

**GENESEE HEALTH SYSTEM**

**REQUEST FOR PROPOSAL  
FOR  
AUTISM BEHAVIORAL HEALTH SERVICES**

**Outside of Standard Business Hours**

**Clinic-Based & Home-Based**

**ISSUED: DECEMBER 11, 2022**

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## I. PURPOSE AND SPECIFICATIONS

Genesee Health System (hereinafter referred to as the “Board”) is seeking sealed proposals from interested and qualified parties experienced in providing **AUTISM BEHAVIORAL HEALTH SERVICES**. These services will be provided to consumers residing in Genesee County at locations as requested by the consumer/Board.

Proposals must be clear, concise, typewritten, and must be signed in ink by the official authorized to bind the submitter to its provisions. The contents of this Request for Proposal (RFP) will become incorporated within any contract signed by the Board and the provider of service. Do not retype this RFP, instead, respond on a separate page and cite the section number for each response. All areas of the proposal must be addressed in the same sequence cited in the RFP instructions in order that proper consideration is given to the proposal. Proposals submitted without information or incomplete content will result in the proposal being removed from consideration. The Offeror must complete an **Offeror Cover Sheet** and attach to the proposal.

Bidders are to use their expertise to meet or exceed the Board’s needs and earn its trust. Questions from qualified parties may be submitted via email sent to [RFPreplies@genhs.org](mailto:RFPreplies@genhs.org). No phone calls will be accepted. Questions will be accepted until **3:00 PM on December 20, 2022**.

Any change to this RFP subsequent to its release will be confirmed in writing by the Board. **One (1) original electronic version attached to your email** shall be sent to [RFPreplies@genhs.org](mailto:RFPreplies@genhs.org). **Proposals will be accepted until 2:30 PM on January 4, 2023.** **Proposals must be received by this date and time in order for the proposal to be considered.** The following should be noted in the **Subject** line of your email:

**“RFP – Autism – Outside of Standard Business Hours”**

Proposals may be mailed or hand delivered to the following address:

**Genesee Health System  
Attn: Contract Management  
420 W. Fifth Ave., 2<sup>nd</sup> Floor Annex  
Flint, MI 48503**

Proposals will be opened **January 4, 2023 at 3:00PM** at 420 W. Fifth Ave.-2<sup>nd</sup> Floor Annex, Flint, MI 48503. The proposal shall cover services beginning on or about **March 1, 2023** or as agreed upon by the Offeror and the Board.

The Board reserves the right to accept or reject any/all proposals received pursuant to this RFP, in whole or in part; and/or to waive any/all irregularities therein; and/or to delete/reduce the units of service; and/or to negotiate proposal terms in any way whatsoever to obtain a proposal as deemed in its best interest. The Board reserves the right to re-solicit/re-advertise as deemed necessary.

## **INTRODUCTION AND OVERVIEW**

The Board received Authority status as of January 1, 2013, effectively becoming a distinct non-profit separate from the County of Genesee. Funding for the service(s) described herein is enabled by a cost reimbursement contract with Region 10 Prepaid Inpatient Health Plan to manage the Concurrent 1915(b)(c) Programs, the Healthy Michigan Plan and relevant I waivers in Genesee County, Michigan and to provide a comprehensive array of specialty mental health services and supports as indicated therein. The Board also operates Genesee Community Health Center, which offers a holistic approach to physical health care for those who may otherwise go without.

The Board intends to enter into a contract with a for-profit or non-profit entity or entities to provide **Autism Behavioral Health Services**. It is expected that the proposal to provide these services will be in compliance with all applicable State and Federal standards and guidelines.

The Board has chosen to meet the challenge of managed care by managing its mental health care service delivery through evaluation and monitoring, and expecting its service providers to be solely responsible for managing its operations consistent with terms of the accepted contract. Consequently, the Offeror should be aware that providers from whom the Board purchases services are expected to operate in the marketplace and be able to effectively meet the requirements for establishing and maintaining a contractual relationship with the Board. This RFP establishes criteria and requirements that have been designed to cover important aspects of the services to be provided.

## **COST LIABILITY**

The Board assumes no responsibility or liability for costs by the Offeror, or any Offeror prior to the execution of a contract between the organization and the Board.

## **OFFEROR RESPONSIBILITIES**

All inquiries concerning the content of the RFP shall be submitted to the address cited on page three of the RFP.

It is the responsibility of the Offeror to understand all details of the RFP. The Offeror, by submitting a response indicates a full understanding of all details and specifications of the RFP. Offerors are expected to present narrative statements/summaries in a clear, concise and organized manner for review.

