

## CES waiver code updates as of March 2024

**Note:** All requests for waiver codes must be identified within the patient-centered service plan (PCSP); reach out to care coordinators as needed. If making a revision to a code that was previously approved, include the original authorization number on the cover sheet with instructions for revisions. **All codes require prior authorization.**

**Note:** Effective March 1, 2024, Summit Community Care will implement the changes below to the codes, modifiers, and rates.

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
H2016	UF		<b>Supportive living:</b> – One on one staffing — Level 1 – Level 1: Member who generally needs no more than 16 hours of supportive living per day (112 hours per week maximum), has natural supports, able to work or attend day treatment, functions more independently with other lower-level interventions of support	Per 15 minutes	\$5.25/unit (\$21/hour)	23,296 units (5,824 hours) Daily maximum unit of 64 units per day  Maximum authorization span: 12 months not to exceed the end date of the annual PCSP	Daily supportive living and/or shared staffing schedules

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
H2016	UF	TG	<b>Supportive living:</b> – One on one staffing — Level 2 – Level 2: Member who generally needs 17-24 hours of supportive living per day ( 168 hours per week maximum), significant assistance and support needed due to severity of disability, limited ability to attend alternative programming, limited natural supports, goals do not support movement towards independence	Per 15 minutes	\$4.75/unit (\$19/hour)	35,040 units* (8,760 hours*)  Maximum authorization Span: 12 months not to exceed the end date of the annual PCSP  *Leap year could increase this maximum to 35,136 units (8,784)	Daily supportive living and/or shared staffing schedules
H2016	U1	UQ	<b>Supportive living:</b> – Shared staffing – Up to 4 members — Level 1 – Cost efficient supportive living option that fosters independence	Per 15 minutes 24 hours per day up to 96 units	\$3/unit (\$12/hour)	Limit is inclusive of the member's one-on-one need level benefit. Which is either H2016 UF, H2016 UH, or H2016 U3.  Max authorization span: 12 months not to exceed the end date of the annual PCSP	Daily supportive living and/or shared staffing schedules
H2016	U2	UR	<b>Supportive living:</b> – Shared staffing – 5-8 members — Level 2 – Cost efficient supportive living option that fosters independence	Per 15 minutes 24 hours per day up to 96 units	\$2.50/unit (\$10/hour)	Limit is inclusive of the member's one-on-one need level benefit. Which is either H2016 UF, H2016 UH, or H2016 U3.  Max authorization span: 12 months not to exceed the end date of the annual PCSP	Daily supportive living and/or shared staffing schedules
H2016	U4		<b>Supportive living:</b> – Intensive service needs add-on rate	Per 15 minutes	\$0.625/unit (\$2.50/hour)	No benefit limit  Max authorization span: 3 months at a time	<b>Supportive living intensive service needs authorization form.</b> Supporting documents if information is not included on the authorization form.

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
H2016	UA		<b>Complex Care Homes</b> 8 bed home for I/DD members	Per diem	TBD	Requires CSSP certification	
H2016	U5	US UB	<b>Supportive living:</b> – Shared home monitoring — Level 5 – Supportive living services provided in <b>1:9 or more ratio</b> to assist members with urgent or emergent needs and to ensure safety of members in an effort to prevent transition to higher level of care	Per diem	\$125.00	365 units  Max authorization span: 12 months not to exceed the end date of the annual PCSP	Daily supportive living and shared staffing schedules
H2016	UC		<b>Supportive living:</b> – Companion and Activity Therapy – Use of animals as modalities to motivate members to meet functional goals including language, range of motion, socialization, and development of self-respect, self-esteem, responsibility, confidence, and assertiveness	1 visit = 1 unit	Pass-thru cost	\$1,000  Max authorization span: Should coincide with the number of therapy visits requested	Invoice must be provided prior to service being rendered. Provider must identify the number of visits and the cost per visit
H2016	UD		<b>Supportive living:</b> – Nonmedical transportation - one on one – Transportation to and from community integration experiences	Per mile	\$0.51/mile	5,000 miles/year <b>inclusive</b> of H2016 UD & H2016 UD US Max authorization span: 12 months not to exceed the end date of the annual PCSP	Supporting documentation required for requests over the benefit limit
H2016	UD	US	<b>Supportive living:</b> – Nonmedical transportation – multi-member transport – Transportation to and from community integration experiences	Per mile	\$0.25/mile	5,000 miles/year <b>INCLUSIVE</b> of H2016 UD & H2016 UD US  Max authorization span: 12 months not to exceed the end date of the annual PCSP	Supporting documentation required for requests over the benefit limit
H2016	UK		<b>Supportive living:</b> – Community (gym memberships, camps, activities, alternate supportive supervision) – Activities intended to instruct the member in daily and community living in integrated settings	1 unit = 1 request; Request = one camp, one month, or one membership	Pass-thru cost	\$1,500  Max authorization span: Should coincide with the time the member will receive the requested service	Invoice must be provided prior to service being rendered (Room and is excluded); Dates of service

