**Reimbursement Rates for Services**
**Homeward Bound Waiver**
**Program**

| Homeward Bound Waiver Program | | | | | |
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| **Waiver Services** | **Unit of Service** | **Unit Rate** | **Service Code** | **Modifier 1** | **Modifier 2** |
| Family Counseling - Individual (without Client) | 15 Minutes | $21.55 | 90846 | | |
| Family Counseling - Individual (without Client) -Telehealth | 15 Minutes | $21.55 | 90846 | GT | |
| Family Counseling - Individual with Consumer present | 15 Minutes | $21.55 | 90847 | | |
| Family Counseling - Individual with Consumer Present-Telehealth | 15 Minutes | $21.55 | 90847 | GT | |
| Family Counseling - Group - Psychotherapy | 15 Minutes | $7.19 | 90853 | U1 | |
| Family Counseling - Group - Psychotherapy-Telehealth | 15 Minutes | $7.19 | 90853 | U1 | GT |
| Audiology Services and Devices | As defined by CPT/HCPC | As prior authorized | HCPC or CPT | | |
| Nutrition Therapy, Initial Assessment & Intervention - EVV | 15 Minutes | $33.51 | 97802 | U5 | |
| Nutrition Therapy, Initial Assessment & Intervention | 15 Minutes | $33.51 | 97802 | UK | |
| Nutrition Therapy, Reassessment & Intervention - EVV | 15 Minutes | $28.91 | 97803 | U5 | |
| Nutrition Therapy, Reassessment & Intervention | 15 Minutes | $28.91 | 97803 | UK | |
| Physical Therapy - EVV | 15 Minutes | $26.00 | G0151 | | |
| Physical Therapy-Telehealth | 15 Minutes | $26.00 | G0151 | GT | |
| Physical Therapy | 15 Minutes | $26.00 | G0151 | UK | |
| Occupational Therapy - EVV | 15 Minutes | $26.00 | G0152 | | |
| Occupational Therapy-Telehealth | 15 Minutes | $26.00 | G0152 | GT | |
| Occupational Therapy | 15 Minutes | $26.00 | G0152 | UK | |
| Speech/Language Services - EVV | 15 Minutes | $24.43 | G0153 | | |
| Speech/Language Services - Telehealth | 15 Minutes | $24.43 | G0153 | GT | |
| Speech/Language Services | 15 Minutes | $24.43 | G0153 | UK | |
| Home Care Training to Home Care Client, Per Session | Each | As prior authorized | S5109 | | |
| Home Care Training to Home Care Client, Per Session - Telehealth | Each | As prior authorized | S5109 | GT | |
| Home Care Training, Nonfamily; per session | Each | As prior authorized | S5116 | | |
| Home Care Training, Nonfamily; per session - Telehealth | Each | As prior authorized | S5116 | GT | |
| Home Environment Assessment - OT | Visit | As prior authorized | T1028 | GO | |

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| Home Environment Assessment - PT | Visit | As prior authorized | T1028 | GP | |
| Vehicle Modification Assessment | Each | As prior authorized | T2024 | | |
| Home Modification, Per Service | Each | As prior authorized | S5165 | | |
| Dental Services | As Defined by CDT | As prior authorized | Per CDT | | |
| Prescriptions | As Ordered | As prior authorized | Per HCPC | | |
| Adult Day Services | 15 Minutes | $2.86 | S5100 | | |
| Respite-Hourly | 15 Minutes | $5.50 | S5150 | | |
| Respite-Hourly-EVV | 15 Minutes | $5.50 | S5150 | 32 | |
| Respite - Maximum | Day | $108.68 | S5151 | | |
| Respite in Community Living Group Home 10 bed setting | Day | $204.14 | S5151 | | |
| Respite in Community Living Group Home 11 bed setting | Day | $188.41 | S5151 | | |
| Respite in Community Living Group Home 12 bed setting | Day | $186.62 | S5151 | | |
| Respite in Community Living Group Home 6 bed setting | Day | $269.92 | S5151 | | |
| Respite in Community Living Group Home 7 bed setting | Day | $235.95 | S5151 | | |
| Respite in Community Living Group Home 8 bed setting | Day | $229.16 | S5151 | | |
| Respite in Community Living Group Home 9 bed setting | Day | $207.00 | S5151 | | |
| Respite in Agency Companion - Contractor - Close | Day | $169.46 | S5151 | | |
| Respite in Agency Companion – Contractor - Enhanced | Day | $210.93 | S5151 | | |
| Respite in Agency Companion - Contractor - Pervasive | Day | $227.73 | S5151 | | |
| Respite in Group Home 10 bed setting | Day | $96.89 | S5151 | | |
| Respite in Group Home 11 bed setting | Day | $92.60 | S5151 | | |
| Respite in Group Home 12 bed setting | Day | $89.02 | S5151 | | |
| Respite in Group Home 6 bed setting | Day | $135.72 | S5151 | | |
| Respite in Group Home 7 bed setting | Day | $120.12 | S5151 | | |
| Respite in Group Home 8 bed setting | Day | $109.04 | S5151 | | |
| Respite in Group Home 9 bed setting | Day | $102.25 | S5151 | | |
| Respite - Close | Day | $55.00 | S5151 | | |
| Respite - Intermittent | Day | $26.13 | S5151 | | |
| Respite, In Own Home - Maximum | Day | $78.43 | S9125 | | |
| Respite, In Own Home - Close | Day | $39.19 | S9125 | TF | |
| Respite, In Own Home - Intermittent | Day | $26.13 | S9125 | U1 | |
| HTS - Habilitation Training Specialist | 15 Minutes | $6.58 | T2017 | | |