The Offeror is solely responsible for delivery of **One (1) original electronic version attached to your email** sent to [RFPpreplies@genhs.org](mailto:RFPpreplies@genhs.org) or delivered to the physical address listed, on or before the date and time specified, on page three of the RFP. The Contract Management Office will be the single point of contact throughout the RFP process.

**RFPs submitted after the deadline will not be considered and will be discarded.**

All RFPs submitted by the deadline will become the property of the Board.

## **OTHER MATERIALS**

Offerors may attach other materials believed to be relevant to illustrating the Offeror's ability to successfully provide these services.

## **AWARD OF CONTRACT**

It is the intent of the Board to enter into a contract with provider(s) that will emphasize administrative efficiencies, and possess the capacity, infrastructure and organizational competence to provide the requirements under this proposal.

Award recommendations are contingent upon an initial evaluation of the Offeror's qualifications to determine if the Offeror is a quality provider.

There are three types of evaluation that **may be used** to determine if an Offeror meets quality standards. The first is an evaluation of the written response to the RFP. The second involves interviewing Offeror's staff and/or regulators. The third involves interviews with Offeror's customers and/or consumers. The latter may involve interviews with a random sampling of the Offeror's current and previous customers. "Customers" include direct recipients of service, recipients' representatives (e.g., parents, guardians, family members, etc.), and payers.

In addition to access to customers, the evaluation process must be assured of unimpeded access to employees (current and former), regulators, and other stakeholders of the Offeror. Requests for additional information, to assist the evaluators, may be submitted to the prospective Offeror in order to facilitate sampling satisfaction.

Offerors who are awarded contracts shall not assign or delegate any of their duties or obligations under the contract to any other party without written permission of the Board. Specific requests for information to assist the Board's evaluators will be submitted to the Offeror as needed.

## **DISCLOSURE**

All information in an Offeror's proposal is subject under the provisions of Public Act No. 442 of 1976 known as the Freedom of Information Act.

## **CONFLICT OF INTEREST**

Offerors awarded a contract will affirm that no principal, representative, agent, or other acting on behalf of or legally capable of acting on the behalf of the Offeror, is currently an employee of the Board; nor will any such person connected to the Offeror currently be using or privy to any information regarding the Board which may constitute a conflict of interest.

At the time of the proposal, all Offerors shall disclose any known direct or indirect financial interests (including but not limited to ownership, investment interests, or any other form of remuneration) that may be present between the Offeror or its potential subcontractors, and Board personnel. This disclosure shall be made to the Boards' VP of Administrative Services who will forward the information to the CEO.

As part of the proposal, include a list of any known potential subcontractors, including the portion of work being contracted out to other licensed contractors. This listing of potential subcontractors shall be limited to the name of the company, name of the company's owner(s), and business address. If any other subcontractor is selected after a contract is awarded, the successful Offeror shall provide the Board with the name of the company, its owner(s), and address. This requirement is not intended to apply to minimal relationships such as the purchase of a small dollar amount of supplies to complete a project.

### **RELATIONSHIP OF THE PARTIES (INDEPENDENT CONTRACTOR)**

The relationship between the Board and any Offerors successful in obtaining a contract is that of client and independent contractor. No agent, employee, or servant of the contractor shall be deemed to be an employee, agent, or servant of the Board for any reason. The independent contractor will be solely and entirely responsible for its acts and the acts of its agents, employees, and servants during the performance of a contract resulting from the RFP.

### **NO WAIVER OF DEFAULT**

The failure of the Board to insist upon strict adherence to any term of a contract resulting from this RFP shall not be considered a waiver or deprive the Board of the right thereafter to insist upon strict adherence to that term, or any other term, of the contract.

### **DISCLAIMER**

All the information contained within this RFP reflects the best and most accurate information available to the Board at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued to all potential Offerors who obtained the original RFP.

### **REFERRAL PROCESS**

Authorizations for service will be made by the Board's Utilization Management Department in the format designated by the Board. Providers must agree to accept and serve all consumers referred and authorized by the Board under the contract as described in the following service description.

## SERVICE DESCRIPTION

### **Autism Behavioral Health Treatment Services**

Genesee Health System is seeking Expanded Service Hours to be provided by currently empaneled providers and/or additional provider(s) of **clinic-based and home-based, Applied Behavior Analysis** services targeted for children **ages 3 to under 21 years of age**, residing in Genesee County, with a diagnosis Autism Spectrum Disorder (ASD) and able to benefit from Behavioral Health Treatment (BHT) – Applied Behavior Analysis (ABA).

