## **Beacon Specialized Living Services**

Per Diem Fee Schedule – Fiscal 2024-2025

Service	Base Rate	DCW Rate	Total Per Diem					
Personal Care (Code T1020) Community Living	\$273.55 per diem (Rate split by code based upon client's	\$36.45 per diem	\$310.00 per diem					
•	time study, determined by CMH)	diem						
Supports (Code H2016) Residential	time study, determined by elimity							
Specialty Home Rates (rate split by code based upon client's time study, determined by CMH):								
Exception Homes:								
Anchor Point North/South,	6224 FF way diam							
Breakwater East,	\$324.55 per diem							
Breakwater West Hartford, 62 <sup>nd</sup> Street	(Rate split by code based upon client's time study, determined by CMH)	\$ 36.45 per						
Highland, Saginaw,	time study, determined by Civin)	diem	361.00 Per diem					
Southfield								
East Ave/East Ave South,								
The Lodge, Battle Creek								
Autism Home 5 Bed:	Rate determined by consumer need	\$36.45 per	Level I: \$444.00 per diem					
Augusta	Level I: \$407.55 per diem	diem	Level II: \$637.00 per diem					
	Level II: \$600.55 per diem							
Autism Home 4 Bed:		\$36.45 per						
Arlene/Cogswell	\$600.55 per diem	diem	\$637.00 per diem					
Mt. Pleasant/Trolley								
Medical Sensitive Homes:		\$36.45 per						
Eau Claire	\$333.55 per diem	diem	\$370.00 per diem					
The Oaks	\$413.55 per diem		\$450.00 per diem					
Morton Terrace	\$333.55 per diem		\$370.00 per diem					
Market sensitive homes:		\$36.45 per						
Silverview	\$316.55 per diem	diem	\$353.00 per diem					
Ludington								
CRU – Children's Crisis	\$635.55 per diem	\$36.45 per	\$672.00 per diem					
Residential		diem						
Unlicensed Unit Based	*Single Case Agreements - Rate							
Homes (H2015):	determined by consumer need*							
Galesburg								
S. Leaton								
Washburn								
Enhanced Staffing	\$31.09 per hour	\$3.91	\$35.00 per hour					
(code H2016 - formerly		per						
H2015)		hour						
Psychiatry	\$13.00 per diem		\$13.00 per diem					
(no per diem code)								
Room & Board (S9976)			\$1,056.50 per month					
Determined by SSI January 2024								
Juliaal y 2027	Per Contact Fee	Sahadula 2024	1 2025					

## Per Contact Fee Schedule – 2024-2025

Services	Fee	Code Status	Units
Psychiatric Evaluation (with no Medical Services)	\$480.00	Code 90791	Per encounter
Psychiatric Evaluation (with Medical Services)	\$480.00	Code 90792	Per encounter
Medication Review	\$245.00	Code 99212 (8-12 minutes)	Per encounter
		Code 99213 (13-20 minutes)	
		Code 99214 (21-32 minutes)	
Mental Health Assessment by Non-Physician	\$110.00	Code H0031	Per encounter
Group Per Session	\$85.00	Code 90853	Per session
Medical Injection	\$35.00	Code 96372	Per encounter