

Employment & Community First CHOICES Program Service Charts

ECF HCPCS

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Exploration - Individualized Integrated Employment	T2025 UA	969	Waiver services, NOS	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	1 X every 365 days
Exploration - Self-Employment	T2025 U7 UA	969	Waiver services, NOS	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	1 X every 365 days

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Benefits Counseling	T2025 UB T2025 U1 UB T2025 U2 UB	969	Waiver services, NOS	Units should be authorized per quarter hour. T2025 UB = up to 20 hours. Can be authorized once every 730 days. T2025 U1 UB = an additional 6 hours. Can be authorized 3/year. T2025 U2 UB = PRN. Up to 8 hours per PRN. Can be authorized 4/year.	\$40/hour	See Lay Description
Discovery - Individual	T2025 U2	969	Waiver services, NOS	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	1 X every 1095 days
Situational Observation and Assessment - Individual	T2025 U3	969	Waiver services, NOS	Unit to be used as o/c based payment unit. 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.	\$333.54/experience	Max 4 units w/in 30 calendar days 1 X every 1095 days *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.

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Job Development Plan	T2025 U4	969	Waiver services, NOS	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	1 X every 1095 days
Self-Employment Plan	T2025 U5	969	Waiver services, NOS	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.	\$1,500.00	1 X every 1095 days

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Job Development Start Up	T2025 U1 UA T2025 U2 UA T2025 U3 UA T2025 U4 UB T2025 U5 UB T2025 U6 UB T2025 U1 U4 T2025 U2 U4 T2025 U3 U4	969	Waiver services, NOS	<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 A: average 80 hours Tier B: average 60 hours Tier C: average 40 hours</p> <p>Payment Phases: Phase 1: 60% of hours Phase 2: 25% of hours Phase 3: 15% of hours</p>	<p>Tier A U1 UA = Ph 1 \$1566.43 U2 UA = Ph 2 \$652.68 U3 UA = Ph 3 \$391.61</p> <p>Tier B U4 UB = Ph 1 \$1174.82 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>	1 X every 365 days

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Self-Employment Start Up	T2025 U1 UA US T2025 U2 UA US T2025 U3 UA US	969	Waiver services, NOS	<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 self-employment; Phase 2. Completing six calendar weeks of individualized, integrated self-employment; Phase 3. Completing ten calendar weeks of individualized, integrated self-employment.</p> <p>Payment Phases: Phase 1: 60% of hours Phase 2: 25% of hours Phase 3: 15% of hours</p>	<p>Tier A U1 UA US = Ph 1 \$1566.43 U2 UA US = Ph 2 \$652.68 U3 UA US = Ph 3 \$391.61</p>	1 X every 365 days
Job Coaching - Individual-Wage Employment	See Job Coaching Table T2019	969	T2019 - Habilitation, supported employment, waiver; per 15 minutes	<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>	See Job Coaching Table below	Max 40 hrs per week in combination with other non-res hab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment.

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Job Coaching - Individual-Self-Employment	See Job Coaching Table T2019	969	T2019 - Habilitation, supported employment, waiver; per 15 minutes	<p>Person's acuity tier must be determined prior to authorization. Three possible acuity tiers.</p> <p>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>	See Job Coaching Table below	Max 40 hrs per week in combination with other non-res hab if working in individual integrated self-employment; 50 if employed at least 30 hours in individual integrated self-employment.
Co-Worker Supports	T2019 U1 UB UP	969	Habilitation, supported employment, waiver; per 15 minutes	Rate based on gross cost to employer for co-worker support (payment to co-worker plus applicable employer taxes), plus a flat .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)	Max 40 hrs in combination with other non-res hab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment.
Career Advancement	T2025 U8 T2025 U9	969	Waiver services, NOS	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	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.

