

Department of Health and Social Services  
Chart of Personal Care Attendant and Waiver Service Rates

**Effective July 1, 2016**

The following are Medicaid payment rates for specified Personal Care Attendant and Waiver Services. This chart does not cover all services reimbursed by Medicaid for Waiver Services. For services not covered here the controlling regulation should be consulted (example: Specialized Medical Equipment, Environmental Modifications, or Specialized Private Duty Nursing).

**Waiver Programs:**

Alaskans Living Independently	- <b>ALI</b>
Adults with Physical and Developmental Disabilities	- <b>APDD</b>
Children with Complex Medical Conditions	- <b>CCMC</b>
Intellectual and Developmental Disabilities	- <b>IDD</b>

**Note: Regulatory payment restrictions such as payment limits, coverage limitations, or mutually exclusive restrictions are not addressed in this rate chart.**

<b>Personal Care Assistance Services – 7 AAC 145.500</b>				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Personal Care - Agency	Per 15 Minute	\$6.10	T1019	N/A
Personal Care – Consumer Directed	Per 15 Minute	\$6.10	T1019 U3	N/A

<b>Care Coordination – 7 AAC 130.240</b>				
Service	Service Unit and Limit	Service Rate	Procedure Code	Waiver Program
Case Management	Per Month	\$240.77	T2022	ALI, APDD, CCMC, IDD
Screening	One Initial (one additional as approved)	\$90.33	T1023	ALI, APDD, CCMC
Plan of Care Development	One Annual	\$384.81	T2024 U2	ALI, APDD, CCMC, IDD

**Effective July 1, 2016**

<b>Nursing Oversight and Care Management – 7 AAC 130.235</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Oversight and Care Management	Per 15 minute – <b>local</b> (service within 200 miles of provider)	\$22.38	T1016 CG	CCMC, IDD
Oversight and Care Management	Per 15 minute – <b>non-local</b> (recipient greater than 200 miles from provider)	\$88.95	T1016 TN	CCMC, IDD

Note: Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

<b>Residential Supported Living (RSL) – 7 AAC 130.255 - Non- State Government owned and operated provider</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
RSL - 5 or fewer beds per EIN*	Per day	\$144.47	T2031 UR	ALI, APDD
RSL - 6 to 16 beds per EIN*	Per day	\$148.73	T2031 US	ALI, APDD
RSL - 17 or more beds per EIN*	Per day	\$158.73	T2031	ALI, APDD
RSL Acuity Add-on **	Per day	\$350.81	T2031 TG	ALI, APDD

\*EIN is the providers Employer Identification as issued by the Internal Revenue Service. The providers residential assisted living beds must be added to determine their total.

\*\* Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

<b>Residential Supported Living (RSL) – 7 AAC 130.255 - State Government owned and operated provider</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
RSL	Per day	\$158.73	T2031 CG	ALI, APDD
RSL Acuity Add-on **	Per day	\$350.81	T2031 TG	ALI, APDD

\*\* Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

**Effective July 1, 2016**

<b>Residential Habilitation – 7 AAC 130.265</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Family Home Habilitation – Adult	Per Diem	\$119.93	S5140	APDD, CMCC, IDD Must be 18
Family Home Habilitation – Child	Per Diem	\$150.01	S5145	CCMC, IDD
Group Home Habilitation	Per Diem	\$316.86	T2016	APDD, CMCC, IDD Must be 18 or over
Group Home Habilitation Acuity Add-on**	Per Diem	\$350.81	T2016 TG	APDD, CMCC, IDD Must be 18 or over
Supported Living Habilitation	Residential - 15 Minute	\$10.66	T2017	APDD, CMCC, IDD Must be 18 or over
In-Home Habilitation	In home – 15 Minute	\$10.66	T2017 U4	CCMC, IDD Must be 17 or Younger

\*\* Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

<b>Intensive Active Treatment – 7 AAC 130.275</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Time limited intervention, treatment, or therapy	Per 15 minute – <b>local</b> (recipient within 200 miles of provider)	\$22.38	H2011 CG	APDD, CMCC, IDD
Time limited intervention, treatment, or therapy	Per 15 minute – <b>non-local</b> (recipient greater than 200 miles from provider)	\$44.77	H2011TN	APDD, CMCC, IDD

Note: Intensive Active Treatment does not include services for routine and on-going behavioral challenges or services related to administration of care though training of staff. Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

**Effective July 1, 2016**

<b>Various</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Day Habilitation - Individual 7 AAC 130.260	15 Minute	\$10.71	T2021	APDD, CMCC, IDD
Day Habilitation - Group 7 AAC 130.260	15 Minute	\$7.50	T2021 HQ	APDD, CMCC, IDD
Supported Employment - Individual 7 AAC 130.270	15 Minute	\$12.12	T2019	APDD, CMCC, IDD
Supported Employment - Group 7 AAC 130.270	15 Minute	\$8.49	T2019 HQ	APDD, CMCC, IDD
Pre Employment - Individual 7 AAC 130.270	15 Minute	\$12.12	T2019 CG	APDD, CMCC, IDD
Pre Employment - Group 7 AAC 130.270	15 Minute	\$8.49	T2019 TT	APDD, CMCC, IDD
Chore 7 AAC 130.245	15 Minute	\$6.70	S5120	ALI, APDD, CMCC, IDD
Adult Day Service 7 AAC 130.250	Per Half Day***	\$84.11	S5101	ALI, APDD
Adult Day Service 7 AAC 130.250	15 Minute	\$5.25	S5100	ALI, APDD
Meals 7 AAC 130.295	Home Delivered Per Meal	\$21.77	S5170	ALI, APDD, CMCC, IDD
Congregate Meals 7 AAC 130.295	Per Meal	\$21.15	T2025	ALI, APDD, CMCC, IDD
Transportation 7 AAC 130.290	Per Trip – Attendant or Escort	\$14.74	T2001 SE	ALI, APDD, CMCC, IDD
Transportation 7 AAC 130.290	Per Trip <u>up to 20</u> miles - Recipient	\$14.74	T2003	ALI, APDD, CMCC, IDD
Transportation 7 AAC 130.290	Per Trip <u>greater</u> than 20 miles - Recipient	\$29.48	T2003 TN	ALI, APDD, CMCC, IDD

\*\*\* Service period must be at least 1 hour with coverage up to 4 hours per day. This service unit is limited to one unit per day. Adult Day Services in excess of one Per Half Day unit must be covered using the 15 minute service units



Regional factors are weighted for all southeast communities for a 9% factor

• Juneau	N/A	1.09
• Ketchikan/Sitka	N/A	1.09
• Southeast Mid-Size Communities	N/A	1.09
• Southeast Small Communities	N/A	1.09