




HEALTH CARE
AUTHORITY

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Letter of Direction #59

Date: June 22, 2025

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division 

Subject: Turquoise Care Community Benefit (CB) Recommended Provider Rates

Title: CB Recommended Provider Rates

The Health Care Authority (HCA) is publishing the fee schedule for the Agency-Based Community Benefit (ABCB) program and updating the range of rates for the Self-Directed Community Benefit (SDCB) program.

To maintain a sufficient network of providers to ensure that all approved CB services are delivered, it's recommended that the MCOs reimburse CB services at a minimum of the rates indicated in the tables below. If the MCO does not intend to pay CB providers at least the rates in the recommended CB fee schedule, the MCO shall notify HCA within 15 business days of the LOD of the proposed alternate rates and provide an explanation of how it intends to track, evaluate, and mitigate any potential negative impacts to access to care that could result. HCA will review the proposed rates to consider if an adjustment to the MCO's capitation rates may be warranted. HCA may verify that these requirements for CB providers have been met.

HCA will work with our federal partners at the Centers for Medicare and Medicaid Services (CMS) to seek approval and implementation of a mandatory fee schedule and will update this LOD and the MCO contracts when this work is complete.

The fee schedule outlined in the tables below is effective July 1, 2025. The fee schedule rates were developed using a combination of the December 2024 ABCB Rate Study, current Developmental Disabilities Waiver rates, relevant historical service unit costs, and legislative funding for assisted living facilities. This fee schedule will sunset any rate increase requirements for these services outlined in LOD 36-1. The MCOs will work with providers to reprocess claims no later than September 1, 2025, and minimize the administrative burden on providers.

The MCOs will not reduce any current ABCB or SDCB rates that are above the fee schedule.

Table 1. Agency Based Community Benefit (ABCB) Recommended Fee Schedule
Procedure codes and modifiers where applicable must be billed with CB provider type 363.

Service Type	Procedure Code	Unit	Recommended Rate
Adult Day Health	S5100	15 minutes	\$2.96
Assisted Living	T2031	Day	\$129.83
Behavior Support Consultation	H2019	15 minutes	\$31.08
Behavior Support Consultation, Clinic-Based	H2019 TT	15 minutes	\$31.08
Employment Supports	H2024	Day	\$321.79
Home Health Aide	S9122	Hour	\$35.52
Nutritional Counseling	S9470	Hour	\$88.88
Personal Care-Consumer Directed	99509	Hour	\$17.20
Personal Care-Consumer Delegated	T1019	15 minutes	\$5.10
Personal Care-Directed Training	S5110	15 minutes	\$10.88
Personal Care-Directed Administrative Fee	G9006	Month	\$201.79
Personal Care Advertisement Reimbursement Fee	G9012	1 advertisement	MCO negotiated
Private Duty Nursing for Adults, RN	T1002	15 minutes	\$29.76
Private Duty Nursing for Adults, LPN	T1003	15 minutes	\$19.92
Respite	99509 U1	Hour	\$29.84
Respite RN	T1002 U1	15 minutes	\$29.76
Respite LPN	T1003 U1	15 minutes	\$19.92
Physical Therapy for Adults	G0151	15 minutes	\$49.66
Occupational Therapy for Adults	G0152	15 minutes	\$40.83
Speech Language Therapy for Adults	G0153	15 minutes	\$48.93

For ABCB codes that are not listed, please see service descriptions and limitations in the Managed Care Policy Manual Section 8.

Table 2. Self-Directed Community Benefit (SDCB) Range of Rates

Services must be billed through the SDCB Fiscal Management Agency, Conduent, in accordance with SDCB policy.

This table replaces the SDCB Range of Rates in LOD 36-1. If the SDCB service is not listed in the table below, please refer to Section 9 of the Managed Care Policy Manual.

SDCB Service	Procedure Code	Unit	Minimum Rate or Range of Rates
Self-Directed Personal Care	99509	Hour	Minimum Wage-\$17.20
Home Health Aide	S9122	Hour	\$35.52
Customized Community Supports	S5100	15 minutes	\$2.96-\$9.35
Employment Supports	T2019	15 minutes	\$5.10
Physical Therapy for Adults	G0151	15 minutes	\$25.34-\$49.66
Occupational Therapy for Adults	G0152	15 minutes	\$24.82-\$40.83
Speech Language Therapy for Adults	G0153	15 minutes	\$25.35-\$48.93

Behavior Support Consultation	H2019	15 minutes	\$31.08
Private Duty Nursing-RN	T1002	15 minutes	\$29.76
Private Duty Nursing-LPN	T1003	15 minutes	\$19.92
Nutritional Counseling	S9470	Hour	\$88.88
Respite	T1005	15 minutes	Minimum Wage-\$4.30
Respite-RN	T1005	15 minutes	\$29.76
Respite-LPN	T1005	15 minutes	\$19.92
Respite-Home Health Aide	T1005	15 minutes	\$8.88

For codes that are not listed, please see service descriptions, limitations and the SDCB Range of Rates Chart in the Managed Care Policy Manual Section 9.

This LOD will sunset when the Medicaid Managed Care Contract is amended and/or when the Managed Care Policy Manual is updated.