DEPARTMENT OF HUMAN SERVICES

Long-Term Services and Supports Service Rate Limits Effective April 1, 2026

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Alternative Care (AC) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Adult Companion Services	15 Minutes	S5135	$7.90	$7.90
Adult Companion Services, Remote	15 Minutes	S5135 U5	$7.90	$7.90
Adult Day Services	15 Minutes	S5100	$4.53	$4.53
Adult Day Services, Bath	15 Minutes	S5100 TF	$11.58	$11.58
Adult Day Services, FADS	15 Minutes	S5100 U7	$4.53	$4.53
Adult Day Services, Remote	15 Minutes	S5100 U4	$4.53	$4.53
Caregiver Counseling	15 Minutes	S5115 TF	$20.82	$20.82
Caregiver Counseling, Remote	15 Minutes	S5115 TF U4	$20.82	$20.82
Caregiver Training	15 Minutes	S5115	$20.82	$20.82
Caregiver Training, Remote	15 Minutes	S5115 U4	$20.82	$20.82
Case Management	15 Minutes	T1016 UC	$25.46	$25.46
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39
Case Management, Conversion	15 Minutes	T1016	$25.46	$25.46
CDCS Background Check	Per Print	T2040	$44.00	$44.00

Alternative Care (AC) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
CDCS Mandatory Case Management	15 Minutes	T2041	Up to the Required Case Management cap amount	Up to the Required Case Management cap amount
Chore Services	15 Minutes	S5120	$7.90	$7.90
Chore Services	Daily	S5121	Up to the case mix budget cap	Up to the case mix budget cap
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount
Discretionary Services Option	N/A	X5527	N/A	N/A
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Environmental Accessibility Adaptations, Home Install	Per Waiver Year	S5165	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Environmental Accessibility Adaptations, Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Environmental Accessibility Adaptations, Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Home Care Nursing, LPN	15 Minutes	T1003	$10.18	$10.18
Home Care Nursing, LPN Complex	15 Minutes	T1003 TG	$11.93	$11.93
Home Care Nursing, LPN Shared, 1:2	15 Minutes	T1003 TT	$7.65	$7.65
Home Care Nursing, RN	15 Minutes	T1002	$13.26	$13.26
Home Care Nursing, RN Complex	15 Minutes	T1002 TG	$15.89	$15.89
Home Care Nursing, RN Shared, 1:2	15 Minutes	T1002 TT	$9.94	$9.94

Alternative Care (AC) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Home Delivered Meals	One Meal Per Day	S5170	$9.90	$9.90
Home Health Aide	15 Minutes	T1004	$11.22	$11.22
Home Health Aide	Visit	T1021	$80.62	$80.62
Home Health Service, Skilled Nursing, LPN	15 Minutes	G0300	$12.81	$12.81
Home Health Service, Skilled Nursing, RN	15 Minutes	G0299	$12.81	$12.81
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90
Individual Community Living Support (ICLS), In Person/Remc	15 Minutes	H2015 U3	$9.16	$9.16
Individual Community Living Support (ICLS), Remote	15 Minutes	H2015 U3 U4	$9.16	$9.16
Nutrition Services	Visit	S9470	$80.63	$80.63
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00

Alternative Care (AC) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Respite Care Services, In Home	15 Minutes	S5150	$9.64	$9.64
Respite Care Services, In Home	Daily	S5151	$173.52	$173.52
Respite Care Services, In Home, Remote	15 Minutes	S5150 U4	$9.64	$9.64
Respite Care Services, Out of Home	15 Minutes	S5150 UB	$9.64	$9.64
Respite Care Services, Out of Home	Daily	H0045	$173.52	$173.52
Respite Certified Facility	Daily	H0045	NF's per diem for the client's case mix	NF's per diem for the client's case mix
Respite Hospital, 24 hours	Daily	H0045	$147.85	$147.85
Skilled Nurse Visit, LPN	Visit	T1031	$105.07	$105.07
Skilled Nurse Visit, LPN, Telehomecare	Visit	T1031 GT	$105.07	$105.07
Skilled Nurse Visit, RN	Visit	T1030	$105.07	$105.07
Skilled Nurse Visit, RN, Telehomecare	Visit	T1030 GT	$105.07	$105.07
Specialized Supplies and Equipment	Per Item	E1399	$0.00	Up to the case mix budget cap
Transitional Services	Per Occurrence	T2038	Up to the case mix budget cap	Up to the case mix budget cap
Transitional Services, Remote	Per Occurrence	T2038 U4	Up to the case mix budget cap	Up to the case mix budget cap
Transportation	One Way Trip	T2003	$20.21	$20.21

Alternative Care (AC) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54	$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70	$0.70

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance, Remote	15 Minutes	H2011 U4	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, Bath	15 Minutes	S5100 TF	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, Remote	15 Minutes	S5100 U4	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	$24.47	$24.47
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39
CDCS Background Check	Per Print	T2040	$44.00	$44.00
Chore Services	15 Minutes	S5120	$4.32	$4.32
Chore Services	Daily	S5121	Maximum Rate Not Published	Maximum Rate Not Published

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Community Education and Integration Costs, MHM	Decremental	T2025 U6	$500.00	$500.00
Community Residential Services, Adult	Daily	S5140 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Community Residential Services, Child	Daily	S5145 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Comprehensive Community Support Services, MHM Only	15 Minutes	H2015 U6	$17.17	$17.17
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Crisis Respite	15 Minutes	T1005	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite	Daily	S9125	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Remote	15 Minutes	T1005 U4	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff, Remote	15 Minutes	T1005 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living, 24 Hour	Daily	T2031 TG	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living, 24 Hour, Corporate Foster Care	Daily	T2031 TG U9	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services	15 Minutes	T2021 UC	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services, Remote	15 Minutes	T2021 UC U4	Maximum Rate Not Published	Maximum Rate Not Published

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find	15 Minutes	T2019 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find, Remote	15 Minutes	T2019 U4 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan	15 Minutes	T2019 U1	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan, Remote	15 Minutes	T2019 U1 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration, Remote	15 Minutes	T2019 U2 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group, Remote	15 Minutes	T2019 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 U9	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual, Remote	15 Minutes	T2019 U4 U9	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home Install	Per Waiver Year	S5165	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Environmental Accessibility Adaptations, Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
Family Counseling, Remote	15 Minutes	H0004 U4	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult	Daily	S5140 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult, Life Sharing	Daily	S5140 UC U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Child	Daily	S5145 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Life Sharing, Match	15 Minutes	S5110 U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Remote	15 Minutes	S5110 U4	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Nursing, LPN Complex, Extended	15 Minutes	T1003 TG UC	$11.93	$11.93
Home Care Nursing, LPN Regular, Extended	15 Minutes	T1003 UC	$10.18	$10.18
Home Care Nursing, LPN Shared, 1:2, Extended	15 Minutes	T1003 TT UC	$7.65	$7.65
Home Care Nursing, RN Complex, Extended	15 Minutes	T1002 TG UC	$15.89	$15.89
Home Care Nursing, RN Regular, Extended	15 Minutes	T1002 UC	$13.26	$13.26
Home Care Nursing, RN Shared, 1:2, Extended	15 Minutes	T1002 TT UC	$9.94	$9.94

