

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Base Budget									
Case Management On-Going	T2022		Month	\$ 249.91	Case Mgt On-Going	T2022	HB	Month	\$ 249.91
Supported Living Level 1 Awake	T2033	U1-UJ	Day	\$ 300.86	Supported Living Cat 3, Extensive Support	T2016	HB-U6	Day	\$ 287.76
Supported Living Level 1 Asleep	T2033	U1	Day	\$ 220.18	Supported Living Cat 3, Extensive Support	T2016	HB-U6	Day	\$ 287.76
Supported Living Level 2 Awake	T2033	U2-UJ	Day	\$ 191.31	Supported Living Cat 2, Moderate Support	T2016	HB-U5	Day	\$ 228.20
Supported Living Level 2 Asleep	T2033	U2	Day	\$ 144.50	Supported Living Cat 2, Moderate Support	T2016	HB-U5	Day	\$ 228.20
Supported Living Level 3 Awake	T2033	U3-UJ	Day	\$ 143.51	Supported Living Cat 1, Basic Support	T2016	HB-U4	Day	\$ 191.69
Supported Living Level 3 Asleep	T2033	U3	Day	\$ 112.63	Supported Living Cat 1, Basic Support	T2016	HB-U4	Day	\$ 191.69
Supported Living Level 1 Awake and Supported Living Level 1 Awake Outlier 300.86/83.70	T2033	U4-UJ	Day	\$ 384.56	Supported Living Cat 4, Extraordinary Support	T2016	HB-U7	Day	\$ 384.56
Supported Living Level 1 Asleep and Supported Living Level 1 Asleep Outlier 220.18/157.99	T2033	U4	Day	\$ 378.17	Supported Living Cat 4, Extraordinary Support	T2016	HB-U7	Day	\$ 384.56
Supported Living Level 2 Awake and Supported Living Level 2 Awake Outlier 191.31/186.21	T2033	U5-UJ	Day	\$ 377.52	Supported Living Cat 4, Extraordinary Support	T2016	HB-U7	Day	\$ 384.56

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Supported Living Level 2 Asleep and Supported Living Level 2 Asleep Outlier 144.50/227.58	T2033	U5	Day	\$ 372.08	Supported Living Cat 4, Extraordinary Support	T2016	HB-U7	Day	\$ 384.56
Supported Living Level 3 Awake and Supported Living Level 3 Awake Outlier 143.51/229.46	T2033	U6-UJ	Day	\$ 372.97	Supported Living Cat 4, Extraordinary Support	T2016	HB-U7	Day	\$ 384.56
Supported Living Level 3 Asleep and Supported Living Level 3 Asleep Outlier 112.63/258.62	T2033	U6	Day	\$ 371.25	Supported Living Cat 4, Extraordinary Support	T2016	HB-U7	Day	\$ 384.56
Family Living Substitute Care ¹	T2033 T1005	U1	Day 15 Min	\$ 95.24 \$ 3.33	Family Living Jackson ¹	T2033	HB-U7	Day	\$ 126.93
Independent Living ²	T2030		Month	\$ 1,773.30	*CIHS-Family ²	S5125	HB	15 Min	\$ 6.74
Independent Living ²	T2030		Month	\$ 1,773.30	*CIHS-Independent ²	S5125	HB-UA	15 Min	\$ 6.74
Intensive Independent Living ³	T2030	U1	Month	\$ 2,535.17	*CIHS Family ³	S5125	HB	15 Min	\$ 6.74
Intensive Independent Living ³	T2030	U1	Month	\$ 2,535.17	*CIHS-Independent ³	S5125	HB-UA	15 Min	\$ 6.74
Adult Habilitation (Level 1)	T2021	U1	15 Min	\$ 3.68	CCS, Group Cat 2 Extensive Support	T2021	HB-U8	15 Min	\$ 3.94
Adult Habilitation (Level 1)	T2021	U1	15 Min	\$ 3.68	CCS Small Group	T2021	HB-U9	15 Min	\$ 3.92
Adult Habilitation (Level 1)	T2021	U1	15 Min	\$ 3.68	CCS Individual	H2021	HB-U1	15 Min	\$ 7.04
Adult Habilitation (Level 2) ⁴	T2021	U2	15 Min	\$ 2.65	CCS, Group Cat 1 ⁴	T2021	HB-U7	15 Min	\$ 2.63

