

CHOICES Program Service Charts

CHOICES HCBS Benefit Limits

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Adult Care Home- Level 2 Day	T2033 U1	3109	For: Vent Dependent (Level 2 Per diem)	\$459.00	N/A	N/A
Adult Care Home- Level 2 Day	T2033 U2	3109	For: Traumatic Brain Injury (TBI) (Level 2 Per diem)	Level I \$186.77 Level II \$227.48	N/A	N/A
Adult Care Home- Level 1 Month	T2032 U1	3109	See Service Code Definition tab for description (Level 1 Per Month)	N/A	N/A	N/A
Adult Care Home- Level 2 Month	T2032 U2	3109	See Service Code Definition tab for description (Level 2 Per Month)	N/A	N/A	N/A
Adult Day Care/Adult Day Services	S5100	0570	Community-based group programs of care lasting more than three (3) hours per day but less than twenty-four (24) hours per day provided pursuant to an individualized plan of care by a licensed provider not related to the participating adult.	\$3.75	N/A	2080 hours per calendar year
Assisted Care Living Facility- Day	T2031	3109	Personal care services, homemaker services and medication oversight (to the extent permitted under State law) provided in a home-like environment in a licensed Assisted Care Living Facility. Coverage shall not include the costs of room and board.	\$49.25	N/A	1 Unit per Day

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Assisted Care Living Facility- Month	T2030	3109	Personal care services, homemaker services and medication oversight (to the extent permitted under State law) provided in a home-like environment in a licensed Assisted Care Living Facility. Coverage shall not include the costs of room and board.	\$1,497.77	N/A	12 months per year
Assistive Technology	T2029 U4	0590	Assistive device, adaptive aids, controls or appliances which enable an enrollee to increase the ability to perform activities of daily living or to perceive or control their environment.	No set rate, will vary based on individualized need.	N/A	\$900 per calendar year
Attendant Care	S5125 Modifiers for multiple services in one day: U1; U2; U3; U4; U5 Consumer Direction: UC- see CD Table	0570	Intermittent provision of direct assistance with activities such as toileting, bathing, dressing, personal hygiene, eating, meal preparation (excluding the cost of food), budget management, attending appointments, and interpersonal and social skill. Light housekeeping added 7/1/12	N/A	N/A	1080 hours per calendar year
Companion Care- Backup	S5136 No Modifier	0570	N/A	\$165.39 See CD Table	N/A	N/A
Companion Care- Daily Fee- 5 Days Per Week/24 hours per day	S5136 U1	0570	N/A	\$165.39 See CD Table	N/A	N/A
Companion Care- Daily Fee- 7 Days Per Week/24 hours per day	S5136 U2	0570	N/A	\$179.90 See CD Table	N/A	N/A

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Home-delivered Meals	S5170 Single Meals- U1 or U1 & UD Bulk Meals- U2 or U2 & UD	0590	Nutritionally well-balanced meals, other than those provided under Title III C-2 of the Older Americans Act, that provide at least one-third but no more than two-thirds of the current daily Recommended Dietary Allowance (as estimated by the Food and Nutrition Board of Sciences- National Research Council) and that will be served in the enrollee's home. Special diets shall be provided in accordance with the individual Plan of Care when ordered by the enrollee's physician.	July 1 - The rate for hot meals, delivered daily would be \$7.35. Frozen Home Delivered Meals that are drop-shipped on a periodic basis would be reimbursed at \$6.30 per meal. Need to add modifiers to accommodate	July 1 - The rate for hot meals, delivered daily would be \$9.00. Frozen Home Delivered Meals that are drop-shipped on a periodic basis would be reimbursed at \$8.00 per meal.	1 meal per day
Homemaker Services	S5130 U1	0570	General household activities and chores such as sweeping, mopping, dusting, changing linens, making beds, washing dishes, doing personal laundry, ironing, mending, meal preparation and/or education about preparation of nutritious appetizing meals, assistance	N/A	N/A	3 visits per week
In-home Respite Care	S5150 Modifier for multiple services in one day: U1; U2; U3; U4; U5 Consumer Direction: UC- See CD Table	0660	Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.	\$6.59/qtr.hr. See CD table	N/A	216 hours per calendar year

