



STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION

P. O. BOX 3378
HONOLULU, HI 96801-3378
Telephone: (808) 586-5840
Fax Number: (808) 586-5844

In reply, please refer to:
File:

Medicaid I/DD Waiver
Memo No.: FY2020-10
Date: June 8, 2020

TO: Medicaid I/DD Waiver Providers

FROM: Mary Brogan, Administrator
Developmental Disabilities Division 

SUBJECT: Revised I/DD Waiver Rate Sheet for COVID-19 Emergency

Please find attached the revised Intellectual and Developmental Disabilities (I/DD) Medicaid Waiver rate sheet issued June 8, 2020, with an effective date of March 1, 2020. The attached generic rate sheet lists all the available services, codes, and rates under the I/DD Medicaid Waiver. This rate sheet replaces the rate sheet issued on May 1, 2020, with Medicaid I/DD Waiver transmittal memo number FY2020-07.

The rate sheet has been revised to add two new services related to the COVID-19 public health emergency.

1. **Retainer Payments** are available for the following services:
 - a. **Residential Habilitation (ResHab)** retainer payments apply, during the emergency period, when a participant exceeds the 21 days of absence already funded through the ResHab rates in the participant's plan year.
 - i. The provider will use the existing authorization and does not need to request a separate "COVID-19" authorization from the case manager.
 - ii. The provider **must include "99" in the Place of Service** field. The "99" Place of Service code should not be used for any ResHab service other than for the retainer payment.
 - iii. Refer to the DDD Appendix K Operational Guidelines, version 3, issued 5/13/20, pages 49-50.
 - b. **Adult Day Health (ADH), Community Learning Service – Group (CLS-G), and Individual Employment Support – Job Coaching (IES-JC)** retainer payments apply, during the emergency period, for providers that have not reduced aggregate wages for direct support workers (DSWs) of these services by more than 25 percent during the month for which the provider submits for a retainer payment.
 - i. The retainer payments are limited to 90 percent of the difference between the average amount billed during a baseline period to the

- actual amount of service billed in the month for which the retainer is being claimed.
 - ii. Each provider authorized to deliver ADH, CLS-G, and/or IES-JC will receive information that is specific to your agency for the retainer amounts to use in calculating your retainer claims.
 - iii. Retainer payment authorizations are being uploaded from INSPIRE directly to Conduent. The provider does not need to request a “COVID-19” authorization from the case manager.
 - iv. Refer to the DDD Appendix K Operational Guidelines, version 3, issued 5/13/20, pages 50-52.
2. **Medical Respite** is a daily service that is delivered by an approved provider to support participants who have needs related to a COVID-19 diagnosis, including those participants who have tested positive or are presumptive positive and require self-isolation, have been exposed to COVID-19 and require quarantine, and/or during recovery from the disease.
- a. The case manager will authorize Medical Respite at the RN rate, with or without room and board as applicable.
 - i. The provider will submit claims with the correct modifier to indicate the level of staffing that provided the majority of care during that day, i.e., by the RN, LPN or Certified Nurse Aide (CNA).
 - ii. DDD will offer technical assistance to approved providers for claims submission.
 - b. Refer to the DDD Appendix K Operational Guidelines, version 3, issued 5/13/20, pages 16-19.

As a reminder, the changes related to the COVID-19 emergency will be in effect and available for use with authorized services effective March 1, 2020, for the duration of the COVID-19 public health emergency with the Appendix K waiver amendment or February 28, 2021, whichever is sooner.

If your agency is currently authorized to provide any of the service changes related to the COVID-19 emergency, a revised provider-specific rate sheet listing the specific waiver services your agency is authorized to provide will be distributed to you shortly.

If there are any questions, please feel free to call the Community Resources Branch at (808) 733-2135.

c: Jon Fujii, DHS-MQD
DDD Management Team

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates

- HPMMIS Provider Number: _____
- Name of Agency: _____
- Address: _____
- Geographical Service Area: _____
- Effective Date: July 1, 2018 (Revised March 1, 2020) Issued 6/8/20

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HH	12	T1019	U6	Personal Assistance/Habilitation Level 1 (1:1) ⁱ	Personal Care	15 Minute	\$6.54
HH	12	T1019	U6	BI Personal Assistance/Habilitation Level 1 (1:1) ⁱ	Personal Care	15 Minute	\$6.54
HH	12	T1019	U7	Personal Assistance/Habilitation Level 1 (2:1) ⁱ	Personal Care	15 Minute	\$13.08
HH	12	T1019	U7	BI Personal Assistance/Habilitation Level 1 (2:1) ⁱ	Personal Care	15 Minute	\$13.08
HH	12	T1019	U8	Personal Assistance/Habilitation Level 1 (3:1) ⁱ	Personal Care	15 Minute	\$19.62
HH	12	T1019	U8	BI Personal Assistance/Habilitation Level 1 (3:1) ⁱ	Personal Care	15 Minute	\$19.62
HH	12	T1019	U9	Personal Assistance/Habilitation Level 1 (4:1) ⁱ	Personal Care	15 Minute	\$26.16
HH	12	T1019	U9	BI Personal Assistance/Habilitation Level 1 (4:1) ⁱ	Personal Care	15 Minute	\$26.16

