

**Medicaid Waiver Services
I/DD Waiver Services
Schedule of Rates**

HPMMIS Provider Number:

National Provider Identifier Number:

Name of Agency:

Address:

Geographical Service Area:

Effective Date: July 1, 2021

Issued 2/28/22

Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21
HH	12, 99 21, '31	S5125	U6	Personal Assistance/Habilitation, 1:1	Personal Care	15 Minute	\$7.46	\$8.24
HH	12, 99, 21, '31	99509	U6	BI Personal Assistance/Habilitation, 1:1	Personal Care	15 Minute	\$8.64	\$9.53
HH	99	S5125	CR	Personal Assistance/Habilitation, 1:1, Retainer	Personal Care	15 Minute		\$8.24
HH	99	99509	CR	BI Personal Assistance/Habilitation, 1:1, Retainer	Personal Care	15 Minute		\$9.53
HH	12, 99	S5125	UN	Personal Assistance/Habilitation, 1:2	Personal Care	15 Minute	\$4.07	\$4.46
HH	12, 99	99509	UN	BI Personal Assistance/Habilitation, 1:2	Personal Care	15 Minute	\$4.69	\$5.14
HH	12, 99	S5125	UP	Personal Assistance/Habilitation, 1:3	Personal Care	15 Minute	\$2.99	\$3.26
HH	12, 99	99509	UP	BI Personal Assistance/Habilitation 1:3	Personal Care	15 Minute	\$3.42	\$3.72
HH	12, 21, 99	S5125	U7	Personal Assistance/Habilitation, 2:1	Personal Care	15 Minute	\$13.80	\$15.09
HH	12, 21, 99	99509	U7	BI Personal Assistance/Habilitation, 2:1	Personal Care	15 Minute	\$15.46	\$16.92
HH	99	S5125	SE	Personal Assistance/Habilitation, 2:1, Retainer	Personal Care	15 Minute		\$15.09

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HH	99	99509	SE	BI Personal Assistance/Habilitation, 2:1, Retainer	Personal Care	15 Minute		\$16.92
HH	12, 21, 99	S5125	U4	Personal Assistance/Habilitation, 3:1	Personal Care	15 Minute	\$20.13	\$21.95
HH	12, 21, 99	99509	U4	BI Personal Assistance/Habilitation, 3:1	Personal Care	15 Minute	\$22.28	\$24.32
HH	99	S5125	U3	Personal Assistance/Habilitation, 3:1, Retainer	Personal Care	15 Minute		\$21.95
HH	99	99509	U3	BI Personal Assistance/Habilitation, 3:1, Retainer	Personal Care	15 Minute		\$24.32
HH	12, 21, 99	S5125	HM	Personal Assistance/Habilitation, Registered Behavior Technician, 1:1	Personal Care	15 Minute	\$15.00	\$15.00
HH	12, 21, 99	99509	HM	BI Personal Assistance/Habilitation, Registered Behavior Technician, 1:1	Personal Care	15 Minute	\$17.37	\$17.37
HH	99	S5125	U5	Personal Assistance/Habilitation, Registered Behavior Technician, 1:1, Retainer	Personal Care	15 Minute		\$15.00
HH	99	99509	U5	BI Personal Assistance/Habilitation, Registered Behavior Technician, 1:1, Retainer	Personal Care	15 Minute		\$17.37
HH	12, 21, 99	S5125	U9	Personal Assistance/Habilitation, Registered Behavior Technician, 2:1	Personal Care	15 Minute	\$20.78	\$20.78

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Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
HH	12, 21, 99	99509	U9	BI Personal Assistance/ Habilitation, Registered Behavior Technician, 2:1	Personal Care	15 Minute	\$23.64	\$23.64	
HH	99	S5125	U8	Personal Assistance/ Habilitation, Registered Behavior Technician, 2:1, Retainer	Personal Care	15 Minute		\$20.78	
HH	99	99509	U8	BI Personal Assistance/ Habilitation, Registered Behavior Technician, 2:1, Retainer	Personal Care	15 Minute		\$23.64	
HH	12, 21, 99	S5125	UD	Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1	Personal Care	15 Minute	\$26.56	\$26.56	
HH	12, 21, 99	99509	UD	BI Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1	Personal Care	15 Minute	\$29.90	\$29.90	
HH	99	S5125	UC	Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1, Retainer	Personal Care	15 Minute		\$26.56	
HH	99	99509	UC	BI Personal Assistance/ Habilitation, Registered Behavior Technician, 3:1, Retainer	Personal Care	15 Minute		\$29.90	
OC	14, 33, ⁴ 99	T2016	U1	Residential Habilitation, Tier 1, 3 or fewer beds	Habilitation, Residential, Waiver	Day	\$115.29		
OC	14, 33, ⁴ 99	T2033	U1	BI Residential Habilitation Tier 1, 3 or fewer beds	Habilitation, Residential, Waiver	Day	\$120.64		
OC	14, 33, ⁴ 99	T2016	U2	Residential Habilitation, Tier 1, 4-bed	Habilitation, Residential, Waiver	Day	\$99.29		
OC	14, 33, ⁴ 99	T2033	U2	BI Residential Habilitation, Tier 1, 4-bed	Habilitation, Residential, Waiver	Day	\$103.24		
OC	14, 33, ⁴ 99	T2016	U3	Residential Habilitation, Tier 1, 5 or more beds	Habilitation, Residential, Waiver	Day	\$89.70		

