

HCBS Waivers Fee Schedule  
Updated October 1, 2025

Program:	Community Long Term Care (CLTC)			
Services Offered	Procedure Code	Modifier Required	Rate	Billing increment (hourly, minutes, etc)
Case Management	G9012		\$86.00	per month
Personal Care Services	T1019		\$25.00	per hour
Agency Companion	S5135		\$14.50	per hour
Adult Day Health Care	S5102		\$80.00	per day
Adult Day Health Care Nursing	S5105		\$15.00	per day
Home Delivered Meals	S5170		\$7.40	per unit
Enviromental Modifications	S5165		manual pricing	
Enhanced Environmental Modifications	S5165	OSE	manual pricing	
Pest Control	S5121		\$66.50	per treatment
Advanced/Enhanced Pest Control	T2025		manual pricing	
PERS Installation	S5160		\$30.00	per unit
PERS Monitoring	S5161		\$30.00	per month
Nutritional Supplements	X1939		\$41.25	per unit
Nutritional Supplements Diabetic	X1939		\$56.25	per unit
Telemonitoring	S9109		\$9.50	per day
Nursing Services	S9123		\$47.00	per hour
Respite Institutional	H0045		manual pricing	
Respite In-Home (Vent)	S9125		\$500.00	per day
Respite Admission Processing	LTC24		\$33.75	per unit
Specialized Medical Supplies	X1918		manual pricing	
Specialized Medical Equipment	X1917		manual pricing	
Hand Held Shower	T2028		\$47.50	per unit
Attendant Care - Self Directed	S5125		\$16.20	per hour
Companion - Self Directed	X0273		\$12.80	per hour

**New Rates As Of 10/1/25**

HCBS Waivers Fee Schedule  
Updated October 1, 2025

Program:	Intellectual Disability/ Related Disabilities Waiver (IDRD)			
Services Offered	Procedure Code	Modifier Required	Rate	Billing increment (hourly, minutes, etc)
Adult Attendant Care Services	S5125	U1	\$4.07	15 mins
Adult Companion Services	S5135		\$4.89	15 mins
Adult Day Health Care	S5102		\$80.00	Per day
Adult Day Health Care Nursing	S5105		\$15.00	Per day
Adult Dental	Various		Various	N/A
Adult Vision	Various		Various	N/A
Audiology Services	Various		Various	N/A
Behavior Support	H0023		\$31.14	30 mins
Behavior Support (Caregiver Coaching)	H0023	U1	\$32.07	30 mins
Career Preparation	T2014		\$41.63	1/2 day = 2-3 hrs
Community Services	H2016		\$41.63	1/2 day = 2-3 hrs
Day Activity	T2020		\$41.63	1/2 day = 2-3 hrs
Employment Services Group	H2026		\$41.63	1/2 day = 2-3 hrs
Employment Services Individual	H2025		\$27.90	15 mins
Environmental Modifications	S5165		\$15,000.00	Lifetime
Incontinence Supplies	T4543,T4524,T4523,T4522,T4521,T4529,T4530,T4531,T4532,T4533,T4528,T4527,T4526,T4525,T4534,T4535,A4554,T5999		N/A	N/A
Independent Living Skills	H2014		\$9.54	15 mins
Nursing Services	S9123		\$47.00	Hour
Enhanced Nursing Services (State Plan)	T1002		\$12.50	15 mins
PERS Installation	S5160		\$30.00	Per installation
PERS Monitoring	S5161		\$30.00	Month
Personal Care Services	T1019		\$6.25	15 mins
Pest Control Bed Bugs	S5121	U1	\$1,000.00	1x per year
Pest Control Treatment	S5121		\$66.50	Per treatent/6x per year
Private Vehicle Assessment/Consultation	T2039	U1	\$600.00	Per claim
Private Vehicle Modifications	T2039		Up to \$7500	Lifetime
Residential Habilitation				
Residential 3-person high management	T2016	U8	\$525.00	Per day
Residential 4-person Tier 4 (forensic)	T2016	U7	\$447.63	Per day
Residential 4-person Tier 3	T2016	U6	\$378.05	Per day
Residential 4-person Tier 2	T2016	U5	\$322.39	Per day
Residential 4-person Tier 1	T2016	U4	\$272.70	Per day
Residential SLP II	T2016	U3	\$106.50	Per day
Residential CTH Tier 2	T2016	U2	\$124.86	Per day
Residential CTH Tier 1	T2016	U1	\$91.00	Per day
Residential Habilitation (15 min) - SLP-I	T2017		\$21.07	15 min.
**Respite In-home	T1005		\$6.25	15 mins
**Respite In-Home (Group of 1)	S5150	U1	\$6.25	15 mins
**Respite In-Home (Group of 2)	S5150	U2	\$4.44	15 mins
**Respite In-Home (Group of 3)	S5150	U3	\$3.52	15 mins
Respite Inst. (ICF/IID)	H0045		\$280.15	Per day
Respite Inst. (NF)	H0045	U1	\$120.00	Per day

