

Department of Health and Social Services  
 Chart of Personal Care Services, Community First Choice Services and  
 Waiver Services Rates

**With 2.5% inflation effective October 1, 2018**

The following are Medicaid payment rates for specified Personal Care Services, Community First Choice Services, 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	ALI
Adults with Physical and Developmental Disabilities	APDD
Children with Complex Medical Conditions	CCMC
Intellectual and Developmental Disabilities	IDD
Intellectual and Development Disabilities Individualized Service Waiver	IDD-ISW

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

<b>Personal Care Services – 7 AAC 125.010 – 7 AAC 125.199 &amp; 7 AAC 127.010 – 7 AAC 127.190 &amp; 7 AAC 145.500 &amp; 7 AAC 145.520</b>				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Personal Care -Agency	Per 15 Minute	\$6.25	T1019	N/A
Personal Care – Consumer Directed	Per 15 Minute	\$6.25	T1019 U3	N/A
Personal Care -Agency - Community First Choice	Per 15 Minute	\$6.25	S5125	N/A
Personal Care – Consumer Directed - Community First Choice	Per 15 Minute	\$6.25	S5125 SE	N/A
Skills Building Personal Care - Community First Choice <sup>1</sup>	Per 15 Minute	\$8.39	S5108	N/A

<sup>1</sup>Skills Building Personal Care – Community First Choice can only be billed as noted in 7 AAC 127.040 (a)(3).

<b>Care Coordination – 7 AAC 130.240 &amp; 7 AAC 145.520</b>				
Service	Service Unit and Limit	Service Rate	Procedure Code	Waiver Program
Care Coordination Monthly	Per Month	\$246.79	T2022	ALI, APDD, CCMC, IDD
Care Coordination Monthly	Per Month	\$152.47	T2022 CG	IDD-ISW

<b>Residential Supported Living (RSL) – 7 AAC 130.255 &amp; 7 AAC 145.520- State Government owned and operated provider</b>				
Service	Service Unit	Service Rate	Procedure Code	Waiver Program
RSL	Per day	\$162.70	T2031 CG	ALI, APDD
RSL - Acuity Add-on <sup>2</sup>	Per day	\$359.58	T2031 TG	ALI, APDD

<sup>2</sup>Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

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<b>Residential Supported Living (RSL) – 7 AAC 130.255 &amp; 7 AAC 145.520 - 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 <sup>3</sup>	Per day	\$148.08	T2031 UR	ALI, APDD
RSL - 6 to 16 beds per EIN <sup>3</sup>	Per day	\$152.45	T2031 US	ALI, APDD
RSL - 17 or more beds per EIN <sup>3</sup>	Per day	\$162.70	T2031	ALI, APDD
RSL Acuity Add-on <sup>2</sup>	Per day	\$359.58	T2031 TG	ALI, APDD

<sup>3</sup>EIN is the provider’s Employer Identification Number as issued by the Internal Revenue Service. The provider’s licensed assisted living beds (for all locations) must be added together to determine the code used for billing the service.

<sup>2</sup>Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

<b>Residential Habilitation – 7 AAC 130.265 &amp; 7 AAC 145.520</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	\$122.93	S5140	APDD, CMCC, IDD Must be 18 or over
Family Home Habilitation – Child	Per Diem	\$153.76	S5145	CCMC, IDD Must be 17 or younger
Group Home Habilitation	Per Diem	\$324.78	T2016	APDD, CMCC, IDD Must be 18 or over
Group Home Habilitation Acuity Add-on <sup>3</sup>	Per Diem	\$359.58	T2016 TG	APDD, CMCC, IDD Must be 18 or over
Supported Living Habilitation	Residential - 15 Minute	\$10.93	T2017	APDD, CMCC, IDD, IDD-ISW Must be 18 or over
In-Home Habilitation	In home – 15 Minute	\$10.93	T2017 U4	CCMC, IDD, IDD-ISW Must be 17 or younger

<sup>3</sup>Per 7 AAC 130.267 requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

<b>Respite (unskilled) – 7 AAC 130.280 &amp; 7 AAC 145.520</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Respite	Per 15 Minute	\$6.42	S5150	ALI, APDD, CCMC, IDD, IDD-ISW
Respite – Family Directed	Per 15 Minute	\$4.33	S5150 U2	CCMC, IDD, IDD-ISW
Respite	Per Day	\$307.27	S5151	ALI, APDD, CCMC, IDD, IDD-ISW
Respite – Family Directed	Per Day	\$207.75	S5151 U2	CCMC, IDD, IDD-ISW

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<b>Intensive Active Treatment – 7 AAC 130.275 &amp; 7 AAC 145.520</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)	\$22.94	H2011 CG	APDD, CMCC, IDD, IDD-ISW
Time limited intervention, treatment, or therapy	Per 15 minute – <b>non-local</b> <sup>4</sup> (recipient greater than 200 miles from provider)	\$45.89	H2011TN	APDD, CMCC, IDD, IDD-ISW

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.

