

## District of Columbia Medicaid Home and Community-Based Services (HCBS) Payment Rate Transparency Publication – Effective July 1, 2026

### Rates for HHA and EPD Waiver Services

| Provider Type                              | Procedure Code | Service Description                                                                               | Billable Unit | Current rates<br>(July 1, 2026) |
|--------------------------------------------|----------------|---------------------------------------------------------------------------------------------------|---------------|---------------------------------|
| Personal Care Aide Services                | T1019-NP       | State Plan Per 15 minutes                                                                         | 15 Minutes    | \$7.69                          |
| Personal Care Aide Services                | T1019-UT       | Personal Care Aide Services - Per 15 minutes                                                      | 15 Minutes    | \$7.69                          |
| Personal Care Aide Services                | T1019-52       | Personal Care Aide Services - Per 15 minutes                                                      | 15 Minutes    | \$7.69                          |
| Personal Care Aide Services                | T1019-NP-U3    | EPD Waiver Services - Per 15 minutes                                                              | 15 Minutes    | \$7.69                          |
| Personal Care Aide Services                | T1019-UT-U3    | Assessed And Services Being Terminated Per 15 minutes                                             | 15 Minutes    | \$7.69                          |
| Personal Care Aide Services                | T1019-52-U3    | Assessed And Services Being Reduced - Per 15 minutes                                              | 15 Minutes    | \$7.69                          |
| Personal Care Aide Services                | T1019- X1-U1   | PDS Sick Time - Pet 15 Minutes                                                                    | 15 Minutes    | \$7.69                          |
| Assisted Living Facility (ALF )            | T2031-U3       | Assisted Living Facilities Flat Rate. Max Unit 1 Per Day                                          | Per Day       | \$236.86                        |
| Therapy Services                           | G0151          | Physical Therapy Services - Per 15 minutes                                                        | 15 Minutes    | \$31.79                         |
| Therapy Services                           | G0151-U4       | Physical Therapy Evaluation or Re-Evaluation                                                      | 15 Minutes    | \$31.79                         |
| Therapy Services                           | G0152          | Occupational Therapy Services - Per 15 Minutes                                                    | 15 Minutes    | \$31.79                         |
| Therapy Services                           | G0152-U4       | Occupational Therapy Evaluation or Re-Evaluation                                                  | 15 Minutes    | \$31.79                         |
| Therapy Services                           | G0153-U4       | Speech, Hearing and Language Service - Per 15 minutes                                             | 15 Minutes    | \$31.79                         |
| Other EPD Services                         | S5120-U3       | Chore Aide Services; 15 Minutes; Elderly Waiver 32 Unit Per Waiver Period                         | 15 Minutes    | \$7.16                          |
| Other EPD Services                         | S5130-U3       | Homemaker Service; 15 Minutes; Elderly Waiver 208 Unit Per Year                                   | 15 Minutes    | \$7.16                          |
| Other EPD Services                         | T1019-NP-U3    | Personal Care Aide (PCA) services; 15 Minutes; Max Unit Per Day 64                                | 15 Minutes    | \$7.16                          |
| Other EPD Services                         | T1005-U3       | Respite 1-17 Hours/Day; 15 Minutes; 480 Unites Per Year                                           | 15 Minutes    | \$7.16                          |
| Other EPD Services                         | T1005-TU-U3    | Respite 18-24 Hours/Day; Flat Rate; Max Units 1/day. Max 20 days a Year                           | 15 Minutes    | \$7.16                          |
| Other EPD Services                         | T2031-U3       | Assisted Living Services ; Flat Rate Per Diem; Max Unit 1 Per Day                                 | 15 Minutes    | \$7.16                          |
| Other EPD Services                         | T1019-X1       | Participant Directed Community Supports; 15 Minutes; 15 Minutes, 1.5x the current PCA Rate for OT | 15 Minutes    | \$7.16                          |
| Case Management                            | T1023-U3       | Case Management Initial Assessment                                                                |               | \$335.22                        |
| Case Management                            | T1023-52-U3    | Case Management Visits                                                                            |               | \$335.22                        |
| Home Health Agency                         | T1004          | Home Health Aide-PCA Services Per 15 Minutes                                                      | 15 Minutes    | \$7.69                          |
| Adult Day Health Program (ADHP)            | S5100-U1       | Daily, Max Unit 1 Per Day                                                                         | Per Day       | \$127.92                        |
| Adult Day Health Program (ADHP)            | S5100-U2       | Daily, Max Unit 1 Per Day                                                                         | Per Day       | \$168.64                        |
| Adult Day Health Program (ADHP) EPD Waiver | S5100-U3       | Daily, Max Unit 1 Per Day                                                                         | Per Day       | \$168.64                        |
| Skilled Nursing                            | G0299          | Skilled Nursing (RN) Visit                                                                        | Visit         | \$18.89                         |
| Skilled Nursing                            | G0299 U1       | Skilled Nursing Initial Assessment                                                                |               | \$151.08                        |
| Skilled Nursing                            | G0299 U2       | Skilled Nursing Reassessment                                                                      | 15 Minutes    | \$151.08                        |
| Skilled Nursing                            | G0299 U3       | Skilled Nursing Supervisory Visit PCA by RN                                                       | Visit         | \$151.08                        |
| Skilled Nursing                            | G0299 U5       | HHA Supervisory Visit                                                                             | Visit         | \$151.08                        |
| Skilled Nursing                            | G0299 TD       | PCA Supervisory Visit by RN                                                                       | Visit         | \$151.08                        |
| Skilled Nursing                            | G0300          | Skilled Nursing (LPN) Visit                                                                       | Visit         | \$15.73                         |
| Skilled Nursing                            | T1000-TD       | Private Duty RN Visit                                                                             | Visit         | \$18.89                         |
| Skilled Nursing                            | T1000-TE       | Private Duty LPN Visit                                                                            | Visit         | \$15.73                         |

