

**Reimbursement Rates for Services
Community Waiver Program**

Community Waiver Program					
Waiver Services	Unit of Service	Unit Rate	Service Code	Modifier 1	Modifier 2
Family Counseling - Individual (without Client)	15 Minutes	\$21.55	90846		
Family Counseling - Individual (without Client)-Telehealth	15 Minutes	\$21.55	90846	GT	
Family Counseling - Individual with Consumer present	15 Minutes	\$21.55	90847		
Family Counseling - Individual with Consumer Present-Telehealth	15 Minutes	\$21.55	90847	GT	
Family Counseling - Group - Psychotherapy	15 Minutes	\$7.19	90853	U1	
Family Counseling - Group - Psychotherapy-Telehealth	15 Minutes	\$7.19	90853	U1	GT
Audiology Services and Devices	As defined by CPT/HCPC	As prior authorized	HCPC or CPT		
Nutrition Therapy, Initial Assessment & Intervention - EVV	15 Minutes	\$33.51	97802	U5	
Nutrition Therapy, Initial Assessment & Intervention	15 Minutes	\$33.51	97802	UK	
Nutrition Therapy, Reassessment & Intervention - EVV	15 Minutes	\$28.91	97803	U5	
Nutrition Therapy, Reassessment & Intervention	15 Minutes	\$28.91	97803	UK	
Physical Therapy - EVV	15 Minutes	\$26.00	G0151		
Physical Therapy-Telehealth	15 Minutes	\$26.00	G0151	GT	
Physical Therapy	15 Minutes	\$26.00	G0151	UK	
Occupational Therapy - EVV	15 Minutes	\$26.00	G0152		
Occupational Therapy-Telehealth	15 Minutes	\$26.00	G0152	GT	
Occupational Therapy	15 Minutes	\$26.00	G0152	UK	
Speech/Language Services - EVV	15 Minutes	\$24.43	G0153		
Speech/Language Services-Telehealth	15 Minutes	\$24.43	G0153	GT	
Speech/Language Services	15 Minutes	\$24.43	G0153	UK	
Home Care Training to Home Care Client, Per Session	Each	As prior authorized	S5109		
Home Care Training to Home Care Client, Per Session - Telehealth	Each	As prior authorized	S5109	GT	
Home Care Training, Nonfamily; per session	Each	As prior authorized	S5116		
Home Care Training, Nonfamily; per session-Telehealth	Each	As prior authorized	S5116	GT	
Home Environment Assessment - OT	Visit	As prior authorized	T1028	GO	

Home Environment Assessment - PT	Visit	As prior authorized	T1028	GP	
Vehicle Modification Assessment	Each	As prior authorized	T2024		
Dental Services	As defined by CDT	As prior authorized	Per CDT		
Prescriptions	As Ordered	As prior authorized	Per HCPC		
Adult Day Services	15 Minutes	\$2.86	S5100		
Respite-Hourly	15 Minutes	\$5.50	S5150		
Respite-Hourly-EVV	15 Minutes	\$5.50	S5150	32	
Respite - Maximum	Day	\$108.68	S5151		
Respite in Community Living Group Home 10 bed setting	Day	\$204.14	S5151		
Respite in Community Living Group Home 11 bed setting	Day	\$188.41	S5151		
Respite in Community Living Group Home 12 bed setting	Day	\$186.62	S5151		
Respite in Community Living Group Home - 6 bed setting	Day	\$269.92	S5151		
Respite in Community Living Group Home - 7 bed setting	Day	\$235.95	S5151		
Respite in Community Living Group Home - 8 bed setting	Day	\$229.16	S5151		
Respite in Community Living Group Home - 9 bed setting	Day	\$207.00	S5151		
Respite in Agency Companion - Contractor - Close	Day	\$169.46	S5151		
Respite in Agency Companion - Contractor- Enhanced	Day	\$210.93	S5151		
Respite in Agency Companion - Contractor - Pervasive	Day	\$227.73	S5151		
Respite in Group Home – 10 bed setting	Day	\$96.89	S5151		
Respite in Group Home – 11 bed setting	Day	\$92.60	S5151		
Respite in Group Home – 12 bed setting	Day	\$89.02	S5151		
Respite in Group Home – 6 bed setting	Day	\$135.72	S5151		
Respite in Group Home – 7 bed setting	Day	\$120.12	S5151		
Respite in Group Home – 8 bed setting	Day	\$109.04	S5151		
Respite in Group Home – 9 bed setting	Day	\$102.25	S5151		
Respite - Close	Day	\$55.00	S5151		
Respite - Intermittent	Day	\$26.13	S5151		
Respite, In Own Home - Maximum	Day	\$78.43	S9125		
Respite, In Own Home - Close	Day	\$39.19	S9125	TF	
Respite, In Own Home - Intermittent	Day	\$26.13	S9125	U1	
HTS - Habilitation Training Specialist	15 Minutes	\$6.58	T2017		