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Home Care Training, Non Family (Previously known as Post-Discharge Case Consultation and Collaboration)	Per Session	S5116 U6	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	One Meal Per Day	S5170	$7.51	$7.51
Home Health Aide, Extended	15 Minutes	T1004	$7.70	$7.70
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90
Independent Living Skills, Group Therapy	15 Minutes	H2032 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Group Therapy, Remote	15 Minutes	H2032 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy	15 Minutes	H2032 TG	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy, Remote	15 Minutes	H2032 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1	15 Minutes	S5125 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1, Remote	15 Minutes	S5125 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:2	15 Minutes	S5125 UC UN	Maximum Rate Not Published	Maximum Rate Not Published

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Individualized Home Supports with Training, 1:1	15 Minutes	H2014 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1	Daily	H0043 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1, Remote	15 Minutes	H2014 UC U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:2	15 Minutes	H2014 UC UN U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1	15 Minutes	S5135 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1, Remote	15 Minutes	S5135 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:2	15 Minutes	S5135 UC UN	Maximum Rate Not Published	Maximum Rate Not Published
Integrated Community Supports	Daily	T1020 UC	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (Exercise Classes, Health Club/Fitness Center), MHM Only	Per Month	S9970 U6 U5	$66.66	$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	$71.91	$71.91
Occupational Therapy, Extended	Visit	S9129 UC	$110.62	$110.62
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	$2.17	$2.17
Pantry Stocking, MHM	Decremental	S9977 U6	$500.00	$500.00

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00
Personal Care Assistance (PCA), 1:1, Extended	15 Minutes	T1019 UC	$6.22	$6.22
Personal Care Assistance (PCA), 1:2, Extended	15 Minutes	T1019 TT UC	$4.68	$4.68
Personal Care Assistance (PCA), 1:3, Extended	15 Minutes	T1019 HQ UC	$4.10	$4.10
Personal Care Assistance (PCA), Complex, 1:1, Extended	15 Minutes	T1019 TG UC	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:2, Extended	15 Minutes	T1019 TG TT UC	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:3, Extended	15 Minutes	T1019 HQ TG UC	$4.60	$4.60
Personal Care Assistance (PCA), Supervision	15 Minutes	T1019 UA	$13.86	$13.86
Physical Therapy Assistant, Extended	Visit	S9131 TF UC	$70.49	$70.49
Physical Therapy, Extended	Visit	S9131 UC	$108.42	$108.42
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Analyst, Remote	15 Minutes	H2019 U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Positive Support by Professional, Remote	15 Minutes	H2019 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist, Remote	15 Minutes	H2019 TF U4	Maximum Rate Not Published	Maximum Rate Not Published
Post-Discharge Case Consultation and Collaboration, Home Care Training, Family	Per Session	S5111 U6	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	15 Minutes	T2047	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	Daily	T2014 UC	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services, Remote	15 Minutes	T2047 U4	Maximum Rate Not Published	Maximum Rate Not Published
Records and Fees, Medical Records, MHM [2]	Decremental	S9981 U6	$800.00	$800.00
Records and Fees, MHM [2]	Decremental	T5999 U6	$800.00	$800.00
Respiratory Therapy, Extended	Visit	S5181 UC	$69.66	$69.66
Respite Care Services, In Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home, Remote	15 Minutes	S5150 U4	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP Home Health Services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per Hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Specialist Services, Remote	Per Hour	T2013 U4	Maximum Rate Not Published	Maximum Rate Not Published
Specialized Supplies and Equipment	Per Year	T2029	$10,000.00	$10,000.00
Speech Therapy, Extended	Visit	S9128 UC	$110.07	$110.07
Transition Integration, MHM [3]	Decremental	T1999 U6	$5,000.00	$5,000.00
Transition Integration, Mobility Devices, MHM [3]	Decremental	K0899 U6	$5,000.00	$5,000.00
Transition Integration, Personal Items, MHM [3]	Decremental	S5199 U6	$5,000.00	$5,000.00
Transitional Services, Deposits and Moving Expenses	Decremental	T2038	$5,000.00	$5,000.00
Transitional Services, Furniture	Decremental	T2038 U1	$1,500.00	$1,500.00
Transitional Services, Household Supplies	Decremental	T2038 U2	$500.00	$500.00
Transportation	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation to Look for Housing [4]	One Way Trip	T2003 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Commercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual

Brain Injury (BI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation to Look for Housing, noncommercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	One Way Trip	T2003 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	Per Mile	S0215 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	One Way Trip	T2005 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	Per Mile	T2049 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	One Way Trip	A0130 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	Per Mile	S0209 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54	$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70	$0.70

[1] All MHM Pre-Transition Clean-Up services combined cannot exceed $3000
[2] Both MHM Records and Fees services combined cannot exceed $800
[3] All MHM Transition Integration Fund services combined cannot exceed $5000
[4] All MHM Transportation to Look for Housing services combined cannot exceed $1500

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance, Remote	15 Minutes	H2011 U4	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	$24.47	$24.47
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39
CDCS Background Check	Per Print	T2040	$44.00	$44.00
Chore Services	15 Minutes	S5120	$4.32	$4.32
Chore Services	Daily	S5121	Maximum Rate Not Published	Maximum Rate Not Published
Community Education and Integration Costs, MHM	Decremental	T2025 U6	$500.00	$500.00
Community Residential Services, Adult	Daily	S5140 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Community Residential Services, Child	Daily	S5145 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Comprehensive Community Support Services, MHM Only	15 Minutes	H2015 U6	$17.17	$17.17

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Crisis Respite	15 Minutes	T1005	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite	Daily	S9125	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Remote	15 Minutes	T1005 U4	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff, Remote	15 Minutes	T1005 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services	15 Minutes	T2021 UC	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services, Remote	15 Minutes	T2021 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find	15 Minutes	T2019 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find, Remote	15 Minutes	T2019 U4 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan	15 Minutes	T2019 U1	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan, Remote	15 Minutes	T2019 U1 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration, Remote	15 Minutes	T2019 U2 U4	Maximum Rate Not Published	Maximum Rate Not Published