|                 |          |                                        |            |            |
|-----------------|----------|----------------------------------------|------------|------------|
| Skilled Nursing | T1001 U1 | Private Duty Initial Assessment        |            | \$151.08   |
| Skilled Nursing | T1001 U2 | Private Duty Reassessment              |            | \$151.08   |
| Skilled Nursing | T1001 U3 | Private Duty Supervisory Visit by RN   | Visit      | \$151.08   |
| Skilled Nursing | G0299 U4 | Skilled Nursing (RN) Visit             | Visit      | \$18.89    |
| Skilled Nursing | T1001 U4 | Skilled Nursing Initial Assessment     |            | \$151.08   |
| Skilled Nursing | T1002 U4 | Extended Skilled Nursing (RN) Services | 15 Minutes | \$18.89    |
| Skilled Nursing | T1003 U4 | Extended Nursing LPN Services (1:1)    | 15 Minutes | \$15.73    |
| Hospice         | 651      | Routine Home Care (Day 1-60)-Daily     | Daily      | \$242.37   |
| Hospice         | 651      | Routine Home Care (Day 61+)-Daily      | Daily      | \$191.04   |
| Hospice         | 653      | Service Intensity Add-On-Daily         | Daily      | \$73.66    |
| Hospice         | 652      | Continuous Home Care-Daily             | Daily      | \$1,767.77 |
| Hospice         | 655      | Inpatient Respite Care-Daily           | Daily      | \$585.71   |
| Hospice         | 656      | General Inpatient Care-Daily           | Daily      | \$1,256.01 |

# District of Columbia Medicaid Home and Community-Based Services (HCBS)

## Payment Rate Transparency Publication – Effective July 1, 2026

### IDD Waiver Rates

#### A) Residential Habilitation and Daily Supported Living:

|                                                                          |                   |         | Effective Jul 1, 2026 |
|--------------------------------------------------------------------------|-------------------|---------|-----------------------|
| <b>Residential Habilitation Services</b>                                 |                   |         |                       |
| Residential Habilitation (4 people) Basic Support (Level 1)              | T2033 U1          | One Day | \$389.26              |
| Residential Habilitation (4 people) Moderate Support (Level 2)           | T2033 U2          | One Day | \$546.69              |
| Residential Habilitation(4 people) Enhanced Support (Level 3)            | T2033 U3          | One Day | \$615.89              |
| Residential Habilitation(4 people) Intensive Support                     | T2033 U4          | One Day | \$752.69              |
| Residential Habilitation(4 people)-with 24 Hr. Skilled Nursing (LPN)     | T2033 U1 TE       | One Day | \$820.15              |
| Residential Habilitation(5/6 people) Basic Support (Level 1)             | T2033 U5          | One Day | \$416.11              |
| Residential Habilitation(5/6 people) Moderate Support (Level 2)          | T2033 U6          | One Day | \$496.07              |
| Residential Habilitation(5/6 people) Enhanced Moderate Support (Level-3) | T2033 U7          | One Day | \$544.57              |
| Residential Habilitation(5/6 people) Intensive Support                   | T2033 U8          | One Day | \$705.39              |
| Residential Habilitation (5/6 people) with 24 Hr. Skilled Nursing (LPN)  | T2033 U2 HI       | One Day | \$694.61              |
| <b>Supported Living Services</b>                                         |                   |         |                       |
| SL (3) Basic Support Level 1                                             | T2016 U1          | Daily   | \$349.24              |
| SL (3) Basic Support Level 1 (R-ON)                                      | T2016 GT U1       | Daily   | \$308.68              |
| SL (3) Basic Support Level 1 (R-ON) + 1                                  | T2016 GT U1 V1    | Daily   | \$322.40              |
| SL (3) Basic Support Level 1 (R-ON) + 2                                  | T2016 GT U1 V2    | Daily   | \$319.56              |
| SL (3) Basic Support Level 1 W/TRANS                                     | T2016 U1 HI       | Daily   | \$438.36              |
| SL (3) Basic Support Level 1 W/TRANS (R-ON)                              | T2016 GT U1 HI    | Daily   | \$397.81              |
| SL (3) Basic Support Level 1 W/TRANS (R-ON) + 1                          | T2016 GT U1 HI V1 | Daily   | \$411.53              |
| SL (3) Basic Support Level 1 W/TRANS (R-ON) + 2                          | T2016 GT U1 HI V2 | Daily   | \$408.69              |
| SL (3) Basic Support Level 2                                             | T2016 U2          | Daily   | \$349.24              |
| SL (3) Basic Support Level 2 W/TRANS                                     | T2016 U2 HI       | Daily   | \$438.36              |
| SL (3) Moderate Support Level (1)                                        | T2016 U3          | Daily   | \$489.49              |
| SL (3) Moderate Support Level (1) (R-ON)                                 | T2016 GT U3       | Daily   | \$448.94              |
| SL (3) Moderate Support Level (1) (R-ON) + 1                             | T2016 GT U3 V1    | Daily   | \$469.51              |
| SL (3) Moderate Support Level (1) (R-ON) + 2                             | T2016 GT U3 V2    | Daily   | \$459.15              |
| SL (3) Moderate Support Level 1 W/TRANS                                  | T2016 U3 HI       | Daily   | \$578.62              |
| SL (3) Moderate Support Level 1 W/TRANS (R-ON)                           | T2016 GT U3 HI    | Daily   | \$538.06              |
| SL (3) Moderate Support Level 1 W/TRANS (R-ON) + 1                       | T2016 GT U3 HI V1 | Daily   | \$558.63              |
| SL (3) Moderate Support Level 1 W/TRANS (R-ON) + 2                       | T2016 GT U3 HI V2 | Daily   | \$548.28              |
| SL (3) Moderate Support Level 2                                          | T2016 U4          | Daily   | \$489.49              |
| SL (3) Moderate Support Level 2 W/TRANS                                  | T2016 U4 HI       | Daily   | \$578.61              |
| SL (3) Intensive Support Level 1                                         | T2016 U5          | Daily   | \$534.56              |
| SL (3) Intensive Support Level 1 (R-ON)                                  | T2016 GT U5       | Daily   | \$494.00              |
| SL (3) Intensive Support Level 1 (R-ON) + 1                              | T2016 GT U5 V1    | Daily   | \$512.01              |
| SL (3) Intensive Support Level 1 (R-ON) + 2                              | T2016 GT U5 V2    | Daily   | \$487.48              |
| SL (3) Intensive Support Level 1 W/TRANS                                 | T2016 U5 HI       | Daily   | \$623.68              |
| SL (3) Intensive Support Level 1 W/TRANS (R-ON)                          | T2016 GT U5 HI    | Daily   | \$583.13              |
| SL (3) Intensive Support Level 1 W/TRANS (R-ON) + 1                      | T2016 GT U5 HI V1 | Daily   | \$601.14              |
| SL (3) Intensive Support Level 1 W/TRANS (R-ON) + 2                      | T2016 GT U5 HI V2 | Daily   | \$576.60              |
| SL (3) Intensive Support Level 2                                         | T2016 U6          | Daily   | \$626.82              |
| SL (3) Intensive Support Level 2 W/TRANS                                 | T2016 U6 HI       | Daily   | \$715.95              |
| SL (2) Basic Support Level 1                                             | T2016 U7          | Daily   | \$479.86              |
| SL (2) Basic Support Level 1 (R-ON)                                      | T2016 GT U7       | Daily   | \$403.95              |

