

How Children's Mental Health Waiver Providers Make their Money

- As part of the waiver application process, you will be required to enroll as a Medicaid Provider an enrollment packet will be sent to you after your application has been approved, as the second step in the process.
- To be allowed to bill for the service(s), you must ensure that the function or activity is within the scope and definition of the waiver service that you are certified to provide and is on behalf of or specifically related to, the individual child being served by the waiver program.
- Each waiver service has a defined billable rate and unit (length of service provided for that rate).

Waiver Service	Billable Rate	Unit
Family Care	\$ 18.50	15 minutes
Coordination		
Youth & Family	\$ 8.50	15 minutes
Training and Support		
Respite	\$ 4.25	15 minutes
Maximum units		
1664/year		

So...for example, every 15 minutes of service provided by a Family Trainer, he/she bills \$7.00. Four units of service $(4 \times 15 \text{ min. or } 1 \text{ hour}) = \28.00 .

Waiver Providers are chosen by the child/youth and family being served by the program. The number of units assigned to each waiver provider is determined through the Individual Service Planning process. This is done per 180 day plan. Units are calculated based on the length of service and the number of times per week or month the service is to be provided.

So...for example, the chosen Family Trainer is requested by the family to provide 2 hours of service per week for one plan.

8 units (2 hours) x 25 weeks (weeks in one plan) x \$8.50 (billable rate)