HCBS Waivers Fee Schedule  
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Program:	Intellectual Disability/ Related Disabilities Waiver (IDRD)			
Services Offered	Procedure Code	Modifier Required	Rate	Billing increment (hourly, minutes, etc)
Specialized Medical Equipment and Assistive Technology	T2029		As Approved	Per claim
Specialized Medical Equipment and Assistive Technology Assessment/Consultation	T2029	U1	\$300.00	Per item
Specialized Medical Supplies	T2028		As Approved	Per claim
Support Center Services	S5151		\$35.26	1/2 day = 2-3 hrs
Transitional WCM with Travel	T1016	U1	\$30.75	15 mins
Transitional WCM without Travel	T1016	U2	\$18.90	15 mins
WCM with Travel	T1017	U1	\$30.75	15 mins
WCM without Travel	T1017	U2	\$18.90	15 mins

\*\*Agency Only

New Rates As Of 10/1/25

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Program:	Community Supports Waiver (CS)			
Services Offered	Procedure Code	Modifier Required	Rate	Billing increment (hourly, minutes, etc)
Adult Day Health Care	S5102		\$80.00	Per day
Adult Day Health Care Nursing	S5105		\$15.00	Per day
Assistive Technology and Appliances	T2029		As Approved	Per claim
Assistive Technology and Appliances Assessment	T2029	U1	\$300.00	Per item
Behavior Support Services	H0023		\$31.14	30 mins
Career Preparation	T2014		\$41.63	1/2 day = 2-3 hrs
Community Services Group	H2016		\$41.63	1/2 day = 2-3 hrs
Community Services Individual	H2016	SE	\$41.63	1/2 day = 2-3 hrs
Day Activity	T2020		\$41.63	1/2 day = 2-3 hrs
Employment Services Group	H2026		\$41.63	1/2 day = 2-3 hrs
Employment Services Individual	H2025		\$27.90	15 mins
Environmental Modifications	S5165		Cap Limit	Per plan year
Incontinence Supplies	T4543,T4524,T4523,T4522,T4521,T4529,T4530,T4531,T4532,T4533,T4528,T4527,T4526,T4525,T4534,T4535,A4554,T5999		Various	Various
In-Home Support	T2025		\$16.28	Per hour
PERS Installation	S5160		\$30.00	Per claim
PERS Monitoring	S5161		\$30.00	Per claim
Personal Care Services	T1019		\$6.25	15 mins
Private Vehicle Modification	T2039		Cap Limit	Per plan year
Private Vehicle Modification Assessment	T2039	U1	\$600.00	Per mod
**Respite In-home	T1005		\$6.25	15 mins
Respite Inst. ICF/IID	H0045		\$280.15	Per day
Respite Inst. NF	H0045	U1	\$120.00	Per day
Support Center	S5151		\$35.26	1/2 day = 2-3 hrs
Transitional WCM with Travel	T1016	U1	\$30.75	15 mins
Transitional WCM without Travel	T1016	U2	\$18.90	15 mins
WCM with Travel	T1017	U1	\$30.75	15 mins
WCM without Travel	T1017	U2	\$18.90	15 mins