|                                                                  |                   |       |                  |
|------------------------------------------------------------------|-------------------|-------|------------------|
| SL (2) Basic Support Level 1 (R-ON) + 1                          | T2016 GT U7 V1    | Daily | \$384.75         |
| SL (2) Basic Support Level 1 (R-ON) + 2                          | T2016 GT U7 V2    | Daily | \$353.16         |
| SL (2) Basic Support Level 1 W/TRANS                             | T2016 U7 HI       | Daily | \$596.55         |
| SL (2) Basic Support Level 1 W/TRANS (R-ON)                      | T2016 GT U7 HI    | Daily | \$520.64         |
| SL (2) Basic Support Level 1 W/TRANS (R-ON) + 1                  | T2016 GT U7 HI V1 | Daily | \$501.43         |
| SL (2) Basic Support Level 1 W/TRANS (R-ON) + 2                  | T2016 GT U7 HI V2 | Daily | \$469.85         |
| SL (2) Basic Support Level 2                                     | T2016 U8          | Daily | \$480.21         |
| SL (2) Basic Support Level 2 W/TRANS                             | T2016 U8 HI       | Daily | \$596.90         |
| SL (2) Moderate Support Level 1                                  | T2016 U9          | Daily | \$573.68         |
| SL (2) Moderate Support Level 1 (R-ON)                           | T2016 GT U9       | Daily | \$498.53         |
| SL (2) Moderate Support Level 1 (R-ON) + 1                       | T2016 GT U9 V1    | Daily | \$497.05         |
| SL (2) Moderate Support Level 1 (R-ON) + 2                       | T2016 GT U9 V2    | Daily | \$463.81         |
| SL (2) Moderate Support Level 1 W/TRANS                          | T2016 U9 HI       | Daily | \$690.36         |
| SL (2) Moderate Support Level 1 W/TRANS (R-ON)                   | T2016 GT U9 HI    | Daily | \$615.21         |
| SL (2) Moderate Support Level 1 W/TRANS (R-ON) + 1               | T2016 GT U9 HI V1 | Daily | \$613.73         |
| SL (2) Moderate Support Level 1 W/TRANS (R-ON) + 2               | T2016 GT U9 HI V2 | Daily | \$580.49         |
| SL (2) Moderate Support Level 2                                  | T2016 UA          | Daily | \$648.35         |
| SL (2) Moderate Support Level 2 W/TRANS                          | T2016 UA HI       | Daily | \$765.04         |
| SL (2) Intensive Support Level (1)                               | T2016 UB          | Daily | \$758.34         |
| SL (2) Intensive Support Level (1) (R-ON)                        | T2016 GT UB       | Daily | \$681.43         |
| SL (2) Intensive Support Level (1) (R-ON) + 1                    | T2016 GT UB V1    | Daily | \$669.03         |
| SL (2) Intensive Support Level (1) (R-ON) + 2                    | T2016 GT UB V2    | Daily | \$583.67         |
| SL (2) Intensive Support Level 1 W/TRANS                         | T2016 UB HI       | Daily | \$875.02         |
| SL (2) Intensive Support Level 1 W/TRANS (R-ON)                  | T2016 GT UB HI    | Daily | \$798.11         |
| SL (2) Intensive Support Level 1 W/TRANS (R-ON) + 1              | T2016 GT UB HI V1 | Daily | \$785.71         |
| SL (2) Intensive Support Level 1 W/TRANS (R-ON) + 2              | T2016 GT UB HI V2 | Daily | \$700.35         |
| SL (1) One to One Asleep Overnight                               | T2016 UD          | Daily | \$929.73         |
| SL (1) One to One Asleep Overnight W/TRANS                       | T2016 UD HI       | Daily | \$1,129.09       |
| SL (1) One to One Awake Overnight                                | T2016 UC          | Daily | \$929.73         |
| SL (1) One to One Awake Overnight (R-ON)                         | T2016 GT UC       | Daily | \$749.26         |
| SL (1) One to One Awake Overnight (R-ON) + 1                     | T2016 GT UC V1    | Daily | \$698.98         |
| SL (1) One to One Awake Overnight (R-ON) + 2                     | T2016 GT UC V2    | Daily | \$567.62         |
| SL (1) One to One Awake Overnight W/TRANS                        | T2016 UC HI       | Daily | \$1,129.09       |
| SL (1) One to One Awake Overnight W/TRANS (R-ON)                 | T2016 GT UC HI    | Daily | \$948.62         |
| SL (1) One to One Awake Overnight W/TRANS (R-ON) + 1             | T2016 GT UC HI V1 | Daily | \$898.33         |
| SL (1) One to One Awake Overnight W/TRANS (R-ON) + 2             | T2016 GT UC HI V2 | Daily | \$766.97         |
| Supported Living (Specialized Rate)                              | T2016 UO          | Daily | Up to \$2,500.00 |
| Supported Living (3) with 24 Skilled Nursing (LPN)               | T2017 U1 TE       | Daily | \$677.98         |
| Supported Living (3) with 24 Skilled Nursing with Transportation | T2017 TE HI       | Daily | \$767.11         |