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OC	14, 33, ⁴ 99	T2033	U3	BI Residential Habilitation, Tier 1, 5 or more beds	Habilitation, Residential, Waiver	Day	\$92.81		
OC	14, 33, ⁴ 99	T2016	U4	Residential Habilitation, Tier 2, 3 or fewer beds	Habilitation, Residential, Waiver	Day	\$159.04		
OC	14, 33, ⁴ 99	T2033	U4	BI Residential Habilitation, Tier 2, 3 or fewer beds	Habilitation, Residential, Waiver	Day	\$164.17		
OC	14, 33, ⁴ 99	T2016	U5	Residential Habilitation, Tier 2, 4-bed	Habilitation, Residential, Waiver	Day	\$140.32		
OC	14, 33, ⁴ 99	T2033	U5	BI Residential Habilitation, Tier 2, 4-bed	Habilitation, Residential, Waiver	Day	\$144.05		
OC	14, 33, ⁴ 99	T2016	U6	Residential Habilitation, Tier 2, 5 or more beds	Habilitation, Residential, Waiver	Day	\$129.09		
OC	14, 33, ⁴ 99	T2033	U6	BI Residential Habilitation, Tier 2, 5 or more beds	Habilitation, Residential, Waiver	Day	\$131.98		
OC	14, 33, ⁴ 99	T2016	U7	Residential Habilitation, Tier 3, 3 or fewer beds	Habilitation, Residential, Waiver	Day	\$180.93		
OC	14, 33, ⁴ 99	T2033	U7	BI Residential Habilitation, Tier 3, 3 or fewer beds	Habilitation, Residential, Waiver	Day	\$185.94		
OC	14, 33, ⁴ 99	T2016	U8	Residential Habilitation, Tier 3, 4-bed	Habilitation, Residential, Waiver	Day	\$156.73		
OC	14, 33, ⁴ 99	T2033	U8	BI Residential Habilitation, Tier 3, 4-bed	Habilitation, Residential, Waiver	Day	\$160.38		
OC	14, 33, ⁴ 99	T2016	U9	Residential Habilitation, Tier 3, 5 or more beds	Habilitation, Residential, Waiver	Day	\$142.21		
OC	14, 33, ⁴ 99	T2033	U9	BI Residential Habilitation, Tier 3, 5 or more beds	Habilitation, Residential, Waiver	Day	\$145.05		
OC	14, 33, ⁴ 99	S5140	U4	⁶ Residential Habilitation, Adult Foster Homes, Tier 1 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$116.27	
OC	14, 33, ⁴ 99	S5140	U1	⁶ BI Residential Habilitation, Adult Foster Homes, Tier 1 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$120.64	

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OC	14, 33, ⁴ 99	S5140	U5	⁶ Residential Habilitation, Adult Foster Homes, Tier 2 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$159.04	
OC	14, 33, ⁴ 99	S5140	U2	⁶ BI Residential Habilitation, Adult Foster Homes, Tier 2 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$164.17	
OC	14, 33, ⁴ 99	S5140	U6	⁶ Residential Habilitation, Adult Foster Homes, Tier 3 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$183.00	
OC	14, 33, ⁴ 99	S5140	U3	⁶ BI Residential Habilitation, Adult Foster Homes, Tier 3 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$185.94	
OC	14, 33, ⁴ 99	T2016	UB	⁶ Residential Habilitation, Licensed Homes, Tier 1 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$119.86	
OC	14, 33, ⁴ 99	T2033	UB	⁶ BI Residential Habilitation, Licensed Homes, Tier 1 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$125.02	
OC	14, 33, ⁴ 99	T2016	UC	⁶ Residential Habilitation, Licensed Homes, Tier 2 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$164.40	
OC	14, 33, ⁴ 99	T2033	UC	⁶ BI Residential Habilitation, Licensed Homes, Tier 2 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$169.44	
OC	14, 33, ⁴ 99	T2016	UD	⁶ Residential Habilitation, Licensed Homes, Tier 3 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$194.87	
OC	14, 33, ⁴ 99	T2033	UD	⁶ BI Residential Habilitation, Licensed Homes, Tier 3 (no bed size requirement)	Habilitation, Residential, Waiver	Day		\$199.86	
OC	14, 33, ⁴ 99	T2016	UA	Residential Habilitation, Adult Therapeutic Living Program	Habilitation, Residential, Waiver	Day	\$499.23	\$548.98	
OC	14, 33, ⁴ 99	T2033	UA	BI Residential Habilitation, Adult Therapeutic Living Program	Habilitation, Residential, Waiver	Day	\$502.58	\$553.96	

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OC	14, 33, 99, ¹ 21, ¹ 31	T1004		Additional Residential Supports	Habilitation, Residential, Waiver	15 Minute	\$5.58	\$6.08	
OC	14, 33, 99, ¹ 21, ¹ 31	99600		BI Additional Residential Supports	Habilitation, Residential, Waiver	15 Minute	\$5.76	\$6.29	
AD	99	H2032	U1	Adult Day Health, Tier 1	Day Care Services, Adult, Tier 1	15 Minute	\$2.70	\$3.12	
AD	99	S5100	U1	BI Adult Day Health, Tier 1	Day Care Services, Adult, Tier 1	15 Minute	\$3.06	\$3.51	
AD	99	H2032	U2	Adult Day Health, Tier 2	Day Care Services, Adult, Tier 2	15 Minute	\$3.35	\$3.83	
AD	99	S5100	U2	BI Adult Day Health, Tier 2	Day Care Services, Adult, Tier 2	15 Minute	\$3.78	\$4.29	
AD	99	H2032	U3	Adult Day Health, Tier 3	Day Care Services, Adult, Tier 3	15 Minute	\$4.00	\$4.53	
AD	99	S5100	U3	BI Adult Day Health, Tier 3	Day Care Services, Adult, Tier 3	15 Minute	\$4.46	\$5.05	
AD	99	H2032	U4	Adult Day Health, 1:1	Day Care Services, Adult, 1:1	15 Minute	\$7.62	\$8.38	
AD	99	S5100	U4	BI Adult Day Health, 1:1	Day Care Services, Adult, 1:1	15 Minute	\$8.38	\$9.24	
AD	99	H2032	U5	Adult Day Health, Registered Behavior Technician, 1:1	Day Care Services, Adult, Per 15 Minutes	15 Minute	\$15.00	\$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	\$17.37	
HL	99	H2021	U1	Community Learning Service, Group, Tier 1	Habilitation, Day, Waiver	15 Minute	\$3.97	\$4.48	
HL	99	T2021	U1	BI Community Learning Service, Group, Tier 1	Habilitation, Day, Waiver	15 Minute	\$4.56	\$5.13	

