



Rate sheet effective as of July 1, 2024. The rate sheet is subject to change, be amended, or updated.

PROFESSIONAL FEE, GRANT & AWARD		
SERVICE DESCRIPTION	CLINIC (CENTER) / TELEHEALTH	NATURAL ENVIRONMENT (HOME/COMMUNITY)
Documented No Show Visits	\$18.00 per visit	\$18.00 per visit
Interpreting Services	\$98.00 per hour	\$98.00 per hour