|  | PROC CODE | MOD | DESCRIPTION | UNIT OF SERVICE | MAXIMUMALLOWANCEThrough 7/31/18 | MAXIMUMALLOWANCE8/1/18-6/30/19\* | MAXIMUMALLOWANCEFrom 7/1/19\* |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **TARGETED CASE MANAGEMENT Codes** |  |  |  |  |
|  | T1017 | UD | case management services for children with DEVELOPMENTAL DISABILITIES  | 15 Minutes | $21.52 | $21.99 | $21.95 |
|  | T1017 | UC | case management services for members children with behavioral HEALTH DISORDERS  | 15 Minutes | $21.52 | $21.99 | $21.95 |
|  | T1017 | UB | case management services for children with chronic medical care needs | 15 Minutes | $21.52 | $21.99 | $21.95 |
| G9012 | HI | case management services for adults with developmental disabilities - | 15 MINUTES | $21.52 | $21.99 | $21.95 |
| T1017 | HF | Case management services for adults with substance abuse disorders | 15 minutes | $21.52 | $21.99 | $21.95 |
| T1017 |  | case management services for adults with hiv | 15 MINUTES | $21.52 | $21.99 | $21.95 |
| T1017 | U5 | CASE MANAGEMENT SERVICES FOR MEMBERS EXPERIENCING HOMELESSNESS | 15 MINUTES | $21.52 | $21.99 | $21.95 |
| G9012  | U5 | CASE MANAGEMENT SERVICES FOR MEMBERS EXPERIENCING HOMELESSNESS (Government Agencies) | 15 MINUTES | $21.52 | $21.99 | $21.95 |

\*The Department is seeking and anticipates receiving CMS approval for this Section.  Pending approval, the Department will reimburse providers under the new increased rate retroactively to 8/1/2018 pursuant to P.L. 2017, ch. 460, Part D.Providers must ensure that the increase in reimbursement rates effective August 1, 2018 is applied in full to wages and benefits for employees who provide direct services.  Providers must document compliance with this requirement in their financial records and provide such documentation to the Department upon request.