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P.O. Box 25010
Little Rock, AR 72221

HCBS (1915 (i) and 1915 (c) Fee Schedule Effective January 1, 2027

Waiver Type	Procedure Code Description	Procedure Code	M1	M2	M3	Unit Definition	Fee	Provider Type (Not Rendering Provider)
1915 (i)	Treatment Plan	90885	U4			Per 30 minutes	$57.60	26 Intensive 96/CI, 96/C9
1915 (i)	*Therapeutic Communities — Level 1	H0019	HQ	U4	UC	Per diem	$512.75	26 Enhanced 96/C9
1915 (i)	*Therapeutic Communities — Level 2	H0019	HQ	U4		Per diem	$363.16	26 Enhanced 96/C9
1915 (i)	*Therapeutic Communities Level 3	H0019	HQ	UA		Per diem	$157.70	26 Enhanced 96/C9
1915 (i)	*Pharmacological Counseling	H0034	TD	U4		Encounter	$26.50	26 Base 96/04, 96/CI, 96/C9
1915 (i)	Partial Hospitalization	H0035	U4			Per diem	$214.05	26 Enhanced 96/C9
1915 (i)	Family Centered Treatment	H0037	U4	V1		Monthly case rate	$3,146.20	26 Intensive 96/CI, 96/C9
1915 (i)	Family Centered Treatment	H0037	U4	V2		Per diem	$103.44	
1915 (i)	*Peer Support	H0038	UC	U4		Per 15 minutes	$16.98	26 Intensive 96/CI, 96/C9
1915 (i)	*Supportive Housing	H0043	U4			Hourly	$49.99	26 Base 96/04, 96/CI, 96/C9
1915 (i)	*Crisis Stabilization — QBHP	H2011	U4	U5		Per 15 minutes	$14.81	26 Intensive 96/CI, 96/C9
1915 (i)	*Child and Youth Support	H2015	UC	U4		30 minutes	$29.63	26 Intensive 96/CI, 96/C9
1915 (i)	*Supportive Life Skills Development — Adult Life Skills	H2014	U2			Per 15 minutes	$15.76	26 Base 96/04, 96/CI, 96/C9

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1915 (i)	*Supportive Life Skills Development — Youth Skills Development	H2014	U3			Per 15 minutes	$14.81	26 Base 96/04, 96/CI, 96/C9
1915 (i)	*Group Supportive Life Skills Development Adult Life Skills	H2014	U2	HQ		Per 15 minutes	$4.73	26 Base 96/04, 96/CI, 96/C9
1915 (i)	*Group Supportive Life Skills Development — Youth Skills Development	H2014	U3	HQ		Per 15 minutes	$4.42	26 Base 96/04, 96/CI, 96/C9
1915 (i)	*Adult Rehabilitation Day Treatment	H2017	U4	UA		Partial day	$60.78	26 Enhanced 96/C9
1915 (i)	*Adult Rehabilitation Day Treatment	H2017	U4	UB		Full day	$96.74	26 Enhanced 96/C9
1915 (i)	*Behavioral Assistance	H2019	U4	UC		Per 15 minutes	$19.49	26 Intensive 96/CI, 96/C9
1915 (i)	*Residential Community Reintegration	H2020	U4			Per diem	$418.90	26 Enhanced 96/C9
1915 (i)	*Supportive Employment, one on one	H2023	U4			Per 15 minutes	$8.56	26, Base 96/04, 96/CI, 96/C9
1915 (i)	*Supportive Employment, 2–4 members	H2023	U4	UQ		Per 15 minutes	$4.28	26, Base 96/04, 96/CI, 96/C9
1915 (i)	*Supportive Employment, 5–8 members	H2023	U4	UR		Per 15 minutes	$1.71	26, Base 96/04, 96/CI, 96/C9
CES	*Supportive Living — shared staffing, 2 people	H2016	HQ	U1		Per 15 minutes	$3.52	67, 96 Base 96/04, 96/CI, 96/C9
CES	*Supportive Living — shared staffing, 3–5 people	H2016	HQ	U2		Per 15 minutes	$3.25	67, 96 Base 96/04, 96/CI, 96/C9