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
In-patient Respite Care	S5151	0660	Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.	\$103.44	N/A	9 days per calendar year
Minor Home Modifications	S5165	0590	Provision and installation of certain home mobility aids (e.g., ramps, rails, non-skid surfacing, grab bars, and other devices and minor home modifications which facilitate mobility) and modifications to the home environment to enhance safety.	N/A	N/A	\$6,000 per project; \$10,000 per calendar year; and \$20,000 per lifetime
Personal Care Visits	T1019 Modifiers for multiple services in one day: U1; U2; U3; U4; U5 Consumer Direction: UC- See CD Table	0570	Services provided to assist the enrollee with activities of daily living, and related essential household tasks (e.g. making the bed, washing soiled linens or bedclothes that require immediate attention), and other activities that enable the enrollee to remain in the home.	\$6.59 See CD table	N/A	2 visits per day; Visits may be no longer than 4 hours
Personal Emergency Response System-Installation	S5160	0590	An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable "help" button to allow for mobility.	\$52.55	N/A	1 Unit
Personal Emergency Response System-Monthly Fee	S5161	0590	An electronic device which enables certain individuals at high risk of institutionalization to summon help in an emergency. The individual may also wear a portable "help" button to allow for mobility.	\$29.95	N/A	12 months per year

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Pest Control	S5121 U1	0590	The use of sprays, poisons and traps, as appropriate, in the enrollee's residence (excluding NF, ACLF) to regulate or eliminate the intrusion of roaches, wasps, mice, rats and other species of pests into the household environment thereby removing an environment	\$50.00	N/A	9 units per calendar year
Short Term Nursing Facility Stay	N/A	N/A	N/A	N/A	N/A	90 days
Skilled Nursing/Visit	G0154	0551	N/A	N/A	N/A	N/A
Skilled Nursing/Hour-RN	S9123	0552	N/A	N/A	N/A	N/A
Skilled Nursing/Hour-LPN	S9124	0552	N/A	N/A	N/A	N/A
Home Health Aide/Visit	G0156	0571	N/A	N/A	N/A	N/A
Home Health Aide/Hour	S9122	0572	N/A	N/A	N/A	N/A
Private Duty Nursing	T1000	0589	N/A	N/A	N/A	N/A
Transition Allotment	T2038	0590	N/A	N/A	N/A	N/A

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Community Living Supports-1	T2032 monthly OR T2033 daily when a full month of service is not utilized For both monthly and daily rate: U1 UD	3109	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	\$1,497.77/month \$49.25/day	N/A	Intermittent supports — generally less than 21 hours per week— and do not need overnight staff or direct support staff to live on-site
Community Living Supports-2	T2033 U3 UD	3109	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	\$153.92	N/A	Minimal to moderate support (>21 hrs./week), but can be left alone for several hours at a time and do not need overnight staff or direct support staff to live on-site
Community Living Supports-3	T2033 U4 UD	3109	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	\$227.48	N/A	Supports for higher acuity of need when require supports and or supervision twenty-four (24) hours per day

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Community Living Supports-Family Model- 1	T2016 U1 UD	3109	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	\$49.56/day \$1,486.80/mth	N/A	Intermittent supports — generally less than 21 hours per week— and do not require assistance through the night
Community Living Supports-Family Model- 2	T2016 U2 UD	N/A	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	\$71.40	N/A	Minimal to moderate support (>21 hrs./week), but can be left alone for several hours at a time and do not need constant supervision or overnight staff
Community Living Supports-Family Model- 3	T2016 U3 UD	N/A	Individualized services based on the needs of each resident, may include hands-on assistance, supervision, transportation and other supports needed.	\$142.84	N/A	Supports for higher acuity of need when require supports and or supervision twenty-four (24) hours per day