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New Rates As Of 10/1/25

HCBS Waivers Fee Schedule  
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Program:	Head and Spinal Cord Injury Waiver (HSCI)			
Services Offered	Procedure Code	Modifier Required	Rate	Billing increment (hourly, minutes, etc)
Attendant Care (AGENCY)	S5125	U2	\$6.25	15 mins
Attendant Care (DSN BOARDS)	S5125	U3	\$6.25	15 mins
Attendant Care (UAP)	S5125	U1	\$4.07	15 mins
Behavior Support	H0023		\$31.14	30 mins
Career Prep	T2014		\$41.63	1/2 day = 2-3 hrs
Day Activity	T2020		\$41.63	1/2 day = 2-3 hrs
Employment Services (Individual)	H2025		\$27.90	15 mins
Employment Services (Group)	H2026		\$41.63	1/2 day = 2-3 hrs
Environmental Modification	S5165		Up to \$20,000	Per mod
Health Education for Consumer Directed Care	T2025		\$20.77	Hour
Incontinence Supplies	T4543,T4524,T4523,T4522,T4521,T4529,T4530,T4531,T4532,T4533,T4528,T4527,T4526,T4525,T4534,T4535,A4554,T5999		Various	N/A
Independent Living Skills	H2014		\$9.54	15 mins
Mental Health Services	H0046		\$33.49	30 mins
Nursing Services	S9123		\$47.00	Hour
Enhanced Nursing Services (State Plan)	T1002		\$12.50	15 mins
Occupational Therapy	Various		Various	N/A
Peer Guidance for Consumer Directed Care	T2025		\$20.77	Hour
PERS Installation	S5160		\$30.00	Initial Install
PERS Monitoring	S5161		\$30.00	1x a month
Pest Control Bed Bugs	S5121	U1	\$1,000.00	1x per year
Pest Control Treatment	S5121		\$66.50	Per treatment/6x per year
Physical Therapy	Various		Various	N/A
Private Vehicle Assessment/Consultation	T2039	U1	\$600.00	Per mod
Private Vehicle Modification	T2039		Up to \$30,000	Per mod
Psychological/Drug/Alcohol Counseling	T1007		\$40.29	Hour
<b>Residential Habilitation</b>				
Residential 3-person high management	T2016	U8	\$525.00	Per day
Residential 4-person Tier 4 (forensic)	T2016	U7	\$447.63	Per day
Residential 4-person Tier 3	T2016	U6	\$378.05	Per day
Residential 4-person Tier 2	T2016	U5	\$322.39	Per day
Residential 4-person Tier 1	T2016	U4	\$272.70	Per day
Residential SLP II	T2016	U3	\$106.50	Per day
Residential CTH Tier 2	T2016	U2	\$124.86	Per day
Residential CTH Tier 1	T2016	U1	\$91.00	Per day
Residential Habilitation (15 min) - SLP-I	T2017		\$21.07	15 min.
**Respite In-home	T1005		\$6.25	15 mins
Respite Inst. (ICF/IID)	H0045		\$280.15	Day
Respite Inst. (NF)	H0045	U1	\$120.00	Day
Specialized Medical Equipment and Assistive Technology	T2029		As Approved	Per claim

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<b>Program:</b>	<b>Head and Spinal Cord Injury Waiver (HSCI)</b>			
<b>Services Offered</b>	<b>Procedure Code</b>	<b>Modifier Required</b>	<b>Rate</b>	<b>Billing increment (hourly, minutes, etc)</b>
Specialized Medical Equipment and Assistive Technology Assessment/Consultation	T2029	U1	\$300.00	Per item
Specialized Medical Supplies	T2028		As Approved	Per claim
Speech and Hearing Services	Various		N/A	Per service
Transitional WCM with Travel	T1016	U1	\$30.75	15 mins
Transitional WCM without Travel	T1016	U2	\$18.90	15 mins
WCM with Travel	T1017	U1	\$30.75	15 mins
WCM without Travel	T1017	U2	\$18.90	15 mins

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# HCBS Waivers Fee Schedule

Updated October 1, 2025

<b>Program:</b>	<b>Medically Complex Children Waiver (MCC)</b>
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Services Offered	Procedure Code	Modifier Required	Rate	Billing increment (hourly, minutes, etc)
Care Coordination Contact	G9006		\$33.60	15 min.
Care Coordination Visit	G9007		\$54.00	15 min.
Care Advocate Contact	G9008		\$18.00	15 min.
Unskilled Respite	S5150		\$6.25	15 min.
Skilled Respite (RN)	T1005		\$8.75	15 min.
Pediatric Medical Day Care	T2027		\$28.50	Hourly
Childrens' Personal Care (CPC) -- State Plan	T1019		\$25.00	Hourly
Nursing Services --State Plan	S9123		\$47.00	Hourly
Enhanced Nursing Services--State Plan	T1002		\$12.50	15 min.
Pre-Admission Screening	T1023		\$7.50	Hourly
Environmental Modifications	S5165		NA	Manual pricing
Childrens' Attendant Care - Self Directed	S5125		\$16.20	Hourly
Enhanced PCCM	A monthly premium of \$277.15 is paid per recipient per month with the MCCM RSP. It is an auto payment.			