

Revision Notice 16.6 Effective May 1, 2021

HCBS-AMH Billing Revisions			
Revised	Title	Change	
2100 pg. 17	HCBS-AMH Services and Codes Table	□ Procedure Code for In-Home Respite was changed to T1005	
		□ In-Home Respite was changed to a per15-minute unit and the unit rate is changed to \$2.49.	
2100 pg.18	HCBS-AMH Services and Codes Table	□ Supported Home Living was changed to a per 15-minute unit and the unit rate was changed to \$5.60	
2110 pg. 19	HCBS-AMH Service Utilization Table	□ Respite In-Home: changed to 1-96 units per month for Standard Anticipated Units and 97-288 Units for High Need Utilization	
2110 pg. 20	HCBS-AMH Service Utilization Table	□ Supported Home Living: changed to 128-250 Units for Standard Anticipated Units and 251-744 for High Need Utilization	

2710 pg. 26	15 Units of Service	□ Supported Home Living and In-Home Respite were added to this list.
2730 pg.32	Daily Units of Service	□ Changed to Respite (except In-Home Respite. See Section 2710).
31140 pg. 80	Respite Care	□HCBS-AMH Respite has a 15-minute rate for inhome respite and a daily rate of out-of-home respite care.