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group, Remote	15 Minutes	T2019 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 U9	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual, Remote	15 Minutes	T2019 U4 U9	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home Install	Per Waiver Year	S5165	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
Family Counseling, Remote	15 Minutes	H0004 U4	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult	Daily	S5140 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult, Life Sharing	Daily	S5140 UC U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Child	Daily	S5145 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Family Training, Life Sharing, Match	15 Minutes	S5110 U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Remote	15 Minutes	S5110 U4	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Nursing, LPN Complex, Extended	15 Minutes	T1003 TG UC	$11.93	$11.93
Home Care Nursing, LPN Regular, Extended	15 Minutes	T1003 UC	$10.18	$10.18
Home Care Nursing, LPN Shared, 1:2, Extended	15 Minutes	T1003 TT UC	$7.65	$7.65
Home Care Nursing, RN Complex, Extended	15 Minutes	T1002 TG UC	$15.89	$15.89
Home Care Nursing, RN Regular, Extended	15 Minutes	T1002 UC	$13.26	$13.26
Home Care Nursing, RN Shared, 1:2, Extended	15 Minutes	T1002 TT UC	$9.94	$9.94
Home Care Training, Non Family (Previously known as Post-Discharge Case Consultation and Collaboration)	Per Session	S5116 U6	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	One Meal Per Day	S5170	$7.51	$7.51
Home Health Aide, Extended	15 Minutes	T1004	$7.70	$7.70
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Independent Living Skills, Group Therapy	15 Minutes	H2032 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Group Therapy, Remote	15 Minutes	H2032 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy	15 Minutes	H2032 TG	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy, Remote	15 Minutes	H2032 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1	15 Minutes	S5125 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1, Remote	15 Minutes	S5125 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:2	15 Minutes	S5125 UC UN	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1	15 Minutes	H2014 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1	Daily	H0043 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1, Remote	15 Minutes	H2014 UC U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:2	15 Minutes	H2014 UC UN U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1	15 Minutes	S5135 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1, Remote	15 Minutes	S5135 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:2	15 Minutes	S5135 UC UN	Maximum Rate Not Published	Maximum Rate Not Published
Integrated Community Supports	Daily	T1020 UC	Maximum Rate Not Published	Maximum Rate Not Published

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Membership Fees (Exercise Classes, Health Club/Fitness Center), MHM Only	Per Month	S9970 U6 U5	$66.66	$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	$71.91	$71.91
Occupational Therapy, Extended	Visit	S9129 UC	$110.62	$110.62
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	$2.17	$2.17
Pantry Stocking, MHM	Decremental	S9977 U6	$500.00	$500.00
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00
Personal Care Assistance (PCA), 1:1, Extended	15 Minutes	T1019 UC	$6.22	$6.22
Personal Care Assistance (PCA), 1:2, Extended	15 Minutes	T1019 TT UC	$4.68	$4.68
Personal Care Assistance (PCA), 1:3, Extended	15 Minutes	T1019 HQ UC	$4.10	$4.10
Personal Care Assistance (PCA), Complex, 1:1, Extended	15 Minutes	T1019 TG UC	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:2, Extended	15 Minutes	T1019 TG TT UC	$5.25	$5.25

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Personal Care Assistance (PCA), Complex, 1:3, Extended	15 Minutes	T1019 HQ TG UC	$4.60	$4.60
Personal Care Assistance (PCA), Supervision	15 Minutes	T1019 UA	$13.86	$13.86
Physical Therapy Assistant, Extended	Visit	S9131 TF UC	$70.49	$70.49
Physical Therapy, Extended	Visit	S9131 UC	$108.42	$108.42
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Analyst, Remote	15 Minutes	H2019 U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional, Remote	15 Minutes	H2019 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist, Remote	15 Minutes	H2019 TF U4	Maximum Rate Not Published	Maximum Rate Not Published
Post-Discharge Case Consultation and Collaboration, Home Care Training, Family	Per Session	S5111 U6	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	15 Minutes	T2047	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	Daily	T2014 UC	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services, Remote	15 Minutes	T2047 U4	Maximum Rate Not Published	Maximum Rate Not Published
Records and Fees, Medical Records, MHM [2]	Decremental	S9981 U6	$800.00	$800.00

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Records and Fees, MHM [2]	Decremental	T5999 U6	$800.00	$800.00
Respiratory Therapy, Extended	Visit	S5181 UC	$69.66	$69.66
Respite Care Services, In Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home, Remote	15 Minutes	S5150 U4	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP Home Health Services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per Hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Specialist Services, Remote	Per Hour	T2013 U4	Maximum Rate Not Published	Maximum Rate Not Published
Specialized Supplies and Equipment	Per Year	T2029	$10,000.00	$10,000.00
Speech Therapy, Extended	Visit	S9128 UC	$110.07	$110.07
Transition Integration, MHM [3]	Decremental	T1999 U6	$5,000.00	$5,000.00
Transition Integration, Mobility Devices, MHM [3]	Decremental	K0899 U6	$5,000.00	$5,000.00

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transition Integration, Personal Items, MHM [3]	Decremental	S5199 U6	$5,000.00	$5,000.00
Transitional Services, Deposits and Moving Expenses	Decremental	T2038	$5,000.00	$5,000.00
Transitional Services, Furniture	Decremental	T2038 U1	$1,500.00	$1,500.00
Transitional Services, Household Supplies	Decremental	T2038 U2	$500.00	$500.00
Transportation	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation to Look for Housing [4]	One Way Trip	T2003 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Commercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, noncommercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	One Way Trip	T2003 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	Per Mile	S0215 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	One Way Trip	T2005 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	Per Mile	T2049 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	One Way Trip	A0130 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	Per Mile	S0209 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54	$1.54

Community Alternative Care (CAC) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70	$0.70

[1] All MHM Pre-Transition Clean-Up services combined cannot exceed $3000
[2] Both MHM Records and Fees services combined cannot exceed $800
[3] All MHM Transition Integration Fund services combined cannot exceed $5000
[4] All MHM Transportation to Look for Housing services combined cannot exceed $1500

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance, Remote	15 Minutes	H2011 U4	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, Bath	15 Minutes	S5100 TF	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, Remote	15 Minutes	S5100 U4	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	$24.47	$24.47
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39
CDCS Background Check	Per Print	T2040	$44.00	$44.00
Chore Services	15 Minutes	S5120	$4.32	$4.32
Chore Services	Daily	S5121	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Community Education and Integration Costs, MHM	Decremental	T2025 U6	$500.00	$500.00
Community Residential Services, Adult	Daily	S5140 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Community Residential Services, Child	Daily	S5145 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Comprehensive Community Support Services, MHM Only	15 Minutes	H2015 U6	$17.17	$17.17
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Crisis Respite	15 Minutes	T1005	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite	Daily	S9125	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Remote	15 Minutes	T1005 U4	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff, Remote	15 Minutes	T1005 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living, 24 Hour	Daily	T2031 TG	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living, 24 Hour, Corporate Foster Care	Daily	T2031 TG U9	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services	15 Minutes	T2021 UC	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services, Remote	15 Minutes	T2021 UC U4	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find	15 Minutes	T2019 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find, Remote	15 Minutes	T2019 U4 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan	15 Minutes	T2019 U1	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan, Remote	15 Minutes	T2019 U1 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration, Remote	15 Minutes	T2019 U2 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group, Remote	15 Minutes	T2019 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 U9	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual, Remote	15 Minutes	T2019 U4 U9	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home Install	Per Waiver Year	S5165	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Environmental Accessibility Adaptations, Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
Family Counseling, Remote	15 Minutes	H0004 U4	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult	Daily	S5140 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult, Life Sharing	Daily	S5140 UC U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Child	Daily	S5145 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Life Sharing, Match	15 Minutes	S5110 U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Remote	15 Minutes	S5110 U4	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Nursing, LPN Complex, Extended	15 Minutes	T1003 TG UC	$11.93	$11.93
Home Care Nursing, LPN Regular, Extended	15 Minutes	T1003 UC	$10.18	$10.18
Home Care Nursing, LPN Shared, 1:2, Extended	15 Minutes	T1003 TT UC	$7.65	$7.65
Home Care Nursing, RN Complex, Extended	15 Minutes	T1002 TG UC	$15.89	$15.89
Home Care Nursing, RN Regular, Extended	15 Minutes	T1002 UC	$13.26	$13.26
Home Care Nursing, RN Shared, 1:2, Extended	15 Minutes	T1002 TT UC	$9.94	$9.94