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
H2023			<p><b>Supported employment:</b></p> <ul style="list-style-type: none"> <li>– Job Coaching – Service designed to help members acquire and keep meaningful jobs in competitive job market</li> <li>– On-site activities provided once employment is obtained to assist member with learning necessary job skills, analyzing work environment and developing strategies to help member complete job tasks</li> <li>– A fading plan must be developed to show how goals will be achieved within 12 months</li> </ul>	Per 15 minutes	\$4.65/unit	Allowed maximum of 40 hours per week Max authorization span: 12 months not to exceed the end date of the annual PCSP	Job coaching schedule with a fading plan. The provider must document necessity of additional services to have additional services authorized without a fading plan
H2023	TT	UQ	<p><b>Supported Employment – Group Shared Staffing (Up to 4 members)</b></p> <ul style="list-style-type: none"> <li>- Job Coaching – service designed to help members acquire and keep meaningful jobs in competitive job market</li> <li>- On-site activities provided once employment is obtained to assist member with learning necessary job skills, analyzing work environment and developing strategies to help member complete job tasks</li> <li>- A fading plan must be developed to show how goals will be achieved within 12 months</li> </ul>	Per 15 minutes	\$2.75/unit	Allowed maximum of 40 hours per week	Job coaching schedule with fading plan. The provider must document necessity of additional services to have additional services authorized without a fading plan
H2023	TT	UR	<p><b>Supported Employment – Group Shared Staffing (5-8 members)</b></p> <ul style="list-style-type: none"> <li>- Job Coaching – service designed to help members acquire and keep meaningful jobs in competitive job market</li> <li>- On-site activities provided once employment is obtained to assist member with learning necessary job skills, analyzing work environment and developing strategies to help member complete job tasks</li> <li>- A fading plan must be developed to show how goals will be achieved within 12 months</li> </ul>	Per 15 minutes	\$1.75/unit	Allowed maximum of 40 hours per week	Job coaching schedule with fading plan. The provider must document necessity of additional services to have additional services authorized without a fading plan
K0108	UB		<p><b>Environmental modifications:</b></p> <ul style="list-style-type: none"> <li>– Modifications made to the member's place of residence, reflected in the PCSP, that are necessary to ensure the health, welfare and safety of the member or that allows member to function with greater independence and without which, the member would require institutionalization</li> <li>– Exclusions include modifications which are of general utility and not for a specific medical or habilitative benefit, those which</li> </ul>	1 unit = 1 request	Pass-thru cost	\$7,687.50/Year  The maximum annual expenditure for adaptive equipment, including vehicle modifications and PERS, and environmental modifications is \$7,687.50, which is inclusive of codes K0108, S5165 U1, S5160, S5161 and S5162.	PA form ( <i>CES Waiver or Standard PA form</i> ); Physician order or letter of medical necessity from the MD; Invoice must be provided prior to service being rendered

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
			are of aesthetic value only, those that add to the total square footage of the home			<p>The maximum allowed can be increased upon showing a medical necessity, with the difference in the total required amount and the allowed maximum (\$7,687.50) being deducted from the supportive living maximum allowance.</p> <p>Beneficiary must exhaust environmental modifications through the Medicaid State Plan prior to approval of funding through the waiver.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	
S5151			<p><b>Respite services:</b></p> <ul style="list-style-type: none"> <li>– One-on-one</li> <li>– Short-term or temporary direct care to members due to absence or need for relief of non-paid caregivers in order to de-escalate stressful situations</li> <li>– Respite may be provided at medical or specialized camps, day-care programs, the member's home or private place of residence, respite care provider's home or residence, foster homes, Human Development Center or licensed respite facility</li> </ul>	Per 15 minutes	\$5.00/unit (\$20/hour)	<p>\$5.00/unit (\$20/hour) 1,024 units (256 hours/year) Combined with all other Respite Services codes: S5151 and S5151UN</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	Description of need for respite services and details where respite services will be provided