**To be considered, a provider must be currently established and fully operational within Genesee County, with existing excess capacity, capable of assisting with consumer choice options for services.**

The primary need that exists is for Applied Behavioral Analysis services to take place **outside of standard business hours** described as: after school; after 4:00 P.M.; weekday evening hours; weekend daytime hours; and/or weekend evening hours as requested and referred by GHS. **Clinic-based and Home-based** services are being requested at this time. **Children ages 8 and under 21 years of age** represent the largest segment available for referral.

- A. Reference **MSA Bulletin Number 15-59** for a full service description and requirements.
- B. Service Codes:
  - See ATTACHMENT B.
- C. GHS retains the authority and responsibility for:
  - Completing all Comprehensive Diagnostic (eligibility) Evaluations; determination of medical necessity; and, recommendation for BHT services.
  - Referral for BHT services to contracted GHS providers
  - Prior Authorization of services
  - Annual re-evaluation of eligibility and medical necessity
  - The formal discharge of individuals from BHT services
- D. Specific Provider Requirements:
  - 1) Must offer an initial BHT-ABA service appointment to child/family within 14 days of GHS referral date.
  - 2) Must offer and provide consistent ABA services to the child at an intensity level of approximately 5-25 hours per week, depending on medical necessity, the plan of care and service authorization.

- 3) Must have written evidence of offering/providing the medically necessary service intensity and frequency, as identified in the behavior service plan.
- 4) Must have written evidence of collaboration with the child's school and/or early intervention program and IPOS must document that these services do not supplant school services.
- 5) Behavior service plan must be comprehensive and individualized, must include amount, scope, duration and frequency of the BHT-ABA services and supports, and must include measureable, achievable, realistic goals for improvement.
- 6) The behavior service plan must address risk factors identified for the child and family, and how the risk factors are to be minimized, including how to ensure consistent staffing in the event a staff does not show up for work.
- 7) There must be written evidence that all ABA service providers meet all required training and credentialing standards before services are provided.
- 8) Behavioral support plans will be reviewed at least every 3 months and when there are changes in needs.
- 9) Behavioral Assessment using a validated instrument(s) and completion of the ABLLS-R, VB-MAPP, or AFLS (or other equivalent measures if pre-approved by GHS) are completed as part of the initial behavior assessment and every 6 months there-after. The assessment results are scanned into the GHS electronic medical record (CHIP).
- 10) Clinical direction and oversight of BHT services are delivered in a minimum of one hour of face-to-face Behavior Observation and Direction is provided for every 10 hours of behavior treatment provided. The contracted agency is responsible to closely monitor this requirement and failure to do so may result in non-payment for unsupervised services

E. RFP response should include:

- 1) Evidence and discussion of prior, proven experience as an ABA provider for children with autism; include description of populations served and any prior experience treating significant challenging behaviors; and
- 2) Staff hiring, training, development and supervision model and practices; and
- 3) All applicable policies and procedures, including health and safety; and
- 4) Estimate your currently existing excess capacity to take on new children as described earlier in the Service Description. Please include current listing of credentialed staff (BCBA, BCaBA and other qualified staff).



## II. OFFEROR CRITERIA AND RESPONSE REQUIREMENTS

### A. *Preparation and Formatting Requirements* [Non-Scored]

The Offeror shall identify each question & alpha-numeric identifier associated with each response. Respond to each question in the order presented below. Be sure to provide a response to every question/request for proper scoring. The Offeror shall be responsible for preparing and submitting an effective, clear, and concise proposal. Proposals must contain the following information:

1. Offeror will prepare a comprehensive document incorporating responses to each Section, said responses shall be presented as follows: Font Style “New Times Roman” with Font Size “12 point”.
2. Offeror shall prepare a Table of Contents.
3. Offeror shall respond regarding how they will answer or meet the requirements of each Section, with each section being individually tabbed, corresponding to the Table of Contents.

### B. *Service Description*

1. The Offeror will describe in detail how they will meet and maintain fidelity and/or program service provisions and requirements as follows:
  - a) RFP Service Description for Autism Behavioral Health Treatment Services, as listed above.
  - b) BHTS-ABA (Service Model Delivery) as provided within MSA Bulletin Number MSA 15-59 – Coverage of Autism Services for Children Under 21 Years of Age.
2. The Offeror shall describe:
  - a) The organization’s current listing of credentialed staff (BCBA, BCaBA and other qualified staff).
  - b) How the organization is currently staffed to meet the needs of **children age 8 and under 21**.
  - c) How the organization will ensure availability of crisis response coverage that is provided directly by members of the team.
  - d) Hours of operations/team availability.