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Home Care Training, Non Family (Previously known as Post-Discharge Case Consultation and Collaboration)	Per Session	S5116 U6	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	One Meal Per Day	S5170	$7.51	$7.51
Home Health Aide, Extended	15 Minutes	T1004	$7.70	$7.70
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90
Independent Living Skills, Group Therapy	15 Minutes	H2032 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Group Therapy, Remote	15 Minutes	H2032 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy	15 Minutes	H2032 TG	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy, Remote	15 Minutes	H2032 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1	15 Minutes	S5125 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1, Remote	15 Minutes	S5125 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:2	15 Minutes	S5125 UC UN	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Individualized Home Supports with Training, 1:1	15 Minutes	H2014 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1	Daily	H0043 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1, Remote	15 Minutes	H2014 UC U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:2	15 Minutes	H2014 UC UN U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1	15 Minutes	S5135 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1, Remote	15 Minutes	S5135 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:2	15 Minutes	S5135 UC UN	Maximum Rate Not Published	Maximum Rate Not Published
Integrated Community Supports	Daily	T1020 UC	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (Exercise Classes, Health Club/Fitness Center), MHM Only	Per Month	S9970 U6 U5	$66.66	$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	$71.91	$71.91
Occupational Therapy, Extended	Visit	S9129 UC	$110.62	$110.62
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	$2.17	$2.17
Pantry Stocking, MHM	Decremental	S9977 U6	$500.00	$500.00

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00
Personal Care Assistance (PCA), 1:1, Extended	15 Minutes	T1019 UC	$6.22	$6.22
Personal Care Assistance (PCA), 1:2, Extended	15 Minutes	T1019 TT UC	$4.68	$4.68
Personal Care Assistance (PCA), 1:3, Extended	15 Minutes	T1019 HQ UC	$4.10	$4.10
Personal Care Assistance (PCA), Complex, 1:1, Extended	15 Minutes	T1019 TG UC	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:2, Extended	15 Minutes	T1019 TG TT UC	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:3, Extended	15 Minutes	T1019 HQ TG UC	$4.60	$4.60
Personal Care Assistance (PCA), Supervision	15 Minutes	T1019 UA	$13.86	$13.86
Physical Therapy Assistant, Extended	Visit	S9131 TF UC	$70.49	$70.49
Physical Therapy, Extended	Visit	S9131 UC	$108.42	$108.42
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Analyst, Remote	15 Minutes	H2019 U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Positive Support by Professional, Remote	15 Minutes	H2019 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist, Remote	15 Minutes	H2019 TF U4	Maximum Rate Not Published	Maximum Rate Not Published
Post-Discharge Case Consultation and Collaboration, Home Care Training, Family	Per Session	S5111 U6	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	15 Minutes	T2047	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	Daily	T2014 UC	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services, Remote	15 Minutes	T2047 U4	Maximum Rate Not Published	Maximum Rate Not Published
Records and Fees, Medical Records, MHM [2]	Decremental	S9981 U6	$800.00	$800.00
Records and Fees, MHM [2]	Decremental	T5999 U6	$800.00	$800.00
Respiratory Therapy, Extended	Visit	S5181 UC	$69.66	$69.66
Respite Care Services, In Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home, Remote	15 Minutes	S5150 U4	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP Home Health Services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per Hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Specialist Services, Remote	Per Hour	T2013 U4	Maximum Rate Not Published	Maximum Rate Not Published
Specialized Supplies and Equipment	Per Year	T2029	$10,000.00	$10,000.00
Speech Therapy, Extended	Visit	S9128 UC	$110.07	$110.07
Transition Integration, MHM [3]	Decremental	T1999 U6	$5,000.00	$5,000.00
Transition Integration, Mobility Devices, MHM [3]	Decremental	K0899 U6	$5,000.00	$5,000.00
Transition Integration, Personal Items, MHM [3]	Decremental	S5199 U6	$5,000.00	$5,000.00
Transitional Services, Deposits and Moving Expenses	Decremental	T2038	$5,000.00	$5,000.00
Transitional Services, Furniture	Decremental	T2038 U1	$1,500.00	$1,500.00
Transitional Services, Household Supplies	Decremental	T2038 U2	$500.00	$500.00
Transportation	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation to Look for Housing [4]	One Way Trip	T2003 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Commercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual

Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation to Look for Housing, noncommercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	One Way Trip	T2003 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	Per Mile	S0215 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	One Way Trip	T2005 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	Per Mile	T2049 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	One Way Trip	A0130 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	Per Mile	S0209 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54	$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70	$0.70

[1] All MHM Pre-Transition Clean-Up services combined cannot exceed $3000
[2] Both MHM Records and Fees services combined cannot exceed $800
[3] All MHM Transition Integration Fund services combined cannot exceed $5000
[4] All MHM Transportation to Look for Housing services combined cannot exceed $1500

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance, Remote	15 Minutes	H2011 U4	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, Bath	15 Minutes	S5100 TF	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services, Remote	15 Minutes	S5100 U4	Maximum Rate Not Published	Maximum Rate Not Published
Assistive Technology / Assessment	Per Assessment	T2029 UD	Maximum Rate Not Published	Maximum Rate Not Published
Assistive Technology / Equipment	Per Waiver Year	T2029	Maximum Rate Not Published	Maximum Rate Not Published
Assistive Technology / Equipment	Per Waiver Year	T2029 UB	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	$23.19	$23.19
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
CDCS Background Check	Per Print	T2040	$44.00	$44.00
Chore Services	15 Minutes	S5120	$4.32	$4.32
Chore Services	Daily	S5121	Maximum Rate Not Published	Maximum Rate Not Published
Community Education and Integration Costs, MHM	Decremental	T2025 U6	$500.00	$500.00
Community Residential Services, Adult	Daily	S5140 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Community Residential Services, Child	Daily	S5145 UC U9	Maximum Rate Not Published	Maximum Rate Not Published
Comprehensive Community Support Services, MHM Only	15 Minutes	H2015 U6	$17.17	$17.17
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Crisis Respite	15 Minutes	T1005	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite	Daily	S9125	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Remote	15 Minutes	T1005 U4	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized Staff, Remote	15 Minutes	T1005 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services	15 Minutes	T2021 UC	Maximum Rate Not Published	Maximum Rate Not Published
Day Support Services, Remote	15 Minutes	T2021 UC U4	Maximum Rate Not Published	Maximum Rate Not Published

