

Department of Health and Mental Hygiene
ALCOHOL AND DRUG ABUSE ADMINISTRATION
Schedule of Charges for

		<i>Name of Vendor</i>			<i>Date to be effective</i>
Level of Care/Type of Service		Rate Currently In Effect	Costing Unit	Vendor Recommended Charge	DHMH Approved Charge
Level I	Outpatient	\$ _____	Per Visit	\$ _____	\$ _____
	Individual	\$ _____	Per Visit	\$ _____	\$ _____
	Group	\$ _____	Per Visit	\$ _____	\$ _____
Level I.D	Outpatient - Detox	\$ _____	Per Visit	\$ _____	\$ _____
Level II.1	Intensive Outpatient	\$ _____	Per Visit	\$ _____	\$ _____
Level II.5	Partial Hospitalization	\$ _____	Per Visit	\$ _____	\$ _____
Level II.D	IOP - Detox	\$ _____	Per Visit	\$ _____	\$ _____
Level III.1	Halfway House	\$ _____	Per Day	\$ _____	\$ _____
Level III.3	Long Term Residential Care	\$ _____	Per Day	\$ _____	\$ _____
Level III.5	Therapeutic Community	\$ _____	Per Day	\$ _____	\$ _____
Level III.7	Medically Monitored Inpatient (ICF)	\$ _____	Per Day	\$ _____	\$ _____
Level III.7.D	Med. Mon. Inpatient (ICF) - Detox	\$ _____	Per Day	\$ _____	\$ _____
OMT	Opioid Maintenance Therapy	\$ _____	Per Visit	\$ _____	\$ _____
OMT	Opioid Maintenance Therapy - Detox	\$ _____	Per Visit	\$ _____	\$ _____