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Enabling Technology	A9279 No Modifier V2 XP V3 XP V4 XP	590	The use of various forms of devices and tech to support a person with disabilities to live as independently as possible. These types of technologies include sensors, mobile applications, remote support systems, and other smart devices. Enabling Technology can support a person in navigating their jobs and communities, gain more control of their environment, and provide remote support and reminders to assist a person in independent living.	No set rate, as enabling technologies will vary based on individualized need.	N/A	\$5,000 year
Family Caregiver Supports FMAP Services	S5150 U6 S5151 U6 S9125 U6 S5100 U6 T2029 U6 A9279 U6 S5165 U6	0988	Respite Adult Day Services Assistive Technology Enabling Technology Minor Home Modifications	N/A	N/A	Family Caregiver Supports (total of all combined services allowed up to \$3000 until March 31, 2025)

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Provider Referral Incentive for Family Caregiver Support Services FMAP Services	S0315 U1 S0316 U1 S0315 U2 S0316 U2 Modifier: U6	0988	CHOICES Residential-Initial Service Initiation: CLS, including CLS-FM, Adult Care Home, Assisted Care Living Facility CHOICES Residential-Continuity Incentive: CLS, including CLS-FM, Adult Care Home, Assisted Care Living Facility CHOICES Personal Care-Initial Service Initiation: Attendant Care, Personal Care Visits CHOICES Personal Care-Continuity Incentive: Attendant Care, Personal Care Visits	N/A	N/A	\$500 per claim for initial services and continuity
MDSP Pilot Program	S5125 U1 X3 U2 X3 U3 X3 U4 X3 U5 X3 U6 X3	N/A	Shower Meal Prep. Dressing/Grooming Housekeeping Toileting Errands	N/A	N/A	N/A

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Benefits Counseling	T2025 UB U1 UB U2 UB	969	<p>Units should be authorized per quarter hour.</p> <p>T2025 UB = up to 20 hours. Can be authorized once every 730 days.</p> <p>T2025 U1 UB = an additional 6 hours. Can be authorized 3/year.</p> <p>T2025 U2 UB = PRN. Up to 8 hours per PRN. Can be authorized 4/year.</p>	\$40.00	N/A	<p>Units should be authorized per quarter hour.</p> <p>T2025 UB = up to 20 hours. Can be authorized once every 730 days.</p> <p>T2025 U1 UB = an additional 6 hours. Can be authorized 3/year.</p> <p>T2025 U2 UB = PRN. Up to 8 hours per PRN. Can be authorized 4/year.</p>

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Career Advancement	T2025 U8 U9	969	Unit to be used as o/c based payment unit. Two separate outcomes: 1. Written plan submitted and approved; 2. Person achieves career advancement objective and has been in new position or second job for a minimum of 2 weeks. Can be authorized only once every 1095 days. Exception: Only when o/c 1 was paid and o/c 2 was never achieved; o/c 1 and o/c 2 may be reauthorized a second time within 1095 days only if different provider is used.	T2025 U8 = \$240 T2025 U9 = \$1200	N/A	Unit to be used as o/c based payment unit. Two separate outcomes. Outcome based payment. Can be authorized only once every 1095 days. Exception: Only when o/c 1 was paid and o/c 2 was never achieved. Units may be reauthorized after a min of 365 days only if new/different provider.
Co-Worker Supports	T2019 U1 UB UP	969	Rate based on gross cost to employer for co-worker support (payment to co-worker plus applicable employer taxes), plus a flat \$0.60 provider admin fee per 15-minute unit of co-worker support. Rate paid to worker cannot exceed the lesser of 50% of the co-workers current hourly wage or \$12 per hour.	Rate = Wage + taxes + admin fee (needs to be variable)	N/A	Max 40 hrs. per week; 50 if employed at least 30 hours in individual integrated employment.