<sup>4</sup>Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

<b>Nursing Oversight and Care Management – 7 AAC 130.235 &amp; 7 AAC 145.520</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)	\$22.94	T1016 CG	CCMC, IDD
Oversight and Care Management	Per 15 minute – <b>non-local</b> <sup>4</sup> (recipient greater than 200 miles from provider)	\$91.17	T1016 TN	CCMC, IDD

<sup>4</sup>Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

<b>Various - 7 AAC 145.520 &amp; as listed</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	\$10.98	T2021	APDD, CMCC, IDD, IDD-ISW
Day Habilitation - Group 7 AAC 130.260	15 Minute	\$7.69	T2021 HQ	APDD, CMCC, IDD, IDD-ISW
Supported Employment - Individual 7 AAC 130.270	15 Minute	\$12.42	T2019	APDD, CMCC, IDD, IDD-ISW
Supported Employment - Group 7 AAC 130.270	15 Minute	\$8.70	T2019 HQ	APDD, CMCC, IDD, IDD-ISW
Pre-Employment - Individual 7 AAC 130.270	15 Minute	\$12.42	T2019 CG	APDD, CMCC, IDD, IDD-ISW
Pre-Employment - Group 7 AAC 130.270	15 Minute	\$8.70	T2019 TT	APDD, CMCC, IDD, IDD-ISW
Adult Day Service 7 AAC 130.250	Per Half Day <sup>5</sup>	\$86.21	S5101	ALI, APDD
Adult Day Service 7 AAC 130.250	15 Minute	\$5.38	S5100	ALI, APDD
Meals 7 AAC 130.295	Home Delivered Per Meal	\$22.31	S5170	ALI, APDD, CMCC, IDD
Congregate Meals 7 AAC 130.295	Per Meal	\$21.68	T2025	ALI, APDD, CMCC, IDD

<sup>5</sup>Service period must be at least one (1) hour with coverage up to four (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 billed using the 15 minute service units

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<b>Various – Continued - 7 AAC 145.520 &amp; as listed</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Chore 7 AAC 130.245	15 Minute	\$6.87	S5120	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip – Attendant or Escort	\$15.11	T2001 SE	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip <u>up to 20</u> miles - Recipient	\$15.11	T2003	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip <u>greater than 20</u> miles - Recipient	\$30.22	T2003 TN	ALI, APDD, CMCC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Paratransit provider Per Trip – Recipient <sup>6</sup>	\$30.22	T2003 CG	ALI, APDD, CMCC, IDD, IDD-ISW
Specialized private duty nursing 7 AAC 130.285	15 minute Registered Nurse	Per 7 AAC 145.250	T1002 U2	ALI, APDD, IDD Must be 21 or over
Specialized private duty nursing 7 AAC 130.285	15 minute LPN/LVN	Per 7 AAC 145.250	T1003 U2	ALI, APDD, IDD Must be 21 or over

<sup>6</sup>Paratransit providers defined under 49 CFR 37 Subpart F.

**Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the region in which the provider is located. These regional factors are based upon the designated planning regions described in Table I-1 of the *Alaska Geographic Differential Study*, Dated April 30, 2009. Rate adjustments are as follows:**

- |                                 |         |      |
|---------------------------------|---------|------|
| • Anchorage Region              | No adj. | 1.00 |
| • Fairbanks                     | 3%      | 1.03 |
| • Parks/Elliott/Steese Highways | No adj. | 1.00 |
| • Glennallen Region             | N/A     | 1.00 |
| • Delta Junction/Tok Region     | 4%      | 1.04 |
| • Roadless Interior             | 31%     | 1.31 |
| • Mat-Su                        | N/A     | 1.00 |
| • Kenai Peninsula               | 1%      | 1.01 |
| • Prince William Sound          | 8%      | 1.08 |
| • Kodiak                        | 12%     | 1.12 |
| • Arctic Region                 | 48%     | 1.48 |
| • Bethel/Dillingham             | 49%     | 1.49 |
| • Aleutian Region               | 50%     | 1.50 |
| • Southwest Small Communities   | 44%     | 1.44 |

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 |