**B) In-Home Supports; Periodic Supported Living; Hourly Respite; Supported Employment; and Group Supported Employment**

| In-Home Supports Services                 |             |            |        |
|-------------------------------------------|-------------|------------|--------|
| In-Home Supports                          | 99509-U4    | 15 Minutes | \$8.97 |
| In-Home Supports Extensions               | 99509 U4-22 | 15 Minutes | \$8.97 |
| High Intensity In-Home Supports           | 99509-U5    | 15 minutes | \$9.80 |
| High Intensity In-Home Supports extension | 99509-U5-22 | 15 minutes | \$9.80 |
| In-Home Supports (remote)                 | 99509 U4 GT | 15 minutes | \$8.97 |
|                                           |             |            |        |
| <b>SL Periodic</b>                        |             |            |        |
| SL Periodic                               | T2017 U1    | 15 Minutes | \$9.52 |
| SL Periodic                               | T2017 U1 GT | 15 Minutes | \$5.40 |

|                                                |                |            |                |
|------------------------------------------------|----------------|------------|----------------|
| SL Periodic with transportation                | T2017 U1 HI    | 15 Minutes | <b>\$10.32</b> |
| SL Periodic with transportation                | T2017 U1 HI GT | 15 Minutes | <b>\$10.32</b> |
| <b>Respite</b>                                 |                |            |                |
| Hourly Respite (ONLY PROVIDED IN PERSONS HOME) | T1005-U4       | 15 Minutes | <b>\$8.49</b>  |
| Hourly Respite, extended                       | T1005-U4-22    | 15 Minutes | <b>\$8.49</b>  |

|                                                                  |                   |            |                |
|------------------------------------------------------------------|-------------------|------------|----------------|
| <b>Individual Supported Employment Intake/Assessment/Job</b>     |                   |            |                |
| Individual SE Intake & Assessment Professional                   | T2019-U1-H1       | 15 Minutes | <b>\$15.78</b> |
| Individual SE Intake & Assessment Professional                   | T2019-U1-H1 GT    | 15 Minutes | <b>\$15.78</b> |
| Individual SE Intake & Assessment Paraprofessional               | T2019-U2-H1       | 15 Minutes | <b>\$10.03</b> |
| Individual SE Intake & Assessment Paraprofessional               | T2019-U2-H1 GT    | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Placement Professional                         | T2019-U3-H1       | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Placement Professional                         | T2019-U3-H1 GT    | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Placement Professional, Extended               | T2019-U3-H1-22    | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Placement Professional, Extended               | T2019-U3-H1-22 GT | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Placement Paraprofessional                     | T2019-U4-H1       | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Placement Paraprofessional                     | T2019-U4-H1 GT    | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Placement Paraprofessional Extended            | T2019-U4-H1-22    | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Placement Paraprofessional Extended            | T2019-U4-H1-22 GT | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Training & Supports Professional               | T2019-U5          | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Training & Supports Professional               | T2019-U5 GT       | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Training & Supports Professional, extended     | T2019-U5-22       | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Training & Supports Professional, extended     | T2019-U5-22 GT    | 15 Minutes | <b>\$15.78</b> |
| Individual SE Job Training & Supports Paraprofessional           | T2019 U6          | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Training & Supports Paraprofessional           | T2019 U6 GT       | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Training & Supports Paraprofessional, extended | T2019 U6 -22      | 15 Minutes | <b>\$10.03</b> |
| Individual SE Job Training & Supports Paraprofessional, extended | T2019 U6 -22 GT   | 15 Minutes | <b>\$10.03</b> |
| Individual SE Long Term Follow Along Professional                | T2019 U9 HI       | 15 Minutes | <b>\$8.75</b>  |
| Individual SE Long Term Follow Along Professional                | T2019 U9 HI GT    | 15 Minutes | <b>\$8.75</b>  |
| Individual SE Long Term Follow Along Professional Extended       | T2019 U9 HI-22    | 15 Minutes | <b>\$8.75</b>  |
| Individual SE Long Term Follow Along Professional Extended       | T2019 U9 HI-22 GT | 15 Minutes | <b>\$8.75</b>  |
| Individual SE Long Term Follow Along Paraprofessional            | T2019 UA HI       | 15 Minutes | <b>\$10.03</b> |
| Individual SE Long Term Follow Along Paraprofessional            | T2019 UA HI GT    | 15 Minutes | <b>\$10.03</b> |
| Individual SE Long Term Follow Along Paraprofessional Extended   | T2019 UA HI-22    | 15 Minutes | <b>\$10.03</b> |
| Individual SE Long Term Follow Along Paraprofessional Extended   | T2019 UA HI-22 GT | 15 Minutes | <b>\$10.03</b> |

