

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

Transition Service	Transition Service Description	Code	Code Description	Reimbursement Limits
Home Modifications	<p>Use for home modifications such as ramp installation, door widening, etc.</p> <p>Other exclusions are those modifications that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> are of general utility; <input type="checkbox"/> are considered standard housing obligations of the beneficiary or homeowner; and <input type="checkbox"/> are not of direct medical or remedial benefit to the beneficiary. <p>Examples of exclusions are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> carpeting <input type="checkbox"/> roof repair <input type="checkbox"/> sidewalks and driveways <input type="checkbox"/> heating <input type="checkbox"/> central air conditioning <input type="checkbox"/> garages and raised garage doors <input type="checkbox"/> storage and organizers <input type="checkbox"/> hot tubs, whirlpool tubs, and swimming pools <input type="checkbox"/> landscaping <input type="checkbox"/> general home repairs or maintenance 	S5165	Home Modifications, per service	<p>All services require prior authorization (PA).</p> <p>Attach quote, material list, pictures, and any documentation that will support this barrier to transition.</p> <p>Ramp – quote, picture of where it will be installed, sketch, material list, functional abilities, therapy notes preferred.</p> <p>Home Modifications -Must have quote, picture of area needing modification, material list, therapy notes, functional abilities, home safety evaluation.</p> <p>TN must visit home prior to submitting PA for approval.</p> <p>Complete bathroom mod –The case record must document that the home modification is the most cost-effective and reasonable alternative to meet the beneficiary’s need. When requesting a bathroom modification, include an explanation on why DME is not sufficient to meet the individual’s functional needs, including justification from PT/OT staff.</p> <p>For rental properties, approval from the landlord for home modification.</p> <p>Homes modifications cannot be authorized for homes in active foreclosure or have notice of foreclosure.</p>
State General Fund Services	Use for rent, delinquent debt, groceries, appliances, application fees, court costs for guardian or conservator removal or adding.	S9986	Not medically necessary service (patient is aware that service not medically necessary)	<p>Rent = \$1000 1st mo.</p> <p>Over \$1000 attach a copy of the lease or residency agreement that provides details of what is all included in the first month rent.</p> <p>First month rent cannot exceed a 31-day period.</p>

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

				<p>AFC - Ancillary fees that are opted into and increase the rent amount will need to be remove those from the rental fee.</p> <p>Debt = \$600</p> <p>SER must be applied for first. If the application is denied, the denial letter will need to be attached to the PA. If the application is approved and doesn't cover the whole debt, the letter with the approved SER amount and the outstanding debt total will need to be added to the PA.</p> <p>Exclusions – mortgage payments, property taxes, medical debt, cell phone, credit card, court fines, cable or other recreational debt.</p> <p>A copy of the debt statement must be attached to all PAs for debt. The documentation should state the amount of the debt, what the debt is for and when it was accrued.</p> <p>MDHHS may request further information on if the individual has transitioned to verify that the debt is a barrier to transitioning.</p> <p>Groceries = \$300</p> <p>Over \$300 attach a copy of the receipt. CTS Contract requirement for requesting over the fee screen: MDHHS expects transition agencies to provide transition services according to the fee and frequency screens for most individuals. Transition agencies should only request to exceed fee and frequency screens for individuals with truly unique needs that cannot be met within the established limits.</p> <p>Appliance = \$100/ microwave, \$500/other</p> <p>Over \$100/ \$500 other attach a copy of the quote prior to purchase.</p>
--	--	--	--	---