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Adult Habilitation (Level 2) ⁴	T2021	U2	15 Min	\$ 2.65	CCS, Group Cat 2 Extensive Support ⁴	T2021	HB-U8	15 Min	\$ 3.94
Adult Habilitation (Level 2)	T2021	U2	15 Min	\$ 2.65	CCS Small Group	T2021	HB-U9	15 Min	\$ 3.92
Adult Habilitation (Level 2)	T2021	U2	15 Min	\$ 2.65	CCS Individual	H2021	HB-U1	15 Min	\$ 7.04
Adult Habilitation (Level 3)	T2021	U3	15 Min	\$ 2.16	CCS, Group Cat 1	T2021	HB-U7	15 Min	\$ 2.63
Adult Habilitation (Level 3)	T2021	U3	15 Min	\$ 2.16	CCS Small Group	T2021	HB-U9	15 Min	\$ 3.92
Adult Habilitation (Level 3)	T2021	U3	15 Min	\$ 2.16	CCS Individual	H2021	HB-U1	15 Min	\$ 7.04
COMMUNITY ACCESS	H2021	U1	15 Min	\$ 5.70	CCS individual	H2021	HB-U1	15 Min	\$ 7.04
Home Visit Day Life Activity (Personal Support Services)	99509		Hour	\$ 13.87	Com. Inclusion Aide	99509	HB-UC	Hour	\$ 17.68
Adult Habilitation Level 1 and Adult Habilitation Level 1, Outlier (Medical or Behavioral) 3.68/2.17	T2021	U4	15 Min	\$ 5.85	CCS Group Jackson Class Only	T2021	HB-U5	15 Min	\$ 5.85
Adult Habilitation Level 2 and Adult Habilitation Level 2 Outlier (Medical or Behavioral) 2.65/3.14	T2021	U5	15 Min	\$ 5.79	CCS Group Jackson Class Only	T2021	HB-U5	15 Min	\$ 5.85
Adult Habilitation Level 3 and Adult Habilitation Level 3 Outlier (Medical or Behavioral) 2.16/3.60	T2021	U6	15 Min	\$ 5.76	CCS Group Jackson Class Only	T2021	HB-U5	15 Min	\$ 5.85

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Home Visit Day Life Activity (Personal Support Services)	99509		Hour	\$ 13.87	C.I.Empl Job Aide	99509	HB	Hour	\$ 17.68
Supported Employment Job Developer	T2038		Each	\$ 754.54	C.I.Empl Job Maint Monthly	T2025	HB-UA	Month	\$ 933.00
Supported Employment Individual ⁵	T2013		Hour	\$ 201.21	*C.I.Empl Job Maint Monthly ⁵	T2025	HB-UA	Month	\$ 933.00
Supported Employment Individual Exception ⁵	T2013	U1	Hour	\$ 201.21	*C.I.Empl Job Maint Monthly ⁵	T2025	HB-UA	Month	\$ 933.00
Supported Employment Level 1 Group	T2019	U1	15 Min	\$ 3.57	C.I.Empl, Group Cat 2 Extensive Support	T2019	HB-HQ-TG	15 Min	\$ 2.95
Supported Employment Level 1 Group Exception	T2019	U1-UA	15 Min	\$ 3.57	C.I.Empl, Group Cat 2 Extensive Support	T2019	HB-HQ-TG	15 Min	\$ 2.95
Supported Employment Level 2 Group ⁶	T2019	U2	15 Min	\$ 2.54	C.I.Empl, Group Cat 1 ⁶	T2019	HB-HQ	15 Min	\$ 1.95
*Supported Employment Level 2 Group ⁶	T2019	U2	15 Min	\$ 2.54	C.I.Empl, Group Cat 2 Extensive Support ⁶	T2019	HB-HQ-TG	15 Min	\$ 2.95
Supported Employment Level 2 Group Exception ⁷	T2019	U2-UA	15 Min	\$ 2.54	C.I.Empl, Group Cat 1 ⁷	T2019	HB-HQ	15 Min	\$ 1.95
Supported Employment Level 2 Group Exception ⁷	T2019	U2-UA	15 Min	\$ 2.54	C.I.Empl, Group Cat 2 Extensive Support ⁷	T2019	HB-HQ-TG	15 Min	\$ 2.95
Supported Employment Level 3 Group	T2019	U3	15 Min	\$ 2.04	C.I.Empl, Group Cat 1	T2019	HB-HQ	15 Min	\$ 1.95
Supported Employment Level 3 Group Exception	T2019	U3-UA	15 Min	\$ 2.04	C.I.Empl, Group Cat 1	T2019	HB-HQ	15 Min	\$ 1.95
Supported Employment Intensive	T2013	U2	Hour	\$ 37.22	C.I.Empl, Intensive	T2013	HB-U2	Hour	\$ 41.80

