

Community Choices Waiver Fee Schedule - Effective July 1, 2021

Waiver Service	Code	Modifier	Maximum Rate	Unit	Service Cap
<b>Adult Day Services - Health Model</b>	S5101	U7	\$34.06	Half Day	Limited to five days (ten half-days) per week.
<b>Adult Day Services - Social Model</b>	S5101		\$26.84	Half Day	Limited to three days (six half-days) per week.
<b>Assisted Living Facility Services - Standard</b>	T2031		\$56.29	Daily	
<b>Assisted Living Facility Services - Memory Care Unit</b>	T2031	U8	\$82.49	Daily	
<b>Case Management - Service Plan Development/Annual Update</b>	T2024	U6	\$507.81	Initial Plan / Annual Update	Limited to one unit per year.
<b>Case Management - Monitoring</b>	T2022		\$133.40	Monthly	
<b>Home Delivered Meals - Hot</b>	S5170	SE	\$7.10	1 Meal	Limited to 2 meals per day
<b>Home Delivered Meals - Frozen</b>	S5170		\$5.25	1 Meal	
<b>Home Health Aide</b>	T1004		\$10.36	15 Minute	
<b>Non-Medical Transportation - Public Transit Multipass</b>	T2003		Variable	Per Purchase	Limit of \$80 per month
<b>Non-Medical Transportation - Service Route</b>	A0120		\$4.34	1 Trip (one-way)	
<b>Non-Medical Transportation - Wheelchair Accessible Vehicle</b>	A0130		\$9.75	1 Trip (one-way)	
<b>Non-Medical Transportation - Non-Wheelchair Accessible Vehicle</b>	T2004		\$6.20	1 Trip (one-way)	
<b>Personal Emergency Response System (PERS) - Landline Installation</b>	S5160		\$63.09	Per Installation	One installation over participant's lifetime unless otherwise warranted by extenuating circumstances.
<b>PERS - Landline Monitoring</b>	S5161		\$32.01	Monthly	
<b>PERS - Cellular Installation</b>	S5160	CG	\$63.73	Per Installation	One installation over participant's lifetime unless otherwise warranted by extenuating circumstances.
<b>PERS - Cellular Monitoring</b>	S5161	U4	\$41.73	Monthly	
<b>Personal Support Services - Agency Based</b>	S5125		\$8.91	15 Minute	
<b>Personal Support Services - Participant Direction</b>	S5125	U5	\$3.80	15 Minute	
<b>Respite - In Home</b>	S5150		\$10.36	15 Minute	Combined limit of the prorated equivalent of 30 days per service plan year.
<b>Respite - Assisted Living Facility</b>	S5151		\$80.38	Daily	
<b>Respite - Skilled Nursing Facility</b>	H0045		\$185.09	Daily	
<b>Skilled Nursing Services - Registered Nurse (RN)</b>	T1002		\$26.12	15 Minute	
<b>Skilled Nursing Services - Licensed Practical Nurse (LPN)</b>	T1003		\$18.86	15 Minute	