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HL	99	H2021	U2	Community Learning Service, Group, Tier 2	Habilitation, Day, Waiver	15 Minute	\$5.26	\$5.87	
HL	99	T2021	U2	BI Community Learning Service, Group, Tier 2	Habilitation, Day, Waiver	15 Minute	\$5.94	\$6.63	
HL	99	H2021	U3	Community Learning Service, Group, Tier 3	Habilitation, Day, Waiver	15 Minute	\$6.52	\$7.23	
HL	99	T2021	U3	BI Community Learning Service, Group, Tier 3	Habilitation, Day, Waiver	15 Minute	\$7.31	\$8.12	
HL	18, 99	H2021	U4	Community Learning Service, Individual	Habilitation, Day, Waiver	15 Minute	\$7.91	\$8.71	
HL	18, 99	T2021	U4	BI Community Learning Service, Individual	Habilitation, Day, Waiver	15 Minute	\$9.50	\$10.41	
HL	18, 99	H2021	UN	Community Learning Service, 2:1	Habilitation, Day, Waiver	15 Minute	\$14.24	\$15.56	
HL	18, 99	T2021	UN	BI Community Learning Service, 2:1	Habilitation, Day, Waiver	15 Minute	\$16.32	\$17.79	
HL	18, 99	H2021	UP	Community Learning Service, 3:1	Habilitation, Day, Waiver	15 Minute	\$20.58	\$22.41	
HL	18, 99	T2021	UP	BI Community Learning Service, 3:1	Habilitation, Day, Waiver	15 Minute	\$23.13	\$25.19	
HL	18	H2021	96	Community Learning Service, 1:2	Habilitation, Day, Waiver	15 Minute		\$4.70	
HL	18	T2021	96	BI Community Learning Service, 1:2	Habilitation, Day, Waiver	15 Minute		\$5.54	
HL	18	H2021	59	Community Learning Service, 1:3	Habilitation, Day, Waiver	15 Minute		\$3.42	
HL	18	T2021	59	BI Community Learning Service, 1:3	Habilitation, Day, Waiver	15 Minute		\$4.01	
HL	99	H2021	U6	Community Learning Service, Registered Behavior Technician, 1:1	Habilitation, Day, Waiver	15 Minute	\$15.00	\$15.00	

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HL	99	T2021	U6	BI Community Learning Service, Registered Behavior Technician, 1:1	Habilitation, Day, Waiver	15 Minute	\$17.37	\$17.37	
HL	99	H2021	U7	Community Learning Service, Registered Behavior Technician, 2:1	Habilitation, Day, Waiver	15 Minute	\$20.97	\$20.97	
HL	99	T2021	U7	BI Community Learning Service, Registered Behavior Technician, 2:1	Habilitation, Day, Waiver	15 Minute	\$23.87	\$23.87	
HL	99	H2021	U8	Community Learning Service, Registered Behavior Technician, 3:1	Habilitation, Day, Waiver	15 Minute	\$26.94	\$26.94	
HL	99	T2021	U8	BI Community Learning Service, Registered Behavior Technician, 3:1	Habilitation, Day, Waiver	15 Minute	\$30.36	\$30.36	
HL	12, 99	G9012	SC	Community Navigator, in community	Other Specified Case Management	15 Minute		\$12.71	
HL	12, 99	G9012		BI Community Navigator, in community	Other Specified Case Management	15 Minute		\$13.80	
HL	02	G9012	GT	Community Navigator, by telehealth	Other Specified Case Management	15 Minute		\$11.93	
HL	02	G9012	95	BI Community Navigator, by telehealth	Other Specified Case Management	15 Minute		\$11.93	
CT	18, 99	S9445	U2	Discovery and Career Planning, Benefits Counseling	Employment	15 Minute	\$13.17	\$14.18	
CT	18, 99	S9445	U1	BI Discovery and Career Planning, Benefits Counseling	Employment	15 Minute	\$13.87	\$14.97	
HB	18, 99	T2015	U2	Discovery and Career Planning	Employment	15 Minute	\$12.01	\$12.94	

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HB	18, 99	T2015	U1	BI Discovery and Career Planning	Employment	15 Minute	\$13.88	\$14.96	
HB	18, 99	T2019	U2	Individual Employment Support, Job Development	Employment	15 Minute	\$11.45	\$12.35	
HB	18, 99	T2019	U1	BI Individual Employment Support, Job Development	Employment	15 Minute	\$12.11	\$13.09	
HB	02	T2019	U4	Individual Employment Support, Job Development, by telehealth	Employment	15 Minute		\$11.88	
HB	02	T2019	U3	BI Individual Employment Support, Job Development, by telehealth	Employment	15 Minute		\$11.88	
HB	18, 99	H2025	U2	Individual Employment Support, Job Coaching	Employment	15 Minute	\$10.63	\$11.47	
HB	18, 99	H2025	U1	BI Individual Employment Support, Job Coaching	Employment	15 Minute	\$12.30	\$13.27	
HB	02	H2025	U4	Individual Employment Support, Job Coaching, by telehealth	Employment	15 Minute		\$10.49	
HB	02	H2025	U3	BI Individual Employment Support, Job Coaching, by telehealth	Employment	15 Minute		\$10.49	
OH	12, 99	S5150		Respite Hourly, 1:1	Respite Care - Agency	15 Minute	\$5.65	\$6.24	
OH	12, 99	T1005	U1	BI Respite Hourly, 1:1	Respite Care - Agency	15 Minute	\$5.84	\$6.47	
OH	12, 99	S5150	UN	Respite Hourly, 1:2	Respite Care - Agency	15 Minute	\$3.14	\$3.44	
OH	12, 99	T1005	UN	BI Respite Hourly, 1:2	Respite Care - Agency	15 Minute	\$3.24	\$3.56	
OH	12, 99	S5150	UP	Respite Hourly, 1:3	Respite Care - Agency	15 Minute	\$2.31	\$2.51	
OH	12, 99	T1005	UP	BI Respite Hourly, 1:3	Respite Care - Agency	15 Minute	\$2.38	\$2.59	