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Supported Employment Intensive Exception.	T2013	U3	Hour	\$ 37.22	C.I.Empl, Intensive	T2013	HB-U2	Hour	\$ 41.80
Supported Employment/Self-Employment.	T2019	U4	15 Min	\$ 6.65	C.I.Empl, Self-Emp,	T2019	HB-UA	15 Min	\$ 6.65
Professional Services									
Behavior Consultant Center Based ^B	H2019	TT	15 Min	\$ 11.63	Behavior Support Consult, Standard ^B	H2019	HB	15 Min	\$ 17.98
Behavior Consultant Center Based ^B	H2019	TT	15 Min	\$ 11.63	Behavior Support Consult, Incentive ^B	H2019	HB-TN	15 Min	\$ 23.20
Behavior Consultant Center Based Exception ^B	H2019	TT-U1	15 Min	\$ 11.63	Behavior Support Consult, Standard ^B	H2019	HB	15 Min	\$ 17.98
Behavior Consultant Center Based Exception ^B	H2019	TT-U1	15 Min	\$ 11.63	Behavior Support Consult, Incentive ^B	H2019	HB-TN	15 Min	\$ 23.20
Behavior Consultant, Client Location ^B	H2019		15 Min	\$ 19.62	Behavior Support Consult, Standard ^B	H2019	HB	15 Min	\$ 17.98
Behavior Consultant, Client Location ^B	H2019		15 Min	\$ 19.62	Behavior Support Consult, Incentive ^B	H2019	HB-TN	15 Min	\$ 23.20
Behavior Consultant Client Location Exception ^B	H2019	U1	15 Min	\$ 19.62	Behavior Support Consult, Standard ^B	H2019	HB	15 Min	\$ 17.98
Behavior Consultant Client Location Exception ^B	H2019	U1	15 Min	\$ 19.62	Behavior Support Consult, Incentive ^B	H2019	HB-TN	15 Min	\$ 23.20
Occupational Integrated Therapy ⁹	G0152	GO	15 Min	\$ 22.52	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Integrated Therapy ⁹	G0152	GO	15 Min	\$ 22.52	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Occupational Integrated Therapy Exception ⁹	G0152	G0-U1	15 Min	\$ 22.52	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Integrated Therapy Exception ⁹	G0152	G0-U1	15 Min	\$ 22.52	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63
Occupational Group Integrated Therapy ⁹	G0152	G0-U2	15 Min	\$ 7.83	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Group Integrated Therapy ⁹	G0152	G0-U2	15 Min	\$ 7.83	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63
Occupational Group Integrated Therapy Exception ⁹	G0152	G0-U3	15 Min	\$ 7.83	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Group Integrated Therapy Exception ⁹	G0152	G0-U3	15 Min	\$ 7.83	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63
Occupational Group Therapy Clinic Based ⁹	G0152	G0-U4	15 Min	\$ 5.39	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Group Therapy Clinic Based ⁹	G0152	G0-U4	15 Min	\$ 5.39	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63
Occupational Group Therapy Clinic Based Exception ⁹	G0152	G0-U5	15 Min	\$ 5.39	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Group Therapy Clinic Based Exception ⁹	G0152	G0-U5	15 Min	\$ 5.39	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63
Occupational Therapy Clinic Based ⁹	G0152		15 Min	\$ 12.10	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Therapy Clinic Based ⁹	G0152		15 Min	\$ 12.10	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Occupational Therapy Clinic Based Exception ⁹	G0152	U1	15 Min	\$ 12.10	OT, Standard ⁹	G0152	HB-GO	15 Min	\$ 22.45
Occupational Therapy Clinic Based Exception ⁹	G0152	U1	15 Min	\$ 12.10	OT, Incentive ⁹	G0152	HB-TN	15 Min	\$ 28.63
Occupational Therapy Assistant (Certified) ⁹	G0152	HM	15 Min	\$ 9.21	OT Assistant, Standard ⁹	G0158	HB-HM	15 Min	\$ 18.47
Occupational Therapy Assistant (Certified) ⁹	G0152	HM	15 Min	\$ 9.21	OT Assistant, Incentive ⁹	G0158	HB-TN	15 Min	\$ 24.23
Occupational Therapy Assistant, (Certified) Exception ⁹	G0152	HM-U1	15 Min	\$ 9.21	OT Assistant, Standard ⁹	G0158	HB-HM	15 Min	\$ 18.47
Occupational Therapy Assistant, (Certified) Exception ⁹	G0152	HM-U1	15 Min	\$ 9.21	OT Assistant, Incentive ⁹	G0158	HB-TN	15 Min	\$ 24.23