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HH	12	T1019	UA	Personal Assistance/Habilitation Level 2 (1:1) ⁱ	Personal Care	15 Minute	\$7.25
HH	12	T1019	UA	BI Personal Assistance/Habilitation Level 2 (1:1) ⁱ	Personal Care	15 Minute	\$7.25
HH	12	T1019	UB	Personal Assistance/Habilitation Level 2 (2:1) ⁱ	Personal Care	15 Minute	\$14.50
HH	12	T1019	UB	BI Personal Assistance/Habilitation Level 2 (2:1) ⁱ	Personal Care	15 Minute	\$14.50
HH	12	T1019	UC	Personal Assistance/Habilitation Level 2 (3:1) ⁱ	Personal Care	15 Minute	\$21.75
HH	12	T1019	UC	BI Personal Assistance/Habilitation Level 2 (3:1) ⁱ	Personal Care	15 Minute	\$21.75
HH	12	T1019	UD	Personal Assistance/Habilitation Level 2 (4:1) ⁱ	Personal Care	15 Minute	\$29.00
HH	12	T1019	UD	BI Personal Assistance/Habilitation Level 2 (4:1) ⁱ	Personal Care	15 Minute	\$29.00
HH	12	T1019	U2	Personal Assistance/Habilitation Level 3 (1:1) ⁱ	Personal Care	15 Minute	\$8.58
HH	12	T1019	U2	Personal Assistance/Habilitation Level 3 (1:1) ⁱ	Personal Care	15 Minute	\$8.58

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HH	12	T1019	U3	Personal Assistance/Habilitation Level 3 (2:1) ⁱ	Personal Care	15 Minute	\$17.16
HH	12	T1019	U3	Personal Assistance/Habilitation Level 3 (2:1) ⁱ	Personal Care	15 Minute	\$17.16
HH	12	T1019	U4	Personal Assistance/Habilitation Level 3 (3:1) ⁱ	Personal Care	15 Minute	\$25.74
HH	12	T1019	U4	BI Personal Assistance/Habilitation Level 3 (3:1) ⁱ	Personal Care	15 Minute	\$25.74
HH	12	T1019	U5	Personal Assistance/Habilitation Level 3 (4:1) ⁱ	Personal Care	15 Minute	\$34.32
HH	12	T1019	U5	BI Personal Assistance/Habilitation Level 3 (4:1) ⁱ	Personal Care	15 Minute	\$34.32
HH	12, 21 ^{vi} , 31 ^{vi} , 99 ^{vi}	S5125	U6	Personal Assistance/Habilitation , 1:1 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$7.46
HH	12, 21 ^{vi} , 31 ^{vi} , 99 ^{vi}	99509	U6	BI Personal Assistance/Habilitation , 1:1 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$8.64
HH	12	S5125	UN	Personal Assistance/Habilitation , 1:2 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$4.07
HH	12	99509	UN	BI Personal Assistance/Habilitation , 1:2 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$4.69

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HH	12	S5125	UP	Personal Assistance/Habilitation, 1:3 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$2.99
HH	12	99509	UP	BI Personal Assistance/Habilitation 1:3 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$3.42
HH	12	S5125	U7	Personal Assistance/Habilitation, 2:1 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$13.80
HH	12	99509	U7	BI Personal Assistance/Habilitation, 2:1 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$15.46
HH	12	S5125	U4	Personal Assistance/Habilitation, 3:1 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$20.13
HH	12	99509	U4	BI Personal Assistance/Habilitation, 3:1 (Phase-in by Cohort) ⁱⁱ	Personal Care	15 Minute	\$22.28
HH	12	S5125	HM	Personal Assistance/Habilitation, Registered Behavior Technician, 1:1	Personal Care	15 Minute	\$15.00
HH	12	99509	HM	BI Personal Assistance/Habilitation, Registered Behavior Technician, 1:1	Personal Care	15 Minute	\$17.37
HH	12	S5125	U9	Personal Assistance/Habilitation, Registered Behavior Technician, 2:1	Personal Care	15 Minute	\$20.78
HH	12	99509	U9	BI Personal Assistance/Habilitation, Registered Behavior Technician, 2:1	Personal Care	15 Minute	\$23.64

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HH	12	S5125	UD	Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1	Personal Care	15 Minute	\$26.56
HH	12	99509	UD	BI Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1	Personal Care	15 Minute	\$29.90
OC	14, 33, ix99	T2016	U1	Residential Habilitation, Tier 1, 3-bed	Habilitation, Residential, Waiver	Day	\$115.29
OC	14, 33, ix99	T2033	U1	BI Residential Habilitation Tier 1, 3-bed	Habilitation, Residential, Waiver	Day	\$120.64
OC	14, 33, ix99	T2016	U2	Residential Habilitation, Tier 1, 4-bed	Habilitation, Residential, Waiver	Day	\$99.29
OC	14, 33, ix99	T2033	U2	BI Residential Habilitation, Tier 1, 4-bed	Habilitation, Residential, Waiver	Day	\$103.24
OC	14, 33, ix99	T2016	U3	Residential Habilitation, Tier 1, 5-bed	Habilitation, Residential, Waiver	Day	\$89.70
OC	14, 33, ix99	T2033	U3	BI Residential Habilitation, Tier 1, 5-bed	Habilitation, Residential, Waiver	Day	\$92.81
OC	14, 33, ix99	T2016	U4	Residential Habilitation, Tier 2, 3-bed	Habilitation, Residential, Waiver	Day	\$159.04
OC	14, 33, ix99	T2033	U4	BI Residential Habilitation, Tier 2, 3-bed	Habilitation, Residential, Waiver	Day	\$164.17
OC	14, 33, ix99	T2016	U5	Residential Habilitation, Tier 2, 4-bed	Habilitation, Residential, Waiver	Day	\$140.32
OC	14, 33, ix99	T2033	U5	BI Residential Habilitation, Tier 2, 4-bed	Habilitation, Residential, Waiver	Day	\$144.05
OC	14, 33, ix99	T2016	U6	Residential Habilitation, Tier 2, 5-bed	Habilitation, Residential, Waiver	Day	\$129.09
OC	14, 33, ix99	T2033	U6	BI Residential Habilitation, Tier 2, 5-bed	Habilitation, Residential, Waiver	Day	\$131.98