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OH	12, 99	T1002	22	Respite Daily, 1:1	Respite Care - Agency	Day	\$142.60	\$142.60	
OH	12, 99	T1002	22	BI Respite Daily, 1:1	Respite Care - Agency	Day	\$142.60	\$142.60	
OH	12, 99	T1002	U8	Respite Hourly, Registered Nurse, 1:1	Respite Care - Agency	15 Minute	\$18.17	\$19.97	
OH	12, 99	T1002	U2	BI Respite Hourly, Registered Nurse, 1:1	Respite Care - Agency	15 Minute	\$18.51	\$20.39	
OH	12, 99	T1002	U9	Respite Hourly, Registered Nurse, 1:2	Respite Care - Agency	15 Minute	\$9.40	\$10.30	
OH	12, 99	T1002	U3	BI Respite Hourly, Registered Nurse, 1:2	Respite Care - Agency	15 Minute	\$9.57	\$10.52	
OH	12, 99	T1002	UA	Respite Hourly, Registered Nurse, 1:3	Respite Care - Agency	15 Minute	\$6.48	\$7.08	
OH	12, 99	T1002	U4	BI Respite Hourly, Registered Nurse, 1:3	Respite Care - Agency	15 Minute	\$6.60	\$7.23	
OH	12, 99	T1002	UB	Respite Hourly, Licensed Practical Nurse, 1:1	Respite Care - Agency	15 Minute	\$10.36	\$10.87	
OH	12, 99	T1002	U5	BI Respite Hourly, Licensed Practical Nurse, 1:1	Respite Care - Agency	15 Minute	\$10.69	\$11.24	
OH	12, 99	T1002	UC	Respite Hourly, Licensed Practical Nurse, 1:2	Respite Care - Agency	15 Minute	\$5.51	\$5.77	
OH	12, 99	T1002	U6	BI Respite Hourly, Licensed Practical Nurse, 1:2	Respite Care - Agency	15 Minute	\$5.68	\$5.96	
OH	12, 99	T1002	UD	Respite Hourly, Licensed Practical Nurse, 1:3	Respite Care - Agency	15 Minute	\$3.89	\$4.06	
OH	12, 99	T1002	U7	BI Respite Hourly, Licensed Practical Nurse, 1:3	Respite Care - Agency	15 Minute	\$4.01	\$4.20	
CS	12	S5120	U2	Chore	Chore - Agency	15 Minute	\$5.82	\$6.79	
CS	12	S5120	U1	BI Chore	Chore - Agency	15 Minute	\$6.52	\$7.58	

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AI	99	S0215	U2	Non-Medical Transportation	Non-Emergency Transportation	Mile	\$1.51	\$1.62	
AI	99	S0215	U1	BI Non-Medical Transportation	Non-Emergency Transportation	Mile	\$1.70	\$1.83	
AI	99	T2003	U1	Non-Medical Transportation, Trip	Non-Emergency Transportation	Trip	\$6.00	\$6.00	
AI	99	T2003	U1	BI Non-Medical Transportation, Trip	Non-Emergency Transportation	Trip	\$6.00	\$6.00	
PD	12, 99	T1000	U5	Private Duty Nursing, Registered Nurse, 1:1	Nursing care in home by Registered Nurse	15 Minute	\$19.85	\$21.80	
PD	12, 99	T1000	U1	BI Private Duty Nursing, Registered Nurse, 1:1	Nursing care in home by Registered Nurse	15 Minute	\$22.04	\$24.24	
PD	12, 99	T1000	U6	Private Duty Nursing, Registered Nurse, 1:2	Nursing care in home by Registered Nurse	15 Minute	\$10.27	\$11.24	
PD	12, 99	T1000	U2	BI Private Duty Nursing, Registered Nurse, 1:2	Nursing care in home by Registered Nurse	15 Minute	\$11.39	\$12.49	
PD	12, 99	T1000	U7	Private Duty Nursing, Licensed Practical Nurse, 1:1	Nursing care in home by Licensed Practical Nurse	15 Minute	\$11.58	\$12.15	
PD	12, 99	T1000	U3	BI Private Duty Nursing, Licensed Practical Nurse, 1:1	Nursing care in home by Licensed Practical Nurse	15 Minute	\$13.09	\$13.76	
PD	12, 99	T1000	U8	Private Duty Nursing, Licensed Practical Nurse, 1:2	Nursing care in home by Licensed Practical Nurse	15 Minute	\$6.15	\$6.43	
PD	12, 99	T1000	U4	BI Private Duty Nursing, Licensed Practical Nurse, 1:2	Nursing care in home by Licensed Practical Nurse	15 Minute	\$6.93	\$7.27	

