



## Standard Rate Schedule: Medicaid 1915(i) Services

**Effective: 10-01-2025**  
**Revised: 02-19-2026**

Service Description	Service Code	EVV	Effective Date of Service	Standard Rate
H0043 U4 - Community Transition	H0043 U4			Invoice-based *
H0045 HQ U4 - Group Respite	H0045 HQ U4		1/1/2024	\$ 4.51
H0045 U4 - Individual Respite	H0045 U4		1/1/2024	\$ 6.42
H2023 HQ U4 - SE IDD Initial Group	H2023 HQ U4		1/1/2024	\$ 3.52
H2023 U4 - SE IDD Initial Individual	H2023 U4		11/1/2023	\$ 11.75
H2026 HQ U4 - SE IDD Maint Group	H2026 HQ U4		1/1/2024	\$ 3.37
H2026 U4 - SE IDD Maint Individual	H2026 U4		11/1/2023	\$ 11.75
T1019 U4 - Individual and Transitional Support	T1019 U4	X	1/1/2024	\$ 17.88
T1019 U4 TS - Indiv and Transitional Supp non-EVV	T1019 U4 TS		11/1/2023	\$ 16.75
T2012 U4 - Comm Living and Supp Indiv non-EVV	T2012 U4		11/1/2023	\$ 5.92
T2012 GC U4 - Comm Living and Supp Indiv non-EVV	T201 2 GCU4		11/1/2023	\$ 5.92
T2013 TF HQ U4 - Comm Living and Supp Group	T2013 TF HQ U4	X	11/1/2023	\$ 4.17
T2013 TF U4 - Comm Living and Supp Individual	T2013 TF U4	X	11/1/2023	\$ 7.80
Tailored Care Management for 1915(i) effective 07/01/2025 <i>(Two separate lines on the same claim are required)</i>	<b>T1017 HT</b>		<b>10/1/2025</b>	<b>\$ 294.86</b>
	<b>T1017 U4</b>		<b>10/1/2025</b>	<b>\$ 79.73</b>

\*Invoice-based: Provider submits actual costs to Vaya Health Finance Department.