

# Home and Community-Based Services

## Custom Fee Schedule

### 1915 (c)

**1915 (c) HCBS Services**  
**Effective January 1, 2026**

Code	Mod 1	Mod 2	Eff. Date	Description	Unit	Fee Schedule
H2016	UA		1/1/23	Complex Care Homes (*) [18+]	Per Diem	Contact <a href="mailto:Arkansas_Network@CareSource.com">Arkansas Network @CareSource.com</a>
H2016	32		1/1/26	Supportive Living: Low Need	15 min	\$3.90
H2016	UF		1/1/26	Supportive Living: Moderate Need	15 min	\$4.90
H2016	UH		1/1/26	Supportive Living: Exceptional Need	15 min	\$5.20
H2016	U9		1/1/26	Supportive Living: Enhanced Need	15 min	\$5.20
H2016	U1		1/1/26	Shared Staffing 1-4 members	15 min	\$3.50
H2016	U2		1/1/26	Shared Staffing 5-8 members	15 min	\$1.75
H2016	UD		1/1/22	Supportive Living, 1:1 Transportation	Per mile	.52 cents
H2016	UD	US	1/1/22	Supportive Living, Multi-Member Transportation	Per mile	.26 cents
H2023			3/1/24	Supported Employment - Individual	15 min	\$5.50 per unit
H2023	TT	UQ	3/1/24	Supported Employment - Group (up to 4 members)	15 min	\$3.50 per unit
H2023	TT	UR	3/1/24	Supported Employment – Group (5 to 8 members)	15 min	\$3.50 per unit
S5151	UF		1/1/22	Care Giver Respite Services -1:1 (not overnight or more than 12 hours)	15 min	\$4.50 per unit
S5151	U6		1/1/22	Care Giver Respite Services -1:1 (12+ hours)	15 min	\$3.50 per unit
S5151	UN		1/1/22	Care Giver Respite Services - shared staffing (not overnight or more than 12 hours)	15 min	\$2.75 per unit
S5151	U6	UN	1/1/22	Care Giver Respite Services - shared staffing (12+ hours)	15 min	\$2.00 per unit

T2025	UK		1/1/22	Consultation Services - Care Planning	Per Hour	<p>\$136.40/hour, 2 hours max for PCSP participation and treatment planning</p> <p>Annual max of \$1320 inclusive all consultation requests.</p> <p>Invoice must be attached.</p>
T2025	U1		1/1/22	Consultation Services - Behavior Support Plans/Training	Per Hour	<p>Up to \$136.40/unit</p> <p>\$1320/year for all combined T2025 codes</p> <p>No prior authorization required for first unit.</p> <p>Invoice must be attached.</p>
T2025	U3		1/1/22	Consultation Services - providing updated psychological and adaptive behavior assessments by licensed psychological examiner	Per Hour	<p>Up to \$136.40/unit</p> <p>\$1320/year for all combined T2025 codes</p> <p>No prior authorization required for first unit.</p> <p>Invoice must be attached.</p>
T2025	U4		1/1/22	Consultation Services - training of direct service staff and/or family by professionals to support members in goals of person-centered support plan (PCSP)	Per Hour	<p>Up to \$136.40/unit</p> <p>\$1320/year for all combined T2025 codes</p> <p>Invoice must be attached.</p>

T2028			1/1/22	Specialized Medical Equipment (SMS)	Pass-Thru Cost	Must be prior authorized. Invoice must be attached.
T2020	UA		1/1/22	Supplemental Support Services (SSS)	Pass-Thru cost	Must be prior authorized. Invoice must be attached.
T2020	UA	U1	1/1/22	Community Transitioned Services (CTS)	Pass-Thru Cost	Must be prior authorized. Invoice must be attached.
K0108	UB		1/1/22 *	Environmental Modification	Pass-Thru Cost	\$12,000/year for all combined K0108 + S5160-S5162, S5165  Must be prior authorized. Invoice must be attached.
S5160			1/1/22 *	Adaptive Equipment PERS, installation and testing	Pass-Thru Cost	\$12,000/year for all combined K0108 + S5160-S5162, S5165  Must be prior authorized. Invoice must be attached.
S5161			1/1/22 *	Adaptive Equipment PERS service fee per month	Pass-Thru Cost	\$12,000/year for all combined K0108 + S5160-S5162, S5165  Must be prior authorized. Invoice must be attached.
S5162			1/1/22 *	Adaptive Equipment PERS, Purchase, Rental & Repair	Pass-Thru Cost	\$12,000/year for all

						combined K0108 + S5160-S5162, S5165  Must be prior authorized.  Invoice must be attached.
S5165	U1		1/1/22 *	CES Adaptive Equipment, per service	Pass- Thru Cost	\$12,000/year for all combined K0108 + S5160-S5162, S5165  Must be prior authorized.  Invoice must be attached.

(\*) Benefit Limit change effective with updated Fee Schedule

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