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Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
CT	11,12,14 33,49,99	98960	AE	Training and Consultation, Dietician	Training and Consultation, Dietician	Hour	\$59.08	\$62.35	
CT	11,12,14 33,49,99	S5111	AE	BI Training and Consultation, Dietician	Training and Consultation, Dietician	Hour	\$70.42	\$74.26	
CT	11,12,14 33,49,99	98960	U4	Training and Consultation, Dietician, Inter-Island	Training and Consultation, Dietician	Hour	\$168.56	\$174.41	
CT	11,12,14 33,49,99	98960	U4	BI Training and Consultation, Dietician, Inter-Island	Training and Consultation, Dietician	Hour	\$168.56	\$174.41	
CT	11,12,14 33,49,99	98960	AH	Training and Consultation, Psychologist	Training and Consultation, Psychologist	Hour	\$86.16	\$86.97	
CT	11,12,14 33,49,99	S5111	AH	BI Training and Consultation, Psychologist	Training and Consultation, Psychologist	Hour	\$101.06	\$102.10	
CT	11,12,14 33,49,99	98960	U5	Training and Consultation, Psychologist, Inter-Island	Training and Consultation, Psychologist	Hour	\$218.15	\$219.49	
CT	11,12,14 33,49,99	98960	U5	BI Training and Consultation, Psychologist, Inter-Island	Training and Consultation, Psychologist	Hour	\$218.15	\$219.49	
CT	11,12,14 33,49,99	98960	HI	Training and Consultation, Behavior	Training and Consultation, Behavior	Hour	\$150.00	\$150.00	
CT	11,12,14 33,49,99	S5111	HI	BI Training and Consultation, Behavior	Training and Consultation, Behavior	Hour	\$173.73	\$173.73	
CT	11,12,14 33,49,99	98960	U6	Training and Consultation, Behavior, Inter-Island	Training and Consultation, Behavior	Hour	\$218.15	\$219.49	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
National Provider Identifier Number:									
Name of Agency									
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Geographical Service Area:									
Effective Date:		July 1, 2021						Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
CT	11,12,14 33,49,99	98960	U6	BI Training and Consultation, Behavior, Inter-Island	Training and Consultation, Behavior	Hour	\$218.15	\$219.49	
CT	11,12,14 33,49,99	98960	96	Training and Consultation, Behavior Analysis Designee	Training and Consultation, Behavior	Hour	\$90.00	\$90.00	
CT	11,12,14 33,49,99	S5111	96	BI Training and Consultation, Behavior Analysis Designee	Training and Consultation, Behavior	Hour	\$104.24	\$104.24	
CT	11,12,14 33,49,99	98960	97	Training and Consultation, Behavior Analysis Designee, Inter-Island	Training and Consultation, Behavior	Hour	\$175.80	\$175.80	
CT	11,12,14 33,49,99	98960	97	BI Training and Consultation, Behavior Analysis Designee, Inter-Island	Training and Consultation, Behavior	Hour	\$175.80	\$175.80	
CT	11,12,14 33,49,99	98960	GN	Training and Consultation, Speech	Training and Consultation, Speech	Hour	\$70.10	\$73.12	
CT	11,12,14 33,49,99	S5111	GN	BI Training and Consultation, Speech	Training and Consultation, Speech	Hour	\$82.89	\$86.45	
CT	11,12,14 33,49,99	98960	U7	Training and Consultation, Speech, Inter-Island	Training and Consultation, Speech	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	U7	BI Training and Consultation, Speech, Inter-Island	Training and Consultation, Speech	Hour	\$188.74	\$194.14	
CT	12, 99, 102	S9129	U2	Training and Consultation, Environmental Accessibility Adaptations	Training and Consultation, EAA	Hour	\$89.68	\$89.68	
CT	12, 99, 102	S9129	U1	BI Training and Consultation, Environmental Accessibility Adaptations	Training and Consultation, EAA	Hour	\$89.68	\$89.84	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
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Effective Date:		July 1, 2021						Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
CT	12, 99	S9129	U3	Training and Consultation, Environmental Accessibility Adaptations, Inter-Island	Training and Consultation, EAA	Hour	\$188.74	\$194.14	
CT	12, 99	S9129	U3	BI Training and Consultation, Environmental Accessibility Adaptations, Inter-Island	Training and Consultation, EAA	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	GO	Training and Consultation, OT	Training and Consultation, OT	Hour	\$70.10	\$73.12	
CT	11,12,14 33,49,99	S5111	GO	BI Training and Consultation, OT	Training and Consultation, OT	Hour	\$82.89	\$86.45	
CT	11,12,14 33,49,99	98960	U8	Training and Consultation, OT, Inter-Island	Training and Consultation, OT	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	U8	BI Training and Consultation, OT, Inter-Island	Training and Consultation, OT	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	GP	Training and Consultation, PT	Training and Consultation, PT	Hour	\$70.10	\$73.12	
CT	11,12,14 33,49,99	S5111	GP	BI Training and Consultation, PT	Training and Consultation, PT	Hour	\$82.89	\$86.45	
CT	11,12,14 33,49,99	98960	U9	Training and Consultation, PT, Inter-Island	Training and Consultation, PT	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	U9	BI Training and Consultation, PT, Inter-Island	Training and Consultation, PT	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	U1	Training and Consultation, Specialized Medical Equipment and Supplies	Training and Consultation, SME	Hour	\$70.10	\$73.12	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
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Name of Agency									
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Effective Date:		July 1, 2021							Issued 2/28/22
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
CT	11,12,14 33,49,99	S5111	U1	BI Training and Consultation, Specialized Medical Equipment and Supplies	Training and Consultation, SME	Hour	\$82.89	\$86.45	
CT	11,12,14 33,49,99	98960	UA	Training and Consultation, Specialized Medical Equipment and Supplies, Inter-Island	Training and Consultation, SME	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	98960	UA	BI Training and Consultation, Specialized Medical Equipment and Supplies, Inter-Island	Training and Consultation, SME	Hour	\$188.74	\$194.14	
CT	11,12,14 33,49,99	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	\$46.41	
CT	11,12,14 33,49,99	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	\$56.24	
CT	11,12,14 33,49,99	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	\$145.32	
CT	11,12,14 33,49,99	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	\$145.32	
CT	11,12,14 33,49,99	98960	TD	Training and Consultation, Registered Nurse	Training and Consultation, Registered Nurse	Hour	\$79.56	\$87.32	
CT	11,12,14 33,49,99	S5111	TD	BI Training and Consultation, Registered Nurse	Training and Consultation, Registered Nurse	Hour	\$93.59	\$102.49	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
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Effective Date:		July 1, 2021							Issued 2/28/22
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
CT	11,12,14 33,49,99	98960	UD	Training and Consultation, Registered Nurse, Inter-Island	Training and Consultation, Registered Nurse	Hour	\$206.06	\$220.13	
CT	11,12,14 33,49,99	98960	UD	BI Training and Consultation, Registered Nurse, Inter-Island	Training and Consultation, Registered Nurse	Hour	\$206.06	\$220.13	
CI	12, 14, 18, 33, 99	T2034	U2	Waiver Emergency Services, Outreach	Crisis Intervention, Outreach	15 Minute	\$27.50	\$27.50	
CI	12, 14, 18, 33, 99	T2034	U1	BI Waiver Emergency Services, Outreach	Crisis Intervention, Outreach	15 Minute	\$27.50	\$27.50	
CI	14, 99	T2031	U2	Waiver Emergency Services, Shelter	Crisis Intervention, Out-of-Home Stabilization	Day	\$499.23	\$548.98	
CI	14, 99	T2031	U1	BI Waiver Emergency Services, Shelter	Crisis Intervention, Out-of-Home Stabilization	Day	\$502.58	\$553.96	
DU/EA	99	T2029	U1	Assistive Technology	Assistive Technology	Per Service Unit	\$1.00	\$1.00	
DU/EA	99	T2029	U1	BI Assistive Technology	Assistive Technology	Per Service Unit	\$1.00	\$1.00	
EA	99	S5165	U1	Environmental Accessibility Adaptations, Permits	Environmental Accessibility Adaptations, Permits	Per Service Unit	\$1.00	\$1.00	
EA	99	S5165	U1	BI Environmental Accessibility Adaptations, Permits	Environmental Accessibility Adaptations, Permits	Per Service Unit	\$1.00	\$1.00	
EA	12	S5165		Environmental Accessibility Adaptations, Construction	Environmental Accessibility Adaptations, Construction	Per Service Unit	\$1.00	\$1.00	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
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Name of Agency									
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Effective Date:		July 1, 2021						Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
EA	12	S5165		BI Environmental Accessibility Adaptations, Construction	Environmental Accessibility Adaptations, Construction	Per Service Unit	\$1.00	\$1.00	
EP/ER	12, 14, 33	S5160		Personal Emergency Response System, Installation	Personal Emergency Response System, Installation	Installation	\$65.00	\$65.00	
EP/ER	12, 14, 33	S5160		BI Personal Emergency Response System, Installation	Personal Emergency Response System, Installation	Installation	\$65.00	\$65.00	
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	\$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	\$43.00	
DU/EA	99	T2029		Specialized Medical Equipment	Specialized Medical Equipment	Per Service Unit	\$1.00	\$1.00	
DU/EA	99	T2029		BI Specialized Medical Equipment	Specialized Medical Equipment	Per Service Unit	\$1.00	\$1.00	
SS/EA	99	T2028		Specialized Medical Supplies	Specialized Medical Supplies	Per Service Unit	\$1.00	\$1.00	
SS/EA	99	T2028		BI Specialized Medical Supplies	Specialized Medical Supplies	Per Service Unit	\$1.00	\$1.00	
VM	99	T2039		Vehicular Modifications, Conversion	Vehicular Modifications	Per Service Unit	\$1.00	\$1.00	
VM	99	T2039		BI Vehicular Modifications, Conversion	Vehicular Modifications	Per Service Unit	\$1.00	\$1.00	
VM	99	T2039	U1	Vehicular Modifications, Repair	Vehicular Modifications	Per Service Unit	\$1.00	\$1.00	
VM	99	T2039	U1	BI Vehicular Modifications, Repair	Vehicular Modifications	Per Service Unit	\$1.00	\$1.00	