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Community Transportation	T2002 or T2003 w/ UC modifier Modifier: UC-See CD Table	960	T2002 - Non-emergency transportation; per diem (for provider agency use only) T2003 UC - to be authorized when reimbursing fare for use of public transit, taxi, paying someone for gas, etc. (monthly transportation budget). This code does not mean reimbursement is only made to a CD worker, it means the member is consumer directing this budgeted amount.	T2002 = \$7.50 T2003 UC = Max \$225/month	N/A	Cost should be determined prior to authorization and the lesser of the two expenses must be used.
Community Transportation (CT)- Stand-Alone Transportation Service Provided by Contracted Service Provider	T2002 U1 U2 U3 U4	960	Unit: One-Way Trip Standard Ambulatory Unit Rate for Employment: (T2002 U1) Standard Ambulatory Unit Rate for Community Activities (T2002 U2) Wheelchair Accessible Unit Rate for Employment: \$22.00 (T2002 U3) Wheelchair Accessible Unit Rate for Community Activities: (T2002 U4)	T2002 U1 = \$18 T2002 U2 = \$18 T2002 U3 = \$22 T2002 U4 = \$22	N/A	Limits: • Maximum of two (2) one-way trips per day; • Maximum of twelve (12) one-way trips per week for employment; • Maximum of six (6) one-way trips per week for integrated community activities other than employment. • Combined maximum of twelve (12) one-way trips per week.

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Discovery- Individual	T2025 U2	969	Unit to be used as o/c based payment unit. Outcome based payment upon receipt of service log (dates; activities; duration of each activity) and acceptable written profile using standardized template prescribed by TennCare. All required service elements must be completed within 90 calendar days. Written report due no later than 14 calendar days after last date of service (maximum 104 days from service start date).	\$2,000.00	N/A	1 X every 1095 days
Exploration- Individualized Integrated Employment	T2025 UA	969	Unit to be used as o/c based payment unit. Outcome based payment upon receipt of service log (dates; activities; duration of each activity) and acceptable written report using standardized template prescribed by TennCare. All required service elements must be completed within 60 calendar days. Written report due no later than 14 calendar days after last date of service (maximum 74 days from service start date).	\$1,579.00	N/A	1 X every 365 days
Exploration- Self-Employment	T2025 U7 UA	969	Unit to be used as o/c based payment unit. Outcome based payment upon receipt of service log (dates; activities; duration of each activity) and acceptable written report using standardized template prescribed by TennCare. All required service elements must be completed within 60 calendar days. Written report due no later than 14 calendar days after last date of service (maximum 74 days from service start date).	\$1,579.00	N/A	1 X every 365 days

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Integrated Employment Path Services (Time-Limited Prevocational Training)	T2015 U1 U2 U4	969	N/A	T2015 U1 = 1:1 ratio \$29.65/ hr. T2015 U2 = 1:2 ratio \$18.96/hr. T2015 U4 = 1:4 ratio \$10.15/hr.	N/A	Max 12 months with one possible 12-month extension (see service definition for details). Max 20 hours per week; 30 hours if receiving at least one employment service.
Job Coaching- Individual- Wage Employment	See Supplemental Attachment T2019	969	Person's acuity tier must be determined prior to authorization. Three possible acuity tiers. Reimbursement rate based on support hours needed as percentage of the supported employee's paid work hours and length of time person has held job. One of three rates is possible. SCs will have fillable worksheet that will calculate the units and unit rate to be authorized based on the model. INCENTIVE TO FADE BUILT INTO RATE MODEL. T2019 - Habilitation, supported employment, waiver; per 15 minutes	See Job Coaching Table	N/A	Max 40 hrs. per week; 50 if employed at least 30 hours in individual integrated employment.

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Job Coaching- Individual- Self-Employment	See Supplemental Attachment T2019	969	<p>Person's acuity tier must be determined prior to authorization. Three possible acuity tiers. Reimbursement rate based on support hours needed as percentage of the supported employee's paid work hours and length of time person has held job. One of three rates is possible. SCs will have fillable worksheet that will calculate the units and unit rate to be authorized based on the model. INCENTIVE TO FADE BUILT INTO RATE MODEL.</p> <p>T2019 - Habilitation, supported employment, waiver; per 15 minutes</p>	See Job Coaching Table	N/A	Max 40 hrs. per week; 50 if employed at least 30 hours in individual integrated employment.
Job Development Plan	T2025 U4	969	Unit to be used as o/c based payment unit. Outcome based payment upon receipt of service log (dates; activities; duration of each activity) and acceptable written plan using standardized template prescribed by TennCare. Service must be completed and written plan submitted no later than 30 calendar days after service start date.	\$292.92	N/A	1 X every 1095 days