- e) The capacity to provide appointments within 14-days of referral from GHS.
3. The Offeror shall outline and/or describe:
- a) Their process for collaborating with providers, schools, teachers, administrators, program agencies and other intermediaries and community resources as may benefit the Under 21 aged child and family.
  - b) The supervision model and practices employed for the effective monitoring and management of clinical staff for their provision of services to this vulnerable population.
  - c) Their staff hiring, training, development and supervision model and practices.
  - d) By attaching applicable policies and procedures, including health and safety.

*C. Service Delivery System and Consumer Care Management*

1. Offeror shall describe their current excess capacity available to provide **clinic-based**, Applied Behavioral Analysis in settings as requested **outside of the standard business hours** (i.e. after school; after 4:00 P.M.; weekday evening hours; weekend daytime hours; and/or weekend evening hours.)
2. Offeror shall describe their current excess capacity available to provide **home-based**, Applied Behavioral Analysis in settings as requested **outside of the standard business hours** (i.e. after school; after 4:00 P.M.; weekday evening hours; weekend daytime hours; and/or weekend evening hours.)
3. Offeror shall describe how the required supervision/observation component is provided with **home-based**, Applied Behavioral Analysis in settings as requested **outside of standard business hours** (i.e. after school; after 4:00 P.M.; weekday evening hours; weekend daytime hours; and/or weekend evening hours.) A description detailing how home-based supervision differs from clinic-based models will be helpful as part of your response to C.3.
4. Offeror shall provide evidence of prior, proven experience as an ABA provider for children with autism; include description of populations served and any prior experience treating significant challenging behaviors.
5. Offeror shall give examples of the types of consumers they serve and describe the treatment methods used to serve these types of consumers.
6. Offeror shall describe their implementation of Person Centered Planning (PCP) and their on-going commitment to PCP and self – determination, as well as monitor and

review behavioral support plans at least every 3 months and when there are changes in needs.

7. Offeror shall attach procedures relating to the Offeror's Recipient Rights process, staff training on Recipients Rights and the process for monitoring staff's compliance with Chapter 7 (Recipient Rights) of the Michigan Mental Health Code.
8. Offeror shall describe consumer involvement (direct/indirect) with Offeror's operations.
9. Offeror shall explain their process for maintaining consumers' health.
10. Offeror shall indicate the physical location of their offices and describe how the organization will accommodate individuals with physical handicaps in accordance with applicable laws such as "The Americans with Disabilities Act."
11. Offeror shall describe their current capacity to complete the developmental work necessary to implement the services to be provided in this RFP in a timely manner. Specifically, this refers to activities such as meeting the program components as outlined in MDHHS Bulletin Number **MSA 15-59**, hiring (BCBA, BCaBA and otherwise qualified) staff, training staff, credentialing staff, obtaining needed equipment, and so on.

***D. Offeror's Internal Policies and Procedures***

1. The Offeror shall attach personnel policies and procedures specific to:
  - a) ABA service provider credentialing, privileging, licensing and competency of staff to insure all standards are met before services are provided.
  - b) Training (initial and ongoing).
  - c) Orientation.
  - d) Recruitment and selection
  - e) Performance evaluation
  - f) Managing and monitoring the safety of the client and clinical staff while in various community settings.
  - g) Managing clinical risk, emphasizing consumer empowerment and integration with their communities.
  - h) Termination and follow up.
  - i) Corporate compliance program and plan.
  - j) Documentation guidelines.
  - k) Health & Safety

2. The Offeror shall describe the organization's procedures for promoting safety within center-based service programming. (Safety of the child and safety of your staff.)
3. The Offeror shall describe the organization's procedures for promoting safety with home-based service programming. (Safety of the child and safety of your staff.)
4. The Offeror shall describe the organization's accessibility, cultural competency and diversity planning.
  - a) The Offeror shall include a description of its ability to serve persons with communication impairments (e.g. vision, hearing, speech, and sensory).
  - b) The Offeror shall include a description of its ability to serve person with mobility impairments (e.g. wheelchair, braces, and walkers)