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| HTS - Habilitation Training Specialist - EVV | 15 Minutes | $6.58 | T2017 | 32 | |
| Intensive Personal Supports | 15 Minutes | $6.58 | T2017 | TF | |
| HTS - No Supervising Agency - Independent | 15 Minutes | $2.38 | T2017 | U1 | |
| Remotes Supports with Paid Staff | 15 Minutes | $3.61 | T2017 | U4 | |
| Remote Supports with Unpaid Staff | 15 Minutes | $1.99 | T2017 | U4 | |
| Specialized Medical Supplies, Assistive Tech, and DME | As defined by HCPC | As prior authorized | HCPC | | |
| Adult sized disposable incontinence product, brief/diaper, small | Each | $0.78 | T4521 | U5 | |
| Adult sized disposable incontinence product, brief/diaper, medium | Each | $0.85 | T4522 | U5 | |
| Adult sized disposable incontinence product, brief/diaper, large | Each | $0.96 | T4523 | U5 | |
| Adult sized disposable incontinence product, brief/diaper, extra large | Each | $1.13 | T4524 | U5 | |
| Adult sized disposable incontinence product, protective underwear/pull-on, small size | Each | $0.86 | T4525 | U5 | |
| Adult sized disposable incontinence product, protective underwear/pull-on medium size | Each | $1.01 | T4526 | U5 | |
| Adult sized disposable incontinence product, protective underwear/pull-on large size | Each | $1.10 | T4527 | U5 | |
| Adult sized disposable incontinence product, protective underwear/pull-on extra-large size | Each | $1.25 | T4528 | U5 | |
| Pediatric sized disposable incontinence product, brief/diaper, small/medium sized | Each | As prior authorized | T4529 | U5 | |
| Pediatric sized disposable incontinence product, brief/diaper, large size | Each | As prior authorized | T4530 | U5 | |
| Pediatric sized disposable incontinence product, protective underwear, pull-on, large size, each | Each | As prior authorized | T4532 | U5 | |
| Youth sized disposable incontinence product, brief/diaper, each | Each | As prior authorized | T4533 | U5 | |
| Youth sized disposable incontinence product, protective underwear/ pull-on | Each | As prior authorized | T4534 | U5 | |
| Disposable liner/shield/guard/pad/ undergarment, for incontinence | Each | $0.59 | T4535 | U5 | |
| Incontinence product, protective underwear/pull-on, reusable, any size | Each | As prior authorized | T4536 | U5 | |
| Incontinence product, protective under pad, reusable, bed size | Each | $13.50 | T4537 | U5 | |
| Incontinence product, protective under pad, reusable, chair size | Each | $14.40 | T4540 | U5 | |
| Incontinence product, disposable under pad, large | Each | $0.58 | T4541 | U5 | |
| Incontinence product, disposable under pad, small size | Each | $0.38 | T4542 | U5 | |