COVID-19 SERVICES

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
National Provider Identifier Number:									
Name of Agency									
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Geographical Service Area:									
Effective Date:		July 1, 2021						Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
OC	14, 33, 99	T1004	UN	¹ COVID-19 Additional Residential Supports, 1:2	Habilitation, Residential, Waiver	15 Minute	\$2.94	\$2.94	
OC	14, 33, 99	99600	UN	¹ COVID-19 BI Additional Residential Supports, 1:2	Habilitation, Residential, Waiver	15 Minute	\$3.03	\$3.03	
OC	14, 33, 99	T1004	UP	¹ COVID-19 Additional Residential Supports, 1:3	Habilitation, Residential, Waiver	15 Minute	\$2.06	\$2.06	
OC	14, 33, 99	99600	UP	¹ COVID-19 BI Additional Residential Supports, 1:3	Habilitation, Residential, Waiver	15 Minute	\$2.12	\$2.12	
OC	14, 33, 99	T1004	UQ	¹ COVID-19 Additional Residential Supports, 1:4	Habilitation, Residential, Waiver	15 Minute	\$1.62	\$1.62	
OC	14, 33, 99	99600	UQ	¹ COVID-19 BI Additional Residential Supports, 1:4	Habilitation, Residential, Waiver	15 Minute	\$1.67	\$1.67	
OC	14, 33, 99	T1004	UR	¹ COVID-19 Additional Residential Supports, 1:5	Habilitation, Residential, Waiver	15 Minute	\$1.35	\$1.35	
OC	14, 33, 99	99600	UR	¹ COVID-19 BI Additional Residential Supports, 1:5	Habilitation, Residential, Waiver	15 Minute	\$1.39	\$1.39	
OC	14, 33, 99	T1004	US	¹ COVID-19 Additional Residential Supports, 1:6	Habilitation, Residential, Waiver	15 Minute	\$1.18	\$1.18	
OC	14, 33, 99	99600	US	¹ COVID-19 BI Additional Residential Supports, 1:6	Habilitation, Residential, Waiver	15 Minute	\$1.21	\$1.21	
HH	12	S5125	GT	¹ COVID-19 Personal Assistance/Habilitation, 1:1, by telehealth	Personal Care	15 Minute	\$6.71	\$6.71	
HH	12	99509	GT	¹ COVID-19 BI Personal Assistance/Habilitation, 1:1, by telehealth	Personal Care	15 Minute	\$6.71	\$6.71	
HH	12	S5125	95	¹ COVID-19 Personal Assistance/Habilitation, 1:2, by telehealth	Personal Care	15 Minute	\$3.90	\$3.90	
HH	12	99509	95	¹ COVID-19 BI Personal Assistance/Habilitation, 1:2, by telehealth	Personal Care	15 Minute	\$3.90	\$3.90	
HH	12	S5125	G0	¹ COVID-19 Personal Assistance/Habilitation, 1:3, by telehealth	Personal Care	15 Minute	\$2.87	\$2.87	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates								
HPMMIS Provider Number:								
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Effective Date:		July 1, 2021					Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21
HH	12	99509	G0	¹ COVID-19 BI Personal Assistance/Habilitation, 1:3, by telehealth	Personal Care	15 Minute	\$2.87	\$2.87
HH	12	S5125	GQ	¹ COVID-19 Personal Assistance/Habilitation, RBT, 1:1, by telehealth	Personal Care	15 Minute	\$15.00	\$15.00
HH	12	99509	GQ	¹ COVID-19 BI Personal Assistance/Habilitation, RBT, 1:1, by telehealth	Personal Care	15 Minute	\$17.37	\$17.37
AD	99	H2032	GQ	¹ COVID-19 Adult Day Health, 1:1, by telehealth	Day Care Services, Adult	15 Minute	\$7.06	\$7.06
AD	99	S5100	GQ	¹ COVID-19 BI Adult Day Health, 1:1, by telehealth	Day Care Services, Adult	15 Minute	\$7.06	\$7.06
AD	99	H2032	GT	¹ COVID-19 Adult Day Health, Group, by telehealth	Day Care Services, Adult	15 Minute	\$3.64	\$3.64
AD	99	S5100	GT	¹ COVID-19 BI Adult Day Health, Group, by telehealth	Day Care Services, Adult	15 Minute	\$3.64	\$3.64
AD	99	H2032	95	¹ COVID-19 Adult Day Health, RBT, 1:1, by telehealth	Day Care Services, Adult	15 Minute	\$15.00	\$15.00
AD	99	S5100	95	¹ COVID-19 BI Adult Day Health, RBT, 1:1, by telehealth	Day Care Services, Adult	15 Minute	\$17.37	\$17.37
CT	18, 99	S9445	GT	¹ COVID-19 Discovery and Career Planning, Benefits Counseling, by telehealth	Employment	15 Minute	\$12.49	\$12.49
CT	18, 99	S9445	GT	¹ COVID-19 BI Discovery and Career Planning, Benefits Counseling, by telehealth	Employment	15 Minute	\$12.49	\$12.49
HB	18, 99	T2015	GT	¹ COVID-19 Discovery and Career Planning, by telehealth	Employment	15 Minute	\$10.74	\$10.74
HB	18, 99	T2015	GT	¹ COVID-19 BI Discovery and Career Planning, by telehealth	Employment	15 Minute	\$10.74	\$10.74