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
S5151	UN		<p><b>Respite services:</b></p> <ul style="list-style-type: none"> <li>– Shared staffing (up to 4 members)</li> <li>– Short-term or temporary direct care to members due to absence or need for relief of non-paid caregivers in order to de-escalate stressful situations.</li> <li>– Respite may be provided at medical or specialized camps, day-care programs, the member's home or private place of residence, respite care provider's home or residence, foster homes, Human Development Center or licensed respite facility.</li> </ul>	Per 15 minutes	\$3.50/unit (\$14/hour)	<p>1,024 units (256 hours/year) Combined with all other Respite Services codes: S5151 and S5151UN</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	Description of need for respite services and details where respite services will be provided
S5160			<p><b>Adaptive equipment:</b></p> <ul style="list-style-type: none"> <li>– Personal emergency response system (PERS), installation and testing</li> <li>– PERS is a stationary or portable electronic device that enables the member to secure help in an emergency.– System must connect to a response center staffed by trained professionals who respond to activation of the device– Adaptive equipment is an item or piece of equipment that is used to increase, maintain, or improve functional capabilities of members to perform daily life tasks that would not otherwise be possible</li> <li>– Equipment can include enabling technology, such as safe home modifications, that allows member to gain independence, be proactive about their daily schedule, and integrates the member's choice through customizable technologies</li> </ul>	1 unit = 1 request	Pass-thru cost	<p>\$7,687.50/year</p> <p>The maximum annual expenditure for adaptive equipment, including vehicle modifications and PERS, and environmental modifications is \$7,687.50, which is inclusive of codes K0108 UB, S5165 U1, S5160, S5161 and S5162.</p> <p>The maximum allowed can be increased upon showing a medical necessity, with the difference in the total required amount and the allowed maximum \$7,687.50 being deducted from the supportive living maximum allowance.</p> <p>Max authorization span: 3 months</p>	Physician order or letter of medical necessity from the MD. Invoice must be provided prior to service being rendered

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S5161			<p><b>Adaptive equipment:</b>            – PERS, service fee, per month, excludes installation and testing – Adaptive equipment is an item or piece of equipment that is used to increase, maintain, or improve functional capabilities of members to perform daily life tasks that would not otherwise be possible            – Equipment can include enabling technology, such as safe home modifications, that allows member to gain independence, be proactive about their daily schedule, and integrates the member's choice through customizable technologies</p>	1 unit = 1 month	Pass-thru cost	<p>\$7,687.50/year</p> <p>The maximum annual expenditure for adaptive equipment, including vehicle modifications and PERS, and environmental modifications is \$7,687.50, which is inclusive of codes K0108 UB, S5165 U1, S5160, S5161 and S5162.</p> <p>The maximum allowed can be increased upon showing a medical necessity, with the difference in the total required amount and the allowed maximum (\$7,687.50) being deducted from the supportive living maximum allowance.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	Physician order or letter of medical necessity from the MD; Invoice must be provided prior to service being rendered
S5162			<p><b>Adaptive equipment:</b>            – Personal emergency response system (PERS), purchase only            – PERS, purchase only – PERS enables the member to secure help in an emergency – Adaptive equipment is an item or piece of equipment that is used to increase, maintain, or improve functional capabilities of members to perform daily life tasks that would not otherwise be possible            – Equipment can include enabling technology, such as safe home modifications, that allows member to gain independence, be proactive about their daily schedule, and integrates the member's choice through customizable technologies</p>	1 unit = 1 purchase	Pass-thru cost	<p>\$7,687.50/year</p> <p>The maximum annual expenditure for adaptive equipment, including vehicle modifications and PERS, and environmental modifications is \$7,687.50, which is inclusive of codes K0108 UB, S5165 U1, S5160, S5161 and S5162.</p> <p>The maximum allowed can be increased upon showing a medical necessity, with the difference in the total required amount and the allowed maximum (\$7,687.50) being deducted from the supportive living maximum allowance.</p>	<p>Physician order is required for items over \$500. Invoice must be provided prior to service being rendered.</p> <p>Modifications over \$1,000.00 will require three bids with the lowest bid with comparable quality being awarded</p>