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
OC	14, 33, ix99	T2016	U7	Residential Habilitation, Tier 3, 3-bed	Habilitation, Residential, Waiver	Day	\$180.93
OC	14, 33, ix99	T2033	U7	BI Residential Habilitation, Tier 3, 3-bed	Habilitation, Residential, Waiver	Day	\$185.94
OC	14, 33, ix99	T2016	U8	Residential Habilitation, Tier 3, 4-bed	Habilitation, Residential, Waiver	Day	\$156.73
OC	14, 33, ix99	T2033	U8	BI Residential Habilitation, Tier 3, 4-bed	Habilitation, Residential, Waiver	Day	\$160.38
OC	14, 33, ix99	T2016	U9	Residential Habilitation, Tier 3, 5-bed	Habilitation, Residential, Waiver	Day	\$142.21
OC	14, 33, ix99	T2033	U9	BI Residential Habilitation, Tier 3, 5-bed	Habilitation, Residential, Waiver	Day	\$145.05
OC	14, 33, ix99	T2016	UA	Residential Habilitation, Adult Therapeutic Living Program	Habilitation, Residential, Waiver	Day	\$499.23
OC	14, 33, ix99	T2033	UA	BI Residential Habilitation, Adult Therapeutic Living Program	Habilitation, Residential, Waiver	Day	\$502.58
OC	14, 33, 99, 21 ^{vi} , 31 ^{vi}	T1004		Additional Residential Supports	Habilitation, Residential, Waiver	15 Minute	\$5.58
OC	14, 33, 99, 21 ^{vi} , 31 ^{vi}	99600		BI Additional Residential Supports	Habilitation, Residential, Waiver	15 Minute	\$5.76
AD	99	H2032	U1	Adult Day Health, Tier 1	Day Care Services, Adult, Tier 1	15 Minute	\$2.70
AD	99	S5100	U1	BI Adult Day Health, Tier 1	Day Care Services, Adult, Tier 1	15 Minute	\$3.06
AD	99	H2032	U2	Adult Day Health, Tier 2	Day Care Services, Adult, Tier 2	15 Minute	\$3.35

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
AD	99	S5100	U2	BI Adult Day Health, Tier 2	Day Care Services, Adult, Tier 2	15 Minute	\$3.78
AD	99	H2032	U3	Adult Day Health, Tier 3	Day Care Services, Adult, Tier 3	15 Minute	\$4.00
AD	99	S5100	U3	BI Adult Day Health, Tier 3	Day Care Services, Adult, Tier 3	15 Minute	\$4.46
AD	99	H2032	U4	Adult Day Health, 1:1	Day Care Services, Adult, 1:1	15 Minute	\$7.62
AD	99	S5100	U4	BI Adult Day Health, 1:1	Day Care Services, Adult, 1:1	15 Minute	\$8.38
AD	99	H2032	U5	Adult Day Health, Registered Behavior Technician, 1:1	Day Care Services, Adult, Per 15 Minutes	15 Minute	\$15.00
AD	99	S5100	U5	BI Adult Day Health, Registered Behavior Technician, 1:1	Day Care Services, Adult, Per 15 Minutes	15 Minute	\$17.37
HL	99	H2021	U1	Community Learning Service, Group, Tier 1	Habilitation, Day, Waiver	15 Minute	\$3.97
HL	99	T2021	U1	BI Community Learning Service, Group, Tier 1	Habilitation, Day, Waiver	15 Minute	\$4.56
HL	99	H2021	U2	Community Learning Service, Group, Tier 2	Habilitation, Day, Waiver	15 Minute	\$5.26
HL	99	T2021	U2	BI Community Learning Service, Group, Tier 2	Habilitation, Day, Waiver	15 Minute	\$5.94
HL	99	H2021	U3	Community Learning Service, Group, Tier 3	Habilitation, Day, Waiver	15 Minute	\$6.52
HL	99	T2021	U3	BI Community Learning Service, Group, Tier 3	Habilitation, Day, Waiver	15 Minute	\$7.31
HL	99	H2021	U4	Community Learning Service, Individual	Habilitation, Day, Waiver	15 Minute	\$7.91

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HL	99	T2021	U4	BI Community Learning Service, Individual	Habilitation, Day, Waiver	15 Minute	\$9.50
HL	99	H2021	UN	Community Learning Service, 2:1	Habilitation, Day, Waiver	15 Minute	\$14.24
HL	99	T2021	UN	BI Community Learning Service, 2:1	Habilitation, Day, Waiver	15 Minute	\$16.32
HL	99	H2021	UP	Community Learning Service, 3:1	Habilitation, Day, Waiver	15 Minute	\$20.58
HL	99	T2021	UP	BI Community Learning Service, 3:1	Habilitation, Day, Waiver	15 Minute	\$23.13
HL	99	H2021	U6	Community Learning Service, Registered Behavior Technician, 1:1	Habilitation, Day, Waiver	15 Minute	\$15.00
HL	99	T2021	U6	BI Community Learning Service, Registered Behavior Technician, 1:1	Habilitation, Day, Waiver	15 Minute	\$17.37
HL	99	H2021	U7	Community Learning Service, Registered Behavior Technician, 2:1	Habilitation, Day, Waiver	15 Minute	\$20.97
HL	99	T2021	U7	BI Community Learning Service, Registered Behavior Technician, 2:1	Habilitation, Day, Waiver	15 Minute	\$23.87
HL	99	H2021	U8	Community Learning Service, Registered Behavior Technician, 3:1	Habilitation, Day, Waiver	15 Minute	\$26.94
HL	99	T2021	U8	BI Community Learning Service, Registered Behavior Technician, 3:1	Habilitation, Day, Waiver	15 Minute	\$30.36
CT	18, 99	S9445	U2	Discovery and Career Planning, Benefits Counseling	Employment	15 Minute	\$13.17

