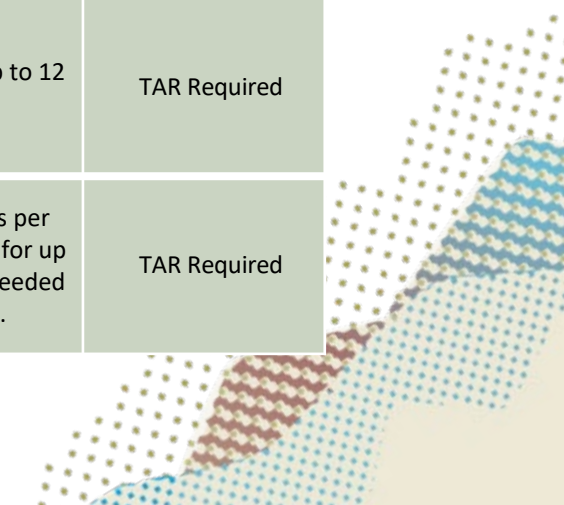
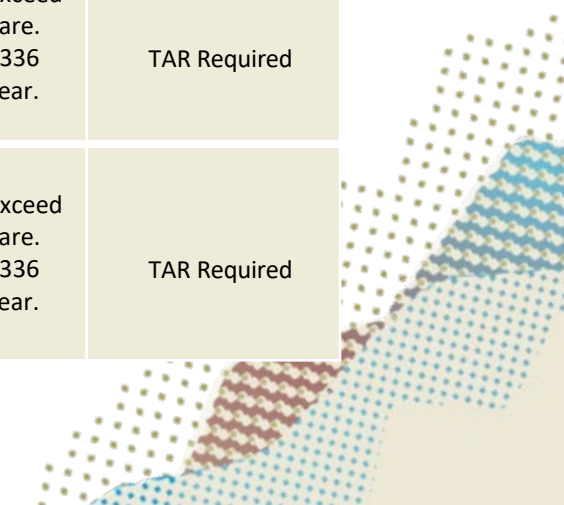


Community Supports Codes and Rates

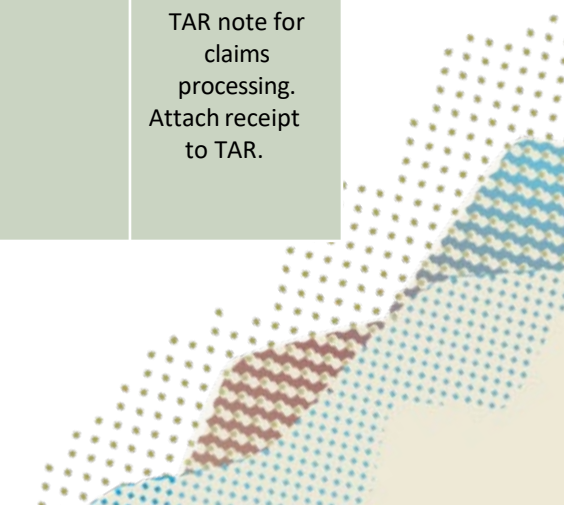
HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency/UM TAR	Note
Short-Term Post-Hospitalization Housing							
H0044	Short-Term Post-Hospitalization Housing, per month. Modifier used to differentiate Short-Term Post-Hospitalization Housing from Housing Deposits.	U3	Used by Managed Care with HCPCS code H0044 to indicate In-Lieu of Services Short-Term Post-Hospitalization Housing	\$108.00	Per Diem	Once Per Lifetime. Not to exceed 6 months.	TAR required
Recuperative Care (Medical Respite)							
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used by Managed Care with HCPCS code T2033 to indicate In-Lieu of Services Recuperative Care (Medical Respite)	\$204.00	Per Diem	As Needed – no more than 90 days continuous duration	TAR required
Medically-Supportive Food/Meals—Medically Tailored Meals							
S5170	Home delivered prepared meal	U6	Used by Managed Care with HCPCS code S5170 to indicate In-Lieu of Services Medically Supportive	\$9.50	Per Meal	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.	TAR Required
S9470	Nutritional counseling, diet	U6	Used by Managed Care with HCPCS code S9470 to indicate In-Lieu of Services Medically Supportive Food/Meals/Medically Tailored Meals	\$41.00	Per Nutritional Assessment	Up to 2 as needed for up to 12 weeks.	TAR Required
S9977	Meals, per diem, not otherwise specified	U6	Used by Managed Care with HCPCS code S9977 to indicate In-Lieu of Services Medically Supportive Food/Meals/Medically Tailored Meals	\$66.00	Per Weekly Grocery Box Delivered	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.	TAR Required