HB	18, 99	T2019	GT	¹ COVID-19 Individual Employment Support, Job Development, by telehealth	Employment	15 Minute	\$10.92	\$11.88
HB	18, 99	T2019	GT	¹ COVID-19 BI Individual Employment Support, Job Development, by telehealth	Employment	15 Minute	\$10.92	\$11.88

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
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Effective Date:		July 1, 2021							Issued 2/28/22
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
HB	18, 99	H2025	GT	¹ COVID-19 Individual Employment Support, Job Coaching, by telehealth	Employment	15 Minute	\$9.45	\$10.49	
HB	18, 99	H2025	GT	¹ COVID-19 BI Individual Employment Support, Job Coaching, by telehealth	Employment	15 Minute	\$9.45	\$10.49	
CT	11,12,14 33,49,99	98960	G0	¹ COVID-19 Training and Consultation, Psychologist, by telehealth	Training and Consultation, Psychologist	Hour	\$86.16	\$86.97	
CT	11,12,14 33,49,99	S5111	G0	¹ COVID-19 BI Training and Consultation, Psychologist, by telehealth	Training and Consultation, Psychologist	Hour	\$101.06	\$102.10	
CT	11,12,14 33,49,99	98960	95	¹ COVID-19 Training and Consultation, Behavior Analyst, by telehealth	Training and Consultation, Behavior	Hour	\$150.00	\$150.00	
CT	11,12,14 33,49,99	S5111	95	¹ COVID-19 BI Training and Consultation, Behavior Analyst, by telehealth	Training and Consultation, Behavior	Hour	\$173.73	\$173.73	
CT	11,12,14 33,49,99	98960	GT	¹ COVID-19 Training and Consultation, Registered Nurse, by telehealth	Training and Consultation, Registered Nurse	Hour	\$79.56	\$87.32	
CT	11,12,14 33,49,99	S5111	GT	¹ COVID-19 BI Training and Consultation, Registered Nurse, by telehealth	Training and Consultation, Registered Nurse	Hour	\$93.59	\$102.49	
CT	11,12,14 33,49,99	98960	GQ	¹ COVID-19 Training and Consultation, All Other Professionals, by telehealth	Training and Consultation, All Other Professionals	Hour	\$70.10	\$73.12	
CT	11,12,14 33,49,99	S5111	GQ	¹ COVID-19 BI Training and Consultation, All Other Professionals, by telehealth	Training and Consultation, All Other Professionals	Hour	\$82.89	\$86.45	
CI	12, 14, 18, 33, 99	T2034	GT	¹ COVID-19 Waiver Emergency Services, Outreach, by telehealth	Crisis Intervention, Outreach	15 Minute	\$27.50	\$27.50	
CI	12, 14, 18, 33, 99	T2034	GT	¹ COVID-19 BI Waiver Emergency Services, Outreach, by telehealth	Crisis Intervention, Outreach	15 Minute	\$27.50	\$27.50	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
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Effective Date:		July 1, 2021						Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21	
AD	99	T2020	CR	² COVID-19 Retainer, ADH, per month	Day Care Services, Adult	Per Service Month	\$1.00 per unit	\$1.00 per unit	
AD	99	T2020	CR	² COVID-19 BI Retainer, ADH, per month	Day Care Services, Adult	Per Service Month	\$1.00 per unit	\$1.00 per unit	
HL	99	H2016	CR	² COVID-19 Retainer, CLS-G, per month	Habilitation, Day, Waiver	Per Service Month	\$1.00 per unit	\$1.00 per unit	
HL	99	H2016	CR	² COVID-19 BI Retainer, CLS-G, per month	Habilitation, Day, Waiver	Per Service Month	\$1.00 per unit	\$1.00 per unit	
HB	99	T2018	CR	² COVID-19 Retainer, IES-Job Coaching, per month	Employment	Per Service Month	\$1.00 per unit	\$1.00 per unit	
HB	99	T2018	CR	² COVID-19 BI Retainer, IES-Job Coaching, per month	Employment	Per Service Month	\$1.00 per unit	\$1.00 per unit	
OH	12, 99	S9125	U1	³ COVID-19 Medical Respite, by RN, with room & board, per day	Respite Care - Agency	Day	\$1,169.88	\$1,169.88	
OH	12, 99	S9125	U1	³ COVID-19 BI Medical Respite, by RN, with room & board, per day	Respite Care - Agency	Day	\$1,169.88	\$1,169.88	
OH	12, 99	S9125	U2	³ COVID-19 Medical Respite, by LPN, with room & board, per day	Respite Care - Agency	Day	\$681.79	\$681.79	
OH	12, 99	S9125	U2	³ COVID-19 BI Medical Respite, by LPN, with room & board, per day	Respite Care - Agency	Day	\$681.79	\$681.79	
OH	12, 99	S9125	U3	³ COVID-19 Medical Respite, by CNA, with room & board, per day	Respite Care - Agency	Day	\$495.46	\$495.46	
OH	12, 99	S9125	U3	³ COVID-19 BI Medical Respite, by CNA, with room & board, per day	Respite Care - Agency	Day	\$495.46	\$495.46	