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
CT	18, 99	S9445	U1	BI Discovery and Career Planning, Benefits Counseling	Employment	15 Minute	\$13.87
HB	18, 99	T2015	U2	Discovery and Career Planning	Employment	15 Minute	\$12.01
HB	18, 99	T2015	U1	BI Discovery and Career Planning	Employment	15 Minute	\$13.88
HB	18, 99	T2019	U2	Individual Employment Support, Job Development	Employment	15 Minute	\$11.45
HB	18, 99	T2019	U1	BI Individual Employment Support, Job Development	Employment	15 Minute	\$12.11
HB	18, 99	H2025	U2	Individual Employment Support, Job Coaching	Employment	15 Minute	\$10.63
HB	18, 99	H2025	U1	BI Individual Employment Support, Job Coaching	Employment	15 Minute	\$12.30
OH	12, 99	S5150		Respite Hourly, 1:1	Respite Care - Agency	15 Minute	\$5.65
OH	12, 99	T1005	U1	BI Respite Hourly, 1:1	Respite Care - Agency	15 Minute	\$5.84
OH	12, 99	S5150	UN	Respite Hourly, 1:2	Respite Care - Agency	15 Minute	\$3.14
OH	12, 99	T1005	UN	BI Respite Hourly, 1:2	Respite Care - Agency	15 Minute	\$3.24
OH	12, 99	S5150	UP	Respite Hourly, 1:3	Respite Care - Agency	15 Minute	\$2.31
OH	12, 99	T1005	UP	BI Respite Hourly, 1:3	Respite Care - Agency	15 Minute	\$2.38
OH	12, 99	T1002	22	Respite Daily, 1:1	Respite Care - Agency	Day	\$142.60
OH	12, 99	T1002	22	BI Respite Daily, 1:1	Respite Care - Agency	Day	\$142.60

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
OH	12, 99	T1002	U8	Respite Hourly, Registered Nurse, 1:1	Respite Care - Agency	15 Minute	\$18.17
OH	12, 99	T1002	U2	BI Respite Hourly, Registered Nurse, 1:1	Respite Care - Agency	15 Minute	\$18.51
OH	12, 99	T1002	U9	Respite Hourly, Registered Nurse, 1:2	Respite Care - Agency	15 Minute	\$9.40
OH	12, 99	T1002	U3	BI Respite Hourly, Registered Nurse, 1:2	Respite Care - Agency	15 Minute	\$9.57
OH	12, 99	T1002	UA	Respite Hourly, Registered Nurse, 1:3	Respite Care - Agency	15 Minute	\$6.48
OH	12, 99	T1002	U4	BI Respite Hourly, Registered Nurse, 1:3	Respite Care - Agency	15 Minute	\$6.60
OH	12, 99	T1002	UB	Respite Hourly, Licensed Practical Nurse, 1:1	Respite Care - Agency	15 Minute	\$10.36
OH	12, 99	T1002	U5	BI Respite Hourly, Licensed Practical Nurse, 1:1	Respite Care - Agency	15 Minute	\$10.69
OH	12, 99	T1002	UC	Respite Hourly, Licensed Practical Nurse, 1:2	Respite Care - Agency	15 Minute	\$5.51
OH	12, 99	T1002	U6	BI Respite Hourly, Licensed Practical Nurse, 1:2	Respite Care - Agency	15 Minute	\$5.68
OH	12, 99	T1002	UD	Respite Hourly, Licensed Practical Nurse, 1:3	Respite Care - Agency	15 Minute	\$3.89
OH	12, 99	T1002	U7	BI Respite Hourly, Licensed Practical Nurse, 1:3	Respite Care - Agency	15 Minute	\$4.01
CS	12	S5120	U2	Chore	Chore - Agency	15 Minute	\$5.82
CS	12	S5120	U1	BI Chore	Chore - Agency	15 Minute	\$6.52
AI	99	S0215	U2	Non-Medical Transportation	Non-Emergency Transportation	Mile	\$1.51

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
AI	99	S0215	U1	BI Non-Medical Transportation	Non-Emergency Transportation	Mile	\$1.70
AI	99	T2003	U1	Non-Medical Transportation, Trip	Non-Emergency Transportation	Trip	\$6.00
AI	99	T2003	U1	BI Non-Medical Transportation, Trip	Non-Emergency Transportation	Trip	\$6.00
PD	12, 99	T1002	TD	Skilled Nursing, Registered Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$21.63
PD	12, 99	T1002		BI Skilled Nursing, Registered Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$25.37
PD	12, 99	T1002	UN	Skilled Nursing, Registered Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$11.35
PD	12, 99	T1002	U1	BI Skilled Nursing, Registered Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$13.35
PD	12, 99	T1003	TE	Skilled Nursing, Licensed Practical Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$12.68
PD	12, 99	T1003		BI Skilled Nursing, Licensed Practical Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$15.52
PD	12, 99	T1003	UN	Skilled Nursing, Licensed Practical Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$6.82
PD	12, 99	T1003	52	BI Skilled Nursing, Licensed Practical Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$8.35
PD	12, 99	T1000	U5	Private Duty Nursing, Registered Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$19.85

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
PD	12, 99	T1000	U1	BI Private Duty Nursing, Registered Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$22.04
PD	12, 99	T1000	U6	Private Duty Nursing, Registered Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$10.27
PD	12, 99	T1000	U2	BI Private Duty Nursing, Registered Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Registered Nurse	15 Minute	\$11.39
PD	12, 99	T1000	U7	Private Duty Nursing, Licensed Practical Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$11.58
PD	12, 99	T1000	U3	BI Private Duty Nursing, Licensed Practical Nurse, 1:1 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$13.09
PD	12, 99	T1000	U8	Private Duty Nursing, Licensed Practical Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$6.15
PD	12, 99	T1000	U4	BI Private Duty Nursing, Licensed Practical Nurse, 1:2 ⁱⁱⁱ	Nursing care in home by Licensed Practical Nurse	15 Minute	\$6.93
CT	11,12,14 33,49,99	98960	AE	Training and Consultation, Dietician	Training and Consultation, Dietician	Hour	\$59.08
CT	11,12,14 33,49,99	S5111	AE	BI Training and Consultation, Dietician	Training and Consultation, Dietician	Hour	\$70.42
CT	11,12,14 33,49,99	98960	U4	Training and Consultation, Dietician, Inter-Island	Training and Consultation, Dietician	Hour	\$168.56

