

Adult Services Division
Billing Codes and Medicaid Rates

Billing Code	CFC Home-Based Setting	Unit	Max Amount Per Unit / Other	Hourly or Daily Rate	Effective Date
070	Case Management by HHA or AAA (48 hours per calendar year maximum)	15 min	\$22.59	\$90.36	7/1/2024 (no update in 2025)
072/T1009	Personal Care by HHA or Home Care Providers	15 min	\$12.85	\$51.40	7/1/2025
077/T1009	Personal Care by Consumer-Directed Personnel - minimum per CBA	15 min	N/A	\$18.08	7/1/2025
081/T1009	Personal Care by Surrogate-Directed Personnel minimum per CBA	15 min	N/A	\$18.08	7/1/2025
073/T1005(Respite) 073/S5135(Companion)	*Respite or Companion Care by HHA	15 min	\$12.85	\$51.40	7/1/2025
075/T1005(Respite) 075/S5135(Companion)	*Respite or Companion Care Consumer-Directed - minimum per CBA	15 min	N/A	\$17.70	7/1/2025
080/T1005(Respite) 080/S5135(Companion)	*Respite or Companion Care Surrogate-Directed - minimum per CBA	15 min	N/A	\$17.70	7/1/2025
074	*Respite in Residential Care Home	15 min	\$118.92	Not applicable	7/1/2025
084	*Respite by Adult Day Service provider	15 min	\$6.57	\$26.28	7/1/2025
088	Companion by Senior Companion Agency	15 min	\$2.47	\$9.88	7/1/2025
078	Home-Based Waiver Adult Day Service	15 min	\$6.57	\$26.28	7/1/2025
076	Assistive Devices & Modifications - per calendar year	As billed	\$2,000.00	Not applicable	7/1/2024 (no update in 2025)
082	Personal Emergency Response Systems-Installation & 1st Month	1-time	\$71.44	Not applicable	7/1/2025
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083	Personal Emergency Response Systems-Ongoing	1 month	\$39.92	Not applicable	7/1/2025
089	Group Directed Attendant Care (<i>approved providers only</i>)	1 day	\$238.96	Not applicable	7/1/2025
097	ARIS F/EA Employer Support Services #047W070	1 month	\$89.00	Not applicable	2/1/2025
220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 month	\$89.00	Not applicable	2/1/2022
071	Flexible Choices Services	As billed	Individual budgets	Not applicable	7/1/2024 (no update in 2025)
079	Flexible Choices Consultant Pre-admission Service	15 min	\$22.59	\$90.36	7/1/2024 (no update in 2025)
Not applicable	Flexible Choices Supportive ISO Fee (reimbursed through the individual budget)	1 month	\$226.93	Not applicable	7/1/2024
Not applicable	Flexible Choices Base Rates (reimbursed through the individual budget)	1 month	\$1,719.03	Not applicable	7/1/2025
Not applicable	AFC Daily Respite via Authorized Agency (CBA)	1 day	\$277.04	Not applicable	7/1/2025
Not applicable	ARIS F/EA for AFC Respite via Authorized Agency	1 month	\$68.00	Not applicable	2/1/2025
Billing Code	MFP Transition Grant	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
87	MFP Transition Funds (Prior Authorization Required)	1 Unit = 1 Service (PA)	\$9,000 per Person One- time	Not applicable	6/12/2025
Billing Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit / Other	Hourly or Daily Rate	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$100.26	Not applicable	7/1/2025

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086	Tier 2 - Adult Family Care	1 day	\$114.60	Not applicable	7/1/2025
086	Tier 3 - Adult Family Care	1 day	\$122.42	Not applicable	7/1/2025
086	Tier 4 - Adult Family Care	1 day	\$128.92	Not applicable	7/1/2025
086	Tier 5 - Adult Family Care	1 day	\$135.43	Not applicable	7/1/2025
086	Tier 6 - Adult Family Care	1 day	\$143.24	Not applicable	7/1/2025
086	Tier 7 - Adult Family Care	1 day	\$151.05	Not applicable	7/1/2025
086	Tier 8 - Adult Family Care	1 day	\$161.37	Not applicable	7/1/2025
086	Tier 9 - Adult Family Care	1 day	\$175.80	Not applicable	7/1/2025
086	Tier 10 - Adult Family Care	1 day	\$203.15	Not applicable	7/1/2025
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	Not applicable	7/1/2024 (no update in 2025)
Billing Code	CFC Home-Based Setting, Moderate Needs	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
70	Case Management (maximum of 12 hours per calendar year)	15 min	\$22.59	\$90.36	7/1/2024 (no update in 2025)
Billing Code	CFC Home-Based Setting, Moderate Needs	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
095/S5130	Homemaker (Max of 6 hours per week)	15 min	\$12.85	\$51.40	7/1/2025
96	*Adult Day (Max of 50 hours per week)	15 min	\$6.57	\$26.28	7/1/2025