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find	15 Minutes	T2019 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Find, Remote	15 Minutes	T2019 U4 U8	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan	15 Minutes	T2019 U1	Maximum Rate Not Published	Maximum Rate Not Published
Employment Development, Plan, Remote	15 Minutes	T2019 U1 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration, Remote	15 Minutes	T2019 U2 U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group, Remote	15 Minutes	T2019 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 U9	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual, Remote	15 Minutes	T2019 U4 U9	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home Install	Per Waiver Year	S5165	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations, Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Environmental Accessibility Adaptations, Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed $40,000	EAA services cannot exceed $40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
Family Counseling, Remote	15 Minutes	H0004 U4	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult	Daily	S5140 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Adult, Life Sharing	Daily	S5140 UC U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Residential Services, Child	Daily	S5145 UC	Maximum Rate Not Published	Maximum Rate Not Published
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Life Sharing, Match	15 Minutes	S5110 U2	Maximum Rate Not Published	Maximum Rate Not Published
Family Training, Remote	15 Minutes	S5110 U4	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Training, Non Family (Previously known as Post-Discharge Case Consultation and Collaboration)	Per Session	S5116 U6	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	One Meal Per Day	S5170	$7.51	$7.51
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Independent Living Skills, Group Therapy	15 Minutes	H2032 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Group Therapy, Remote	15 Minutes	H2032 HQ U4	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy	15 Minutes	H2032 TG	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy, Remote	15 Minutes	H2032 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1	15 Minutes	S5125 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:1, Remote	15 Minutes	S5125 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Family Training, 1:2	15 Minutes	S5125 UC UN	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1	15 Minutes	H2014 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1	Daily	H0043 UC U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:1, Remote	15 Minutes	H2014 UC U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports with Training, 1:2	15 Minutes	H2014 UC UN U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1	15 Minutes	S5135 UC	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:1, Remote	15 Minutes	S5135 UC U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports without Training, 1:2	15 Minutes	S5135 UC UN	Maximum Rate Not Published	Maximum Rate Not Published
Integrated Community Supports	Daily	T1020 UC	Maximum Rate Not Published	Maximum Rate Not Published

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Membership Fees (Exercise Classes, Health Club/Fitness Center), MHM Only	Per Month	S9970 U6 U5	$66.66	$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	$2.17	$2.17
Pantry Stocking, MHM	Decremental	S9977 U6	$500.00	$500.00
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00
Personal Care Assistance (PCA), 1:1, Extended	15 Minutes	T1019 UC	$6.22	$6.22
Personal Care Assistance (PCA), 1:2, Extended	15 Minutes	T1019 TT UC	$4.68	$4.68
Personal Care Assistance (PCA), 1:3, Extended	15 Minutes	T1019 HQ UC	$4.10	$4.10
Personal Care Assistance (PCA), Complex, 1:1, Extended	15 Minutes	T1019 TG UC	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:2, Extended	15 Minutes	T1019 TG TT UC	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:3, Extended	15 Minutes	T1019 HQ TG UC	$4.60	$4.60
Personal Care Assistance (PCA), Supervision	15 Minutes	T1019 UA	$13.86	$13.86

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Analyst, Remote	15 Minutes	H2019 U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional, Remote	15 Minutes	H2019 TG U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist, Remote	15 Minutes	H2019 TF U4	Maximum Rate Not Published	Maximum Rate Not Published
Post-Discharge Case Consultation and Collaboration, Home Care Training, Family	Per Session	S5111 U6	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	15 Minutes	T2047	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	Daily	T2014 UC	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services, Remote	15 Minutes	T2047 U4	Maximum Rate Not Published	Maximum Rate Not Published
Records and Fees, Medical Records, MHM [2]	Decremental	S9981 U6	$800.00	$800.00
Records and Fees, MHM [2]	Decremental	T5999 U6	$800.00	$800.00
Respite Care Services, In Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, In Home, Remote	15 Minutes	S5150 U4	Maximum Rate Not Published	Maximum Rate Not Published

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Respite Care Services, Out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP Home Health Services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per Hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Specialist Services, Remote	Per Hour	T2013 U4	Maximum Rate Not Published	Maximum Rate Not Published
Transition Integration, MHM [3]	Decremental	T1999 U6	$5,000.00	$5,000.00
Transition Integration, Mobility Devices, MHM [3]	Decremental	K0899 U6	$5,000.00	$5,000.00
Transition Integration, Personal Items, MHM [3]	Decremental	S5199 U6	$5,000.00	$5,000.00
Transitional Services, Deposits and Moving Expenses	Decremental	T2038	$5,000.00	$5,000.00
Transitional Services, Furniture	Decremental	T2038 U1	$1,500.00	$1,500.00
Transitional Services, Household Supplies	Decremental	T2038 U2	$500.00	$500.00
Transportation	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation to Look for Housing [4]	One Way Trip	T2003 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Commercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual

Developmental Disabilities (DD) Waiver Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation to Look for Housing, noncommercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	One Way Trip	T2003 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	Per Mile	S0215 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	One Way Trip	T2005 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	Per Mile	T2049 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	One Way Trip	A0130 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	Per Mile	S0209 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54	$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70	$0.70

[1] All MHM Pre-Transition Clean-Up services combined cannot exceed $3000
[2] Both MHM Records and Fees services combined cannot exceed $800
[3] All MHM Transition Integration Fund services combined cannot exceed $5000
[4] All MHM Transportation to Look for Housing services combined cannot exceed $1500

Elderly Waiver (EW) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Adult Companion Services	15 Minutes	S5135	$7.90	$7.90
Adult Companion Services, Remote	15 Minutes	S5135 U5	$7.90	$7.90
Adult Day Services	15 Minutes	S5100	$4.53	$4.53
Adult Day Services, Bath	15 Minutes	S5100 TF	$11.58	$11.58
Adult Day Services, FADS	15 Minutes	S5100 U7	$4.53	$4.53
Adult Day Services, Remote	15 Minutes	S5100 U4	$4.53	$4.53
Caregiver Counseling	15 Minutes	S5115 TF	$20.82	$20.82
Caregiver Counseling, Remote	15 Minutes	S5115 TF U4	$20.82	$20.82
Caregiver Training	15 Minutes	S5115	$20.82	$20.82
Caregiver Training, Remote	15 Minutes	S5115 U4	$20.82	$20.82
Case Management	15 Minutes	T1016 UC	$25.46	$25.46
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39
CDCS Background Check	Per Print	T2040	$44.00	$44.00
CDCS Mandatory Case Management	15 Minutes	T2041	Up to the Required Case Management cap amount	Up to the Required Case Management cap amount

