

HCBS Habilitation and Waiver Fee Schedule Rates Effective October 1, 2026

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
HCBS Waiver Services					
Adult Day Care		For AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee Schedule Effective 7/1/24, for Provider's rate in effect 06/30/2024 plus 4.1%, converted to a 15-minute, half-day, full-day, or extended-day rate. If no 6/30/24 rate: Veterans Administration contract rate or \$1.64 per 15-minute unit, \$26.37 per half day, \$52.51 per full day, or \$78.73 per extended day if no Veterans Administration contract	S5100	15-Minutes	\$1.64
			S5101	Half Day	\$26.37
			S5102	Full Day	\$52.51
			S5105	Extended Day	\$78.73
		For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) Effective 7/1/24, for intellectual disability waiver: The provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute or half-day rate. If no 6/30/24 rate, \$2.21 per 15-minute unit or \$35.14 per half day.	S5100	15-Minute	\$2.21
			S5101	Half Day	\$35.14
			S5102 U1-U6	Full Day	See published Fee Schedule
Adult Day Care in the Home		For AIDS/HIV, brain injury, elderly, intellectual disability waiver, and health and disability waivers: Fee Schedule	S5100 UA	15-Minute	\$10.07
Emergency Response System	Personal Response System	Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: Initial one-time fee: \$58.48 Ongoing monthly fee: \$45.48.	S5160	Initial One-Time	\$58.48
			S5161	Ongoing Monthly Fee	\$45.48

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	Portable Locator System	Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: Initial one-time fee: \$58.48 Ongoing monthly fee: \$45.48.	S5160	Initial One-Time	58.48
			S5161	Ongoing Monthly Fee	\$45.48
Home Health Aide		For AIDS/HIV, elderly, and health and disability waiver Fee Schedule	T1021	Per Visit	Lesser of maximum Medicare rate in effect 6/30/24 plus 4.1% or maximum Medicaid rate in effect 6/30/24 plus 4.1%
Home Health Aide		For intellectual disability waiver effective Fee Schedule	S9122	Per Hour	Lesser of maximum Medicare rate in effect 6/30/24 plus 4.1% or maximum Medicaid rate in effect 6/30/24 plus 4.1% converted to an hourly rate
Home Maintenance Support		Fee Schedule Rate Effective 10/01/2026.	S5130	15-Minute	\$6.55
Nursing Care (RN)		Fors AIDS/HIV, Elderly and HD Waivers, Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: \$98.87 per visit.	T1030	Visit	\$98.87
Nursing Care (LPN)		Fors AIDS/HIV, Elderly and HD Waivers, Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: \$98.87 per visit.	T1031	Visit	\$98.87

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
Nursing Care (RN)		For intellectual disability waiver, Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: \$98.87 per visit.	S9123	Hour	\$98.87
Nursing Care (LPN)		For intellectual disability waivers: Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: \$98.87 per visit.	S9124	Hour	\$98.87
Respite Care	Home Health Agency: Specialized Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%, converted to a 15-minute rate. If no 7/31/2025 rate: Lesser of maximum Medicare rate in effect 07/31/2025 plus .9%, converted to a 15-minute rate, or maximum Medicaid rate in effect 07/31/25 plus .9%, converted to a 15-minute rate, not to exceed \$356.93 per day	S5150 U3	15 Minutes	\$10.15
				Daily Limit	\$356.93
	Home Health Agency: Basic Individual Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%, converted to a 15-minute rate. If no 7/31/2025 rate: Lesser of maximum Medicare rate in effect 07/31/2025 plus .9%, converted to a 15-minute rate, or maximum Medicaid rate in effect 07/31/25 plus .9%, converted to a 15-minute rate, not to exceed \$356.93 per day	S5150	15-Minutes	\$5.41
				Daily Limit	\$356.93
	Home Health Agency: Group Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day.	T1005	15-Minute	\$3.94
				Daily Limit	\$356.93
	Home Care Agency:	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-	S5150 U3	15-Minute	\$10.15
				Daily Limit	\$356.93