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Supported Employment (Small Group - Max of 2 persons)	T2019 U2	969	Habilitation, supported employment, waiver; per 15 minutes		\$5.50/qtr.hr	Max 30 hours/week in combination with other non-res hab services
Supported Employment (Small Group - Max of 3 persons)	T2019 U3	969	Habilitation, supported employment, waiver; per 15 minutes		\$3.67/qtr.hr	Max 30 hours/week in combination with other non-res hab services
Transition from small group to individual employment - This is an Incentive Payment , not a 'service'.	T2025 U3 UB	969	Waiver services, NOS	Unit to be used as one-time incentive payment for successful and complete transition of person from small group SE to individual, integrated employment. Prior to the provider being eligible for incentive payment, the member must have a minimum of six months in small group employment support services and a minimum of seven consecutive months in employment in individual employment or self-employment.	\$500	1 unit per person/per provider
Integrated Employment Path Services (Time-Limited Prevocational Training)	T2015 U1 T2015 U2 T2015 U4	969	Habilitation, prevocational, waiver; per hour		T2015 U1 = 1:1 ratio \$29.65/ hr T2015 U2 =1:2 ratio \$18.96/hr T2015 U4 =1:4 ratio \$10.15/hr	Max 12 months with one possible 12 month extension (see service definition for details). Max 20 hours per week in combination with other non-res hab services; 30 hours in combination with other non-res hab services if receiving at least one employment service

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Community Integration Support Services (subject to limitations specified in Attachment G)	T2021 T2021 U1 T2021 U1 UA T2028 U1 T2028 U2	969	Day habilitation, waiver; per 15 minutes Specialized supply, NOS, waiver	T2021 and T2021 with modifiers to be used for services provided. T2028 plus modifiers to be used for cost of registration, materials and supplies for participation in classes, conferences, or club/association dues. U1 modifier signifies children under age 21. U2 modifier signifies adults 21 +. Allowable costs are maximums.	T2021 = 1:1 ratio \$8.35/qtr. hr T2021 U1 = 1:2 ratio \$6.10/qtr. hr T2021 U1 UA = 1:3 ratio \$4.32/qtr. hr T2028 U1= Max \$500/yr T2028 U2 = Max \$1000/yr	Max 20 hours per week in combination with other non-res hab services; 30 hours in combination with other non-res hab services if receiving at least one employment service; 40 hrs in combination with other non-res hab if working in individual integrated employment; 50 if employed at least 30 hours in individual integrated employment. T2028 U1= \$500/yr T 2028 U2 = \$1000/yr

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Independent Living Skills Training	T2021 U2	969	Day habilitation, waiver; per 15 minutes	Note limitations on hours in combination with employment or other allowable non-residential services. This service to be provided 1:1.	\$8.35/qtr.hr	Max 20 hrs/week in combination with other non-res hab services if not in employment services. Max 30 hours per week in combination with other non-res hab services including at least one employment service (not Individualized Integrated or Self-Employment); Max 40 hrs/ week in combination with other non-res hab services if in individual integrated employment; Max 50 hrs/week in combination with other non-res hab services if working in individual integrated employment at least 30 hours per week.
Personal Assistance	T1019 UA T1019 UC UA-see CD tab	570	Personal care; per 15 minutes	Groups 5 and 6 only. T1019 UA for Provider Agency T1019 UC UA for Consumer Direction For CD only , if overtime is worked, add TU modifier NOTE: If multiple visits per day are necessary, utilize U1, U2, U3, U4, U5	\$6.59/qtr. Hr For CD Rates see CD Tab	215 hours/month applicable to Group 6 only; expenditure cap for Group 5 limits below 215 hrs/month

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Community Transportation	T2002 T2003 UC	960	Non-emergency transportation; per diem Non-emergency transportation, encounter	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	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 T2002 U2 T2002 U3 T2002 U4	960	Non-emergency transportation; per diem	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	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.