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Job Development Start-Up	T2025 U4 UB U5 UB U6 UB U1 U4 U2 U4 U3 U4	969	<p>Unit to be used as o/c based payment unit. Outcome based payment upon service recipient achieving the following milestones: Phase 1. Completing two calendar weeks of individualized, integrated employment; Phase 2. Completing six calendar weeks of individualized, integrated employment; Phase 3. Completing ten calendar weeks of individualized, integrated employment.</p> <p>Tier B: average 60 hours Tier C: average 40 hours Payment Phases: Phase 1: 60% of hours Phase 2: 25% of hours Phase 3: 15% of hours</p>	<p>Tier B U4 UB =Ph 1 \$1,174.82 U5 UB = Ph 2 \$489.51 U6 UB = Ph 3 \$293.71</p> <p>Tier C U1 U4 =Ph 1 \$783.22 U2 U4 = Ph 2 \$326.34 U3 U4 = Ph 3 \$195.80</p>	N/A	1 X every 365 days
Self-Employment Plan	T2025 U5	969	<p>Unit to be used as o/c based payment unit. Outcome based payment upon receipt of service log (dates; activities; duration of each activity) and acceptable written plan using standardized template prescribed by TennCare. Service must be completed and written plan submitted no later than 90 calendar days after service start date.</p>	\$1,500.00	N/A	1 X every 1095 days

Benefits	HCPCS/Modifier	Revenue Code	Lay Description	Rates Effective 7/1/25	Rates Effective 7/1/26	Limits
Self-Employment Start-Up	T2025 U1 UA US U2 UA US U3 UA US	969	<p>Unit to be used as o/c based payment unit.</p> <p>Outcome based payment upon service recipient achieving the following milestones: Phase 1. Completing two calendar weeks of self-employment; Phase 2. Completing six calendar weeks of self-employment; Phase 3. Completing ten calendar weeks of self-employment.</p> <p>Payment Phases: Phase 1: 60% of hours Phase 2: 25% of hours Phase 3: 15% of hours</p>	<p>U1 UA US = Ph 1 \$1,566.43 U2 UA US = Ph 2 \$652.68 U3 UA US = Ph 3 \$391.61</p>	N/A	1 X every 365 days
Situational Observation and Assessment- Individual	T2025 U3	969	<p>Unit to be used as o/c based payment unit.</p> <p>Outcome based payment. MCO may authorize up to 4 units (experiences) every 1095 days. Service to be completed within 30, but no more than 60, days upon initiation of each unit. Reimbursement may occur after each experience upon receipt of service log (dates; activities; duration of each activity) and acceptable written summary report due within 10 calendar days of experience being completed or 60 calendar days of service start date, whichever is sooner. Can be authorized only once every 1095 days.</p>	\$333.54/experience	N/A	<p>Max 4 units every 1095 days</p> <p>*The four units can be divided up and received at separate points over the three-year period and do not have to all be received within a 30 or 60 day period.</p>

CHOICES Program- Consumer Directed Services

Consumer Directed Service Rates	HCPCS	New Worker Rate effective 7/1/25	New Billable Rate Effective 7/1/25
Companion Care - Daily Fee - 7 Days Per Week / 24 hours per day	S5136/ U2 UC	\$163.33	\$179.90
Companion Care - Daily Fee - 5 Days Per Week / 24 hours per day	S5136/U1 UC	\$150.15	\$165.39
Companion Care-Back Up	S5136-UC	\$150.15	\$165.39

Consumer Directed Service Rates	HCPCS	New Worker Rate Effective 7/1/25	New Billable Rate Effective 7/1/25	New Quarter Hour Rate Effective 7/1/25
Attendant Care* Personal Care Visits	S5125 UC / T1019 UC	10.21	11.25	2.81
		12.77	14.06	3.52
		15.32	16.88	4.22
		16.60	18.28	4.57
		17.88	19.69	4.92
		19.16	21.10	5.27

*Note- Attendant Care no longer to be used. AC has been completely removed as of 5/17/25.

