testing And Result	15 minutes	10/1/2026	$ 2.57
Q3014GT - Telehealth Originating Site Fee	event	10/1/2026	$ 21.25
T1017HT - Tailored Care Management	per month	10/1/2026	$ 294.86
RB-BHT Services - Require Licensed Qualified Autism Practitioners (LQASP)			
97151 - Behavior identification assessment	15 minutes	10/1/2026	$ 30.56
97152 - Behavior identification supporting assessment, tech	15 minutes	10/1/2026	$ 61.73
97153 - Adaptive behavior treatment by protocol, tech	15 minutes	10/1/2026	$ 20.81
97154 - Group adaptive behavior treatment by protocol, tech	15 minutes	10/1/2026	$ 11.37
97155 - Adaptive behavior treatment with protocol modification, QHP	15 minutes	10/1/2026	$ 32.22
97156 - Family adaptive behavior treatment guidance	15 minutes	10/1/2026	$ 26.05
97157 - Multiple-family group adaptive behavior treatment guidance	15 minutes	10/1/2026	$ 11.51
Behavioral Health Enhanced Services			
H0010 - Detox Non-Hospital Med	per diem	10/1/2026	$ 756.65
H0011 - Clinically Managed Residential Withdrawal Management	per diem	**10/1/2026**	**$ 307.89**
H0012HB - Clinically Managed High-Intensity Residential Services -Adult	per diem	**10/1/2026**	**$ 211.43**
H0012HD - Clinically Managed High-Intensity Residential Services -Pregnant & Parenting	per diem	10/1/2026	$ 308.97
H0012HA - Clinically Managed High-Intensity Residential Services - Adolescent	per diem	10/1/2026	$ 427.68
H0013 - SA Med Mon Community Residential Tx - Adult	per diem	10/1/2026	$ 354.10
H0013HA - SA Med Mon Community Residential Tx- Adolescent	per diem	10/1/2026	$ 354.10
H0014 - Ambulatory Detox	per diem	10/1/2026	$ 31.17
H0014HF - Ambulatory Detox w/ Extended On-Site Monitoring	15 minutes	10/1/2026	$ 34.43
H0015 - SAIOP	per diem	10/1/2026	$ 250.15
H0019HK - HRI L4, BH LT Res	per diem	10/1/2026	$ 401.45
H0019HQ - HRI L3, <=4 beds, BH LT Res	per diem	10/1/2026	$ 297.81
H0019TJ - HRI L3, 5+ beds, BH LT Res	per diem	10/1/2026	$ 242.18
H0019UR - Residential Level IV (5+ Beds)	per diem	10/1/2026	$ 411.03
H0020 - Outpatient Opioid Treatment (Weekly)	per diem	10/1/2026	$ 254.93
H0032 - Targeted Case Management - Mental Health / Substance Abuse	per week	10/1/2026	$ 130.00
H0035 - MH PARTIAL HOSP, < 24 HR	per diem	10/1/2026	$ 171.01
H0038 - Peer Support Services (PSS) - individual	15 minutes	10/1/2026	$ 15.50
H0038HQ - Peer Support Services (PSS) - group	15 minutes	10/1/2026	$ 3.74
H0040 - Assertive Community Treatment Team (ACTT)	event (4/mo.)	10/1/2026	$ 415.33
H004022 - Assertive Community Treatment Team (ACTT) > 4 events per month	event	10/1/2026	$ 0.01
H0046 - High Risk intervantion Res L1	per diem	10/1/2026	$ 86.25
H0047 - Clinically Managed Population-Specific High Intensity Residential Program	per diem	10/1/2026	$ 458.02
H2011 - Crisis Services	15 minutes	10/1/2026	$ 99.00
H2012HA - Day Treatment Child	per hour	10/1/2026	$ 43.23
H2015HTHF - CST - SA Professional - Community Support Team	15 minutes	10/1/2026	$ 33.87
H2015HTHM - CST - Paraprofessional - Community Support Team	15 minutes	10/1/2026	$ 33.87
H2015HTHN - CST - QP/AP - Community Support Team	15 minutes	10/1/2026	$ 33.87
H2015HTHO - CST - Team Lead - Community Support Team	15 minutes	10/1/2026	$ 33.87
H2015HTU1 - CST - PSS - Community Support Team	15 minutes	10/1/2026	$ 33.87

Service Description	Unit	Effective Date of Service	Standard Rates