***E. Management/Administrative Capability and Information Systems***

1. The Offeror shall describe the organization's operation and the staff and systems available to:
  - a) Maintain a database of consumers that includes but is not limited to service activity provided.
  - b) Maintain the capacity to bill insurance using a standard designed by Genesee Health System.
  - c) Electronically collect data for State Reporting, as may be required.
  - d) Collect Ability To Pay (ATP) and excess asset amounts.
  - e) Submit Medicaid spend-down statements to the Department of Human Services,
  - f) Bill primary insurance carriers and submit an Explanation of Benefits with the invoice if secondary payment from GHS is required (as applicable)

***F. Performance Improvement***

1. The Offeror shall describe their organizational plan to monitor, track and report quality assessments, performance, and quality improvement dimensions.
2. The Offeror shall describe their organization's plan to comply with MSA Bulletin Number MSA 15-59.

***G. Legal Structure and Financial Viability***

1. The Offeror shall submit documentation and proof of entity (e.g. IRS 501(c) 3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception;
2. The Offeror shall include the names, addresses, and title or representation of all owners or controlling parties of the organization, whether they are individuals, partnerships, corporate bodies, or subdivisions of the bodies.
3. The Offeror shall attach audited financial statements for the previous two (2) years of operation.
4. The Offeror shall attach a copy of its Accreditation Certificate and Award Letter, if applicable.
5. The Offeror shall attach a Certificate of Workers' Disability Compensation insurance coverage.
6. The Offeror shall attach a certificate of professional liability (errors and omissions) in a sum of not less than One Million Dollars per claim and One Million Dollars annual aggregate.
7. The Offeror shall attach a certificate of general liability insurance with Broad Form General Liability Endorsement or equivalent, if not in policy proper, Provider and Contractual liability coverage with limits of not less than One Million Dollars per occurrence and One Million Dollars annual aggregate.
8. The Offeror shall attach a certificate of vehicle liability insurance coverage, and Michigan No-Fault coverage, including all owned, non-owned, and hired vehicles, with limits of not less than One Million Dollars per occurrence and One Million Dollars annual aggregate (if transporting clients).
9. The Offeror shall complete and attach the **Region 10 Organization Application**, if not previously submitted to Genesee Health System.
10. The Offeror shall complete and attach **the Region 10 Conflict of Interest Form**.

***H. Documentation***

1. The Offeror must submit the following information under separate cover at the time of bid submission:
  - a) List of organizations, contact names and phone numbers of the organizations for which the Offeror has provided services.

***I. Rate Submission for Service Code(s) To Be Provided***

1. Offeror shall be willing to enter into a contractual agreement with GHS while accepting the rate schedule as detailed in Attachment B. Applied Behavior Analysis Projected Rates by Provider Type.

Reimbursement: Restrictions:

If Medicare or commercial insurance/HMO coverage becomes available, and GHS authorized services are a covered benefit the other third party funding source(s) must be billed for contracted services or refer the client back to GHS. Third party reimbursement will be considered payment in full. No supplemental billing is permitted. The Offeror will enroll with all insurance companies to become a provider and bill for contracted services

**GENESEE HEALTH SYSTEM**

**REQUEST FOR PROPOSAL FOR  
AUTISM BEHAVIORAL HEALTH SERVICES  
Outside of Standard Business Hours  
Clinic-Based & Home-Based**

**III. OFFEROR COVER SHEET**

**Offeror Information**

Name of Organization:

Address:

Authorized Representative:

Title:

Telephone Number:

Fax Number:

E-mail:

Person(s) to Contact:

*1. For Board representative to ask questions regarding the contents of the packet:*

*Name:*

*Title:*

*Telephone Number:*

*E-Mail Address:*

Program Services Included in the Proposal:

**AUTISM BEHAVIORAL HEALTH SERVICES  
Outside of Standard Business Hours  
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#### IV. **TIMELINE REQUIREMENTS**

The following is the calendar of events related to this RFP:

<b><u>EVENT</u></b>	<b><u>FIRM DATES</u></b>
Issue RFP	December 11, 2022
Questions accepted until (Email to <a href="mailto:RFPreplies@genhs.org">RFPreplies@genhs.org</a> )	December 20, 2022 by 3:00 PM
Q and A document posting	December 21, 2022 by 5:00 PM
<b><i>Deadline</i></b> for Final Submission of Proposals to Board (1 original electronic file attached to your Email sent to <a href="mailto:RFPreplies@genhs.org">RFPreplies@genhs.org</a> )	2:30 PM on January 4, 2023
Opening	3:00 PM on January 4, 2023
Award (Tentatively)	March 1, 2023
Delivery Due By:	Immediate Need Exists

#### V. **ATTACHMENTS**

- MSA Bulletin Number 15-59
- Applied Behavior Analysis (ABA) Projected Rates By Provider Type



## ATTACHMENT A

See GHS website [www.genhs.org](http://www.genhs.org) follow link to RFP Opportunities for Attachment A.

