**Reimbursement Rates for Services**
**In Home Supports for Adults**
**Waiver Program**

| In Home Supports for Adults 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 | $26.00 | T2024 | | |
| Prescriptions | As Ordered | As prior authorized | Per HCPC | | |
| Dental Services | As defined by CDT | As prior authorized | Per CDT | | |
| 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 - Close - | Day | $55.00 | S5151 | | TF |
| Respite - Intermittent - | Day | $26.13 | S5151 | | U1 |
| 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 | | |
| HTS - Habilitation Training Specialist - EVV | 15 Minutes | $6.58 | T2017 | 32 | |
| 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 | R1 |
| 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 | |

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| 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/undergarmet, 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 underpad, reusable, bed size | Each | $13.50 | T4537 | U5 | |
| Incontinence product, protective underpad, reusable, chair size | Each | $14.40 | T4540 | U5 | |
| Incontinence product, disposable underpad, large | Each | $0.58 | T4541 | U5 | |
| Incontinence product, disposable underpad, small size | Each | $0.38 | T4542 | U5 | |
| DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH | Each | As prior authorized | T4543 | U5 | |
| ADLT DISP 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 |
| Optometry Services | As defined by CPT/HCPC | As prior authorized | CPT or HCPC | | |
| 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 | | |

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| 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 | |
| HOME MODIFICATIONS, PER SERVICE | Each | As prior authorized | S5165 | | |
| Van Lifts - VEHICLE MODIFICATION | Each | As prior authorized | T2039 | U5 | |
| CPR/First Aid/Training - Self Directed | Each | As prior authorized | A9270 | | |
| Background Checks - Self Directed | Each | As prior authorized | A9270 | | BC |
| Self Directed HTS | 15 Minutes | $6.58 | T2017 | U1 | TF |
| Self Directed Individual Placement in Job Coaching, Supported Employment | 15 Minutes | As prior authorized | T2019 | U4 | TF |
| Homemaker | 15 Minutes | $6.25 | S5130 | | |
| Self Directed Goods and Services | As defined by HCPC | As prior authorized | HCPC | | |
| Transportation - Adapted | Each | $1.86 | A0130 | | |
| Transportation - Regular | Mile | $0.76 | S0215 | | |
| Transportation - Public | Mile | As prior authorized | T2004 | | |