#### **Small Group Supported Employment**

|                                                                |                   |            |               |
|----------------------------------------------------------------|-------------------|------------|---------------|
| SE Gp Job Training & Supports Professional                     | T2019 U5 HI       | 15 Minutes | <b>\$4.23</b> |
| SE Gp Job Training & Supports Professional                     | T2019 U5 HI GT    | 15 Minutes | <b>\$4.23</b> |
| SE Gp Job Training & Supports Professional Extended            | T2019 U5 HI 22    | 15 Minutes | <b>\$4.23</b> |
| SE Gp Job Training & Supports Professional Extended            | T2019 U5 HI 22 GT | 15 Minutes | <b>\$4.23</b> |
| SE Gp Job Training & Supports <b>Paraprofessional</b>          | T2019 U6 HI       | 15 Minutes | <b>\$4.85</b> |
| SE Gp Job Training & Supports <b>Paraprofessional</b>          | T2019 U6 HI GT    | 15 Minutes | <b>\$4.85</b> |
| SE Gp Job Training & Supports <b>Paraprofessional</b> Extended | T2019 U6 HI-22    | 15 Minutes | <b>\$4.85</b> |
| SE Gp Job Training & Supports <b>Paraprofessional</b> Extended | T2019 U6 HI-22 GT | 15 Minutes | <b>\$4.85</b> |
| SE Gp Long Term Follow Along Professional                      | T2019 U7 HI       | 15 Minutes | <b>\$4.23</b> |
| SE Gp Long Term Follow Along Professional                      | T2019 U7 HI GT    | 15 Minutes | <b>\$4.23</b> |
| SE Gp Long Term Follow Along Professional Extended             | T2019 U7 HI-22    | 15 Minutes | <b>\$4.23</b> |
| SE Gp Long Term Follow Along Professional Extended             | T2019 U7 HI-22 GT | 15 Minutes | <b>\$4.23</b> |
| SE Gp Long Term Follow Along <b>Paraprofessional</b>           | T2019 U8 HI       | 15 Minutes | <b>\$4.85</b> |
| SE Gp Long Term Follow Along <b>Paraprofessional</b>           | T2019 U8 HI GT    | 15 Minutes | <b>\$4.85</b> |
| SE Gp Long Term Follow Along <b>Paraprofessional</b> Extended  | T2019 U8 HI-22    | 15 Minutes | <b>\$4.85</b> |
| SE Gp Long Term Follow Along <b>Paraprofessional</b> Extended  | T2019 U8 HI-22 GT | 15 Minutes | <b>\$4.85</b> |

|                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------|--|--|--|
| <b>C) Clinical Services: Physical Therapy, Speech Therapy and Occupational Therapy:</b> |  |  |  |
| <b>Occupational Therapy Services</b>                                                    |  |  |  |

|                                                  |                |            |                |
|--------------------------------------------------|----------------|------------|----------------|
| Occupational Therapy Assessment                  | G0152U1        | 15 Minutes | <b>\$31.78</b> |
| Occupational Therapy Assessment                  | G0152 U1 GT    | 15 Minutes | <b>\$31.78</b> |
| Occupational Therapy -On-Going                   | G0152U2        | 15 Minutes | <b>\$31.78</b> |
| Occupational Therapy -On-Going                   | G0152 U2 GT    | 15 Minutes | <b>\$31.78</b> |
| <b>Physical Therapy Services</b>                 |                |            |                |
| Physical Therapy Services Assessment             | G0151-U1       | 15 Minutes | <b>\$31.78</b> |
| Physical Therapy Services On-Going               | G0151-U2       | 15 Minutes | <b>\$31.78</b> |
| <b>Speech Hearing, and Language Services</b>     |                |            |                |
| Speech, Hearing and Language Assessment          | G0153-U1       | 15 Minutes | <b>\$31.78</b> |
| Speech, Hearing and Language Assessment          | G0153-U1 GT    | 15 Minutes | <b>\$31.78</b> |
| Speech, Hearing and Language Service – On-Going  | G0153-U2       | 15 Minutes | <b>\$31.78</b> |
| Speech, Hearing and Language Service – On-Going  | G0153-U2 GT    | 15 Minutes | <b>\$31.78</b> |
| Speech, Hearing and language service-small group | G0153-U2-UP    | 15 Minutes | <b>\$15.49</b> |
| Speech, Hearing and language service-small group | G0153-U2-UP GT | 15 Minutes | <b>\$15.49</b> |

|                                                                               |                |            |                |
|-------------------------------------------------------------------------------|----------------|------------|----------------|
| <b>D) Day Habilitation, Day Habilitation Meals, and Employment Readiness:</b> |                |            |                |
| <b>Day Habilitation</b>                                                       |                |            |                |
| Day Habilitation                                                              | T2021 U4       | 15 Minutes | <b>\$7.46</b>  |
| Day Habilitation                                                              | T2021 U4 GT    | 15 Minutes | <b>\$3.86</b>  |
| Day Habilitation (1:1)                                                        | T2021 U5       | 15 Minutes | <b>\$13.56</b> |
| Day Habilitation (1:6)                                                        | T2021 U5 GT    | 15 Minutes | <b>\$4.70</b>  |
| Small Group Day Hab (1:3)                                                     | T2021-U2       | 15 Minutes | <b>\$10.80</b> |
| Small Group Day Hab (1:6)                                                     | T2021-U2 GT    | 15 Minutes | <b>\$5.48</b>  |
| <b>Employment Readiness</b>                                                   |                |            |                |
| Employment Readiness                                                          | T2015 U4 HI    | 15 Minutes | <b>\$6.44</b>  |
| Employment Readiness                                                          | T2015 U4 HI GT | 15 Minutes | <b>\$3.33</b>  |

|                                                                          |                   |           |                |
|--------------------------------------------------------------------------|-------------------|-----------|----------------|
| <b>Day Habilitation Meals</b>                                            |                   |           |                |
| Day Habilitation with Meals (1:4)                                        | S9977 - U4        | Daily     | <b>\$9.46</b>  |
| Day Habilitation with Meals through third party vendor (1:4)             | S5170 - U4        | Daily     | <b>\$6.50</b>  |
| Small Group Day Habilitation with meals                                  | S9977             | Daily     | <b>\$9.46</b>  |
| Small Group Day Habilitation with meals through third party vendor (1:3) | S5170-U4          | Daily     | <b>\$6.50</b>  |
| Day Hab Meal Modifier                                                    | includes delivery | flat rate | <b>\$15.97</b> |
| Day Hab w/ Meals (1:4 Meal Delivered)                                    | S9977-U4          | Daily     | <b>\$9.46</b>  |
| Day Hab w/ Meals (1:4 Meal including preparation/packaged)               | S5170-U4          | Daily     | <b>\$6.50</b>  |