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Community Living Supports (CLS) CLS 1a CLS 1b CLS 2 CLS 3 CLS 4 <u>Monthly Services</u> CLS 1a CLS 1b	CLS 1a = T2033 U1 UA CLS 1b = T2033 U3 UA CLS 2 = T2033 U4 UA CLS 3 = T2033 U5 UA CLS 4 = T2033 U6 UA CLS 4 = T2033 U7 UA <u>Monthly Services</u> CLS 1a = T2032 U1 UA CLS 1b = T2032 U3 UA	960	Residential care, NOS, waiver; per diem	CLS 1a = Less than 16 hours/week support, 24/7 backup required (T2033 U1 UA) CLS 1b = 16 - 40 hour/week support, 24/7 backup required (T2033 U3 UA) CLS 2 = ≥ 8 but ≤ 16 hours/day support, 24/7 backup required (T2033 U4 UA) CLS 3 = > 16 and up to 24 hours/day, 24/7 backup required (T2033 U5 UA) CLS 4 = 16-24 hours/day with exceptional medical or behavioral needs, 24/7 backup required (CLS 4 = T2033 U6 UA - Medical) (CLS 4 = T2033 U7 UA - Behavioral) <u>Monthly Services</u> CLS 1a = (T2032 U1 UA) CLS 1b = (T2032 U3 UA)	T2033 U1 UA = \$49.25 T2033 U3 UA = \$106.19 T2033 U4 UA = \$218.49 T2033 U5 UA = \$308.61 T2033 U6 UA = \$428.34 T2033 U7 UA = \$428.34 <u>Monthly</u> T2032 U1 UA = \$1,497.77 T2032 U3 UA = \$3,185.81	1 unit/day

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Community Living Supports— Family Model (CLS-FM) CLSFM 1a CLSFM 1b CLSFM 2 CLSFM 3 CLSFM 4 <u>Monthly Services</u> CLSFM 1a CLSFM 1b	CLSFM 1a = T2016 U1 UA CLSFM 1b = T2016 U2 UA CLSFM2 = T2016 U3 UA CLSFM3 = T2016 U4 UA CLSFM 4 = T2016 U5 UA CLSFM 4 = T2016 U6 UA	960	Habilitation, residential, waiver; per diem	CLSFM 1a = Less than 16 hours/week support (T2016 U1 UA) CLSFM 1b = 16 - 40 hour/week support (T2016 U2 UA) CLSFM 2 = ≥ 8 but ≤ 16 hours/day support (T2016 U3 UA) CLSFM 3 = > 16 and up to 24 hours/day (T2016 U4 UA) CLSFM 4 = 16-24 hours/day with exceptional medical or behavioral needs (CLSFM 4 = T2016 U5 UA - Medical) (CLSFM 4 = T2016 U6 UA - Behavioral) <u>Monthly Services</u> CLSFM 1a = (T2032 U1 UB) CLSFM 1b = (T2032 U3 UB)	T2016 U1 UA = \$49.56 T2016 U2 UA = \$70.00 T2016 U3 UA = \$115.00 T2016 U4 UA = \$155.00 T2016 U5 UA = \$309.39 T2016 U6 UA = \$309.39 <u>Monthly</u> T2032 U1 UB = \$1,516.59 T2032 U3 UB = \$2,142	1 unit/day
Transitional Community Living Supports: Community Stabilization and Transition (CLS-CST)	T2016 U7 UA	960	Habilitation, residential, waiver; per diem	MCOs may elect to authorize the transitional rate for a member in Group 5, when appropriate, even if the expenditure cap would be exceeded, IF the member would otherwise be required to move to Group 6 for safety reasons. Period up to 90 days	\$428.34/day	See Lay Description
Transitional Community Living Supports: Behavioral Health Community Stabilization and Transition (CLS-BHCST) CLS-BHCST 2a CLS-BHCS 2b	CLS-BHCST 2a = T2016 U8 UA CLS-BHCST 2b = T2016 U9 UA	960	Habilitation, residential, waiver; per diem	MCOs may elect to authorize the transitional rate for a member in Group 5, when appropriate, even if the expenditure cap would be exceeded, IF the member would otherwise be required to move to Group 6 for safety reasons. CLS-BHCST 2a = for no more than 90 days CLS-BHCST 2b = for no more than 90 additional days	T2016 U8 UA = \$652.97/day T2016 U9 UA = \$548.78/day	See Lay Description