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
CT	11,12,1 4 33,49,9 9	98960	U4	BI Training and Consultation, Dietician, Inter-Island	Training and Consultation, Dietician	Hour	\$168.56
CT	11,12,1 4 33,49,9 9	98960	AH	Training and Consultation, Psychologist	Training and Consultation, Psychologist	Hour	\$86.16
CT	11,12,1 4 33,49,9 9	S5111	AH	BI Training and Consultation, Psychologist	Training and Consultation, Psychologist	Hour	\$101.06
CT	11,12,1 4 33,49,9 9	98960	U5	Training and Consultation, Psychologist, Inter-Island	Training and Consultation, Psychologist	Hour	\$218.15
CT	11,12,1 4 33,49,9 9	98960	U5	BI Training and Consultation, Psychologist, Inter-Island	Training and Consultation, Psychologist	Hour	\$218.15
CT	11,12,1 4 33,49,9 9	98960	HI	Training and Consultation, Behavior	Training and Consultation, Behavior	Hour	\$150.00
CT	11,12,1 4 33,49,9 9	S5111	HI	BI Training and Consultation, Behavior	Training and Consultation, Behavior	Hour	\$173.73
CT	11,12,1 4 33,49,9 9	98960	U6	Training and Consultation, Behavior, Inter-Island	Training and Consultation, Behavior	Hour	\$218.15
CT	11,12,1 4 33,49,9 9	98960	U6	BI Training and Consultation, Behavior, Inter-Island	Training and Consultation, Behavior	Hour	\$218.15
CT	11,12,1 4 33,49,9 9	98960	96	Training and Consultation, Behavior Analysis Designee	Training and Consultation, Behavior	Hour	\$90.00

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
CT	11,12,1 4 33,49,9 9	S5111	96	BI Training and Consultation, Behavior Analysis Designee	Training and Consultation, Behavior	Hour	\$104.24
CT	11,12,1 4 33,49,9 9	98960	97	Training and Consultation, Behavior Analysis Designee, Inter-Island	Training and Consultation, Behavior	Hour	\$175.80
CT	11,12,1 4 33,49,9 9	98960	97	BI Training and Consultation, Behavior Analysis Designee, Inter-Island	Training and Consultation, Behavior	Hour	\$175.80
CT	11,12,1 4 33,49,9 9	98960	GN	Training and Consultation, Speech	Training and Consultation, Speech	Hour	\$70.10
CT	11,12,1 4 33,49,9 9	S5111	GN	BI Training and Consultation, Speech	Training and Consultation, Speech	Hour	\$82.89
CT	11,12,1 4 33,49,9 9	98960	U7	Training and Consultation, Speech, Inter-Island	Training and Consultation, Speech	Hour	\$188.74
CT	11,12,1 4 33,49,9 9	98960	U7	BI Training and Consultation, Speech, Inter-Island	Training and Consultation, Speech	Hour	\$188.74
CT	12, 99, 02 ^{vi}	S9129	U2	Training and Consultation, Environmental Accessibility Adaptations	Training and Consultation, EAA	Hour	\$89.68
CT	12, 99, 02 ^{vi}	S9129	U1	BI Training and Consultation, Environmental Accessibility Adaptations	Training and Consultation, EAA	Hour	\$89.68
CT	12, 99	S9129	U3	Training and Consultation, Environmental Accessibility Adaptations, Inter-	Training and Consultation, EAA	Hour	\$188.74

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
				Island			
CT	12, 99	S9129	U3	BI Training and Consultation, Environmental Accessibility Adaptations, Inter-Island	Training and Consultation, EAA	Hour	\$188.74
CT	11,12,14 33,49,99	98960	GO	Training and Consultation, OT	Training and Consultation, OT	Hour	\$70.10
CT	11,12,14 33,49,99	S5111	GO	BI Training and Consultation, OT	Training and Consultation, OT	Hour	\$82.89
CT	11,12,14 33,49,99	98960	U8	Training and Consultation, OT, Inter-Island	Training and Consultation, OT	Hour	\$188.74
CT	11,12,14 33,49,99	98960	U8	BI Training and Consultation, OT, Inter-Island	Training and Consultation, OT	Hour	\$188.74
CT	11,12,14 33,49,99	98960	GP	Training and Consultation, PT	Training and Consultation, PT	Hour	\$70.10
CT	11,12,14 33,49,99	S5111	GP	BI Training and Consultation, PT	Training and Consultation, PT	Hour	\$82.89
CT	11,12,14 33,49,99	98960	U9	Training and Consultation, PT, Inter-Island	Training and Consultation, PT	Hour	\$188.74
CT	11,12,14 33,49,99	98960	U9	BI Training and Consultation, PT, Inter-Island	Training and Consultation, PT	Hour	\$188.74

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
CT	11,12,1 4 33,49,9 9	98960	U1	Training and Consultation, Specialized Medical Equipment and Supplies	Training and Consultation, SME	Hour	\$70.10
CT	11,12,1 4 33,49,9 9	S5111	U1	BI Training and Consultation, Specialized Medical Equipment and Supplies	Training and Consultation, SME	Hour	\$82.89
CT	11,12,1 4 33,49,9 9	98960	UA	Training and Consultation, Specialized Medical Equipment and Supplies, Inter-Island	Training and Consultation, SME	Hour	\$188.74
CT	11,12,1 4 33,49,9 9	98960	UA	BI Training and Consultation, Specialized Medical Equipment and Supplies, Inter-Island	Training and Consultation, SME	Hour	\$188.74
CT	11,12,1 4 33,49,9 9	98960	U2	Training and Consultation, Assistive Technology	Training and Consultation, Assistive Technology	Hour	\$70.10
CT	11,12,1 4 33,49,9 9	S5111	U2	BI Training and Consultation, Assistive Technology	Training and Consultation, Assistive Technology	Hour	\$82.89
CT	11,12,1 4 33,49,9 9	98960	UB	Training and Consultation, Assistive Technology, Inter-Island	Training and Consultation, Assistive Technology	Hour	\$188.74
CT	11,12,1 4 33,49,9 9	98960	UB	BI Training and Consultation, Assistive Technology, Inter-Island	Training and Consultation, Assistive Technology	Hour	\$188.74
CT	11,12,1 4 33,49,9 9	98960	HO	Training and Consultation, Licensed, Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor	Training and Consultation, LMFT/LCSW/LMH C	Hour	\$46.38