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates								
HPMMIS Provider Number:								
National Provider Identifier Number:								
Name of Agency								
Address:								
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Effective Date:		July 1, 2021					Issued 2/28/22	
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date 6/30/21	⁵ Rate Start Date 7/1/21
OH	12, 99	S9125	U4	³ COVID-19 Medical Respite, by RN, without room & board, per day	Respite Care - Agency	Day	\$1,117.53	\$1,117.53
OH	12, 99	S9125	U4	³ COVID-19 BI Medical Respite, by RN, without room & board, per day	Respite Care - Agency	Day	\$1,117.53	\$1,117.53
OH	12, 99	S9125	U5	³ COVID-19 Medical Respite, by LPN, without room & board, per day	Respite Care - Agency	Day	\$629.43	\$629.43
OH	12, 99	S9125	U5	³ COVID-19 BI Medical Respite, by LPN, without room & board, per day	Respite Care - Agency	Day	\$629.43	\$629.43
OH	12, 99	S9125	U6	³ COVID-19 Medical Respite, by CNA, without room & board, per day	Respite Care - Agency	Day	\$443.10	\$443.10
OH	12, 99	S9125	U6	³ COVID-19 BI Medical Respite, by CNA, without room & board, per day	Respite Care - Agency	Day	\$443.10	\$443.10
Place of Service Codes:			(02) Telehealth (11) Office (12) Home (14) Group Home (18) Place of Employment/Worksite (21) Inpatient Hospital (31) Nursing Home (33) Custodial Care Facility (49) Independent Clinic (99) Other unlisted fac					
BI = Big Island (codes and rates applicable to Island of Hawaii only)								
¹ COVID-19 waiver services and place of services effective March 1, 2020, to six (6) months after the conclusion of the public health emergency with Appendix K waiver amendment #6.								
² COVID-19 Retainer Payments effective March 1, 2020, to six (6) months after the conclusion of the public health emergency with Appendix K waiver amendment #6. 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).								
³ COVID-19 Medical Respite effective March 1, 2020, to six (6) months after the conclusion of the public health emergency with Appendix K waiver amendment #6. 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).								

Medicaid Waiver Services I/DD Waiver Services Schedule of Rates									
HPMMIS Provider Number:									
National Provider Identifier Number:									
Name of Agency									
Address:									
Geographical Service Area:									
Effective Date:			July 1, 2021						Issued 2/28/22
Event Type	Place of Service	Procedure Code	Modifier	Type of Waiver Service	HPMMIS Procedure	Unit	Rate End Date	⁵ Rate Start Date	
⁴ COVID-19 Retainer Payments for ResHab effective March 1, 2020, to six (6) months after the conclusion of the public health emergency with Appendix K waiver amendment #6. 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.									
⁵ Rate changes effective July 1, 2021. All rate changes are in effect with Appendix K amendment #8 until six (6) months after the conclusion of the public health emergency. DDD intends to submit an amendment to the waiver that would extend the end date of the rate changes to June 30, 2023, subject to CMS approval. (See Billing Instructions for Waiver Providers Appendix K and American Rescue Plan Act. Please note that the rows referenced in the Billing Instructions are reflected on the generic rate sheet and the rows on your provider-specific rate sheet may differ.)									
⁶ Residential Habilitation, Adult Foster Homes, and Residential Habilitation, Licensed Homes, will be rolled in over the course of 1 year. Case managers will be able to select the new service, code, and modifier beginning January 1, 2022, for participant plan years that begin on or after April 1, 2022. (See Billing Instructions for Waiver Providers Appendix K and American Rescue Plan Act. Please note that the rows referenced in the Billing Instructions are reflected on the generic rate sheet and the rows on your provider-specific rate sheet may differ.)									
Rates are inclusive of all applicable taxes.									
Any and all expenditures and services to participants beyond the Department of Health case management authorization are subject to non-payment.									
Medicaid waiver services are not billable during periods of participant long-term institutionalization or periods of suspension of the waiver.									