SEPTEMBER 2026

KMAP GENERAL BULLETIN 26092

UPDATED: HCBS Rate Changes for Fiscal Year 2027

Effective with dates of service on or after July 1, 2026, and for the state fiscal year (FY) 2027, the fees for the Home and Community Based Services (HCBS) and Managed Care Floor rates will increase.

The updated rates for HCBS reimbursement are listed below:

Frail Elderly (FE)		
Procedure Code	**FY 2027**	**Unit Definition**
S5125 UA	$7.50	15 Minutes
S5130	$7.50	15 Minutes

Physical Disability (PD)		
Procedure Code	**FY 2027**	**Unit Definition**
S5125 U9	$7.25	15 Minutes
S5125 UA	$7.25	15 Minutes

Intellectual/Developmental Disability (I/DD)		
Procedure Code	**FY 2027**	**Unit Definition**
H0045	$122.68	Up to 24 hours
H2023	$10.76	15 Minutes
S5125	$5.34	15 Minutes
S5125 U2	$2.67	15 Minutes
S5125 U1	$1.78	15 Minutes
S5190	$54.84	1 Visit
S5190 UA	$54.84	1 Visit
S5161	$23.50	1 Month
T1000	$14.58	15 Minutes
T1000 TD	$14.58	15 Minutes
T1019	$4.69	15 Minutes
T2016 (Residential – Regular Tier 1)	$251.02	1 Day
T2016 (Residential – Regular Tier 2)	$205.61	1 Day
T2016 (Residential – Regular Tier 3)	$148.63	1 Day
T2016 (Residential – Regular Tier 4)	$95.99	1 Day

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- *7:30 a.m. - 5:30 p.m. Monday - Friday*

Gainwell Technologies is the fiscal agent for KMAP

UPDATED: HCBS Rate Changes for Fiscal Year 2027 continued

Intellectual/Developmental Disability (I/DD) continued		
Procedure Code	**FY 2027**	**Unit Definition**
T2016 (Residential – Regular Tier 5)	$69.37	1 Day
T2016 (Residential - Super Tier 1)	$300.91	1 Day
T2016 (Residential - Super Tier 2)	$268.49	1 Day
T2016 (Residential - Super Tier 3)	$239.04	1 Day
T2016 (Residential - Super Tier 4)	$209.55	1 Day
T2016 (Residential - Super Tier 5)	$179.48	1 Day
T2016 UB (Residential – No Tier)	$150.44	1 Day
T2021 (Day Services – Regular Tier 1)	$7.80	15 Minutes
T2021 (Day Services – Regular Tier 2)	$5.77	15 Minutes
T2021 (Day Services – Regular Tier 3)	$4.64	15 Minutes
T2021 (Day Services – Regular Tier 4)	$3.42	15 Minutes
T2021 (Day Services – Regular Tier 5)	$2.94	15 Minutes
T2021 (Day Services – Super Tier 1)	$9.46	15 Minutes
T2021 (Day Services – Super Tier 2)	$8.72	15 Minutes
T2021 (Day Services – Super Tier 3)	$8.02	15 Minutes
T2021 (Day Services – Super Tier 4)	$7.32	15 Minutes
T2021 (Day Services – Super Tier 5)	$6.70	15 Minutes
T2021 UB (Day Services – No Tier)	$4.84	15 Minutes

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UPDATED: HCBS Rate Changes for Fiscal Year 2027 continued

Intellectual/Developmental Disability (I/DD) continued		
Procedure Code	**FY 2027**	**Unit Definition**
T2025	$122.68	Up to 12 hours/ Min 8 hours
T2025 U1	$122.68	Up to 12 hours, minimum 8 hours
T2040 U2	$183.79	1 Month

Note: The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Note: The effective date of the policy is July 1, 2026. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

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