

# Home and Community-Based Services 1915 (c) Custom Fee Schedule

## 1915 (c) HCBS Services

| Code  | Mod 1 | Mod 2 | Description  | Unit     | Fee Schedule    |
|-------|-------|-------|--|----------|-----------------|
| H2016 | U3    |       | Supportive Living: Waitlist  | Per Diem | \$133.16        |
| H2016 | UF    |       | Supportive Living: Moderate Need   | Per Diem | \$252.00        |
| H2016 | UH    |       | Supportive Living: Exceptional Need  | Per Diem | \$410.00        |
| H2016 | UK    |       | Supportive Living: Enhanced Need   | Per Diem | \$480.00        |
| H2016 | UD    |       | Supportive Living 1:1 Non-Medical Transportation                                     | Per Mile | \$.52/Mile      |
| H2016 | UD    | US    | Supportive Living Non-Medical Transportation – Multi-Member Transport                | Per Mile | \$.26/Mile      |
| H2023 | UA    | UB    | Supported Employment-Job Coaching  | 15 min   | \$5.50 per unit |
| H2023 | U1    | UA    | Supported Employment-Discovery & Career Planning (6 week prep period for employment) | 15 min   | \$5.50 per unit |
| H2023 | U2    | UA    | Supported Employment-Job Development Plan  | 15 min   | \$5.50 per unit |
| H2023 | U3    | UA    | Supported Employment-Path  | 15 min   | \$5.50 per unit |
| H2023 | UK    |       | Supported Employment-Extended Services   | 15 min   | \$5.50 per unit |
| H2023 | UQ    |       | Supported Employment-Job Coaching Shared Staffing (Up to 4 members)                  | 15 min   | \$3.50 per unit |
| S5151 | UF    |       | Caregiver Respite Services-1:1 (not overnight or more than 12 hours)                 | 15 min   | \$4.50 per unit |
| S5151 | U6    |       | Caregiver Respite Services -1:1 (12+ hours)  | 15 min   | \$3.50 per unit |
| S5151 | UN    |       | Caregiver Respite Services-shared staffing (not overnight or more than 12 hours)     | 15 min   | \$2.75 per unit |

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| S5151 | U6 | UN | Caregiver Respite Services-shared staffing (12+ hours)   | 15 min         | \$2.00 per unit  |
| T2025 | UK |    | Consultation Services-Care Planning  | Per Hour       | \$125/hour, 2 hours max for PCSP participation and treatment planning<br><br>Annual max of \$1320 inclusive all consultation requests.<br><br>Invoice must be attached |
| T2025 | U1 |    | Consultation Services-Behavior Support Plans/Training  | Per Hour       | Up to \$125.00/unit<br><br>Annual max of \$1320 inclusive all consultation requests<br><br>Invoice must be attached  |
| T2025 | U3 |    | Consultation Services-providing updated psychological and adaptive behavior assessments by licensed psychological examiner | Per Hour       | Up to \$125.00/unit<br><br>\$1320/year for all combined T2025 codes<br><br>No PA required for first unit.<br><br>Invoice must be attached                              |
| T2025 | U4 |    | Consultation Services- training of direct service staff and/or family by professionals to support members in goals of PCSP | Per Hour       | Up to \$125.00/unit<br><br>\$1320/year for all combined T2025 codes<br><br>Invoice must be attached  |
| T2028 |    |    | Specialized Medical Supplies (SMS)   | Pass-thru Cost | Must be prior authorized. Invoice must be attached   |
| T2020 | UA |    | Supplemental Support Services (SSS)  | Pass-thru cost | Must be prior authorized. Invoice must be attached   |
| T2020 | UA | U1 | Community Transition Services (CTS)  |                | Must be prior authorized.  |

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|       |    |    |   | Pass-thru Cost | Invoice must be attached                           |
| K0108 | UB |    | Environmental Modifications                       | Pass-thru Cost | Must be prior authorized. Invoice must be attached |
| S5160 |    |    | Adaptive Equipment PERS, installation and testing | Pass-thru Cost | Must be prior authorized. Invoice must be attached |
| S5161 |    |    | Adaptive Equipment PERS service fee per month     | Pass-thru Cost | Must be prior authorized. Invoice must be attached |
| S5162 |    |    | Adaptive Equipment PERS, purchase only            | Pass-thru cost | Must be prior authorized. Invoice must be attached |
| S5165 | U1 |    | CES Adaptive Equipment, per service               | Pass thru cost | Must be prior authorized. Invoice must be attached |
| T2034 | UA | U1 | Crisis Intervention                               | Per Hour       | \$127.50 Up to per hour                            |

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