

**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
072/T1009	Personal Care by HHA	15 min	\$9.87	\$39.48	7/1/2024
077/T1009	Personal Care by Consumer-Directed Personnel - minimum per CBA	15 min	N/A	\$18.01	7/1/2024
081/T1009	Personal Care by Surrogate-Directed Personnel - minimum per CBA	15 min	N/A	\$18.01	7/1/2024
073/T1005(Respite) 073/S5135(Companion)	*Respite or Companion Care by HHA	15 min	\$7.91	\$31.64	7/1/2024
075/T1005(Respite) 075/S5135(Companion)	*Respite or Companion Care Consumer-Directed - minimum per CBA	15 min	N/A	\$17.62	7/1/2024
080/T1005(Respite) 080/S5135(Companion)	*Respite or Companion Care Surrogate-Directed - minimum per CBA	15 min	N/A	\$17.62	7/1/2024
074	*Respite in Residential Care Home	15 min	\$113.19	Not applicable	7/1/2024
084	*Respite by Adult Day Service provider	15 min	\$6.44	\$25.76	7/1/2024
088	Companion by Senior Companion Agency	15 min	\$2.42	\$9.68	7/1/2024
078	Home-Based Waiver Adult Day Service	15 min	\$6.44	\$25.76	7/1/2024
076	Assistive Devices & Modifications - per calendar year	As billed	\$2,000.00	Not applicable	7/1/2024
082	Personal Emergency Response Systems-Installation & 1st Month	1-time	\$70.04	Not applicable	7/1/2024

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083	Personal Emergency Response Systems-Ongoing	1 month	\$39.14	Not applicable	7/1/2024
089	Group Directed Attendant Care ( <i>approved providers only</i> )	1 day	\$238.96	Not applicable	7/1/2024
097	ARIS F/EA Employer Support Services #047W070	1 month	\$85.00	Not applicable	7/1/2024
220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 month	\$89.00	Not applicable	7/1/2024
071	Flexible Choices Services	As billed	Individual budgets	Not applicable	7/1/2024
079	Flexible Choices Consultant Pre-admission Service	15 min	\$22.59	\$90.36	7/1/2024
Not applicable	Flexible Choices Supportive ISO Fee (reimbursed through the individual budget)	1 month	\$222.48	Not applicable	7/1/2024
Not applicable	Flexible Choices Base Rates (reimbursed through the individual budget)	1 month	\$1,713.45	Not applicable	7/1/2024
Not applicable	AFC Daily Respite via Authorized Agency	1 day	\$254.14	Not applicable	7/1/2024
Not applicable	ARIS F/EA for AFC Respite via Authorized Agency	1 month	\$67.00	Not applicable	7/1/2024
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)	\$2,500 per Person One- time	Not applicable	4/1/2012

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Billing Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$98.29	Not applicable	7/1/2024
086	Tier 2 - Adult Family Care	1 day	\$112.35	Not applicable	7/1/2024
086	Tier 3 - Adult Family Care	1 day	\$120.02	Not applicable	7/1/2024
086	Tier 4 - Adult Family Care	1 day	\$126.39	Not applicable	7/1/2024
086	Tier 5 - Adult Family Care	1 day	\$132.77	Not applicable	7/1/2024
086	Tier 6 - Adult Family Care	1 day	\$140.43	Not applicable	7/1/2024
086	Tier 7 - Adult Family Care	1 day	\$148.09	Not applicable	7/1/2024
086	Tier 8 - Adult Family Care	1 day	\$158.21	Not applicable	7/1/2024
086	Tier 9 - Adult Family Care	1 day	\$172.35	Not applicable	7/1/2024
086	Tier 10 - Adult Family Care	1 day	\$199.17	Not applicable	7/1/2024
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	Not applicable	7/1/2024
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

**Adult Services Division**  
**Billing Codes and Medicaid Rates**

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	\$9.87	\$39.48	7/1/2024
96	*Adult Day (Max of 50 hours per week)	15 min	\$6.44	\$25.76	7/1/2024
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
Not Applicable	MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency)	15 min	\$3.80	\$15.20	7/1/2023
Not Applicable	ARIS F/EA for MNG self-hired (via case management agency)	1 month	\$67.00	Not Applicable	7/1/2024
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	\$65.42	Not applicable	7/1/2024
92	ERC-tier 1 ALR	1 day	\$72.37	Not applicable	7/1/2024
93	ERC-tier 2 RCH	1 day	\$74.46	Not applicable	7/1/2024
93	ERC-tier 2 ALR	1 day	\$81.40	Not applicable	7/1/2024
94	ERC-tier 3 RCH	1 day	\$83.50	Not applicable	7/1/2024
94	ERC-tier 3 ALR	1 day	\$90.84	Not applicable	7/1/2024
90	ERC Special Rate (Rate set for individual by prior approval)	1 day	Varies by Provider	Provider Rate by Individual	7/1/2024

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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
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	\$85.00	Not Applicable	2/1/2021
S5125	ASP - Medicaid	15 min	\$3.94	\$15.76	7/1/2023
Not Applicable	ASP - General Fund	1 hour	\$15.30	\$15.30	7/1/2023
Not Applicable	ARIS F/EA Employer Support Services - General Funds	1 month	\$67.00	Not Applicable	2/1/2021
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	\$94.56	\$94.56	7/1/2024
T2038 HI	Community Supports: Mental Health Funded	1 day	\$94.56	\$94.56	7/1/2024

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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	\$251.49	\$251.49	7/1/2024
S9125 HI	Respite: Mental Health Funded (CBA)	1 day	\$251.49	\$251.49	7/1/2024
T1016 U8	Case Management: Rehab/Long Term	15 min	\$15.34	\$61.36	7/1/2024
T1016 HI	Case Management: Mental Health Funded	15 min	\$15.34	\$61.36	7/1/2024
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$6.47	\$25.88	7/1/2024
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$6.47	\$25.88	7/1/2024
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	1 Unit = Lifetime	\$4,940.94	\$4,940.94	7/1/2024
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	1 Unit = Lifetime	\$4,940.94	\$4,940.94	7/1/2024
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$630.44	\$630.44	7/1/2024
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$630.44	\$630.44	7/1/2024
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$20.50	\$82.00	7/1/2024
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$20.50	\$82.50	7/1/2024
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$6.47	\$25.88	7/1/2024
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$6.47	\$25.88	7/1/2024

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Billing Code	Brain Injury Program (BIP) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$371.96	Individual rates	7/1/2024
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$371.96	Individual rates	7/1/2024
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$15.34	\$61.36	7/1/2024
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$15.34	\$61.36	7/1/2024
99199	ARIS F/EA employer support services / respite	1 month	\$85.00	Not Applicable	2/1/2019
Billing Code	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	\$87.20	\$87.20	7/1/2024
99	*Day Health Rehabilitation Services (DHRS) - (DAIL Budget)	15 min	\$6.44	\$25.76	7/1/2024
T1002	Adult High Tech Skilled Nursing Care - Independent RN (DVHA Budget)	15 min	\$14.86	\$59.44	7/1/2024
T1003	Adult High Tech Skilled Nursing Care - Independent LPN (DVHA Budget)	15 min	\$11.48	\$45.92	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