HCPCS Code	HCPCS Description	Modifier	Modifier Description	Average Rate	Unit of Service	Frequency/UM TAR	Note
Personal Care/Homemaker Services							
S5130	Homemaker Services	U6	Used by Managed Care with HCPCS Code S5130 to indicate In-Lieu of Services Personal Care/Homemaker Services	\$8.25	Increments of 15 minutes	As needed; only allowed 4 hours a day up to 20 hours per week for 90 days or as determined by intake.	TAR Required
T1019	Personal Care Services	U6	Used by Managed Care with HCPCS Code T1019 to indicate Community Supports Personal Care/Homemaker Services	\$8.25	Increments of 15 minutes	As needed – not to exceed 60 days	TAR Required
Respite Services							
H0045	Respite Care Services, not in the home	U6	Used by Managed Care with HCPCS Code H0045 to indicate Community Supports Respite Services	\$33	Per Hour	As needed – may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.	TAR Required
S5151	Unskilled Respite Care, not hospice	U6	Used by Managed Care with HCPCS Code S5151 to indicate Community Supports Respite Services	\$33	Per Hour	As needed – may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.	TAR Required
S9125	Respite Care, in the home	U6	Used by Managed Care with HCPCS Code S9125 to indicate Community Supports Respite Services	\$33	Per Hour	As needed – may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.	TAR Required



HCPCS Code	HCPCS Description	Modifiers	Modifier Description	Average Rate	Unit of Service	Frequency/UM TAR	Note
Housing Transition/Navigation Services							
H0043	Supported housing	U6	Used by Managed Care with HCPCS code H0043 to indicate In-Lieu of Services supported housing	\$386.00	PMPM	Allowed one time per month. TAR approved for up to 6 months	TAR Required
H2016	Comprehensive community support services	U6	Used by Managed Care with HCPCS code H2016 to indicate In-Lieu of Services comprehensive community support services	\$386.00	PMPM	Allowed one time per month. TAR approved for up to 6 months	TAR Required
Housing Deposits							
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits form Short-Term Post-Hospitalization Housing.	U2	Used by Managed Care with HCPCS code H0044 to indicate In-Lieu of Services Housing Deposit	Null-See Note		Once Per Lifetime	TAR Required. Approved up to \$5000. Actual amount paid on claim will be reflected on EB TAR note for claims processing. Attach receipt to TAR.



HCPCS Code	HCPCS Description	Modifier	Modifier Description	Average Rate	Unit of Service	Frequency/UM TAR	Note
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Housing Tenancy and Sustaining Services

T2040	Financial management, self- directed	U6	Used by Managed Care with HCPCS code T2040 to indicate In-Lieu of Services Housing Tenancy and Sustaining Services	\$222.00	PMPM	Up to 2 units per month. Can be billed in conjunction with T2041 HCPCS for Support Brokerage. If both approved max is 1 unit per month for each HCPCS code. Max reimbursable amount per month regardless of combination of services for this ILOS is \$444. As needed.	TAR Required.
T2041	Support brokerage, self- directed	U6	Used by Managed Care with HCPCS code T2041 to indicate In-Lieu of Services Housing Tenancy and Sustaining Services	\$222.00	PMPM	Up to 2 units per month. Can be billed in conjunction with T2040 HCPCS for Support Brokerage. If both approved, max is 1 unit per month for each HCPCS code. Max reimbursable amount per month regardless of combination of services for this ILOS is \$444. As needed.	TAR Required

Day Habilitation

T2020	Day Habilitation	U6	Used by Managed Care with HCPCS Code T2020 to indicate In-Lieu of Services Day Habilitation	a. \$56 a. \$7.00	1 unit equals 1 hour; not to exceed 8 hours per day	a. Per diem rate assumes 8 hours of continuous service being provided; or b. Per hour	TAR Required
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Sobering Centers

H0014	Alcohol and/or drug services; ambulatory detoxification	U6	Used by Managed Care with HCPCS code H0014 to indicate Community Supports Sobering Centers	\$170.00		Per diem; less than 24 hours	TAR Required
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