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						Max authorization span: 3 months	



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S5165	U1		<p><b>CES adaptive equipment:</b></p> <ul style="list-style-type: none"> <li>– A piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of members to perform daily life tasks that would not be possible otherwise</li> <li>– Vehicle modifications to an automobile or van to accommodate the special needs of the member, to enable to member to more fully integrate into the community and to ensure the health, safety and welfare of the member. Excludes adaptations or modifications to the vehicle that are of general utility and not of direct medical or habilitative benefit OR purchase, down payment, monthly car payment or lease payment or regularly scheduled maintenance of the vehicle</li> <li>– Consultation by a medical professional must be conducted to ensure the adaptive equipment will meet the needs of the member</li> <li>– Can include safe home modifications that empower members to gain independence through customizable technologies that allow them to safely perform activities of daily living without assistance while still providing monitoring and response for those members, as needed. Enabling technology allows members to be proactive about their daily schedule and integrates member choice</li> <li>– Computer equipment, including software, can be included as adaptive equipment. Specifically, computer equipment includes equipment that allows the member increased control of their environment, to gain independence, or to protect their health and safety</li> </ul>	1 unit = 1 request	Pass-thru cost	<p>\$7,687.50/year</p> <p>The maximum annual expenditure for adaptive equipment, including vehicle modifications and PERS, and environmental modifications is \$7,687.50, which is inclusive of codes K0108 UB, S5165 U1, S5160, S5161 and S5162.</p> <p>The maximum allowed can be increased upon showing a medical necessity, with the difference in the total required amount and the allowed maximum (\$7,687.50) being deducted from the supportive living maximum allowance.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	<p>Physician order or letter of medical necessity from the MD is required for items over \$500. Invoice must be provided prior to service being rendered.</p> <p>Modifications over \$1,000.00 will require three bids with the lowest bid with comparable quality being awarded</p>

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T2020	UA		<p><b>Supplemental support services (SSS):</b>            – Unforeseen events: guardianship, snow days, bedbugs            – Services to improve or enable the continuance of community living, based on demonstrated needs as identified in the PCSP as unforeseen problems that arise and, unless remedied, could cause a disruption in the member's services or placement, or place the member at risk of institutionalization</p>	1 unit = 1 supplemental support	Pass-thru cost	<p>\$3,690.00/year</p> <p>The maximum annual allowance for supplemental support, community transition services, and specialized medical supplies is \$3,690.00, which is inclusive of codes T2020 UA, T2020 UA U1, and T2028.</p> <p>Max authorization span: 3 months</p>	Invoice must be provided prior to service being rendered

Code	Modifier 1	Modifier 2	Code description	Unit definition	Rate	Annual max/Benefit limit/Max authorization span	Required documents
T2020	UA	U1	<p><b>Community transition services (CTS):</b></p> <ul style="list-style-type: none"> <li>– Non-recurring set-up expenses for member who are transitioning from institutional or provider-operated living arrangement, such as an ICF or group home, where the member or his/her guardian is directly responsible for his/her living expenses</li> <li>– Allowable expenses are those necessary to enable a member to establish a basic household (not including room and board) and may include: security deposits, household furnishings, set-up fees or deposits for utilities (telephone, electricity, heating, and water), pest-eradication and one-time cleaning prior to occupancy, moving expenses</li> <li>– Services do not include diversional or recreational items</li> </ul>	1 unit = 1 request	Pass-thru cost	<p>\$3,690.00/year</p> <p>The maximum annual allowance for supplemental support, community transition services, and specialized medical supplies is \$3,690.00, which is inclusive of codes T2020 UA, T2020 UA U1, and T2028.</p> <p>Max authorization span: 3 months</p>	Invoice must be provided prior to service being rendered
T2025	UK		<p><b>Consultation services:</b></p> <ul style="list-style-type: none"> <li>– Treatment Planning/Participation in PCSP</li> <li>– Clinical and therapeutic services to assist the member, parents, legally responsible persons, individuals and service providers in carrying out the member's PCSP</li> <li>– Services are direct in nature, and may include: <ul style="list-style-type: none"> <li>1) screening, assessing and developing therapeutic treatment plans;</li> <li>2) assisting in the design and integration of overall objectives;</li> <li>3) providing information to the persons responsible for developing the member's PCSP;</li> <li>4) consulting with and providing information and technical assistance with other service providers, direct service staff or family members with assistance to carry out the PCSP</li> </ul> </li> </ul>	Per hour	\$136.40/hour maximum	<p>\$1,320/year</p> <p>The maximum amount payable for consultation services is \$1,320.00 annually, which is inclusive of codes T2025 UK, T2025 U1, T2025 U3, and T2025 U4.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	<p>Invoice required with dollar amount per hour.</p> <p><b>Note:</b> For optimal utilization of this code, please request hours needed vs entire max as other providers may need to request this code throughout the plan year</p>