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	Specialized Respite	minute rate. If no 07/31/25 rate: \$10.15 per 15-minute unit, not to exceed \$356.93 per day			
	Home Care Agency: Basic Individual Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$5.41 per 15-minute unit, not to exceed \$356.93 per day	S5150 UC	15-Minute	\$ 5.41
				Daily Limit	\$356.93
	Home Care Agency: Group Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
	Nonfacility Care: Specialized Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$10.15 per 15-minute unit, not to exceed \$356.93 per day	S5150 U3	15-Minute	\$10.15
				Daily Limit	\$356.93
	Nonfacility Care: Basic Individual Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$5.41 per 15-minute unit, not to exceed \$356.93 per day	S5150	15-Minute	\$5.41
				Daily Limit	\$356.93
	Nonfacility Care: Group Respite	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005	15-Minute	\$3.94
				Daily Limit	\$356.93
	Facility Care: Hospital or Nursing Facility Providing Skilled Care	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	Facility Care: Nursing Facility	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
	Facility Care: Camps	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
	Facility Care: Adult Day Care	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
	Facility Care: Intermediate Care Facility for Persons with an Intellectual Disability	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
	Facility Care: Residential Care Facilities for Persons with an Intellectual Disability	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
	Facility Care: Foster Group Care	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T1005 U3	15-Minute	\$3.94
				Daily Limit	\$356.93
		Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-	T1005 U3	15-Minute	\$3.94

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	Facility Care: Child Care Facilities	minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day		Daily Limit	\$356.93
	Respite (resident camp overnight);	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T2036	15-Minute	\$3.94
				Daily Limit	\$356.93
	Respite (group day camp)	Fee Schedule Effective 08/01/25, provider's rate in effect 07/31/25 plus .9%%, converted to a 15-minute rate. If no 07/31/25 rate: \$3.94 per 15-minute unit, not to exceed \$356.93 per day	T2037	15-Minute	\$3.94
				Daily Limit	\$356.93
Home-Delivered Meals	Home-delivered morning meal	Fee Schedule	S5170 UF	Per Meal	\$9.11
	Home-delivered liquid supplemental meal	Fee Schedule	S5170 UJ	Per Meal *two cans per meal	\$9.11
	Home-delivered noon meal	Fee Schedule	S5170 UG	Per Meal	\$9.11
	Home-delivered evening meal	Fee Schedule	S5170 UH	Per Meal	\$9.11
Home and Vehicle Modification	Elderly Waiver	Fee Schedule	Home S5165 Vehicle T2039	Lifetime Maximum	\$1,192.44

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	Intellectual Disability Waiver	Fee Schedule	Home S5165 Vehicle T2039	Lifetime Maximum	\$5,962.19
	Brain Injury, Health and Disability, and Physical Disability Waivers	Fee Schedule	Home S5165 Vehicle T2039	Per Year	\$7,154.64
Mental Health Outreach		Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%. If no 6/30/24 rate: On-site Medicaid reimbursement rate for center or provider. Maximum of 1,440 units per year.	H0036	15-Minute	Provider's rate in effect 6/30/24 plus 4.1% or maximum Medicaid rate in effect 6/30/24 plus 4.1% If no 6/30/24 rate: On-site Medicaid reimbursement rate for center or provider.
Transportation		Fee Schedule	S0215	Per mile	Fee Schedule in effect 07/01/2024
		Fee Schedule	T2003	Per 1 way Trip	Fee Schedule in effect 07/01/2024
		Fee Schedule	A0130	Transportation; non-emergent wheelchair van; individual; trip	Fee Schedule in effect 07/01/2024