Physical Group Integrated Therapy ⁹	G0151	GP-U2	15 Min	\$ 7.83	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Group Integrated Therapy ⁹	G0151	GP-U2	15 Min	\$ 7.83	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Group Therapy Client Location Exception ⁹	G0151	GP-U3	15 Min	\$ 7.83	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Group Therapy Client Location Exception ⁹	G0151	GP-U3	15 Min	\$ 7.83	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Group Therapy Clinic Based ⁹	G0151	GP-U4	15 Min	\$ 5.39	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Group Therapy Clinic Based ⁹	G0151	GP-U4	15 Min	\$ 5.39	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Group Therapy Clinic Based Exception ⁹	G0151	GP-U5	15 Min	\$ 5.39	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Physical Group Therapy Clinic Based Exception ⁹	G0151	GP-U5	15 Min	\$ 5.39	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Integrated Therapy ⁹	G0151	GP	15 Min	\$ 23.01	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Integrated Therapy ⁹	G0151	GP	15 Min	\$ 23.01	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Integrated Therapy Exception ⁹	G0151	GP-U1	15 Min	\$ 23.01	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Integrated Therapy Exception ⁹	G0151	GP-U1	15 Min	\$ 23.01	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Therapy Clinic Based ⁹	G0151		15 Min	\$ 12.83	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Therapy Clinic Based ⁹	G0151		15 Min	\$ 12.83	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Therapy Clinic Based Exception ⁹	G0151	U1	15 Min	\$ 12.83	PT, Standard ⁹	G0151	HB-GP	15 Min	\$ 22.45
Physical Therapy Clinic Based Exception ⁹	G0151	U1	15 Min	\$ 12.83	PT, Incentive ⁹	G0151	HB-TN	15 Min	\$ 28.63
Physical Therapy Assistant (PTA) ⁹	G0151	HM	15 Min	\$ 9.69	PT Assistant, Standard ⁹	G0157	HB-HM	15 Min	\$ 18.47
Physical Therapy Assistant (PTA) ⁹	G0151	HM	15 Min	\$ 9.69	PT Assistant, Incentive ⁹	G0157	HB-TN	15 Min	\$ 24.23
Physical Therapy Assistant (PTA) Exception ⁹	G0151	HM-U1	15 Min	\$ 9.69	PT Assistant, Standard ⁹	G0157	HB-HM	15 Min	\$ 18.47
Physical Therapy Assistant (PTA) Exception ⁹	G0151	HM-U1	15 Min	\$ 9.69	PT Assistant, Incentive ⁹	G0157	HB-TN	15 Min	\$ 24.23
Speech Group Integrated Therapy ⁹	G0153	GN-U2	15 Min	\$ 7.83	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Speech Group Integrated Therapy ⁹	G0153	GN-U2	15 Min	\$ 7.83	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Group Integrated Therapy Exception ⁹	G0153	GN-U3	15 Min	\$ 7.83	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45
Speech Group Integrated Therapy Exception ⁹	G0153	GN-U3	15 Min	\$ 7.83	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Group Therapy Clinic Based ⁹	G0153	GN-U4	15 Min	\$ 5.39	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45
Speech Group Therapy Clinic Based ⁹	G0153	GN-U4	15 Min	\$ 5.39	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Group Therapy Clinic Based Exception ⁹	G0153	GN-U5	15 Min	\$ 5.39	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45
Speech Group Therapy Clinic Based Exception ⁹	G0153	GN-U5	15 Min	\$ 5.39	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Integrated Therapy ⁹	G0153	GN	15 Min	\$ 23.01	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45
Speech Integrated Therapy ⁹	G0153	GN	15 Min	\$ 23.01	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Integrated Therapy Exception ⁹	G0153	GN-U1	15 Min	\$ 23.01	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45
Speech Integrated Therapy Exception ⁹	G0153	GN-U1	15 Min	\$ 23.01	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Therapy Clinic Based ⁹	G0153		15 Min	\$ 15.26	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45
Speech Therapy Clinic Based ⁹	G0153		15 Min	\$ 15.26	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Speech Therapy Clinic Based Exception ⁹	G0153	U1	15 Min	\$ 15.26	Speech Therapy, Standard ⁹	G0153	HB-GN	15 Min	\$ 22.45