|                                                                                                |                   |            |                |
|------------------------------------------------------------------------------------------------|-------------------|------------|----------------|
| <b>E) Professional Support Services: Family Training; Parenting Support: Unit = 15 minutes</b> |                   |            |                |
| Parenting Supports (Individual) Professional                                                   | S9444-U4          | 15 minutes | <b>\$19.32</b> |
| Parenting Supports (Individual) Professional                                                   | S9444-U4 GT       | 15 minutes | <b>\$19.32</b> |
| Parenting Support - SM Group 1:2 Professional                                                  | S9444-U4-UN       | 15 minutes | <b>\$7.80</b>  |
| Parenting Support - SM Group 1:2 Professional                                                  | S9444-U4-UN GT    | 15 minutes | <b>\$7.80</b>  |
| Parenting Support - SM Group Peer 1:3 Professional                                             | S9444-U4-UP       | 15 minutes | <b>\$10.63</b> |
| Parenting Support - SM Group Peer 1:3 Professional                                             | S9444-U4-UP GT    | 15 minutes | <b>\$10.63</b> |
| Parenting Support - SM Group Peer (1:4) Professional                                           | S9444-U4-UQ       | 15 minutes | <b>\$3.13</b>  |
| Parenting Support - SM Group Peer (1:4) Professional                                           | S9444-U4-UQ GT    | 15 minutes | <b>\$3.13</b>  |
| Parenting Supports Peer (Individual) 1:1                                                       | S9444-U4-HE       | 15 minutes | <b>\$12.19</b> |
| Parenting Supports Peer (Individual) 1:1                                                       | S9444-U4-HE GT    | 15 minutes | <b>\$12.19</b> |
| Parenting Supports Peer (Small Group) 1:2                                                      | S9444-U4-UN-HE    | 15 minutes | <b>\$3.59</b>  |
| Parenting Supports Peer (Small Group) 1:2                                                      | S9444-U4-UN-HE GT | 15 minutes | <b>\$3.59</b>  |
| Parenting Supports Peer (Small Group) 1:3                                                      | S9444-U4-UP-HE    | 15 minutes | <b>\$3.59</b>  |
| Parenting Supports Peer (Small Group) 1:3                                                      | S9444-U4-UP-HE GT | 15 minutes | <b>\$3.59</b>  |
| Parenting Supports Peer (Small Group) 1:4                                                      | S9444-U4-UQ-HE    | 15 minutes | <b>\$3.59</b>  |
| Parenting Supports Peer (Small Group) 1:4                                                      | S9444-U4-UQ-HE GT | 15 minutes | <b>\$3.59</b>  |

|                                 |             |            |                |
|---------------------------------|-------------|------------|----------------|
| <b>Family Training Services</b> |             |            |                |
| Family Training Services        | S5110 U4    | 15 minutes | <b>\$22.18</b> |
| Family Training Services        | S5110 U4 GT | 15 minutes | <b>\$22.18</b> |
| Family Training (Non-Family)    | S5115 U4    | 15 minutes | <b>\$22.18</b> |

|                                                                 |                   |            |                |
|-----------------------------------------------------------------|-------------------|------------|----------------|
| Family Training (Non-Family)                                    | S5115 U4 GT       | 15 minutes | <b>\$22.18</b> |
| Family Training (Professional Support) Small Group 1:4          | S5110-U4-UQ       | 15 minutes | <b>\$7.80</b>  |
| Family Training (Professional Support) Small Group 1:4          | S5110-U4-UQ GT    | 15 minutes | <b>\$7.80</b>  |
| Family Training (Professional Support) Small Group 1:4 Extended | S5110-U4_UQ-22    | 15 minutes | <b>\$7.80</b>  |
| Family Training (Professional Support) Small Group 1:4 Extended | S5110-U4_UQ-22 GT | 15 minutes | <b>\$7.80</b>  |
| Family Training (Peer Support Small Group)1:4                   | S5111-U4-UQ       | 15 minutes | <b>\$3.59</b>  |
| Family Training (Peer Support Small Group)1:4                   | S5111-U4-UQ GT    | 15 minutes | <b>\$3.59</b>  |
| Family Training (Peer Supports) 1:1                             | S5111-U4          | 15 minutes | <b>\$12.19</b> |
| Family Training (Peer Supports) 1:1                             | S5111-U4 GT       | 15 minutes | <b>\$12.19</b> |
| Family Training (Peer Supports) 1:1 Extended                    | S5111-U4-22       | 15 minutes | <b>\$12.19</b> |
| Family Training (Peer Supports) 1:1 Extended                    | S5111-U4-22 GT    | 15 minutes | <b>\$12.19</b> |

#### **F) Behavioral Support Services:**

|                                     |             |                |                 |
|-------------------------------------|-------------|----------------|-----------------|
| BS Diagnostic Assessment            | H0031 U4    | One Assessment | <b>\$319.61</b> |
| BS Diagnostic Assessment            | H0031 U4 GT | One Assessment | <b>\$319.61</b> |
| BS Professional Services            | H0025 U4    | 15 Minutes     | <b>\$34.25</b>  |
| BS Professional Services            | H0025 U4 GT | 15 Minutes     | <b>\$34.25</b>  |
| BS <b>Paraprofessional</b> Services | H0025 U6    | 15 Minutes     | <b>\$24.19</b>  |
| BS <b>Paraprofessional</b> Services | H0025 U6 GT | 15 Minutes     | <b>\$24.19</b>  |
| BS Non-Professional                 | H0025 U7    | 15 Minutes     | <b>\$9.20</b>   |
| BS Non-Professional                 | H0025 U7 GT | 15 Minutes     | <b>\$9.20</b>   |

