

June 2024

**KMAP General Bulletin 24116**

**HCBS Rate Changes for**

**Fiscal Year 2025**

Effective with dates of service on and after July 1, 2024, and for the state fiscal year (SFY) 2025, the fees for Home & Community Based Services (HCBS) and Managed Care Floor rates will increase.

The updated rates for HCBS reimbursement are listed below:

|  |  |  |
| --- | --- | --- |
| **Frail Elderly (FE)** | | |
| **Procedure Code** | **SFY 2025**  **Rate\*** | **Unit Definition** |
| S5130 | $6.83 | 15 min |
| S5125 | $7.50 | 15 min |
| S5125 UA | $8.31 | 15 min |
| S5125 UD | $4.08 | 15 min |
| T2040 U2 | $162.53 | 1 month |
| T2025 | $108.50 | 6 to 12 hrs |
|  |  |  |
| **Technology Assisted (TA)** | | |
| **Procedure Code** | **SFY 2025**  **Rate\*** | **Unit Definition** |
| T1000 | $12.50 | 15 min |
| T1004 | $4.98 | 15 min |
| T1019 | $4.13 | 15 min |
| T2040 U2 | $155.52 | 1 month |
|  |  |  |
| **Intellectual/ Developmental Disabilities (I/DD)** | | |
| **Procedure Code** | **SFY 2025**  **Rate\*** | **Unit Definition** |
| T1019 | $4.36 | 15 min |
| T1000 TD | $12.50 | 15 min |
| T1000 | $12.50 | 15 min |
| S5125 | $4.96 | 15 min |
| H2023 | $10.00 | 15 min |

For the changes resulting from this provider bulletin, view the updated *HCBS IDD Fee-for-Service Provider Manual,* Section 8400, page 8-20.

**KMAP**

[Kansas Medical Assistance Program](https://portal.kmap-state-ks.us/PublicPage)

* [Bulletins](https://portal.kmap-state-ks.us/PublicPage/Public/Bulletins/)
* [Manuals](https://portal.kmap-state-ks.us/PublicPage/Public/ProviderManuals)
* [Forms](https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/ProviderPublications#prvForms)

Customer Service

* 1-800-933-6593
* *7:30 a.m. - 5:30 p.m.  
  Monday - Friday*



**HCBS Rate Changes for**

**Fiscal Year 2025 continued**

|  |  |  |
| --- | --- | --- |
| **HCBS/Brain Injury (BI)** | | |
| **Procedure Code** | **SFY 2025**  **Rate\*** | **Unit Definition** |
| T2040 U2 | $155.52 | 1 month |
| S5125 U9 | $4.88 | 15 min |
| S5125 UB | $4.10 | 15 min |
| T2025 | $103.81 | 6 to 12 hrs. |
|  |  |  |
| **Physical Disability (PD)** | | |
| **Procedure Code** | **SFY 2025**  **Rate\*** | **Unit Definition** |
| S5125 UA | $4.88 | 15 min |
| S5125 U9 | $4.88 | 15 min |
| S5125 U6 | $4.10 | 15 min |
| T2040 U2 | $155.52 | 1 month |
| T2025 | $103.81 | 6 to 12 hrs. |
|  |  |  |
| **Autism (AU)** | | |
| **Procedure Code** | **SFY 2025**  **Rate\*** | **Unit Definition** |
| T2040 U2 | $155.52 | 1 month |

\* The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

***Note:*** The effective date of the policy is July 1, 2024. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](https://portal.kmap-state-ks.us/PublicPage/Public/Bulletins/) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

**KMAP**

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