## ATTACHMENT B

### Applied Behavior Analysis (ABA) Projected Rates By Provider Type

Service Code	Modifiers	Description	Rate	Unit Type
0362T	AF	Behavioral follow-up assessment	\$30.00	15 Minutes
0362T	AG	Behavioral follow-up assessment	\$30.00	15 Minutes
0362T	AH	Behavioral follow-up assessment	\$30.00	15 Minutes
0362T	HN	Behavioral follow-up assessment	\$21.25	15 Minutes
0362T	HO	Behavioral follow-up assessment	\$30.00	15 Minutes
0362T	HP	Behavioral follow-up assessment	\$30.00	15 Minutes
0362T	SA	Behavioral follow-up assessment	\$30.00	15 Minutes
0373T	AF	Exposure adaptive behav. treatm	\$30.00	15 Minutes
0373T	AG	Exposure adaptive behav. treatm	\$30.00	15 Minutes
0373T	AH	Exposure adaptive behav. treatm	\$30.00	15 Minutes
0373T	HM	Exposure adaptive behav. treatm	\$30.00	15 Minutes
0373T	HO	Exposure adaptive behav. treatm	\$30.00	15 Minutes
0373T	HP	Exposure adaptive behav. treatm	\$30.00	15 Minutes
0373T	SA	Exposure adaptive behav. treatm	\$30.00	15 Minutes
97151	AH	Behavior Identification Assm	\$30.00	15 Minutes
97151	HN	Behavior Identification Assm	\$21.25	15 Minutes
97151	HO	Behavior Identification Assm	\$30.00	15 Minutes
97151	HP	Behavior Identification Assm	\$30.00	15 Minutes
97153		AB Treatment by Protocol	\$12.50	15 Minutes
97153	AH	AB Treatment by Protocol	\$15.00	15 Minutes
97153	HN	AB Treatment by Protocol	\$15.00	15 Minutes
97153	HO	AB Treatment by Protocol	\$15.00	15 Minutes
97153	HP	AB Treatment by Protocol	\$15.00	15 Minutes
97154	AF	Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	AG	Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	AH	Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	HM	Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	HN	Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	HO	Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	HP	Group AB Treatment by Protocol	\$4.29	15 Minutes

97154	SA			Group AB Treatment by Protocol	\$4.29	15 Minutes
97154	TD			Group AB Treatment by Protocol	\$4.29	15 Minutes
97155	AH			AB Treatment w/ Protocol Mod	\$30.00	15 Minutes
97155	HN			AB Treatment w/ Protocol Mod	\$21.25	15 Minutes
97155	HO			AB Treatment w/ Protocol Mod	\$30.00	15 Minutes
97155	HP			AB Treatment w/ Protocol Mod	\$30.00	15 Minutes
97156	AH			Family AB Treatment Guidance	\$30.00	15 Minutes
97156	HN			Family AB Treatment Guidance	\$21.25	15 Minutes
97156	HO			Family AB Treatment Guidance	\$30.00	15 Minutes
97156	HP			Family AB Treatment Guidance	\$30.00	15 Minutes
97157	AH			Multiple-Family Group AB Guidanc	\$12.00	15 Minutes
97157	HN			Multiple-Family Group AB Guidanc	\$8.50	15 Minutes
97157	HO			Multiple-Family Group AB Guidanc	\$12.00	15 Minutes
97157	HP			Multiple-Family Group AB Guidanc	\$12.00	15 Minutes
97158	AH			Group AB Treatment with Prot Mod	\$8.57	15 Minutes
97158	HN			Group AB Treatment with Prot Mod	\$6.07	15 Minutes
97158	HO			Group AB Treatment with Prot Mod	\$8.57	15 Minutes
97158	HP			Group AB Treatment with Prot Mod	\$8.57	15 Minutes

AH - Clinical Psychologist – provider/Supervisor of ABA  
AJ - Clinical Social Worker – provider/Supervisor of ABA  
HN - Bachelor’s degree level provider of ABA  
HO - Master’s Degree level provider/Supervisor of ABA  
HP - Doctoral degree level provider/ Supervisor of ABA