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| Disposable Incontinence Product, Brief/Diaper, Bariatric, Each | Each | As prior authorized | T4543 | U5 | |
| Adult Disposable Und/Pull on ABV XL | Each | As prior authorized | T4544 | U5 | |
| Enhanced Community-Based Pre-Voc Svc | Hour | $19.04 | T2015 | | |
| Community-Based Pre-Voc Svc | Hour | $14.30 | T2015 | TF | |
| Pre-Voc HTS - Supplemental Supports | Hour | $18.02 | T2015 | TG | |
| Center-Based Pre-Vocational Svc | Hour | $7.15 | T2015 | U1 | |
| Individual Placement in Community-Based, Pre-Vocational | Hour | $23.16 | T2015 | U4 | |
| Individual Placement in Community Based, Pre-Vocational-Telehealth | Hour | $23.16 | T2015 | U4 | GT |
| Employment Specialist | 15 Minutes | $8.64 | T2019 | | |
| Job Coaching (Groups of 2-3) | 15 Minutes | $5.16 | T2019 | HQ | |
| Job Coaching (Groups of 4-5) | 15 Minutes | $4.77 | T2019 | TF | |
| Enhanced Job Coaching Service (Groups of 4-5) | 15 Minutes | $5.56 | T2019 | TG | |
| Enhanced Job Coaching (Groups of 2-3) | 15 Minutes | $5.94 | T2019 | TG | HQ |
| Job Stabilization/Extended Svc | 15 Minutes | $1.98 | T2019 | U1 | |
| Individual Placement in Job Coaching, Supported Employment | 15 Minutes | $8.59 | T2019 | U4 | |
| Individual Placement in Job Coaching, Supported Employment - Telehealth | 15 Minutes | $8.59 | T2019 | U4 | GT |
| Psychotherapy, 30 minutes w/Patient and/or Family Member | 30 Minutes | $65.00 | 90832 | | |
| Psychotherapy, 30 minutes w/Patient and/or Family Member - Telehealth | 30 Minutes | $65.00 | 90832 | GT | |
| Skilled Nursing - Registered Nurse | 15 Minutes | $21.45 | G0299 | | |
| Skilled Nursing - Registered Nurse - Telehealth | 15 Minutes | $21.45 | G0299 | GT | |
| Skilled Nursing - Licensed Practical Nurse | 15 Minutes | $20.02 | G0300 | | |
| Skilled Nursing - Licensed Practical Nurse-Telehealth | 15 Minutes | $20.02 | G0300 | GT | |
| Nursing - Extended Duty Care | 15 Minutes | $11.00 | T1000 | | |
| Nursing - Extended Duty Care | 15 Minutes | $11.00 | T1000 | U8 | |
| Nursing - Intermittent Skilled Care | Visit | $72.22 | T1001 | | |
| Psychological - Cognitive/Behavior Treatment - Group | 15 Minutes | $13.48 | 90853 | | |
| Psychological - Cognitive/Behavior Treatment - Group - Telehealth | 15 Minutes | $13.48 | 90853 | GT | |
| Behavioral Health Counseling and Therapy | 15 Minutes | $26.95 | H0004 | | |
| Behavioral Health Counseling and Therapy - Telehealth | 15 Minutes | $26.95 | H0004 | GT | |
| Psychological Services - Screening | Each | As prior authorized | T1023 | | |
| Psychological Services - Screening - Telehealth | Each | As prior authorized | T1023 | GT | |

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| Agency Companion - Enhanced | Day | $179.47 | S5126 | | |
| Agency Companion - Pervasive | Day | $223.04 | S5126 | TF | |
| Agency Companion - Pervasive - Therapeutic Leave | Day | $223.04 | S5126 | TF | TV |
| Agency Companion - Enhanced - Therapeutic Leave | Day | $179.47 | S5126 | TV | |
| Agency Companion - Close | Day | $138.00 | S5126 | U1 | |
| Agency Companion - Close Therapeutic Leave | Day | $138.00 | S5126 | U1 | TV |
| Specialized Family Care Adult - Maximum | Day | $77.22 | S5140 | | |
| Specialized Family Care Adult (Maximum) Therapeutic Leave | Each | $77.22 | S5140 | TV | |
| Specialized Family Care Adult (Close) | Day | $37.50 | S5140 | U1 | |
| Specialized Family Care Adult (Close) Therapeutic Leave | Each | $30.00 | S5140 | U1 | TV |
| Group Home 6 Bed | Day | $103.68 | T1020 | | |
| Group Home 7 Bed | Day | $88.66 | T1020 | | |
| Group Home 8 Bed | Day | $77.58 | T1020 | | |
| Group Home 9 Bed | Day | $70.79 | T1020 | | |
| Group Home 10 Bed | Day | $65.43 | T1020 | | |
| Group Home 11 Bed | Day | $61.14 | T1020 | | |
| Group Home 12 Bed | Day | $57.56 | T1020 | | |
| Group Home Community Living 10 beds | Day | $172.68 | T1020 | | |
| Group Home Community Living 11 beds | Day | $156.95 | T1020 | | |
| Group Home Community Living 12 beds | Day | $155.16 | T1020 | | |
| Group Home Community Living 6 beds | Day | $238.46 | T1020 | | |
| Group Home Community Living 7 beds | Day | $204.49 | T1020 | | |
| Group Home Community Living 8 beds | Day | $197.70 | T1020 | | |
| Group Home Community Living 9 beds | Day | $175.54 | T1020 | | |
| Daily Living Supports | Day | $225.23 | T2033 | | |
| DLS - Therapeutic Leave | Day | $225.23 | T2033 | TV | |
| Optometry Services | As defined by CPT/HCPC | As prior authorized | CPT or HCPC | | |
| Value-Based Incentive Quality Payment | Each | $687.50 | T2025 | UK | |
| Homemaker | 15 Minutes | $6.25 | S5130 | | |
| Transportation - Adapted | Each | $1.86 | A0130 | | |
| Transportation - Regular | Mile | $0.76 | S0215 | | |
| Transportation - Public | Mile | $0.00 | T2004 | | |