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Waiver Type	Procedure Code Description	Procedure Code	M1	M2	M3	Unit Definition	Fee	Provider Type (Not Rendering Provider)
CES	*Supportive Living: shared staffing, 6–8 people	H2016	HQ	U3		Per 15 minutes	$2.40	67, 96 Base 96/04, 96/CI, 96/C9
CES	Supportive Living — Companion and Activity Therapy	H2016	UC			Per unit	Custom Rate	67, 96 Base 96/04, 96/CI, 96/C9
CES	Supportive Living — non-medical transportation — multi-member transport	H2016	UD	US		Per mile	$0.26	67, 96 Base 96/04, 96/CI, 96/C9
CES	Supportive Living — non-medical transportation — one on one	H2016	UD			Per mile	$0.52	67, 96 Base 96/04, 96/CI, 96/C9
CES	*Supportive Living — one on one staffing	H2016	UF			Per 15 minutes	$6.44	67, 96 Base 96/04, 96/CI, 96/C9
CES	Supportive Living — Community (camps, activities, Camp Aldersgate, etc. — alternative supportive supervision)	H2016	UK			Per unit	Custom Rate	67, 96 Base 96/04, 96/CI, 96/C9
CES & 1915(i)	*Supported & Supportive Employment Individual one on one staffing	H2023				Per 15 minutes	$8.56	67, 96 Base 96/04, 96/CI, 96/C9
CES & 1915(i)	*Supported & Supportive Employment Group: 2–4 members	H2023	TT	UQ		Per 15 minutes	$4.28	67, 96 Base 96/04, 96/CI, 96/C9
CES & 1915(i)	*Supported & Supportive Employment Group: 5–8 members	H2023	TT	UR		Per 15 minutes	$1.71	67, 96 Base 96/04, 96/CI, 96/C9
CES	Environmental Modifications	K0108	UB			Per unit	Custom Rate	67, 96 Base 96/04, 96/CI, 96/C9
CES	*Respite — shared staffing, 2 people	S5151	HQ	U1		Per 15 minutes	$3.52	67, 96 Base 96/04, 96/CI, 96/C9

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CES	*Respite — shared staffing, 3–5 people	S5151	HQ	U2		Per 15 minutes	$3.25	67, 96 Base 96/04, 96/CI, 96/C9
CES	*Respite — shared staffing, 6–8 people	S5151	HQ	U3		Per 15 minutes	$2.40	67, 96 Base 96/04, 96/CI, 96/C9
CES	*Respite — one on one	S5151				Per 15 minutes	$6.44	67, 82, 96/04 Base 96/04, 96/CI, 96/C9
CES	Adaptive Equipment — Personal Emergency Response System (PERS) Installation, Testing & Removal	S5160				Per unit	Custom Rate	72, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Adaptive Equipment — Personal Emergency Response Systems (PERS) Response Center Service	S5161				Per unit	Custom Rate	72, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Adaptive Equipment — Personal Emergency Response System (PERS) Purchase, Rental & Repair	S5162				Per unit	Custom Rate	72, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Adaptive Equipment	S5165	U1			Per unit	Custom Rate	72, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Community Transition Services	T2020	U1	UA		Per unit	Custom Rate	67, 74, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Supplemental Support Services	T2020	UA			Per unit	Custom Rate	67, 74, 82, 96 Base 96/04, 96/CI, 96/C9
CES	*Consultation Services — Behavior Support Plan/Training	T2025	U1			Per hour	$72.80	71, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Consultation Services — Eligibility Paperwork, per occurrence, 1 per yr max	T2025	U2			Per unit	$72.80	71, 82, 96 Base 96/04, 96/CI, 96/C9

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Waiver Type	Procedure Code Description	Procedure Code	M1	M2	M3	Unit Definition	Fee	Provider Type (Not Rendering Provider)
CES	*Consultation Services — Providing Updated Psychological and Adaptive Behavior Assessments by Licensed Psychological Examiner	T2025	U3			Per hour	$72.80	71, 82, 96 Base 96/04, 96/CI, 96/C9
CES	*Consultation Services — Training of Direct Service Staff and/or Family by Professional to Support Member in Goals of PCSP	T2025	U4			Per hour	$72.80	71, 82, 96 Base 96/04, 96/CI, 96/C9
CES	*Consultation Services — Treatment Planning Participation in PCSP — annual max of 2	T2025	UK			Per hour	$72.80	71, 82, 96 Base 96/04, 96/CI, 96/C9
CES	Specialized Medical Supplies	T2028					Custom Rate	73, 82, 96 Base 96/04, 96/CI, 96/C9

NOTE: This fee schedule was finalized and is considered effective as of January 1, 2027. If CMS doesn't approve any HCBS that are State-Directed Payments (SDPs), the PASSE may recoup any overpayments. Provider Type 26 and Provider Type 96 Intensive or Enhanced can provide Medicaid State Plan Counseling and Crisis Services in addition to this HCBS list.

* Codes marked with an asterisk denote SDPs.

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