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

				<p>Washer/dryers – Include in PA remarks need for washer/dryer versus using a laundromat.</p> <p>Kitchen appliances – Explanation of why these are being requested. If rental, copy of lease agreement that indicates that appliances are not provided. Attach quote to PA.</p> <p>Application Fees = PA</p> <p>Attach documentation stating the amount of application fee, what the application is for.</p> <p>Court Fees = PA</p> <p>CTS does not cover court fines.</p> <p>Attach documentation stating the amount of the court fee, what the fee is for.</p>
Interpreter (admin)	Use for interpreter services – Medicaid Administration	T1013	Sign language or oral interpretive services, per 15 min	<p>Will reimburse actual costs for services.</p> <p>CTA must state the need for the Interpreter.</p> <p>Attach an invoice/documentation for the interpreter services to PA.</p>
Transition Navigator	Use for Transition Navigation, including housing support services.	T1016	Case management, each 15 minutes	<p>\$25/unit.</p> <p>Transition Navigation for each month must be listed in transition services list with the total number of units provided and total cost for the month.</p> <p>Travel time – Must be listed in the transition services list with modifier 5501. Include reason for travel time.</p> <p>Indirect costs are calculated using the overall total of T1016 provided for the month, less the amount of billable travel time. Multiply that by your agency’s indirect rate percentage that is either 15% or your agency’s federally approved rate.</p>

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

<p>HCBS Personal Care</p>	<p>Use for short-term temporary home and community-based services. Also used for individuals who require assistance with ADLs but are not otherwise eligible for personal care services.</p>	<p>T1019</p>	<p>Personal care services, per 15 minutes</p>	<p>Use Home Help schedule. All services require PA.</p> <p>Click for current Home Help rates.</p> <p>Use modifier SE in Prior Authorization and Claim for personal care services that are delivered before transition during a trial period.</p> <p>For individuals enrolled in MI Choice but not yet receiving CLS, MDHHS may be able to approve the CTS personal care in remarks in PA provide explanation.</p> <p>Extend 30 days – MDHHS will need to know the number of hours per day, number of days per week and number of weeks being requested for extension. Along with explanation of efforts for enrollment in other program.</p> <p>CTS can only approve CTS personal care if it will be the main service until Home Help starts. If Home Help hasn't started and the individual has transitioned earlier than anticipated, they can submit a PA at that time and email us about the needed immediate review of the PA. TNs will need to make sure that the caregiver meets the criteria before they can provide CTS personal care, in the event MDHHS approve it.</p>
<p>Community Transition Services</p>	<p>Use for items not otherwise covered by other insurance such as adaptive devices, and purchased personal emergency response systems, lift chairs</p>	<p>T1999</p>	<p>Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"</p>	<p>Up to \$200/item.</p> <p>Over \$200 attach an estimate/quote</p> <p>For lift chairs - Check the functional ability section of the CTA to see if the individual needs hands on assistance or dependent for areas such as transfers, locomotion and negotiating stairs. A prescription is not required, and neither is a Medicaid denial because MA doesn't cover lift chairs.</p> <p>Short term supply of incontinence products must have doctor's order/script attached to the PA</p>

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

				Incontinence Field within ADL Section of the CTA should support the need of the requested incontinence supplies or indicate in Healthcare/DME Observation box the need for incontinence supplies.
Community Transition Services	Use for household supplies including furniture, small kitchen appliances, smoke alarms, fire extinguisher, carbon monoxide detectors, linens, and clothing.	T2028	Specialized Supply, not otherwise specified, waiver	<p>Up to \$500/transition total. (excludes furniture)</p> <p>Expenses over \$500 require a quote/invoice to be attached to the PA.</p> <p>CTS Contract requirement for requesting over the fee screen: MDHHS expects transition agencies to provide transition services according to the fee and frequency screens for most individuals. Transition agencies should only request to exceed fee and frequency screens for individuals with truly unique needs that cannot be met within the established limits.</p> <p>Clothing up to \$150 per transition.</p> <p>Furniture up to \$2,000 per transition.</p> <p>Expenses over \$2,000 require a quote/invoice to be attached to the PA</p> <p>If the individual is returning to their own home, TN to provide details as to why household supplies and furniture are being requested.</p> <p>CTS Contract requirement for requesting over the fee screen: MDHHS expects transition agencies to provide transition services according to the fee and frequency screens for most individuals. Transition agencies should only request exceed fee and frequency screens for individuals with truly unique needs that cannot be met within the established limits.</p>
Community Transition Services	Use for services provided for the transition, including	T2038	Community Transition, waiver, per service	Up to \$250/service.