Elderly Waiver (EW) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Chore Services	15 Minutes	S5120	$7.90	$7.90
Chore Services	Daily	S5121	Up to the case mix budget cap	Up to the case mix budget cap
Community Education and Integration Costs, MHM	Decremental	T2025 U6	$500.00	$500.00
Comprehensive Community Support Services, MHM Only	15 Minutes	H2015 U6	$17.17	$17.17
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount
Customized Living	Daily	T2031	See EW Customized Living (T2030, T2031) Limits	See EW Customized Living (T2030, T2031) Limits
Customized Living, 24 Hour	Daily	T2031 TG	See 24-Hour CL service rate Limits	See 24-Hour CL service rate Limits
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Environmental Accessibility Adaptations, Home Install	Per Waiver Year	S5165	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Environmental Accessibility Adaptations, Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Environmental Accessibility Adaptations, Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed $21,722	EAA services cannot exceed $21,722
Foster Care, Adult, Corporate	Daily	S5140 U9	Up to the case mix budget cap	Up to the case mix budget cap
Foster Care, Adult, Family	Daily	S5140	Up to the case mix budget cap	Up to the case mix budget cap
Home Care Nursing, LPN Complex, Extended	15 Minutes	T1003 TG UC	$11.93	$11.93
Home Care Nursing, LPN Regular, Extended	15 Minutes	T1003 UC	$10.18	$10.18

Elderly Waiver (EW) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Home Care Nursing, LPN Shared, 1:2, Extended	15 Minutes	T1003 TT UC	$7.65	$7.65
Home Care Nursing, RN Complex, Extended	15 Minutes	T1002 TG UC	$15.89	$15.89
Home Care Nursing, RN Regular, Extended	15 Minutes	T1002 UC	$13.26	$13.26
Home Care Nursing, RN Shared, 1:2, Extended	15 Minutes	T1002 TT UC	$9.94	$9.94
Home Care Training, Non Family (Previously known as Post-Discharge Case Consultation and Collaboration)	Per Session	S5116 U6	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	One Meal Per Day	S5170	$9.90	$9.90
Home Health Aide, Extended	15 Minutes	T1004	$11.22	$11.22
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90
Individual Community Living Support (ICLS), In Person/Remc	15 Minutes	H2015 U3	$9.16	$9.16
Individual Community Living Support (ICLS), Remote	15 Minutes	H2015 U3 U4	$9.16	$9.16
Membership Fees (Exercise Classes, Health Club/Fitness Center), MHM Only	Per Month	S9970 U6 U5	$66.66	$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan

Elderly Waiver (EW) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	$2.17	$2.17
Pantry Stocking, MHM	Decremental	S9977 U6	$500.00	$500.00
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00
Personal Care Assistance (PCA), 1:1, Extended	15 Minutes	T1019 UC	$6.22	$6.22
Personal Care Assistance (PCA), 1:2, Extended	15 Minutes	T1019 TT UC	$4.68	$4.68
Personal Care Assistance (PCA), 1:3, Extended	15 Minutes	T1019 HQ UC	$4.10	$4.10
Personal Care Assistance (PCA), Complex, 1:1, Extended	15 Minutes	T1019 TG UC	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:2, Extended	15 Minutes	T1019 TG TT UC	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:3, Extended	15 Minutes	T1019 HQ TG UC	$4.60	$4.60
Personal Care Assistance (PCA), Supervision	15 Minutes	T1019 UA	$13.86	$13.86
Post-Discharge Case Consultation and Collaboration, Home Care Training, Family	Per Session	S5111 U6	Maximum Rate Not Published	Maximum Rate Not Published
Records and Fees, Medical Records, MHM [2]	Decremental	S9981 U6	$800.00	$800.00
Records and Fees, MHM [2]	Decremental	T5999 U6	$800.00	$800.00

Elderly Waiver (EW) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Respite Care Services, In Home	15 Minutes	S5150	$9.64	$9.64
Respite Care Services, In Home	Daily	S5151	$173.52	$173.52
Respite Care Services, In Home, Remote	15 Minutes	S5150 U4	$9.64	$9.64
Respite Care Services, Out of Home	15 Minutes	S5150 UB	$9.64	$9.64
Respite Care Services, Out of Home	Daily	H0045	$173.52	$173.52
Respite Certified Facility	Daily	H0045	NF's per diem for the client's case mix	NF's per diem for the client's case mix
Respite Hospital, 24 hours	Daily	H0045	$147.85	$147.85
Specialized Supplies and Equipment	Per Item	T2029	$0.00	Up to the case mix budget cap
Transition Integration, MHM [3]	Decremental	T1999 U6	$5,000.00	$5,000.00
Transition Integration, Mobility Devices, MHM [3]	Decremental	K0899 U6	$5,000.00	$5,000.00
Transition Integration, Personal Items, MHM [3]	Decremental	S5199 U6	$5,000.00	$5,000.00
Transitional Services	Per Occurrence	T2038	Up to the case mix budget cap	Up to the case mix budget cap
Transitional Services, Remote	Per Occurrence	T2038 U4	Up to the case mix budget cap	Up to the case mix budget cap
Transportation	One Way Trip	T2003 UC	$20.21	$20.21
Transportation to Look for Housing [4]	One Way Trip	T2003 U6	Refer to MHM Program Manual	Refer to MHM Program Manual

Elderly Waiver (EW) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation to Look for Housing, Commercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, noncommercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	One Way Trip	T2003 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	Per Mile	S0215 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	One Way Trip	T2005 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	Per Mile	T2049 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	One Way Trip	A0130 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	Per Mile	S0209 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation, Mileage, Commercial Vehicle	Per Mile	S0215 UC	$1.54	$1.54
Transportation, Mileage, Non-commercial Vehicle	Per Mile	S0215 UC	$0.70	$0.70

[1] All MHM Pre-Transition Clean-Up services combined cannot exceed $3000
[2] Both MHM Records and Fees services combined cannot exceed $800
[3] All MHM Transition Integration Fund services combined cannot exceed $5000
[4] All MHM Transportation to Look for Housing services combined cannot exceed $1500

Essential Community Supports (ECS) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Adult Day Services	15 Minutes	S5100	$4.53	$4.53
Adult Day Services, FADS	15 Minutes	S5100 U7	$4.53	$4.53
Adult Day Services, Remote	15 Minutes	S5100 U4	$4.53	$4.53
Caregiver Counseling	15 Minutes	S5115 TF	$20.82	$20.82
Caregiver Counseling, Remote	15 Minutes	S5115 TF U4	$20.82	$20.82
Caregiver Training	15 Minutes	S5115	$20.82	$20.82
Caregiver Training, Remote	15 Minutes	S5115 U4	$20.82	$20.82
Case Management	15 Minutes	T1016 UC	$25.46	$25.46
Case Management Aide, Paraprofessional	15 Minutes	T1016 TF UC	$9.39	$9.39
Chore Services	15 Minutes	S5120	$7.90	$7.90
Chore Services	Daily	S5121	Up to the ECS budget cap	Up to the ECS budget cap
Community Living Assistance, In Person/Remote	15 Minutes	H2015	$4.55	$4.55
Community Living Assistance, Remote	Daily	H2016	$6.06	$6.06
Home Delivered Meals	One Meal Per Day	S5170	$9.90	$9.90
Homemaker, Assistance with Personal Cares	15 Minutes	S5130 TG	$7.90	$7.90