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T2025	U1		<p><b>Consultation services:</b></p> <ul style="list-style-type: none"> <li>– Behavior Support Plans/Training</li> <li>– Clinical and therapeutic services to assist the member, parents, legally responsible persons, individuals and service providers in carrying out the member's PCSP</li> <li>– Services are direct in nature, and may include: 1) training or direct care staff or family by a professional consultant in activities to maintain specific behavioral management programs applicable to the member</li> </ul>	Per hour	\$136.40/hour maximum	<p>\$1,320/year</p> <p>The maximum amount payable for consultation services is \$1,320.00 annually, which is inclusive of codes T2025 UK, T2025 U1, T2025 U3, and T2025 U4.</p> <p>Max authorization span:12 months not to exceed the end date of the annual PCSP</p>	<p>Invoice required with dollar amount per hour.</p> <p><b>Note:</b> For optimal utilization of this code, please request hours needed vs entire max as other providers may need to request this code throughout the plan year</p>

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T2025	U3		<p><b>Consultation services:</b>  – Providing updated psychological and adaptive behavior assessments in accordance with state requirements by licensed psychological examiner</p>	Per hour	\$136.40/hour maximum	<p>\$1,320/year</p> <p>The maximum amount payable for consultation services is \$1,320.00 annually, which is inclusive of codes T2025 UK, T2025 U1, T2025 U3, and T2025 U4.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	<p>Invoice required with dollar amount per hour.</p> <p><b>Note:</b> For optimal utilization of this code, please request hours needed vs entire max as other providers may need to request this code throughout the plan year</p>
T2025	U4		<p><b>Consultation services:</b>  – Training of direct service staff and/or family by professionals to support member in goals of PCSP  – May include:  1) training in the set-up and use of communication devices, computers and software;  2) training to maintain specific behavioral management programs;  3) activities to maintain ST, OT, PT treatment modalities;  4) training for member or family advocacy;  5) training direct staff or family in proper nutrition and special dietary needs</p>	Per hour	\$136.40/hour maximum	<p>\$1,320/year</p> <p>The maximum amount payable for consultation services is \$1,320.00 annually, which is inclusive of codes T2025 UK, T2025 U1, T2025 U3, and T2025 U4.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	<p>Invoice required with dollar amount per hour.</p> <p><b>Note:</b> For optimal utilization of this code, please request hours needed vs entire max as other providers may need to request this code throughout the plan year</p>
T2028			<p><b>Specialized medical supplies (SMS):</b>  – Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary for the proper functioning of such items.  – Durable and non-durable medical equipment not available, or the service has been exhausted, under the State Plan benefit, that is necessary to address functional limitation(s) and is deemed medically necessary by prescribing physician.  – Necessary Medical Supplies not available under the State Plan benefit may be approved under the waiver benefit (the most cost-effective item should be considered first). Includes:</p>	1 unit = 1 request (Such as, Monthly - 12 units, Quarterly - 4 units, Annually - 1 unit)	Pass-thru cost	<p>\$3,690/year</p> <p>The maximum annual allowance for specialized medical supplies, supplemental supports and community transition services is \$3690.00, which is inclusive of codes T2020 UA, T2020 UA U1, and T2028.</p> <p>Max authorization span: 12 months not to exceed the end date of the annual PCSP</p>	<p>Physician order or letter of medical necessity from the MD. Invoice must be provided prior to service being rendered</p>

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			Nutritional Supplements, Non-prescription medications (non FDA approved meds are excluded), Prescription drugs minus the cost of drugs covered by Medicare Part D when extended state plan benefits are exhausted.				