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

	moving expenses, utility deposits and installation fees, pest eradication, allergen control, cleaning, security deposit.			<p>Over \$250 attach an estimate/quote for the service and any documentation that will support this barrier to transition</p> <p>Security deposits up to \$1000.</p> <p>Over \$1000, attach a copy of the lease/documentation with the amount of the security deposit. If the fees for community placement isn't in addition to rent or security deposit, then CTS may cover it.</p> <p>Furniture delivery fees – as of 10/01/2023 T2038 and should not be counted towards the furniture fee screen.</p> <p>Other service delivery fees – as of 10/01/2023 all delivery fees should be billed under T2038 and deducted from the service/purchase total.</p> <p>Cleaning service is meant for a light clean of the home and, on rare occasions, a deep cleaning. Attach quote, pictures and any documentation that will support this barrier to transition.</p>
Community Transition Services	Reusable underpad bed size Incontinence product, protective underpad, reusable, bed size, each	T4537	Other medical items or services	<p>Up to \$50/transition total.</p> <p>Expenses over \$50 require a quote/invoice to be attached to the PA.</p> <p>Incontinence Field within ADL Section of the CTA should support the need of the requested underpad or indicate in Healthcare/DME Observation box the need for incontinence supplies.</p>
Community Transition Services	Reusable underpad chair size Incontinence product, protective underpad, reusable, chair size, each	T4540	Other medical items or services	<p>Up to \$50/transition total.</p> <p>Expenses over \$50 require a quote/invoice to be attached to the PA.</p> <p>Incontinence Field within ADL Section of the CTA should support the need of the requested underpad or indicate in</p>

Transition Services Coding Structure Reference Guide
Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

				Healthcare/DME Observation box the need for incontinence supplies.
Non-Medical (Non-Emergency) Transportation	Use for transportation of the participant after transition	Varies		<p>Use NEMT schedule</p> <p>Use modifier SE in Prior Authorization and Claim for transportation prior to transition.</p> <p>Excludes transportation needed for medical appointments.</p> <p>Quotes, invoices or emails with quote should be attached to the PA.</p> <p>Must include reason for transportation.</p>
	HCPCS CODE	HCPCS CODE DESCRIPTION		MAXIMUM
Fixed route public transportation (one-way or round-trip)	A0110	Nonemergency transportation and bus, intra- or interstate carrier		Ticket charge
	A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems		Ticket charge
	T2002	Nonemergency transportation, per diem		Ticket charge
	T2003	Nonemergency transportation; encounter/trip		Ticket charge
	T2004	Nonemergency transportation; commercial carrier, multi-pass		Ticket charge
Beneficiary providing their own transportation, or an individual with a vested interest (e.g., family or friend)	A0090	Nonemergency transportation, per mile – vehicle provided by individual (family member, self, neighbor) with vested interest		\$.67/mile

Transition Services Coding Structure Reference Guide Fiscal Year 2026

All Services Requested Must Have Documented Need in Transition Plan

Volunteer driver or foster care parent	S0215	Nonemergency transportation; mileage, per mile	\$.67/mile
Commercial, nonprofit, medical facilities, demand response (Dial A Ride) public or paratransit transportation, or local health departments	A0100	Nonemergency transportation; taxi	\$.67/mile
	A0110	Nonemergency transportation and bus, intra-or interstate carrier	\$.67/mile (if not a ticket charge)
Wheelchair lift or Medi-Van vehicle owned by a commercial, public or paratransit, or nonprofit agency	A0130	Nonemergency transportation; wheelchair van	\$35/round-trip and \$.67/mile
	S0209	Wheelchair van, mileage, per mile	\$35/round-trip and \$.67/mile