Essential Community Supports (ECS) Program Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Homemaker, Cleaning	15 Minutes	S5130	$7.90	$7.90
Homemaker, Home Management	15 Minutes	S5130 TF	$7.90	$7.90
Homemaker, Home Management, Remote	15 Minutes	S5130 TF U4	$7.90	$7.90
PERS Installation and Testing	Each Time	S5160	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161	$110.00	$110.00
PERS Purchase	Each Time	S5162	$1,500.00	$1,500.00

Home Care Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Home Care Nursing, LPN	15 Minutes	T1003	$10.18	$10.18
Home Care Nursing, LPN Complex	15 Minutes	T1003 TG	$11.93	$11.93
Home Care Nursing, LPN Shared, 1:2	15 Minutes	T1003 TT	$7.65	$7.65
Home Care Nursing, RN	15 Minutes	T1002	$13.26	$13.26
Home Care Nursing, RN Complex	15 Minutes	T1002 TG	$15.89	$15.89
Home Care Nursing, RN Shared, 1:2	15 Minutes	T1002 TT	$9.94	$9.94
Home Health Aide	Visit	T1021	$80.62	$80.62
Occupational Therapy	Visit	S9129	$110.62	$110.62
Occupational Therapy Assistant	Visit	S9129 TF	$71.91	$71.91
Personal Care Assistance (PCA), 1:1	15 Minutes	T1019	$6.22	$6.22
Personal Care Assistance (PCA), 1:1, Notice of Reduction	15 Minutes	T1019 U5	$6.22	$6.22
Personal Care Assistance (PCA), 1:1, Temporary 45 Day Increase	15 Minutes	T1019 U6	$6.22	$6.22
Personal Care Assistance (PCA), 1:2	15 Minutes	T1019 TT	$4.68	$4.68
Personal Care Assistance (PCA), 1:2, Notice of Reduction	15 Minutes	T1019 TT U5	$4.68	$4.68
Personal Care Assistance (PCA), 1:2, Temporary 45 Day Increase	15 Minutes	T1019 TT U6	$4.68	$4.68

Home Care Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Personal Care Assistance (PCA), 1:3	15 Minutes	T1019 HQ	$4.10	$4.10
Personal Care Assistance (PCA), 1:3, Notice of Reduction	15 Minutes	T1019 HQ U5	$4.10	$4.10
Personal Care Assistance (PCA), 1:3, Temporary 45 Day Increase	15 Minutes	T1019 HQ U6	$4.10	$4.10
Personal Care Assistance (PCA), Complex, 1:1	15 Minutes	T1019 TG	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:1, Notice of Reduction	15 Minutes	T1019 TG U5	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:1, Temporary 45 Day Increase	15 Minutes	T1019 TG U6	$6.99	$6.99
Personal Care Assistance (PCA), Complex, 1:2	15 Minutes	T1019 TG TT	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:2, Notice of Reduction	15 Minutes	T1019 TG TT U5	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:2, Temporary 45 Day Increase	15 Minutes	T1019 TG TT U6	$5.25	$5.25
Personal Care Assistance (PCA), Complex, 1:3	15 Minutes	T1019 HQ TG	$4.60	$4.60
Personal Care Assistance (PCA), Complex, 1:3, Notice of Reduction	15 Minutes	T1019 HQ TG U5	$4.60	$4.60
Personal Care Assistance (PCA), Complex, 1:3, Temporary 45 Day Increase	15 Minutes	T1019 HQ TG U6	$4.60	$4.60
Personal Care Assistance (PCA), Supervision	15 Minutes	T1019 UA	$13.86	$13.86
PHN Face to Face Assessment for PCA	Visit	T1001	$276.65	$276.65
PHN Service Update for PCA	Visit	T1001 TS	$138.32	$138.32

Home Care Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
PHN Temporary Service Increase for PCA	Visit	T1001 U6	$138.32	$138.32
Physical Therapy	Visit	S9131	$108.42	$108.42
Physical Therapy Assistant	Visit	S9131 TF	$70.49	$70.49
Respiratory Therapy	Visit	S5181	$69.66	$69.66
Skilled Nurse Visit, LPN	Visit	T1031	$105.07	$105.07
Skilled Nurse Visit, LPN, Telehomecare	Visit	T1031 GT	$105.07	$105.07
Skilled Nurse Visit, RN	Visit	T1030	$105.07	$105.07
Skilled Nurse Visit, RN, Telehomecare	Visit	T1030 GT	$105.07	$105.07
Speech Therapy	Visit	S9128	$110.07	$110.07

Moving Home Minnesota (MHM) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Case Management, Demonstration	15 Minutes	T1016 U6	$24.47	$24.47
Community Education and Integration Costs, MHM	Decremental	T2025 U6	$500.00	$500.00
Comprehensive Community Support Services, MHM Only	15 Minutes	H2015 U6	$17.17	$17.17
Cost for Finding Housing/Employment, Ancillary Recipient Lodging	Actual Cost- Daily Maximum	A0180 U6	$200.00	$200.00
Cost for Finding Housing/Employment, Case Worker	Per Mile	A0160 U6	$0.70	$0.70
Cost for Finding Housing/Employment, Escort Lodging	Actual Cost- Daily Maximum	A0200 U6	$200.00	$200.00
Cost for Finding Housing/Employment, Escort Meals	Actual Cost- Daily Maximum	A0210 U6	$37.00	$37.00
Cost for Finding Housing/Employment, Parking Fees and Toll	Actual Cost- Daily Maximum	A0170 U6	$20.00	$20.00
Cost for Finding Housing/Employment, Recipient Meals	Actual Cost- Daily Maximum	A0190 U6	$37.00	$37.00
Environmental Accessibility Adaptations, Home Assessment	Per Assessment	T1028 U6	2 MHM EAA services and T2029 U6 cannot exceed $3,000	2 MHM EAA services and T2029 U6 cannot exceed $3,000
Environmental Accessibility Adaptations, Home Install	Per Year	S5165 U6 U1	2 MHM EAA services and T2029 U6 cannot exceed $3,000	2 MHM EAA services and T2029 U6 cannot exceed $3,000
Home Care Training, Non Family (Previously known as Post-Discharge Case Consultation and Collaboration)	Per Session	S5116 U6	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (Exercise Classes, Health Club/Fitness Center), MHM Only	Per Month	S9970 U6 U5	$66.66	$66.66
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	$2.17	$2.17