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
CT	11,12,1 4 33,49,9 9	S5111	HO	BI Training and Consultation, Licensed, Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor	Training and Consultation, LMFT/LCSW/LMH C	Hour	\$56.07
CT	11,12,1 4 33,49,9 9	98960	UC	Training and Consultation, Licensed, Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor, Inter-Island	Training and Consultation, LMFT/LCSW/LMH C	Hour	\$145.32
CT	11,12,1 4 33,49,9 9	98960	UC	BI Training and Consultation, Licensed, Marriage Family Therapist, Clinical Social Worker, Mental Health Counselor, Inter-Island	Training and Consultation, LMFT/LCSW/LMH C	Hour	\$145.32
CT	11,12,1 4 33,49,9 9	98960	TD	Training and Consultation, Registered Nurse	Training and Consultation, Registered Nurse	Hour	\$79.56
CT	11,12,1 4 33,49,9 9	S5111	TD	BI Training and Consultation, Registered Nurse	Training and Consultation, Registered Nurse	Hour	\$93.59
CT	11,12,1 4 33,49,9 9	98960	UD	Training and Consultation, Registered Nurse, Inter-Island	Training and Consultation, Registered Nurse	Hour	\$206.06
CT	11,12,1 4 33,49,9 9	98960	UD	BI Training and Consultation, Registered Nurse, Inter-Island	Training and Consultation, Registered Nurse	Hour	\$206.06
CI	12, 14, 18, 33, 99	T2034	U2	Waiver Emergency Services, Outreach	Crisis Intervention, Outreach	15 Minute	\$27.50

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
CI	12, 14, 18, 33, 99	T2034	U1	BI Waiver Emergency Services, Outreach	Crisis Intervention, Outreach	15 Minute	\$27.50
CI	14, 99	T2031	U2	Waiver Emergency Services, Shelter	Crisis Intervention, Out-of-Home Stabilization	Day	\$499.23
CI	14, 99	T2031	U1	BI Waiver Emergency Services, Shelter	Crisis Intervention, Out-of-Home Stabilization	Day	\$502.58
DU/EA	99	T2029	U1	Assistive Technology	Assistive Technology	Per Service Unit	\$1.00
DU/EA	99	T2029	U1	BI Assistive Technology	Assistive Technology	Per Service Unit	\$1.00
EA	99	S5165	U1	Environmental Accessibility Adaptations, Permits	Environmental Accessibility Adaptations, Permits	Per Service Unit	\$1.00
EA	99	S5165	U1	BI Environmental Accessibility Adaptations, Permits	Environmental Accessibility Adaptations, Permits	Per Service Unit	\$1.00
EA	12	S5165		Environmental Accessibility Adaptations, Construction	Environmental Accessibility Adaptations, Construction	Per Service Unit	\$1.00
EA	12	S5165		BI Environmental Accessibility Adaptations, Construction	Environmental Accessibility Adaptations, Construction	Per Service Unit	\$1.00
EP/ER	12, 14, 33	S5160		Personal Emergency Response System, Installation	Personal Emergency Response System, Installation	Installation	\$65.00
EP/ER	12, 14, 33	S5160		BI Personal Emergency Response System, Installation	Personal Emergency Response System, Installation	Installation	\$65.00

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
EM/ER	12, 14, 33	S5161		Personal Emergency Response System, Service Fee, Per Month	Personal Emergency Response System, Service Fee, Per Month	Month	\$43.00
EM/ER	12, 14, 33	S5161		BI Personal Emergency Response System, Service Fee, Per Month	Personal Emergency Response System, Service Fee, Per Month	Month	\$43.00
DU/EA	99	T2029		Specialized Medical Equipment	Specialized Medical Equipment	Per Service Unit	\$1.00
DU/EA	99	T2029		BI Specialized Medical Equipment	Specialized Medical Equipment	Per Service Unit	\$1.00
SS/EA	99	T2028		Specialized Medical Supplies	Specialized Medical Supplies	Per Service Unit	\$1.00
SS/EA	99	T2028		BI Specialized Medical Supplies	Specialized Medical Supplies	Per Service Unit	\$1.00
VM	99	T2039		Vehicular Modifications, Conversion	Vehicular Modifications	Per Service Unit	\$1.00
VM	99	T2039		BI Vehicular Modifications, Conversion	Vehicular Modifications	Per Service Unit	\$1.00
VM	99	T2039	U1	Vehicular Modifications, Repair	Vehicular Modifications	Per Service Unit	\$1.00
VM	99	T2039	U1	BI Vehicular Modifications, Repair	Vehicular Modifications	Per Service Unit	\$1.00
OC	14, 33, 99	T1004	UN	COVID-19 Additional Residential Supports, 1:2 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$2.94
OC	14, 33, 99	99600	UN	COVID-19 BI Additional Residential Supports, 1:2 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$3.03
OC	14, 33, 99	T1004	UP	COVID-19 Additional Residential Supports, 1:3 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$2.06
OC	14, 33, 99	99600	UP	COVID-19 BI Additional Residential Supports, 1:3 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$2.12