#### **G) Wellness Services:**

|                                                                                                   |                |            |                |
|---------------------------------------------------------------------------------------------------|----------------|------------|----------------|
| Bereavement Assessment and Counseling (Conduct Assessment within                                  | 96152-HI       | 15 Minutes | <b>\$20.66</b> |
| Bereavement Assessment and Counseling (Conduct Assessment within                                  | 96152-HI GT    | 15 Minutes | <b>\$20.66</b> |
| Bereavement Counseling Extended                                                                   | 96152-HI-22    | 15 Minutes | <b>\$20.66</b> |
| Bereavement Counseling Extended                                                                   | 96152-HI-22 GT | 15 Minutes | <b>\$20.66</b> |
| Fitness Trainer Assessment and ongoing services (Conduct Assessment                               | S9451-U4       | 15 Minutes | <b>\$23.83</b> |
| Fitness Trainer Assessment and ongoing services (Conduct Assessment                               | S9451-U4 GT    | 15 Minutes | <b>\$23.83</b> |
| Fitness Trainer Extension                                                                         | S9451-U4-22    | 15 Minutes | <b>\$23.83</b> |
| Fitness Trainer Extension                                                                         | S9451-U4-22 GT | 15 Minutes | <b>\$23.83</b> |
| Fitness Small Group                                                                               | S9451-U1       | 15 Minutes | <b>\$14.30</b> |
| Fitness Small Group                                                                               | S9451-U1 GT    | 15 Minutes | <b>\$14.30</b> |
| Fitness Small Group Extended                                                                      | S9451 U1 22    | 15 Minutes | <b>\$14.30</b> |
| Fitness Small Group Extended                                                                      | S9451 U1 22 GT | 15 Minutes | <b>\$14.30</b> |
| Nutritional Assessment and ongoing services (Conduct Assessment within first 2 hours)             | S9470-U4       | 15 Minutes | <b>\$21.09</b> |
| Nutritional Assessment and ongoing services (Conduct Assessment within first 2 hours)             | S9470-U4 GT    | 15 Minutes | <b>\$21.09</b> |
| Nutritional Counseling Extended                                                                   | S9470-U4-22    | 15 Minutes | <b>\$21.09</b> |
| Nutritional Counseling Extended                                                                   | S9470-U4-22 GT | 15 Minutes | <b>\$21.09</b> |
| Massage Therapy Assessment and ongoing services (Conduct Assessment within first 2 hours)97124 U4 | 97124-U4       | 15 Minutes | <b>\$19.74</b> |
| Massage Therapy Extended                                                                          | 97124-U4-22    | 15 Minutes | <b>\$19.74</b> |
| Sexual Education Assessment and ongoing services (Conduct Assessment within first 2 hours)        | S9445-U4       | 15 Minutes | <b>\$24.63</b> |
| Sexual Education Assessment and ongoing services (Conduct Assessment within first 2 hours)        | S9445-U4 GT    | 15 Minutes | <b>\$24.63</b> |
| Sexual Education Extended                                                                         | S9445-U4-22    | 15 Minutes | <b>\$24.63</b> |
| Sexual Education Extended                                                                         | S9445-U4-22 GT | 15 Minutes | <b>\$24.63</b> |

#### **H) Host Home Without Transportation Services (Unit=Daily)**

|                          |          |         |                 |
|--------------------------|----------|---------|-----------------|
| Host Home Basic Acuity   | T2033 UA | One Day | <b>\$234.11</b> |
| Host Home Medium Acuity  | T2033 UB | One Day | <b>\$261.83</b> |
| Host Home Intense Acuity | T2033 UC | One Day | <b>\$340.37</b> |
| Host Home High Acuity    | T2033 UD | One Day | <b>\$770.09</b> |

#### **I) Daily Respite:**

|                                                           |             |         |                 |
|-----------------------------------------------------------|-------------|---------|-----------------|
| Daily Respite (ONLY PROVIDED OUTSIDE OF THE PERSONS HOME) | S9125-U4    | One Day | <b>\$616.07</b> |
| Daily Respite, extended                                   | S9125-U4-22 | One Day | <b>\$616.07</b> |

|                                                    |          |                  |                                    |
|----------------------------------------------------|----------|------------------|------------------------------------|
| <b>J) Assistive Technology:</b>                    |          |                  |                                    |
| Assistive Technology Goods & Services              | T2029-U4 | 1 Unit           | <b>\$10,000 over 5 year period</b> |
| Assistive Technology Services Assessment           | T2029 U1 | 15 minutes       | <b>\$32.45</b>                     |
| Assistive Technology Ongoing                       | T2029-U2 | 15 minutes       | <b>\$32.45</b>                     |
| <b>Personal Emergency Response System Services</b> |          |                  |                                    |
| Assistive Technology PERS                          | S5160 U4 | One Installation | <b>\$64.24</b>                     |
| Assistive Technology PERS                          | S5161 U4 | Monthly          | <b>\$39.47</b>                     |

|                                           |          |             |                   |
|-------------------------------------------|----------|-------------|-------------------|
| <b>K) One Time Transitional Services:</b> |          |             |                   |
| One-Time Transitional Service             | T2038 U4 | One Service | <b>\$5,000.00</b> |

|                                                                                           |          |                      |                 |
|-------------------------------------------------------------------------------------------|----------|----------------------|-----------------|
| <b>L) Skilled Nursing Services, Personal Care, and Companion Services:</b>                |          |                      |                 |
| <b>Skilled Nursing (Skilled nursing services are updated using the MBI every October)</b> |          |                      |                 |
| Skilled Nursing Visits                                                                    | G0299-U4 | Per Visit/15 minutes | <b>\$18.89</b>  |
| Skilled Nursing Initial Assessment                                                        | T1001-U4 | One Assessment       | <b>\$151.08</b> |
| Extended Nursing RN Services                                                              | T1002-U4 | 15 Minutes           | <b>\$18.89</b>  |
| Extended Nursing LPN Services (1:1)                                                       | T1003-U4 | 15 Minutes           | <b>\$15.73</b>  |

|                               |             |            |               |
|-------------------------------|-------------|------------|---------------|
| <b>Personal Care Services</b> | T1019-U1-22 | 15 Minutes | <b>\$7.70</b> |
|-------------------------------|-------------|------------|---------------|

|                                     |            |            |               |
|-------------------------------------|------------|------------|---------------|
| <b>Companion Services</b>           |            |            |               |
| Companion Services Individual (1:1) | S5135 - U1 | 15 Minutes | <b>\$7.89</b> |
| Companion Services Group (1:3)      | S5135 - U2 | 15 Minutes | <b>\$4.49</b> |