H2017 - Psychosocial Rehab	15 minutes	10/1/2026	$ 3.79
H2020 - Child Residential Level II – Program Type	per diem	10/1/2026	$ 162.00
H2022 - Intensive In-Home	per diem	10/1/2026	$ 298.15
H2033 - Multisystemic Therapy	15 minutes	10/1/2026	$ 47.26
H2034 - Clinically Managed Low-Intensity Residential Treatment Services	per diem	10/1/2026	$ 176.15
H2035 - SA Comprehensive Outpatient Trt Prog	per hour	10/1/2026	$ 71.89
S5145 - CTSP Residential II	per diem	10/1/2026	$ 175.00
S5145HA - CTSP Family Type Residential II IAFT	per diem	10/1/2026	$ 289.23
S5145YA - Enh Rate Therapeutic Foster Care	per diem	10/1/2026	$ 175.00
S9484 - Facility Based Crisis	per hour	10/1/2026	$ 35.00
S9484HA -Facility Based Crisis HR - Child & Adol	per hour	10/1/2026	$ 37.32
T1023 - Diagnostic Assessment	event	10/1/2026	$ 298.93
Medicaid In Lieu of Services			
H0018HAU5 - Residential Services Complex Needs	per diem	10/1/2026	$ 180.00
H0032U5 - High Fidelity Wraparound Team	per month	10/1/2026	$ 2,943.67
H0032U5U1 - High Fidelity Wraparound Team encounter	event	10/1/2026	$ 0.01
H0040U5HA - Child Focused Assertive Community Treatment Team (ACTT)	event	10/1/2026	$ 486.00
H0040U5HATS - Child Focused Assertive Community Treatment Team (ACTT), Encounter	event	10/1/2026	$ 0.01
H0040HHU5 - Dual Diagnosis-Capable Assertive Community Treatment (DDC-ACT)	4 per month	10/1/2026	$ 500.00
H0040HKU5- First Episode Psychosis ACT (FEP-ACT)	6 per month	10/1/2026	$ 286.79
H0040HKU5TS- First Episode Psychosis ACT (FEP-ACT)	event	10/1/2026	$ 0.01
H2011U5U1 - Enhanced Crisis Response	1 per week	10/1/2026	$ 265.00
H2011U5TS - Enhanced Crisis Response, Encounter	event	10/1/2026	$ 0.01
H2021U5 - Outpatient Plus	15 minutes	10/1/2026	$ 15.17
H2021U5HQ - Group Outpatient Plus	15 minutes	10/1/2026	$ 7.49
H2017U5 - Individual Rehabilitation Coordination & Support Services	1 per week	10/1/2026	$ 427.50
H2022HEU5 - In-Home Therapy Services	per diem	10/1/2026	$ 539.46
H2022HEU5TS- In-Home Therapy Services	per diem	10/1/2026	$ 0.01
H2022U5 - Transitional Youth Services	per month	10/1/2026	$ 2,694.45
H2022U5U1 – Family Centered Treatment; Core	per month	10/1/2026	$ 3,080.00
H2022U5U2 – Family Centered Treatment; Encounter	event	10/1/2026	$ 0.01
H2022 U5 U3 – Family Centered Treatment; 3-Month Outcome	outcome	10/1/2026	$ 660.00
H2022 U5 U4 – Family Centered Treatment; 6-Month Outcome	outcome	10/1/2026	$ 660.00
S5145U5 - Rapid Response Services for Children and Youth	per diem	10/1/2026	$ 200.00
S9480U5 - Rapid Care Low	event per day	10/1/2026	$ 330.00
S9480HKU5 - Rapid Care High	event per day	10/1/2026	$ 600.00
T1005HAU5 - Respite services for Early Childhood	15 minutes	10/1/2026	$ 5.29
T1005HAU5HQ - Respite services for Early Childhood Group	15 minutes	10/1/2026	$ 3.94
T2016U5 - Behavioral Health Crisis Risk Assessment and Intervention Level III (BH-CAI)	**event**	**10/1/2026**	**$ 606.35**
T2016U6 - Behavioral Health Crisis Risk Assessment and Intervention Level IV (BH-CAI)	**event**	**10/1/2026**	**$ 606.35**
T2016U5U1 - L1 Long-term Community Supports	per diem	10/1/2026	$ 149.88
T2016U5U2 - L2 Long-term Community Supports	per diem	10/1/2026	$ 250.27
T2016U5U3 - L3 Long-term Community Supports	per diem	10/1/2026	$ 276.24
T2016U5U4 - L4 Long-term Community Supports	per diem	10/1/2026	$ 329.93
T2016U5U6 - L5 Long-term Community Supports	per diem	10/1/2026	$ 302.94