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Transitional Community Living Supports: Emergency Placement (CLS-EPCST)	T2016 U7 UB	960	Habilitation, residential, waiver; per diem	MCOs may elect to authorize the transitional rate for a member in Group 5, when appropriate, even if the expenditure cap would be exceeded, IF the member would otherwise be required to move to Group 6 for safety reasons. Authorized for 30 days with an ability to request an additional 30 days maximum	\$428.34/day	See Lay Description
Assistive Technology, Adaptive Equipment and Supplies	T2029 U4 97755 97535	590	Specialized medical equipment, NOS, waiver	97535 = Training for the use of Assistive Technology in the home 97755 = Assistive Technology assessment	No set rate for each service	\$5000/year-combined with Enabling Technology
Enabling Technology	A9279 A9279 V2 XP A9279 V3 XP A9279 V4 XP	590	Enabling Technology equipment	A9279 = Specific ET items/services To allow multiple providers to bill for Enabling Technologies on the same day for the same recipient, the following HCPCS/modifiers need to be submitted: Enabling Technology - Provider 2 = A9279 V2 XP Enabling Technology - Provider 3 = A9279 V3 XP Enabling Technology - Provider 4 = A9279 V4 XP	No set rate for each service	\$5000/year-combined with Assistive Technology
Minor Home Modifications	S5165	590	Home modifications; per service		No set rate for each service	\$6,000/project; \$10,000/year; \$20,000/lifetime

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Individual Education and Training	T2012	969	Habilitation, education, waiver; per diem	Units to be billed per pre-authorized occurrence of expense.	No set rate for each service	\$500/year
Peer-to-Peer Support and Navigation for Person-Centered Planning, Self-Direction, Integrated Employment/Self-Employment and Independent Community Living	T2013	969	Habilitation, waiver; per hour	Face to face and telephonic time can accumulate to equate to hour increments before billing whole hours. First visit must be face to face.	\$25/hour	\$1500/lifetime
Specialized consultation and training	G0159 G0160 G0161 G0495 S9470 H2014 H2015 G0159 U1 G0160 U1 G0161 U1 G0495 U1 S9470 U1 H2014 U1 H2015 U1	942	Services performed by qualified... professional...; per 15 minutes Nutritional counseling; dietitian visit Comprehensive community supports; per 15 minutes	G0159 = PT G0160 = OT G0161 = SLP G0495 = RN S9470 = Nutritionist H2014 = Orientation and Mobility H2015 = Behavioral Supports U1 modifier will be used for people in Group 6 receiving this service who are determined to have exceptional medical and/or behavioral needs. No more than 3 hours for assessment and plan development. Up to no more than 90 minutes per training/consultation session.	\$25/qtr hr (all codes)	rates up to \$5000/year; U1 = 10,000/year if have exceptional needs
Adult Dental	HCPCS currently covered in HCBS waivers			Allowable HCPCS list will be provided separately		\$5000/year; \$7500/three consecutive years

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Respite	S5150 UA S5150 UC- see CD tab S9125 UA S9125 UB	660	Unskilled respite care, not hospice; per 15 minutes Respite care, in the home; per diem	Respite to be provided in a person's home or home of respite worker, not a group residential setting. Modifiers for multiple services in one day (for use with S5150 only): U1, U2, U3, U4, U5 For CD only , if overtime is worked, add TU modifier. Daily Respite is NOT available in CD.	\$6.59/quarter hr S9125 UA = 8-16hrs = \$144.61/day S9125 UB = >16 = \$251.05/day	216 hours/year OR 30 days/year
Supportive Home Care (SHC)	T1019 U2 T1019 UC-see CD tab	570	Personal care; per 15 minutes	Group 4 only. To be authorized in same manner as Personal Assistance. For CD only, if overtime is worked, add TU modifier NOTE: If multiple visits per day are necessary, utilize U1, U3, U4, U5 - skip U2 as it is already the associated modifier.	\$6.59/quarter hr For CD Rates see CD Tab	Subject to expenditure cap.
Family Caregiver Stipend in lieu of SHC	T1020 U1 T1020 U2	570	Personal care; per diem	Unit shall be used to bill/reimburse on a monthly basis. U1 modifier signifies children under 18 years old. U2 modifier signifies 18+. Amount of stipend paid will be determined during the planning process and is based on number of hours that services are needed.		U1 = \$500/mo U2 = \$1000/mo