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
		Fee Schedule	A0130 U3	Transportation; non-emergent wheelchair van; group trip	Fee Schedule in effect 07/01/2024
		Fee Schedule	T2001	non-emergent; escort; trip	Fee Schedule in effect 07/01/2024
Nutritional Counseling	Initial session	Fee Schedule Effective 7/1/24 for non-county contract: Provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$9.85 per 15-minute unit	97802	15-Minute	\$9.85
	Subsequent session	Fee Schedule Effective 7/1/24 for non-county contract: Provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$9.85 per 15-minute unit	97803	15-Minute	\$9.85
Assistive Devices	Assistive devices per item Personal Care Item-adaptive device & therapeutic resources	Fee Schedule	S5199	Per Unit	\$129.93
Companion		Fee Schedule Effective 7/1/24 for non-county contract: Provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$2.12 per 15-minute unit.	S5135	15-Minute	\$2.12
Attendant Care	Unskilled Attendant Care	Fee Schedule Rate Effective 10/01/2026	S5125	15-Minute	\$6.69
				Daily Limit	\$156.16

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	Skilled Attendant Care	Fee Schedule Rate Effective 10/01/2026	S5125 U3	15-Minutes	\$7.23
				Daily Limit	\$156.16
Counseling	Individual	Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$12.87 per 15-minute unit	H0004	15-Minutes	\$12.87
	Group (Health and Behavior intervention); first 30 minutes	Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$25.74 per 15-minute unit. Rate is divided by the actual number of people who comprise the group	96164	30-Minutes	\$25.74
	Group (Health and Behavior intervention); Each additional 15 Minutes	Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$12.86 per 15-minute unit. Rate is divided by the actual number of people who comprise the group	96165	15-Minutes	\$12.86
Case Management		Brain Injury Waiver and Elderly Waiver Fee schedule in effect 7/1/24, provider's rate in effect 6/30/24 plus 4.1%	T1016	15-minute	\$72.59
Supported Community Living	Brain Injury Waiver	Retrospectively Limited Prospective Rates	H2015	15-Minutes	\$11.59
		Retrospectively Limited Prospective Rates	H2016	Daily	\$565.02
	Intellectual Disability Waiver	Retrospectively Limited Prospective Rate	H2015 HI	15-Minutes	\$11.59
		Fee Schedule for the Member's Acuity Tier	H2016 U1-U7, HI S5136 U1-U6, HI	Daily	See Published Fee Schedule

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
Supported Community Living (Residential Based)	Intellectual Disability Waiver	Fee Schedule for the Member's Acuity Tier	S5316 UA, UB, UC	Daily	See Published Fee Schedule
Supported Employment	Individual Supported Employment	Fee Schedule	T2018 UC	Monthly Limit	\$3,692.34 See Published Fee Schedule
	Long-Term Job Coaching	Fee Schedule	H2025 U4 H2025 U3 H2025 U5 H2025 U7 H2025 UC	Monthly Limit	\$3,692.34 See Published Fee Schedule
	Small-Group Supported Employment (2 to 8 Individuals)	Fee Schedule	H2023 U3 H2023 U5 H2023 U7	Monthly Limit	\$3,692.34 See Published Fee Schedule
Specialized Medical Equipment		Fee Schedule	T2029	Year	\$7,154.64
Prevocational Services		Fee Schedule	T2015	Hour	See Published Fee Schedule
Prevocational Services Career Exploration		Fee Schedule	T2015 U3	Hour	See Published Fee Schedule
Positive Behavioral Support and Consultation		Fee Schedule	H0004 UC	15-Minutes	\$12.87

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
Family Training		Fee Schedule	H2021 UC	15-Minutes	\$12.86
Interim Medical Monitoring and Treatment	IMMT (HH agency home health aide);	Fee Schedule	T1004	15-Minutes	Lesser of maximum Medicare rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate
	IMMT (HH agency RN)	Fee Schedule	T1002	15-Minutes	Lesser of maximum Medicare rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate
	IMMT (HH agency LPN)	Fee Schedule	T1003	15-Minutes	Lesser of maximum Medicare rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
	IMMT (SCL)	Retrospectively Limited Prospective Rates Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$10.43 per 15-minute unit, not to exceed the maximum ICF/ID rate per day plus 11.727%	T1004 U3	15-Minutes	\$10.43
Day Habilitation	Intellectual Disability Waiver	Fee Schedule Effective 8/01/2025: Provider's rate in effect 7/31/2025 plus .9%, converted to a 15-minute rate. If no 7/31/25 rate: \$3.97 per 15-minute unit.	T2021	15-Minutes	\$3.97
	Day Habilitation	Fee Schedule for the Member's Acuity Tier	T2020 U1-U6	Daily	For daily service, the fee schedule rate published on the department's website, pursuant to 79.1(1) "c," for the member's acuity tier, determined pursuant to 79.1(30). See Published Fee Schedule
Environmental Modifications and Adaptive Devices		Fee Schedule	Home S5165 Personal Care Item S5199 Specialized Supply T2028	Year	\$7,154.64
Family and Community Support Services		Retrospectively Limited Prospective Rates	H2021	15-Minutes	\$10.43