|                                                                              |          |            |                |
|------------------------------------------------------------------------------|----------|------------|----------------|
| <b>M) Individualized Day Supports and Individualized Day Supports Meals:</b> |          |            |                |
| <b>Individualized Day Supports</b>                                           |          |            |                |
| Individualized Day Supports (1:1)                                            | T2021-U3 | 15 Minutes | <b>\$12.91</b> |
| Individualized Day Supports (1:2)                                            | T2021 HI | 15 Minutes | <b>\$9.11</b>  |
| <b>Individualized Day Supports Meals</b>                                     |          |            |                |
| Individualized Day Supports with meals (1:2)                                 | S9977-U4 | Daily      | <b>\$9.46</b>  |
| Individualized Day meal modifier (1:1)                                       | S9977-U4 | Daily      | <b>\$9.46</b>  |

|                                                               |                   |            |                |
|---------------------------------------------------------------|-------------------|------------|----------------|
| <b>N) Creative Art Therapies Services (Unit = 15 minutes)</b> |                   |            |                |
| Art Therapy                                                   | G0176-U5          | 15 Minutes | <b>\$31.79</b> |
| Art Therapy                                                   | G0176-U5 GT       | 15 Minutes | <b>\$31.79</b> |
| Art Therapy Extension                                         | G0176-U5-22       | 15 Minutes | <b>\$31.79</b> |
| Art Therapy Extension                                         | G0176-U5-22 GT    | 15 Minutes | <b>\$31.79</b> |
| Art Therapy Group                                             | G0176-U5-HQ       | 15 Minutes | <b>\$31.79</b> |
| Art Therapy Group                                             | G0176-U5-HQ GT    | 15 Minutes | <b>\$31.79</b> |
| Art Therapy Group Extension                                   | G0176-U5-HQ-22    | 15 Minutes | <b>\$31.79</b> |
| Art Therapy Group Extension                                   | G0176-U5-HQ-22 GT | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy                                                 | G0176-U6          | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy                                                 | G0176-U6 GT       | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy Extension                                       | G0176-U6-22       | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy Extension                                       | G0176-U6-22 GT    | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy Group                                           | G0176-U6-HQ       | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy Group                                           | G0176-U6-HQ GT    | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy Group Extension                                 | G0176-U6-HQ-22    | 15 Minutes | <b>\$31.79</b> |
| Dance Therapy Group Extension                                 | G0176-U6-HQ-22 GT | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy                                                 | G0176-U7          | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy                                                 | G0176-U7 GT       | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy Extension                                       | G0176-U7-22       | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy Extension                                       | G0176-U7-22 GT    | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy Group                                           | G0176-U7-HQ       | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy Group                                           | G0176-U7-HQ GT    | 15 Minutes | <b>\$31.79</b> |



|                               |                   |            |                |
|-------------------------------|-------------------|------------|----------------|
| Drama Therapy Group Extension | G0176-U7-HQ-22    | 15 Minutes | <b>\$31.79</b> |
| Drama Therapy Group Extension | G0176-U7-HQ-22 GT | 15 Minutes | <b>\$31.79</b> |
| Music Therapy                 | G0176-U8          | 15 Minutes | <b>\$31.79</b> |
| Music Therapy                 | G0176-U8 GT       | 15 Minutes | <b>\$31.79</b> |
| Music Therapy Extension       | G0176-U8-22       | 15 Minutes | <b>\$31.79</b> |
| Music Therapy Extension       | G0176-U8-22 GT    | 15 Minutes | <b>\$31.79</b> |
| Music Therapy Group           | G0176-U8-HQ       | 15 Minutes | <b>\$31.79</b> |
| Music Therapy Group           | G0176-U8-HQ GT    | 15 Minutes | <b>\$31.79</b> |
| Music Therapy Group Extension | G0176-U8-HQ-22    | 15 Minutes | <b>\$31.79</b> |
| Music Therapy Group Extension | G0176-U8-HQ-22 GT | 15 Minutes | <b>\$31.79</b> |

|                                                                                                         |                |            |                       |
|---------------------------------------------------------------------------------------------------------|----------------|------------|-----------------------|
| <b>Q) Participant-Directed Services:</b>                                                                |                |            |                       |
| Companion Services Individual (1:1)                                                                     | S5135-U1-X1    | 15 Minutes | <b>\$7.89</b>         |
| Respite Daily (ONLY PROVIDED OUTSIDE OF THE PERSONS HOME; Billing is hourly/service is daily)           | T1005-U4-X1    | 15 minutes | <b>\$8.49</b>         |
| Respite Daily (ONLY PROVIDED OUTSIDE OF THE PERSONS HOME; Billing is hourly/service is daily), Extended | T1005-U4-22-X1 | 15 minutes | <b>\$8.49</b>         |
| Individual-Directed Goods And Services                                                                  | Z2514-X1-U4    |            | <b>Cap of \$2,500</b> |
| Individualized Day Supports (1:1)                                                                       | T2021-U3-X1    | 15 Minutes | <b>\$12.91</b>        |
| In-Home Supports                                                                                        | 99509-U4-X1    | 15 Minutes | <b>\$8.97</b>         |
| In-Home Supports Extensions                                                                             | 99509 U4-22-X1 | 15 Minutes | <b>\$8.97</b>         |

**O) Dental services for individuals enrolled in the IDD Waiver are reimbursed at the Medicaid fee schedule rate increased by 20%, as required by 29 DCMR § 1921.10.**

**IFS Waiver (ALL IFS services and rates are same as IDD except Education and Participant-Directed Services):**

**P) Education Services (4 classes at \$1,250 per class. Not to exceed lifetime maximum of \$35,000 for tuition reimbursement)**

|                                                                                 |             |            |                |
|---------------------------------------------------------------------------------|-------------|------------|----------------|
| <b>Approved IFS Waiver Only. Do not Implement for IDD Waiver until Approved</b> |             |            |                |
| Assistive Technology Services Assessment-Telehealth                             | T2029 U1 GT | 15 minutes | <b>\$32.45</b> |