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Family to Family Support	T2025 SZ	969	Habilitation services; NOS	TBD - will be a PMPM paid to provider for each member enrolled in ECF CHOICES Group 4 (Essential Family Supports) Referrals will be made by SC if the service is identified by the member/Family as needed in the PCSP. There will be no claims or encounter submission requirements for this service. Reporting requirements will be forthcoming.	\$5/PMPM	\$5/PMPM
Community Support Development, Organization and Navigation	T2025 U5 UA	969	Waiver services, NOS	Authorized as a monthly unit.	\$5/PMPM	
Family Caregiver Education and Training	T2012 UA	969	Habilitation, education, waiver; per diem	Units to be billed per pre-authorized occurrence of expense.	No set rate for each service	\$500/year
Decision Making Supports	T2025 SE U1 T2025 SE U2	969	Waiver services, NOS and State and/or federally funded program/service	T2025 SE U1 = Information/education session (\$25/hour - individual face to face, not group setting). Must complete this one before can utilize lawyer or court fees. T2025 SE U2 = Lawyer fees: Typical billable rate up to a max of \$250	T2025 SE U1 = \$25/hour T2025 SE U2 = see note on left	\$500/lifetime; information/education session required in order to access other service components Note: T2025 SE U3 end dated effective 12/11/2019 under WR29647, as court fees are no longer reimbursable.

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Health insurance counseling/forms assistance	T2025 SE	969	Waiver services, NOS and State and/or federally funded program/service		\$25/hour	15 hours/year

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<p>Intensive Behavioral Family Centered Treatment, Stabilization and Supports (IBFCTSS) Base Rate</p>	<p>H2020 HI, HN ** See IBFCTSS tab for full list of HCPCS and modifier Combinations</p>	<p>969</p>	<p>Therapeutic behavioral services, per diem.</p>	<p><u>Days 1-90</u> Family centered assessment and planning Training of all paid and unpaid caregivers (ongoing as needed) Twice weekly F2F individual and family treatment by Masters level licensed BH professional Crisis response by IBSS (Intensive Behavioral Support Specialist) with support from Masters level licensed BH professional, and linkage to psychiatry as needed Follow-up review/update CS-CPIP as appropriate by Masters level licensed BH professional <u>Days 91-180</u> Ongoing assessment and planning as needed Weekly F2F individual and family treatment by Masters level licensed BH professional Crisis response by IBSS (Intensive Behavioral Support Specialist) with support from Masters level licensed BH professional, and linkage to psychiatry as needed Follow-up review/update CS-CPIP as appropriate by Masters level licensed BH professional <u>Days 181-270</u> Ongoing assessment and planning as needed Bi-weekly F2F individual and family treatment by Masters level licensed BH professional Crisis response by IBSS (Intensive Behavioral Support Specialist) with support from Masters level licensed BH professional, and linkage to psychiatry as needed Follow-up review/update CS-CPIP as appropriate by Masters level licensed BH professional</p>	<p>See IBFCTSS Tab</p>	<p>Each monthly group is limited to 90 days per calendar year Annualized maximum for IBCTSS is \$168,071.65</p>

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				<p><u>Days 271-360 (and beyond, as appropriate)</u></p> <p>Ongoing assessment and planning as needed</p> <p>At least monthly F2F in individual and family treatment by Masters level licensed BH professional</p> <p>Crisis response by IBSS (Intensive Behavioral Support Specialist) with support from Masters level licensed BH professional, and linkage to psychiatry as needed</p> <p>Follow-up review/update CS-CPIP as appropriate by Masters level licensed BH professional</p>		

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Intensive Behavioral Community Transition and Stabilization Services (IBCTSS)	H0018 HI U1 H0018 HI U2 H0019 HI	969	<p>H-0018- Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem.</p> <p>H0019 - Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem.</p>	Per diem maximum payment for intensive 24/7 community-based behavioral-focused transition and stabilization services and supports to assist adults aged 18 years and older with intellectual and/or developmental disabilities (I/DD) and severe behavioral and/or psychiatric conditions who are transitioning out of a highly structured and supervised environment to achieve and maintain stable, integrated lives in their communities.	<p>Level 1 H0018 HI U1 Up to \$682.41/day (Up to \$741.89/day only in situations where 2:1 staffing is required or when a smaller living arrangement (no more than 2 people) is needed due to intensity of behaviors.</p> <p>Level 2 H0018 HI U2 up to \$588.50/day</p> <p>Level 3 H0019 HI Up to \$494.59/day</p>	Level 1 and level 2 are each approved for 90 days but can be authorized for up to 365 days each, as determined clinically appropriate by the MCO.