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
OC	14, 33, 99	T1004	UQ	COVID-19 Additional Residential Supports, 1:4 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$1.62
OC	14, 33, 99	99600	UQ	COVID-19 BI Additional Residential Supports, 1:4 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$1.67
OC	14, 33, 99	T1004	UR	COVID-19 Additional Residential Supports, 1:5 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$1.35
OC	14, 33, 99	99600	UR	COVID-19 BI Additional Residential Supports, 1:5 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$1.39
OC	14, 33, 99	T1004	US	COVID-19 Additional Residential Supports, 1:6 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$1.18
OC	14, 33, 99	99600	US	COVID-19 BI Additional Residential Supports, 1:6 ^{vi}	Habilitation, Residential, Waiver	15 Minute	\$1.21
HH	12	S5125	GT	COVID-19 Personal Assistance/Habilitation, 1:1, by telehealth ^{vi}	Personal Care	15 Minute	\$6.71
HH	12	99509	GT	COVID-19 BI Personal Assistance/Habilitation, 1:1, by telehealth ^{vi}	Personal Care	15 Minute	\$6.71
HH	12	S5125	95	COVID-19 Personal Assistance/Habilitation, 1:2, by telehealth ^{vi}	Personal Care	15 Minute	\$3.90
HH	12	99509	95	COVID-19 BI Personal Assistance/Habilitation, 1:2, by telehealth ^{vi}	Personal Care	15 Minute	\$3.90
HH	12	S5125	G0	COVID-19 Personal Assistance/Habilitation, 1:3, by telehealth ^{vi}	Personal Care	15 Minute	\$2.87
HH	12	99509	G0	COVID-19 BI Personal Assistance/Habilitation, 1:3, by telehealth ^{vi}	Personal Care	15 Minute	\$2.87
HH	12	S5125	GQ	COVID-19 Personal Assistance/Habilitation, RBT, 1:1, by telehealth ^{vi}	Personal Care	15 Minute	\$10.53
HH	12	99509	GQ	COVID-19 BI Personal Assistance/Habilitation, RBT, 1:1, by telehealth ^{vi}	Personal Care	15 Minute	\$11.95
AD	99	H2032	GQ	COVID-19 Adult Day health, 1:1, by telehealth ^{vi}	Day Care Services, Adult	15 Minute	\$7.06

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
AD	99	S5100	GQ	COVID-19 BI Adult Day Health, 1:1, by telehealth ^{vi}	Day Care Services, Adult	15 Minute	\$7.06
AD	99	H2032	GT	COVID-19 Adult Day Health, Group, by telehealth ^{vi}	Day Care Services, Adult	15 Minute	\$3.64
AD	99	S5100	GT	COVID-19 BI Adult Day Health, Group, by telehealth ^{vi}	Day Care Services, Adult	15 Minute	\$3.64
AD	99	H2032	95	COVID-19 Adult Day Health, RBT, 1:1, by telehealth ^{vi}	Day Care Services, Adult	15 Minute	\$9.29
AD	99	S5100	95	COVID-19 BI Adult Day Health, RBT, 1:1, by telehealth ^{vi}	Day Care Services, Adult	15 Minute	\$10.18
CT	18, 99	S9445	GT	COVID-19 Discovery and Career Planning, Benefits Counseling, by telehealth ^{vi}	Employment	15 Minute	\$12.49
CT	18, 99	S9445	GT	COVID-19 BI Discovery and Career Planning, Benefits Counseling, by telehealth ^{vi}	Employment	15 Minute	\$12.49
HB	18, 99	T2015	GT	COVID-19 Discovery and Career Planning, by telehealth ^{vi}	Employment	15 Minute	\$10.74
HB	18, 99	T2015	GT	COVID-19 BI Discovery and Career Planning, by telehealth ^{vi}	Employment	15 Minute	\$10.74
HB	18, 99	T2019	GT	COVID-19 Individual Employment Support, Job Development, by telehealth ^{vi}	Employment	15 Minute	\$10.92
HB	18, 99	T2019	GT	COVID-19 BI Individual Employment Support, Job Development, by telehealth ^{vi}	Employment	15 Minute	\$10.92
HB	18, 99	H2025	GT	COVID-19 Individual Employment Support, Job Coaching, by telehealth ^{vi}	Employment	15 Minute	\$9.45
HB	18, 99	H2025	GT	COVID-19 BI Individual Employment Support, Job Coaching, by telehealth ^{vi}	Employment	15 Minute	\$9.45
CT	11,12,14 33,49,99	98960	G0	COVID-19 Training and Consultation, Psychologist, by	Training and Consultation, Psychologist	Hour	\$86.16

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
				telehealth ^{vi}			
CT	11,12,14 33,49,99	S5111	G0	COVID-19 BI Training and Consultation, Psychologist, by telehealth ^{vi}	Training and Consultation, Psychologist	Hour	\$101.06
CT	11,12,14 33,49,99	98960	95	COVID-19 Training and Consultation, Behavior Analyst, by telehealth ^{vi}	Training and Consultation, Behavior	Hour	\$150.00
CT	11,12,14 33,49,99	S5111	95	COVID-19 BI Training and Consultation, Behavior Analyst, by telehealth ^{vi}	Training and Consultation, Behavior	Hour	\$173.73
CT	11,12,14 33,49,99	98960	GT	COVID-19 Training and Consultation, Registered Nurse, by telehealth ^{vi}	Training and Consultation, Registered Nurse	Hour	\$70.29
CT	11,12,14 33,49,99	S5111	GT	COVID-19 BI Training and Consultation, Registered Nurse, by telehealth ^{vi}	Training and Consultation, Registered Nurse	Hour	\$70.29
CT	11,12,14 33,49,99	98960	GQ	COVID-19 Training and Consultation, All Other Professionals, by telehealth ^{vi}	Training and Consultation, All Other Professionals	Hour	\$70.10
CT	11,12,14 33,49,99	S5111	GQ	COVID-19 BI Training and Consultation, All Other Professionals, by telehealth ^{vi}	Training and Consultation, All Other Professionals	Hour	\$82.89
CI	12, 14, 18, 33, 99	T2034	GT	COVID-19 Waiver Emergency Services, Outreach, by telehealth ^{vi}	Crisis Intervention, Outreach	15 Minute	\$27.50
CI	12, 14, 18, 33, 99	T2034	GT	COVID-19 BI Waiver Emergency Services, Outreach, by telehealth ^{vi}	Crisis Intervention, Outreach	15 Minute	\$27.50
AD	99	T2020	CR	^{vii} COVID-19 Retainer, ADH, per month	Day Care Services, Adult	Per Service Month	\$1.00 per unit
AD	99	T2020	CR	^{vii} COVID-19 BI Retainer, ADH, per month	Day Care Services, Adult	Per Service Month	\$1.00 per unit
HL	99	H2016	CR	^{vii} COVID-19 Retainer, CLS-G, per month	Habilitation, Day, Waiver	Per Service Month	\$1.00 per unit
HL	99	H2016	CR	^{vii} COVID-19 BI Retainer, CLS-G, per month	Habilitation, Day, Waiver	Per Service Month	\$1.00 per unit