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
In-Home Family Therapy		Fee Schedule Effective 7/1/24, provider's rate in effect 6/30/24 plus 4.1%, converted to a 15-minute rate. If no 6/30/24 rate: \$27.92 per 15-minute unit.	H0046	15-Minutes	\$27.92
Financial Management Services		Fee Schedule	T2040	Per Member Per Month	\$77.51
Independent Support Broker		Rate Negotiated by Member	T2041	Hour	\$18.06
Assisted living On-Call		Fee Schedule Effective 10/01/2026	T2031	Daily	\$31.43
Enabling Technology for Remote Support	Enabling Technology	Fee Schedule	T2029 UB	Per Job	\$442.43
	Enabling Technology Assessment	Fee Schedule	T2029 UA	Per Assessment	\$442.43
	Brain Injury Waiver and Intellectual Disability Waiver	Fee Schedule	T2029 UA T2029 UB	Per Member Annual Limit	\$4,500.00
Medical Day Care for Children		Fee Schedule	T2027	15-Minutes	\$10.07

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
Home and Community-Based Habilitation Services					
Home-Based Habilitation		Fee Schedule for the Member's Acuity Tier	H2016 UA-UC	As Needed	See Published Fee Schedule
		Fee Schedule for the Member's Acuity Tier	H2016 UD, U8, U9, U7	Daily	See Published Fee Schedule
Day Habilitation		Fee Schedule	T2021	15-Minutes	\$3.75
			T2020	Day	\$72.90
Supported Employment	Individual Supported Employment	Fee Schedule	T2018 UC	Monthly Limit	\$3,692.34 See Published Fee Schedule
	Long-Term Job Coaching	Fee Schedule	H2025 U4 H2025 U3 H2025 U5 H2025 U7 H2025 UC	Monthly Limit	\$3,692.34 See Published Fee Schedule
	Small-Group Supported Employment (2 to 8 Individuals)	Fee Schedule	H2023 U3 H2023 U5 H2023 U7	Monthly Limit	\$3,692.34 See Published Fee Schedule
	Individual Placement and Support (IPS)	Fee Schedule	T2018 U3 T2018 U4 T2018 U5 T2018 U6	Monthly Limit	\$3,692.34 See Published Fee Schedule
		Monthly Caps on the Total Cost of Waiver Services		Level of Care	New Cap Effective 10/01/2026

Service	Service	Reimbursement Methodology	Procedure Code/ Modifier	Unit of Service	Upper Rate Limits Rate Effective October 1, 2026
		Health and Disability Waiver - 83.2(2)"b"		SNF	\$3,552.85
				NF	\$1,220.69
				ICFID	\$4,761.81
		ADIS/HIV - 83.42(2)"b"		Hospital	\$2,387.71
		Physical Disability Waiver - 83.102(2)"b"		NF	\$793.20
		Children's Mental Health Waiver 83.122(6)"b"		Hospital	\$2,274.96
		ID Waiver Respite - 78.41(2)"i"			\$8,316.60
					New Rate Limit
				79.1(2)	15.827%
				ICF/ID Max Payment Rate (Compilation Report)	\$487.81
			BI Daily Waiver Max Rate Calculation with 4.1% increase	Calculated Max Rate	\$565.02