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
<p>IBFCTSS Outcome-Based Transition Planning and Implementation</p> <p>This is an Incentive Payment, not a 'service'.</p>	<p>T2038 HI U4 UA T2038 HI U4 UB T2038 HI U5 UA T2038 HI U5 UB T2038 HI U6 UA T2038 HI U6 UB</p>	<p>969</p>	<p>Community transition, waiver; per service.</p>	<p>Outcome-Based Transition Planning and Implementation payable to the Provider.</p> <p>Incentive payment for successful and complete transition of person to promote stabilization and tenure from IBFCTSS to another ECF CHOICES plan (CH4A, CH5A, CH6A).</p> <p>Incentive is payable in 2 phases (2 months and 6 months following transition) dependent on the number of months the recipient has been enrolled in IBFCTSS.</p>	<p>T2038-HI U4 UA \$1,500 T2038-HI U4 UB \$1,500</p> <p>T2038-HI U5 UA \$1,000 T2038-HI U5 UB \$1,000</p> <p>T2038-HI U6 UA \$500 T2038-HI U6 UB \$500</p>	<p>Outcome-Based Transition Planning and Implementation Payable in phases (2 months and 6 months following transition) to promote stabilization and tenure.</p> <p>By end of month 6 - \$3,000 total (\$1,500 per phased payment) Phase 1 T2038 HI U4 UA Phase 2 T2038 HI U4 UB</p> <p>By end of month 9 - \$2,000 total (\$1,000 per phased payment) Phase 1 T2038 HI U5 UA Phase 2 T2038 HI U5 UB</p> <p>By end of month 12 - \$1,000 total (\$500 per phased payment) Phase 1 T2038 HI U6 UA Phase 2 T2038 HI U6 UB</p>

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
<p>IBCTSS Outcome-Based Transition Planning and Implementation</p> <p>This is an Incentive Payment, not a 'service'.</p>	<p>T2038 HI U1 UA T2038 HI U1 UB T2038 HI U2 UA T2038 HI U2 UB T2038 HI U3 UA T2038 HI U3 UB</p>	<p>969</p>	<p>Community transition, waiver; per service.</p>	<p>Outcome-Based Transition Planning and Implementation payable to the Provider.</p> <p>Incentive payment for successful and complete transition of person to promote stabilization and tenure from IBCTSS to another ECF CHOICES plan (CH4A, CH5A, CH6A).</p> <p>Incentive is payable in 2 phases (2 months and 6 months following transition) dependent on the number of months the recipient has been enrolled in IBCTSS.</p>	<p>T2038-HI.U1 UA \$2,500 T2038-HI U1 UB \$2,500</p> <p>T2038-HI.U2 UA \$1,500 T2038-HI.U2 UB \$1,500</p> <p>T2038-HI.U3 UA \$750 T2038-HI.U3 UB \$750</p>	<p>Payable in phases (2 months and 6 months following transition) to promote stabilization and tenure.</p> <p>By end of month 6 - \$5,000 total (\$2,500 per phased payment) Phase 1 T2038 HI U1 UA Phase 2 T2038 HI U1 UB</p> <p>By end of month 9 - \$3,000 total (\$1,500 per phased payment) Phase 1 T2038 HI U2 UA Phase 2 T2038 HI U2 UB</p> <p>By end of month 12 - \$1,500 total (\$750 per phased payment) Phase 1 T2038 HI U3 UA Phase 2 T2038 HI U3 UB</p>
<p>Family Caregiver Supports FMAP Services</p>	<p>S5150 U6 S9125 U6 T2029 U6 A9279 U6 S5165 U6</p>	<p>988</p>		<p>Respite Assistive Technology Enabling Technology Minor Home Modifications</p>	<p>No set rate for each service</p>	<p>Family Caregiver Supports -total of all combined services allowed up to \$3000 until March 31, 2025</p>