HTS - Habilitation Training Specialist - EVV	15 Minutes	\$6.58	T2017	32	
Intensive Personal Supports	15 Minutes	\$6.58	T2017	TF	
HTS - No Supervising Agency - Independent	15 Minutes	\$2.38	T2017	U1	
Remotes Supports with Paid Staff	15 Minutes	\$3.61	T2017	U4	
Remote Supports with Unpaid Staff	15 Minutes	\$1.99	T2017	U4	
Specialized Medical Supplies, Assistive Tech, and DME	As defined by HCPC	As prior authorized	HCPC		
Adult sized disposable incontinence product, brief/diaper, small	Each	\$0.78	T4521	U5	
Adult sized disposable incontinence product, brief/diaper, medium	Each	\$0.85	T4522	U5	
Adult sized disposable incontinence product, brief/diaper, large	Each	\$0.96	T4523	U5	
Adult sized disposable incontinence product, brief/diaper, extra large	Each	\$1.13	T4524	U5	
Adult sized disposable incontinence product, protective underwear/pull-on, small size	Each	\$0.86	T4525	U5	
Adult sized disposable incontinence product, protective underwear/pull-on medium size	Each	\$1.01	T4526	U5	
Adult sized disposable incontinence product, protective underwear/pull-on large size	Each	\$1.10	T4527	U5	
Adult sized disposable incontinence product, protective underwear/pull-on extra-large size	Each	\$1.25	T4528	U5	
Pediatric sized disposable incontinence product, brief/diaper, small/medium sized	Each	As prior authorized	T4529	U5	
Pediatric sized disposable incontinence product, brief/diaper, large size	Each	As prior authorized	T4530	U5	
Pediatric sized disposable incontinence product, protective underwear, pull-on, large size, each	Each	As prior authorized	T4532	U5	
Youth sized disposable incontinence product, brief/diaper, each	Each	As prior authorized	T4533	U5	
Youth sized disposable incontinence product, protective underwear/pull-on	Each	As prior authorized	T4534	U5	
Disposable liner/shield/guard/pad/undergarment, for incontinence	Each	\$0.59	T4535	U5	
Incontinence product, protective underwear/pull-on, reusable, any size	Each	As prior authorized	T4536	U5	
Incontinence product, protective under pad, reusable, bed size	Each	\$13.50	T4537	U5	
Incontinence product, protective under pad, reusable, chair size	Each	\$14.40	T4540	U5	
Incontinence product, disposable under pad, large	Each	\$0.58	T4541	U5	

Incontinence product, disposable under pad, small size	Each	\$0.38	T4542	U5	
Disposable Incontinence Product, Brief/Diaper, Bariatric, Each	Each	As prior authorized	T4543	U5	
Adult Disposable Und/Pull on ABV XL	Each	As prior authorized	T4544	U5	
Enhanced Community-Based Pre-Voc Svc	Hour	\$19.04	T2015		
Community-Based Pre-Voc Svc	Hour	\$14.30	T2015	TF	
Pre-Voc HTS - Supplemental Supports	Hour	\$18.02	T2015	TG	
Center-Based Pre-Vocational Svc	Hour	\$7.15	T2015	U1	
Individual Placement in Community-Based, Pre-Vocational	Hour	\$23.16	T2015	U4	
Individual Placement in Community Based, Pre-Vocational-Telehealth	Hour	\$23.16	T2015	U4	GT
Employment Specialist	15 Minutes	\$8.64	T2019		
Job Coaching (Groups of 2-3)	15 Minutes	\$5.16	T2019	HQ	
Job Coaching (Groups of 4-5)	15 Minutes	\$4.77	T2019	TF	
Enhanced Job Coaching Service (Groups of 4-5)	15 Minutes	\$5.56	T2019	TG	
Enhanced Job Coaching (Groups of 2-3)	15 Minutes	\$5.94	T2019	TG	HQ
Job Stabilization/Extended Svc	15 Minutes	\$1.98	T2019	U1	
Individual Placement in Job Coaching, Supported Employment	15 Minutes	\$8.59	T2019	U4	
Individual Placement in Job Coaching, Supported Employment - Telehealth	15 Minutes	\$8.59	T2019	U4	GT
Skilled Nursing - Registered Nurse	15 Minutes	\$21.45	G0299		
Skilled Nursing - Registered Nurse-Telehealth	15 Minutes	\$21.45	G0299	GT	
Skilled Nursing - Licensed Practical Nurse	15 Minutes	\$20.02	G0300		
Skilled Nursing - Licensed Practical Nurse-Telehealth	15 Minutes	\$20.02	G0300	GT	
Nursing - Extended Duty Care	15 Minutes	\$11.00	T1000		
Nursing - Extended Duty Care	15 Minutes	\$11.00	T1000	U8	
Nursing - Intermittent Skilled Care	Visit	\$72.22	T1001		
Optometry Services	As defined by CPT/HCPC	As prior authorized	CPT or HCPC		
Psychological - Cognitive/Behavior Treatment - Group	15 Minutes	\$13.48	90853		
Psychological - Cognitive/Behavior Treatment - Group - Telehealth	15 Minutes	\$13.48	90853	GT	
Behavioral Health Counseling and Therapy	15 Minutes	\$26.95	H0004		
Behavioral Health Counseling and Therapy - Telehealth	15 Minutes	\$26.95	H0004	GT	
Psychological Services - Screening	Each	As prior authorized	T1023		

