Department of Health and Social
Chart of Waiver Services Rates
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The following are Medicaid payment rates for specified Waiver Services
Note: 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 Developmental Disabilities-Individualized Supports Waiver	**IDD-ISW**

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

The following are Medicaid payment rates for **Care Coordination**
7 AAC 130.240 & 7 AAC 145.520

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Care Coordination On-Going	Per Month	$246.79	T2022	ALI, APDD, CCMC, IDD
Care Coordination On-Going	Per Month	$152.47	T2022 CG	IDD-ISW

The following are Medicaid payment rates for **Residential Supported Living (RSL)**
7 AAC 130.255 & 7 AAC 145.520 – State Government owned and operated provider

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
RSL	Per Day	$162.70	T2031 CG	ALI, APDD
RSL-Acuity Add-on[1]	Per Day	$359.58	T2031 TG	ALI, APDD

[1] Per 7 AAC 130.267, Acuity Add-on requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

The following are Medicaid payment rates for **Residential Supported Living (RSL)**
7 AAC 130.255 & 7 AAC 145.520 Non-State Government owned and operated provider

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
RSL-5 or fewer beds per EIN[2]	Per Day	$148.08	T2031 UR	ALI, APDD
RSL-6-16 beds per EIN[2]	Per Day	$152.45	T2031 US	ALI, APDD
RSL- 17 or more beds per EIN[2]	Per Day	$162.70	T2031	ALI, APDD
RSL-Acuity Add-on[3]	Per Day	$359.58	T2031 TG	ALI, APDD

[2] 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.
[3] Per 7 AAC 130.267, Acuity Add-on requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

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The following are Medicaid payment rates for **Residential Habilitation** 7 AAC 130.265 & 7 AAC 145.520

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Family Home Habilitation – Adult	Per Day	$122.93	S5140	APDD, CCMC, IDD Must be 18 or over
Family Home Habilitation-Child	Per Day	$153.76	S5145	CCMC, IDD Must be 17 or younger
Group Home - Habilitation	Per Day	$324.78	T2016	APDD, CCMC, IDD, Must be 18 or over
Group Home Habilitation Acuity Add-on[3]	Per Day	$359.58	T2016 TG	APDD, CCMC IDD, Must be 18 or over
Supported Living Habilitation	Residential - 15 Minute	$10.93	T2017	APDD, CCMC , IDD, IDD-ISW Must be 18 or over
In-Home Supports Habilitation	In-Home - 15 Minute	$10.93	T2017 U4	CCMC, IDD, IDD-ISW Must be 17 or younger

[3] Per 7 AAC 130.267, Acuity Add-on requires the recipient receive dedicated 1 to 1 staffing care 24 hour per day.

The following are Medicaid payment rates for **Respite** 7 AAC 130.280 & 7 AAC 145.520

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
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

The following are Medicaid payment rates for **Intensive Active Treatment** 7 AAC 130.275 & 7 AAC 145.520

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Time limited intervention, treatment or therapy	Per 15 minute – local (recipient within 200 miles of provider)	$22.94	H2011 CG	APDD, CCMC, IDD, IDD-ISW
Time limited intervention, treatment, or therapy	Per 15 minute – non-local[4]	$45.89	H2011 TN	APDD, CCMC, 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.

[4] Non-local means the provider must travel 200 miles or more to provide service to the recipient.

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The following are Medicaid payment rates for **Nursing Oversight and Care Management**
7 AAC 130.235 & 7 AAC 145.520

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Nursing Oversight and Care Management	Per 15 minute – local (recipient within 200 miles of provider)	$22.94	T1016 CG	CCMC, IDD
Nursing Oversight and Care Management	Per 15 minute – non-local[4]	$91.17	T1016 TN	CCMC, IDD

[4] Non-local means the provider must travel 200 miles or more to provide service to the recipient.

The following are Medicaid payment rates for **Other Waiver Services** 7 AAC 145.520 & as listed

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Day Habilitation – Individual 7 AAC 130.260	15 Minute	$10.98	T2021	APDD, CCMC, IDD, IDD-ISW
Day Habilitation –Group 7 AAC 130.260	15 Minutes	$7.69	T2021 HQ	APDD, CCMC, IDD, IDD-ISW
Supported Employment - Individual 7 AAC 130.270	15 Minute	$12.42	T2019	APDD, CCMC, IDD, IDD-ISW
Supported Employment - Group 7 AAC 130.270	15 Minute	$8.70	T2019 HQ	APDD, CCMC, IDD, IDD-ISW
Pre-Employment – Individual 7 AAC 130.270	15 Minute	$12.42	T2019 CG	APDD, CCMC, IDD, IDD-ISW
Pre-Employment – Group 7 AAC 130.270	15 Minute	$8.70	T2019 TT	APDD, CCMC, IDD, IDD-ISW
Adult Day Service 7 AAC 130.250	Per Half Day[5]	$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, CCMC, IDD
Meals 7 AAC 130.295	Congregate Per Meal	$21.68	T2025	ALI, APDD, CCMC, IDD
Transportation 7 AAC 130.290	Per Trip-Attendant or Escort	$15.11	T2001 SE	ALI, APDD, CCMC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip up to 20 miles-Recipient	$15.11	T2003	ALI, APDD, CCMC, IDD, IDD-ISW

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Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Transportation 7 AAC 130.290	Per Trip greater than 20 miles-Recipient	$30.22	T2003 TN	ALI, APDD, CCMC, IDD, IDD-ISW
Transportation 7 AAC 130.290	Per Trip-Recipient[6] Paratransit Provider	$30.22	T2003 CG	ALI, APDD, CCMC, 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

[5] 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
[6] 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 adjustment	1.00
Fairbanks	3%	1.03
Parks/Elliott/Steese Highways	No adjustment	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
Juneau	9%	1.09
Ketchikan/Sitka	9%	1.09
Southeast Mid-Size Communities	9%	1.09
Southeast Small Communities	9%	1.09

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