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate
HB	99	T2018	CR	vii COVID-19 Retainer, IES-Job Coaching, per month	Employment	Per Service Month	\$1.00 per unit
HB	99	T2018	CR	vii COVID-19 BI Retainer, IES-Job Coaching, per month	Employment	Per Service Month	\$1.00 per unit
OH	12, 99	S9125	U1	viii COVID-19 Medical Respite, by RN, with room & board, per day	Respite Care - Agency	Day	\$1,169.88
OH	12, 99	S9125	U1	viii COVID-19 BI Medical Respite, by RN, with room & board, per day	Respite Care - Agency	Day	\$1,169.88
OH	12, 99	S9125	U2	viii COVID-19 Medical Respite, by LPN, with room & board, per day	Respite Care - Agency	Day	\$681.79
OH	12, 99	S9125	U2	viii COVID-19 BI Medical Respite, by LPN, with room & board, per day	Respite Care - Agency	Day	\$681.79
OH	12, 99	S9125	U3	viii COVID-19 Medical Respite, by CNA, with room & board, per day	Respite Care - Agency	Day	\$495.46
OH	12, 99	S9125	U3	viii COVID-19 BI Medical Respite, by CNA, with room & board, per day	Respite Care - Agency	Day	\$495.46
OH	12, 99	S9125	U4	viii COVID-19 Medical Respite, by RN, without room & board, per day	Respite Care - Agency	Day	\$1,117.53
OH	12, 99	S9125	U4	viii COVID-19 BI Medical Respite, by RN, without room & board, per day	Respite Care - Agency	Day	\$1,117.53
OH	12, 99	S9125	U5	viii COVID-19 Medical Respite, by LPN, without room & board, per day	Respite Care - Agency	Day	\$629.43
OH	12, 99	S9125	U5	viii COVID-19 BI Medical Respite, by LPN, without room & board, per day	Respite Care - Agency	Day	\$629.43
OH	12, 99	S9125	U6	viii COVID-19 Medical Respite, by CNA, without room & board, per day	Respite Care - Agency	Day	\$443.10
OH	12, 99	S9125	U6	viii COVID-19 BI Medical Respite, by CNA, without room & board, per day	Respite Care - Agency	Day	\$443.10

Place of Service Codes: (11) Office (12) Home (14) Group Home (18) Place of Employment/Worksite (33) Custodial Care Facility (49) Independent Clinic (99) Other unlisted fac (02) Telehealth (21) Inpatient Hospital (31) Nursing Home

BI = Big Island (codes and rates applicable to Island of Hawaii only)

Rates are inclusive of all applicable taxes. Any and all expenditures and services to clients beyond the Department of Health case management authorization are subject to non-payment. Medicaid waiver services are not billable during periods of client hospitalization, long-term institutionalization or periods of suspension of the waiver.

ⁱ Personal Assistance/Habilitation **with** levels will be phased-out by June 30, 2020.

ⁱⁱ Personal Assistance/Habilitation **without** levels will be phased-in by cohort. Cohort 2 will be phased-in during FY19 upon participant's Individualized Service Plan. Cohort 3 will be phased-in during FY20 upon participant's Individualized Service Plan.

ⁱⁱⁱ Skilled Nursing will be phased-out by June 30, 2019, and participants will be transitioned to Private Duty Nursing on a case-by-case basis except for a few participants who have been identified by DOH-DDD and DHS-MQD and may continue to receive Skilled Nursing through June 30, 2020. This service is not available to any new participants.

^{iv} On February 1, 2019, Residential Habilitation (all other islands except Island of Hawaii) procedure code changed from H0044 to T2016 effective July 1, 2017 (refer to waiver transmittal memo FY2019-08).

^v Non-Medical Transportation, Trip, rate changed from \$2 to \$6 effective July 1, 2018, with waiver amendment #2.

^{vi} Waiver services and place of services effective March 1, 2020, for the duration of the COVID-19 public health emergency with Appendix K waiver amendment or February 28, 2021, whichever is sooner.

^{vii} COVID-19 Retainer Payments effective March 1, 2020, for the duration of the COVID-19 public health emergency with Appendix K waiver amendment #2 or February 28, 2021, whichever is sooner. Retainer Payment rates are billed one claim per month but the unit amounts billed can vary based on their calculated monthly retainer amount and services rendered during that monthly period. The amount of units submitted each month will be the difference between actual services rendered and calculated retainer payment amount. One unit is equal to \$1 (e.g., a retainer payment claim of \$500 is submitted once in the service month for 500 units).

^{viii} COVID-19 Medical Respite effective March 1, 2020, for the duration of the COVID-19 public health emergency with Appendix K waiver amendment #2 or February 28, 2021, whichever is sooner. Medical Respite will be authorized at the RN level. The provider will submit claims with the correct modifier to indicate the level of staffing that provided the majority of care during that day (i.e., RN, LPN or CNA).

^{ix} COVID-19 Retainer Payments for ResHab effective March 1, 2020, for the duration of the COVID-19 public health emergency with Appendix K waiver amendment #2 or February 28, 2021, whichever is sooner. The provider must use "99" in the Place of Service field to identify that the claim is for a retainer payment. Providers should not use "99" for any other reason than to identify a retainer payment claim.