Psychological Services - Screening - Telehealth	Each	As prior authorized	T1023	GT	
Agency Companion - Enhanced	Day	\$179.47	S5126		
Agency Companion - Pervasive	Day	\$223.04	S5126	TF	
Agency Companion - Pervasive - Therapeutic Leave	Day	\$223.04	S5126	TF	TV
Agency Companion - Enhanced - Therapeutic Leave	Day	\$179.47	S5126	TV	
Agency Companion - Close	Day	\$138.00	S5126	U1	
Agency Companion - Close Therapeutic Leave	Day	\$138.00	S5126	U1	TV
Specialized Family Care Adult - Maximum	Day	\$77.22	S5140		
Specialized Family Care Adult (Maximum) Therapeutic Leave	Each	\$77.22	S5140	TV	
Specialized Family Care Adult (Close)	Day	\$37.50	S5140	U1	
Specialized Family Care Adult (Close) Therapeutic Leave	Each	\$30.00	S5140	U1	TV
Specialized Family Care Child - Maximum	Day	\$77.22	S5145		
Specialized Family Care Child (Maximum) Therapeutic Leave	Each	\$61.78	S5145	TV	
Specialized Family Care Child (Close)	Day	\$37.50	S5145	U1	
Specialized Family Care Child (Close) Therapeutic Leave	Each	\$30.00	S5145	U1	TV
Group Home 6 Bed	Day	\$103.68	T1020		
Group Home 7 Bed	Day	\$88.66	T1020		
Group Home 8 Bed	Day	\$77.58	T1020		
Group Home 9 Bed	Day	\$70.79	T1020		
Group Home 10 Bed	Day	\$65.43	T1020		
Group Home 11 Bed	Day	\$61.14	T1020		
Group Home 12 Bed	Day	\$57.56	T1020		
Group Home Alternative Living	Day	\$427.05	T1020		
Group Home Community Living 10 beds	Day	\$172.68	T1020		
Group Home Community Living 11 beds	Day	\$156.95	T1020		
Group Home Community Living 12 beds	Day	\$155.16	T1020		
Group Home Community Living 6 Beds	Day	\$238.46	T1020		
Group Home Community Living 7 beds	Day	\$204.49	T1020		
Group Home Community Living 8 beds	Day	\$197.70	T1020		
Group Home Community Living 9 beds	Day	\$175.54	T1020		
Daily Living Supports	Day	\$225.23	T2033		
DLS - Therapeutic Leave	Day	\$225.23	T2033	TV	
Home Modifications, Per Service	Each	As prior authorized	S5165		
Van Lifts – Vehicle Modification	Each	As prior authorized	T2039	U5	

Community Transition Services	Each	As prior authorized	T2038		
CPR/First Aid/Training - Self Directed	Each	As prior authorized	A9270		
Background Checks - Self Directed	Each	As prior authorized	A9270		
Self-Directed HTS	15 Minutes	As prior authorized	T2017	U1	TF
Self-Directed Individual Placement in Job Coaching, Supported Employment	15 Minutes	As prior authorized	T2019	U4	TF
Self-Directed Pre-Voc Svc	Hour	As prior authorized	T2015	32	
Self-Directed Goods and Services	As defined by HCPC	As prior authorized	HCPC		
Homemaker	15 Minutes	\$6.25	S5130		
Extensive Residential Supports	Day	\$1,046.16	T2033	TG	
Extensive Residential Supports - Therapeutic	Day	\$1,046.16	T2033	TG	TV
Transportation - Adapted	Each	\$1.86	A0130		
Transportation - Regular	Mile	\$0.76	S0215		
Transportation - Public	Mile	As prior authorized	T2004		