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
Speech Therapy Clinic Based Exception ⁹	G0153	U1	15 Min	\$ 15.26	Speech Therapy, Incentive ⁹	G0153	HB-TN	15 Min	\$ 28.63
Other Services									
Tier III Crisis (Support in Alternative Residential Setting)	T2016		Day	\$ 410.40	Crisis Supports Alternate Setting	T2034	HB	Day	\$ 345.17
Tier III Crisis (Support in Individual's Residence)	T2017		15 Min	\$ 5.70	Crisis Supports in Residence	T2011	HB	15 Min	\$ 9.05
Environmental Modification	S5165		Each	\$ 9.50	Environmental Modification	S5165	HB	Each	\$ 9.50
Non Medical Transportation Per Mile	A0160		Per Mile	\$ 0.32	Non-Medical Transportation Mile	A0160	HB	Per Mile	\$ 0.41
Non Medical Transportation Pass/Ticket	A0170		Item	\$ 0.97	Non-Medical Transportation Pass/Ticket	A0170	HB	Item	\$ 1.00
Nutritional Counseling	S9470		Visit	\$ 40.69	Nutritional Counseling	S9470	HB	15 Min	\$ 12.71
Supplemental Dental	T1015		Per Visit	\$ 114.00	Supplemental Dental	T1015	HB	Per Visit	\$ 114.00
Private Duty Nursing RN	T1002		15 Min	\$ 10.36	Adult Nursing RN	T1002	HB	15 Min	\$ 18.85
Private Duty Nursing LPN	T1003		15 Min	\$ 6.45	Adult Nursing LPN	T1003	HB	15 Min	\$ 13.65
Respite	T1005		15 Min	\$ 3.39	Respite	T1005	HB	15 Min	\$ 4.58
					Respite Group	T1005	HB-HQ	15 Min	\$ 2.62
Jackson Class Members also have the opportunity to receive the Services listed below that were not in the 2007 Standards									
					Intensive Medical Living Services	T2033	HB-TG	Day	\$ 420.76
					Fiscal Management of Adult Education	T2025	HB	Each	\$ 1.00
					Assist Tech Purch Agent ¹⁰	T2028	HB	Each	\$ 1.00
					Indep Liv Transition	T2038	HB	Each	\$ 1.00