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71	Flexible Funding Allowance	As billed	Pay as billed	Max Allowance	7/1/2024
Not Applicable	MNG Flex Funds Admin Fee - Case Management Agency	1 month	\$40.00	Not Applicable	7/1/2024 (no update in 2025)
Not Applicable	MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency) (CBA)	15 min	\$4.33	\$17.31	7/1/2025
Not Applicable	ARIS F/EA for MNG self-hired (via case management agency)	1 month	\$68.00	Not Applicable	2/1/2025
Billing Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
92	ERC-tier 1 RCH	1 day	\$46.26	Not applicable	7/1/2025
92	ERC-tier 1 ALR	1 day	\$46.26	Not applicable	7/1/2025
93	ERC-tier 2 RCH	1 day	\$85.47	Not applicable	7/1/2025
93	ERC-tier 2 ALR	1 day	\$85.47	Not applicable	7/1/2025
94	ERC-tier 3 RCH	1 day	\$128.70	Not applicable	7/1/2025
94	ERC-tier 3 ALR	1 day	\$128.70	Not applicable	7/1/2025
90	ERC Special Rate (Rate set for individual by prior approval)	1 day	Varies by Provider	Provider Rate by Individual	N/A
Billing Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
120	Room and Board, 2 Bed Semiprivate, General Classification	1 day	Set per Provider	Daily	Varies
128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 day	Set per Provider	Daily	Varies

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130	Room and Board, 3-4 Bed Semiprivate, General	1 day	Set per Provider	Daily	Varies
169	Level 2/Swing Bed	1 day	Set per Provider	Daily	Varies
182	Nursing Home Leave of Absence Day	1 day	Set per Provider	Daily	Varies
185	Nursing Home Bed Hold	1 day	Set per Provider	Daily	Varies
Billing Code	Attendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	Effective Date
S5126	*ARIS F/EA Employer Support Services #1008601	1 month	\$89.00	Not Applicable	2/1/2025
S5125	ASP - Medicaid	15 min	\$4.36	\$17.44	7/1/2025
Not Applicable	ASP - General Fund	1 hour	\$16.94	\$16.94	7/1/2025
Not Applicable	ARIS F/EA Employer Support Services - General Funds	1 month	\$69.00	Not Applicable	2/1/2025
Billing Code	Brain Injury Program (BIP) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
T2038 U8	Community Supports: Rehab/Long Term	1 day	\$96.45	\$96.45	7/1/2025
T2038 HI	Community Supports: Mental Health Funded	1 day	\$96.45	\$96.45	7/1/2025
Billing Code	Brain Injury Program (BIP) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
S9125 U8	Respite: Rehab/Long Term (CBA)	1 day	\$272.18		7/13/2025
S9125 HI	Respite: Mental Health Funded (CBA)	1 day	\$272.18		7/13/2025

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S5150	Brain Injury Respite	15 min	\$8.24	\$21.16	7/1/2025
S5151	Brain Injury Respite (Daily)	1 day		\$338.56	7/1/2025
T1016 U8	Case Management: Rehab/Long Term	15 min	\$15.65	\$62.56	7/1/2025
T1016 HI	Case Management: Mental Health Funded	15 min	\$15.65	\$62.56	7/1/2025
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$6.60	\$26.40	7/1/2025
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$6.60	\$26.40	7/1/2025
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	1 Unit = Lifetime	\$5,039.76	\$5,039.76	7/1/2025
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	1 Unit = Lifetime	\$5,039.76	\$5,039.76	7/1/2025
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$643.05	\$643.05	7/1/2025
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$643.05	\$643.05	7/1/2025
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$20.91	\$83.64	7/1/2025
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$20.91	\$83.64	7/1/2025
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$6.60	\$26.40	7/1/2025
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$6.60	\$26.40	7/1/2025
Billing Code	Brain Injury Program (BIP) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date

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T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$379.40	Individual rates	7/1/2025
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$379.40	Individual rates	7/1/2025
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$15.65	\$62.60	7/1/2025
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$15.65	\$62.60	7/1/2025
99199	ARIS F/EA employer support services / respite	1 month	\$89.00	Not Applicable	2/1/2025
Billing Code/Modifier	Global Commitment Services: ACCS, DHRS and HTN	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
98	Assistive Community Care Services (ACCS) - (DVHA Budget)	1 day	\$88.94	\$88.94	7/1/2025
99	*Day Health Rehabilitation Services (DHRS) - (DAIL Budget)	15 min	\$6.44	\$25.76	7/1/2024
G0299HT / HB	Adult High Tech Skilled Nursing Care- Agency RN (DVHA Budget)	15 min	\$18.01	\$72.04	7/1/2024
G0300HT / HB	Adult High Tech Skilled Nursing Care- Agency LPN (DVHA Budget)	15 min	\$18.01	\$72.04	7/1/2024
T1001HT / HB	Adult High Tech Nursing Assessment RN/LPN (DVHA Budget)	1 visit	\$97.15	1 unit/month	7/1/2024
T1002	Adult High Tech Skilled Nursing Care, Self - Directed, RN	15 min	\$13.51	\$54.04	7/1/2024
T1002 / TV	Adult High Tech Skilled Nursing Care, Self - Directed, RN; Special Payment Rates - Holidays/Weekends	15 min	\$14.86	\$59.44	7/1/2024
Billing Code/Modifier	Global Commitment Services: ACCS, DHRS and HTN	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date

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T1002 / UJ	Adult High Tech Skilled Nursing Care, Self - Directed, RN; Services Provided at Night	15 min	\$14.86	\$59.44	7/1/2024
T1003	Adult High Tech Nursing Care, Self Directed, LPN/LVN	15 min	\$11.48	\$45.92	7/1/2024
T1003 / TV	Adult High Tech Nursing Care, Self Directed, LPN/LVN; Special Payment Rates- Holidays/Weekends	15 min	\$12.64	\$50.56	7/1/2024
T1003 / UJ	Adult High Tech Nursing Care, Self Directed, LPN/LVN; Services Provided at Night	15 min	\$12.64	\$50.56	7/1/2024
T1001	Adult High Tech Nursing Assessment RN/LPN, Self-Directed	Monthly	\$72.86	12 units/year	7/1/2024