Benefits	HCPCS/Modifier	Revenue Code	Code Descriptions per HCPCS/CPT Coding Manual	Lay Description	Rates Effective 7/1/25	Limits
Provider Referral Incentive for Family Caregiver Support Services FMAP Services	S0315 U3 S0316 U3 S0315 U4 S0316 U4 S0315 U5 S0316 U5	988		ECF CHOICES Residential CLS/CLS-FM3-Initial Service Initiation: CLS, including CLS-FM ECF CHOICES Residential CLS/CLS-FM3 -Continuity Incentive: CLS, including CLS-FM ECF CHOICES Residential IBCTSS3-Initial Service Initiation: IBCTSS ECF CHOICES Residential IBCTSS-Continuity Incentive: IBCTSS ECF CHOICES Personal Care-Initial Service Initiation: Personal Assistance, Supportive Home Care ECF CHOICES Personal Care-Continuity Incentive: Personal Assistance, Supportive Home Care	\$500 per claim for initial services and continuity	Although unique modifiers have been established for purposes of claiming the incentive for IBCTSS and other CLS/CLS-FM services, providers are eligible for only one incentive per member across all residential and personal care service types.
MDSP Pilot Program	S5125 U1 X3 S5125 U2 X3 S5125 U3 X3 S5125 U4 X3 S5125 U5 X3 S5125 U6 X3		Shower Meal Prep. Dressing/Grooming Housekeeping Toileting Errands			

Job Coaching

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

Months on job	% of hours	Tier A	% of hours	Tier B	% of hours	Tier C
1 - 6 months		T2019 UA = \$9.63		T2019 UB = \$9.63		T2019 XU = \$9.63
	90-100%	T2019 UA U1 = \$7.51	80-100%	T2019 UB U1 = \$7.51	60-100%	T2019 XU U1 = \$7.51
7 - 12 months	80-89%	T2019 UA U2 = \$8.44	60-79%	T2019 UB U2 = \$8.44	40-59%	T2019 XU U2 = \$8.44
	< 80%	T2019 UA U3 = \$9.63	< 60%	T2019 UB U3 = \$9.63	< 40%	T2019 XU U3 = \$9.63
	90-100%	T2019 UA U1 = \$7.51	80-100%	T2019 UB U1 = \$7.51	60-100%	T2019 XU U1 = \$7.51
	75-100%	T2019 UA U4 = \$7.51	60-100%	T2019 UB U4 = \$7.51	50-100%	T2019 XU U4 = \$7.51
13 - 24 months	60-74%	T2019 UA U5 = \$8.44	40-59%	T2019 UB U5 = \$8.44	30-49%	T2019 XU U5 = \$8.44
	< 60%	T2019 UA U6 = \$9.63	< 40%	T2019 UB U6 = \$9.63	< 30%	T2019 XU U6 = \$9.63
	75-100%	T2019 UA U4 = \$7.51	60-100%	T2019 UB U4 = \$7.51	50-100%	T2019 XU U4 = \$7.51
	65-100%	T2019 UA U7 = \$7.51	50-100%	T2019 UB U7 = \$7.51	40-100%	T2019 XU U7 = \$7.51
25 + months	40-64%	T2019 UA U8 = \$8.44	30-49%	T2019 UB U8 = \$8.44	20-39%	T2019 XU U8 = \$8.44
	< 40%	T2019 UA U9 = \$9.63	< 30%	T2019 UB U9 = \$9.63	< 20%	T2019 XU U9 = \$9.63
Stabilization & Monitoring	~ 1/wk	T2025 TS U1 = \$130/month	~ 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 A	% of hours	Tier B	% of hours	Tier C
1 - 6 months		T2019 UA US = \$9.63		T2019 UB US = \$9.63		T2019 XU US = \$9.63
	90-100%	T2019 UA US U1 = \$7.51	80-100%	T2019 UB US U1 = \$7.51	60-100%	T2019 XU US U1 = \$7.51
7 - 12 months	80-89%	T2019 UA US U2 = \$8.44	60-79%	T2019 UB US U2 = \$8.44	40-59%	T2019 XU US U2 = \$8.44
	< 80%	T2019 UA US U3 = \$9.63	< 60%	T2019 UB US U3 = \$9.63	< 40%	T2019 XU US U3 = \$9.63
	75-100%	T2019 UA US U4 = \$7.51	60-100%	T2019 UB US U4 = \$7.51	50-100%	T2019 XU US U4 = \$7.51
13 - 24 months	60-74%	T2019 UA US U5 = \$8.44	40-59%	T2019 UB US U5 = \$8.44	30-49%	T2019 XU US U5 = \$8.44
	< 60%	T2019 UA US U6 = \$9.63	< 40%	T2019 UB US U6 = \$9.63	< 30%	T2019 XU US U6 = \$9.63
	65-100%	T2019 UA US U7 = \$7.51	50-100%	T2019 UB US U7 = \$7.51	40-100%	T2019 XU US U7 = \$7.51
	40-64%	T2019 UA US U8 = \$8.44	30-49%	T2019 UB US U8 = \$8.44	20-39%	T2019 XU US U8 = \$8.44
	< 40%	T2019 UA US U9 = \$9.63	< 30%	T2019 UB US U9 = \$9.63	< 20%	T2019 XU US U9 = \$9.63
Stabilization & Monitoring	~ 1/wk	T2025 TS US U1 = \$130/month	~ 1/wk	T2025 TS US U2 = \$130/month	~ 1/wk	T2025 TS US U3 = \$130/month