Consumer Directed Service Rates	HCPCS	New Worker Rate Effective 7/1/25	New Billable Rate Effective 7/1/25	New Quarter Hour Rate Effective 7/1/25
Respite	S5150 UC	12.07	13.30	3.32
		15.09	16.62	4.16
		18.11	19.94	4.99
		18.59	20.48	5.12
		18.93	20.86	5.21

CHOICES Consumer Directed Services	HCPCS	Unit Rate	Lay Description
Consumer Transportation (effective 7/1/24- no 2025 increase)	T2003 UC	T2003 UC = Max \$225/month	T2003 UC - to be authorized when reimbursing fare for use of public transit, taxi, paying someone for gas, etc. (monthly transportation budget). This code does not mean reimbursement is only made to a CD worker, it means the member is consumer directing this budgeted amount.

CHOICES Program- Job Coaching

Job Coaching - Individual Wage Employment - 1/4 Hourly Rates (Hourly Rates)

Months on job	% of hours	Tier B	% of hours	Tier C
1 - 6 months		T2019 UB = \$9.63		T2019 XU = \$9.63
	80-100%	T2019 UB U1 = \$7.51	60-100%	T2019 XU U1 = \$7.51
7 - 12 months	60-79%	T2019 UB U2 = \$8.44	40-59%	T2019 XU U2 = \$8.44
	< 60%	T2019 UB U3 = \$9.63	< 40%	T2019 XU U3 = \$9.63
	60-100%	T2019 UB U4 = \$7.51	50-100%	T2019 XU U4 = \$7.51
13 - 24 months	40-59%	T2019 UB U5 = \$8.44	30-49%	T2019 XU U5 = \$8.44
	< 40%	T2019 UB U6 = \$9.63	< 30%	T2019 XU U6 = \$9.63
	50-100%	T2019 UB U7 = \$7.51	40-100%	T2019 XU U7 = \$7.51
25 + months	30-49%	T2019 UB U8 = \$8.44	20-39%	T2019 XU U8 = \$8.44
	< 30%	T2019 UB U9 = \$9.63	< 20%	T2019 XU U9 = \$9.63
Stabilization & Monitoring	~ 1/wk.	T2025 TS= \$130/month	~ 1/wk.	T2025 TS U3 = \$130/month

Job Coaching - Self- Employment - 1/4 Hourly Rates (Hourly Rates)

Months on job	% of hours	Tier B	% of hours	Tier C
1 - 6 months		T2019 UB US = \$9.63		T2019 XU US = \$9.63
	80-100%	T2019 UB US U1= \$7.51	60-100%	T2019 XU US U1 = \$7.51
7 - 12 months	60-79%	T2019 UB US U2 = \$8.44	40-59%	T2019 XU US U2 = \$8.44
	< 60%	T2019 UB US U3 = \$9.63	< 40%	T2019 XU US U3 = \$9.63
	60-100%	T2019 UB US U4 = \$7.51	50-100%	T2019 XU US U4 = \$7.51
13 - 24 months	40-59%	T2019 UB US U5 = \$8.44	30-49%	T2019 XU US U5 = \$8.44
	< 40%	T2019 UB US U6 = \$9.63	< 30%	T2019 XU US U6 = \$9.63
	50-100%	T2019 UB US U7 = \$7.51	40-100%	T2019 XU US U7 = \$7.51
25 + months	30-49%	T2019 UB US U8 = \$8.44	20-39%	T2019 XU US U8 = \$8.44
	< 30%	T2019 UB US U9 = \$9.63	< 20%	T2019 XU US U9 = \$9.63
Stabilization & Monitoring	~ 1/wk.	T2025 TS US U2 = \$130/month	~ 1/wk.	T2025 TS US U3 = \$130/month