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
					Sup Liv, Non-Ambul Stipend	H2022	HB-TG	Day	\$ 60.72
					Personal Support Tech Installation	A9270	HB	Each	\$ 1.00
					Personal Support Tech Monit/Maint	A9270	HB-RR	Day	\$ 5.48
					PRS Consultation Standard	T1023	HB-UA	15 Min	\$ 19.92
					PRS Consultation Incentive	T1023	HB-TN-UA	15 Min	\$ 25.52
					Socialization and Sexuality Education Standard	S9446	HB	Each	\$ 354.00
					Socialization and Sexuality Education Incentive	S9446	HB-TN	Each	\$ 708.00

¹Family Living code T2033 UB U7 includes 1000 hours of substitute care for Jackson Class Members.

²Independent Living services includes 20-100 hours per month. Example: If a person receives 75 hours of Independent Living services per month, the conversion to CIHS would be 3,600 units annually (75 hours per month, multiplied by 4, multiplied by 12 months).

³Intensive Independent Living services includes 100 hours or more per month. Example: If a person receives 150 hours of Intensive Independent Living services per month, the conversion to CIHS would be 7,200 units annually (150 hours per month, multiplied by 4, multiplied by 12 months).

⁴Adult Habilitation (Level 2) can convert to either CCS, Group Cat 1 or CCS, Group Cat 2. It depends on the staff ratio for the Jackson Class Member. The staff ratio for CCS, Group Cat 1 is 1:6 and the staff ratio for CCS, Group Cat 2 is 1:4.

⁵Supported Employment Individual and Supported Employment Exception will transfer over using the new monthly rate.

2007 Services	Billing Code	Modifier	Unit	Rate	2018 Services	Billing Code	Modifier	Unit	Rate
<p>⁶Supported Employment (Level 2) Group can convert to either C.I. Employment , Group Cat 1 or C.I. Employment, Group Cat 2. It depends on the staff ratio for the Jackson Class Member. The staff ratio for C.I. Employment, Group Cat 1 is 1:6 and the staff ratio for C.I. Employment Group, Cat 2 is 1:4.</p>									
<p>⁷Supported Employment (Level 2) Group Exception can convert to either C.I. Employment , Group Cat 1 or C.I. Employment, Group Cat 2. It depends on the staff ratio for the Jackson Class Member. The staff ratio for C.I. Employment, Group Cat 1 is 1:6 and the staff ratio for C.I. Employment Group, Cat 2 is 1:4.</p>									
<p>⁸Behavior Support Consultation: In order to calculate the number of units for the 2018 services; transfer the total number of BSC Center Based, Center Based Exception, Client Location, and Client Location Exception units from the 2007 services approved budget. Multiply the total number of BSC Center Based, Center Based Exception, Client Location, and Client Location Exception units by the BSC Standard or Incentive rate (based on the Standard or Incentive county identification). <u>Example #1 in a Standard county:</u> The total number of BSC Center Based, Center Based Exception, Client Location, and Client Location Exception units for a Jackson Class Member in the 2007 system may have been 416 units. Multiply 416 units by \$17.98 (Standard rate), which equals \$7,479.68 annually. <u>Example #2 in an Incentive County:</u> The total number of BSC Center Based, Center Based Exception, Client Location, and Client Location Exception units for a Jackson Class Member in the 2007 system may have been 416 units. Multiply 416 units by \$23.20 (Incentive rate), which equals \$9,651.20 annually.</p>									
<p>⁹Therapies (OT, PT, and SLP): In order to calculate the number of Therapy units for the 2018 services; transfer the total number of OT Integrated Therapy Location, Integrated Therapy Exception, Group Integrated Therapy, Group Integrated Therapy Exception, Group Therapy Clinic Based, Group Therapy Clinic Based Exception, Therapy Clinic Based, and Therapy Clinic Based Exception units from the 2007 services approved budget. Multiply the total number of OT Integrated Therapy Location, Integrated Therapy Exception, Group Integrated Therapy, Group Integrated Therapy Exception, Group Therapy Clinic Based, Group Therapy Clinic Based Exception, Therapy Clinic Based, and Therapy Clinic Based Exception units by the OT Standard or Incentive rate (based on the Standard or Incentive county identification). <u>Example #1 Standard county:</u> The total number of OT Integrated Therapy Location, Integrated Therapy Exception, Group Integrated Therapy, Group Integrated Therapy Exception, Group Therapy Clinic Based, Group Therapy Clinic Based Exception, Therapy Clinic Based, and Therapy Clinic Based Exception units for a Jackson Class Member in the 2007 system may have been 232 units. Multiply 232 units by \$22.45 (Standard rate), which equals \$5,208.40 annually. <u>Example #2 Incentive county:</u> The total number of OT Integrated Therapy Location, Integrated Therapy Exception, Group Integrated Therapy, Group Integrated Therapy Exception, Group Therapy Clinic Based, Group Therapy Clinic Based Exception, Therapy Clinic Based, and Therapy Clinic Based Exception units for a Jackson Class Member in the 2007 system may have been 232 units. Multiply 232 units by \$28.63 (Incentive rate), which equals \$6,642.16 annually. The same methodology applies to Certified Occupational Therapy Assistants (COTA) and Physical Therapy Assistants (PTA).</p>									

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¹⁰ Jackson Class Members must first access the Assistive Technology (AT) State General Fund prior to accessing the Assistive Technology (AT) Purchasing Agent service through the 2018 Standards. The reason for this direction is so that JCMs do not receive a decrease in benefit when accessing AT services/funding; utilizing the AT SGF fund allows the JCM to receive the full benefit amount of \$250.00 for the purchase of the AT.									