ECF CD

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
Personal Assistance/ Supportive Home Care	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
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

IBFCTSS (Groups 7 & 8)

Hours	Days 1-90 Rate Per Diem	Days 91-180 Rate Per Diem	Days 181-270 Rate Per Diem	Days 271-360 (and beyond, as appropriate) Rate Per Diem
	Twice weekly F2F individual and family treatment	Weekly F2F individual and family treatment	Bi-weekly F2F individual and family treatment	At least monthly F2F individual and family treatment
Base Rate	H2020 HI, HN, U1 \$66.67 (\$2,000)	H2020 HI, HN, U2 \$26.67 (\$800)	H2020 HI, HN, U3 \$13.33 (\$400)	H2020 HI, HN, U4 \$8.33 (\$250)
Base Rate with Add On				
Up to 4 hrs/day	H2020 HI, HN, UA, U1 \$185.39 (\$5,561.60)	H2020 HI, HN, UB, U1 \$145.39 (\$4,361.60)	H2020 HI, HN, UC, U1 \$132.05 (\$3,961.60)	H2020 HI, HN, UD, U1 \$127.05 (\$3,811.60)
>4 up to 8 hrs/day	H2020 HI, HN, UA, U2 \$304.11 (\$9,123.20)	H2020 HI, HN, UB, U2 \$264.11 (\$7,923.20)	H2020 HI, HN, UC, U2 \$250.77 (\$7,523.20)	H2020 HI, HN, UD, U2 \$245.77 (\$7,373.20)
>8 up to 12 hrs/day	H2020 HI, HN, UA, U3 \$422.83 (\$12,684.80)	H2020 HI, HN, UB, U3 \$382.83 (\$11,484.80)	H2020 HI, HN, UC, U3 \$369.49 (\$11,084.80)	H2020 HI, HN, UD, U3 \$364.49 (\$10,934.80)
>12 up to 16 hrs/day	H2020 HI, HN, UA, U4 \$541.55 (\$16,246.40)	H2020 HI, HN, UB, U4 \$501.55 (\$15,046.40)	H2020 HI, HN, UC, U4 \$488.21 (\$14,646.40)	H2020 HI, HN, UD, U4 \$483.21 (\$14,496.40)

*HI: Integrated mental health and intellectual disability/developmental disabilities program **HN: Bachelor's degree level