Moving Home Minnesota (MHM) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Pantry Stocking, MHM	Decremental	S9977 U6	$500.00	$500.00
PERS Installation and Testing	Each Time	S5160 U6	$500.00	$500.00
PERS Monthly Service Fee	Per Month	S5161 U6	$110.00	$110.00
PERS Purchase	Each Time	S5162 U6	$1,500.00	$1,500.00
Post-Discharge Case Consultation and Collaboration, Home Care Training, Family	Per Session	S5111 U6	Maximum Rate Not Published	Maximum Rate Not Published
Pre-Discharge Case Consultation and Collaboration	Per Session	H2000 U6	Maximum Rate Not Published	Maximum Rate Not Published
Pre-Transition Clean-up Services [1]	15 Minutes	S5120 U6	$4.32	$4.32
Pre-Transition Clean-up Services [1]	Daily	S5121 U6	Maximum Rate Not Published	Maximum Rate Not Published
Pre-Transition Environmental Modifications Deposit	Per Deposit	S5165 U6	$10,000.00	$10,000.00
Records and Fees, Medical Records, MHM [2]	Decremental	S9981 U6	$800.00	$800.00
Records and Fees, MHM [2]	Decremental	T5999 U6	$800.00	$800.00
Respite Care Services, In Home	15 Minutes	S5150 U6	$5.47	$5.47
Respite Care Services, In Home	Daily (10 or more hours / day)	S5151 U6	$348.42	$348.42
Respite Care Services, Out of Home	15 Minutes	S5150 U6 UB	$5.47	$5.47
Respite Care Services, Out of Home	Daily (10 or more hours / day)	H0045 U6	$363.19	$363.19

Moving Home Minnesota (MHM) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Specialized Supplies and Equipment	Per Item	T2029 U6	2 MHM EAA services and T2029 U6 cannot exceed $3,000	2 MHM EAA services and T2029 U6 cannot exceed $3,000
Transition Coordination	15 Minutes	T1017 U6	$16.63	$16.63
Transition Coordination, Furnishings	Decremental	T2038 U6 U1	$2,000.00	$2,000.00
Transition Coordination, Moving Costs	Decremental	T2038 U6 UA	$2,500.00	$2,500.00
Transition Coordination, Supplies	Decremental	T2038 U6 U2	$500.00	$500.00
Transition Integration, MHM [3]	Decremental	T1999 U6	$5,000.00	$5,000.00
Transition Integration, Mobility Devices, MHM [3]	Decremental	K0899 U6	$5,000.00	$5,000.00
Transition Integration, Personal Items, MHM [3]	Decremental	S5199 U6	$5,000.00	$5,000.00
Transition Plan Development	Decremental	T2038 U6	$1,500.00	$1,500.00
Transportation to Look for Housing [4]	One Way Trip	T2003 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Commercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, noncommercial [4]	Per Mile	S0215 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	One Way Trip	T2003 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Protected Transport [4]	Per Mile	S0215 U6 UA	Refer to MHM Program Manual	Refer to MHM Program Manual

Moving Home Minnesota (MHM) Service Rate Limits Effective 04/01/2026

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2026	Rate 04/01/2026
Transportation to Look for Housing, Stretcher [4]	One Way Trip	T2005 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Stretcher [4]	Per Mile	T2049 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	One Way Trip	A0130 U6	Refer to MHM Program Manual	Refer to MHM Program Manual
Transportation to Look for Housing, Wheelchair [4]	Per Mile	S0209 U6	Refer to MHM Program Manual	Refer to MHM Program Manual

[1] All MHM Pre-Transition Clean-Up services combined cannot exceed $3000
[2] Both MHM Records and Fees services combined cannot exceed $800
[3] All MHM Transition Integration Fund services combined cannot exceed $5000
[4] All MHM Transportation to Look for Housing services combined cannot exceed $1500

Alternative Care (AC) and Elderly Waiver (EW) CDCS Budget Limits by Case Mix Effective 04/01/2026

Alternative Care

Case Mix	Monthly Amount	Annual Maximum CDCS Service Budget Amount	Required Case Management for 8 units amount	Required Case Management Annual Maximum Amount	Total: CDCS Service Cap + Required Case Management Maximum	Background Checks Maximum Payment
A	$4,621	$55,452	$203.68	$2,444	$57,896	$44.00/check
B	$5,259	$63,108	$203.68	$2,444	$65,552	$44.00/check
C	$6,171	$74,052	$203.68	$2,444	$76,496	$44.00/check
D	$6,371	$76,452	$203.68	$2,444	$78,896	$44.00/check
E	$7,026	$84,312	$203.68	$2,444	$86,756	$44.00/check
F	$7,241	$86,892	$203.68	$2,444	$89,336	$44.00/check
G	$7,470	$89,640	$203.68	$2,444	$92,084	$44.00/check
H	$8,430	$101,160	$203.68	$2,444	$103,604	$44.00/check
I	$8,652	$103,824	$203.68	$2,444	$106,268	$44.00/check
J	$9,224	$110,688	$203.68	$2,444	$113,132	$44.00/check
K	$10,744	$128,928	$203.68	$2,444	$131,372	$44.00/check
L	$1,606	$19,272	$203.68	$2,444	$21,716	$44.00/check

Elderly Waiver

Case Mix	Monthly Amount	Annual Maximum CDCS Service Budget Amount	Required Case Management for 8 units amount	Required Case Management Annual Maximum Amount	Total: CDCS Service Cap + Required Case Management Maximum	Background Checks Maximum Payment
A	$6,162	$73,944	$203.68	$2,444	$76,388	$44.00/check
B	$7,013	$84,156	$203.68	$2,444	$86,600	$44.00/check
C	$8,229	$98,748	$203.68	$2,444	$101,192	$44.00/check
D	$8,495	$101,940	$203.68	$2,444	$104,384	$44.00/check
E	$9,369	$112,428	$203.68	$2,444	$114,872	$44.00/check
F	$9,655	$115,860	$203.68	$2,444	$118,304	$44.00/check
G	$9,961	$119,532	$203.68	$2,444	$121,976	$44.00/check
H	$11,240	$134,880	$203.68	$2,444	$137,324	$44.00/check
I	$11,536	$138,432	$203.68	$2,444	$140,876	$44.00/check
J	$12,299	$147,588	$203.68	$2,444	$150,032	$44.00/check
K	$14,326	$171,912	$203.68	$2,444	$174,356	$44.00/check
L	$4,749	$56,988	$203.68	$2,444	$59,432	$44.00/check
V	$52,133	$625,596	$203.68	$2,444	$628,040	$44.00/check

Alternative Care (AC) and Elderly Waiver (EW) Monthly Budget Limits by Case Mix Effective 04/01/2026

Alternative Care	Case Mix	01/01/2026	04/01/2026
	A	$4,621	$4,621
	B	$5,259	$5,259
	C	$6,171	$6,171
	D	$6,371	$6,371
	E	$7,026	$7,026
	F	$7,241	$7,241
	G	$7,470	$7,470
	H	$8,430	$8,430
	I	$8,652	$8,652
	J	$9,224	$9,224
	K	$10,744	$10,744
	L	$1,606	$1,606

Elderly Waiver	Case Mix	01/01/2026	04/01/2026
	A	$6,162	$6,162
	B	$7,013	$7,013
	C	$8,229	$8,229
	D	$8,495	$8,495
	E	$9,369	$9,369
	F	$9,655	$9,655
	G	$9,961	$9,961
	H	$11,240	$11,240
	I	$11,536	$11,536
	J	$12,299	$12,299
	K	$14,326	$14,326
	L	$4,749	$4,749
	V	$52,133	$52,133

Elderly Waiver (EW) Customized Living and 24-Hour Customized Living: Monthly and Daily Limits by Case Mix Effective 04/01/2026

Service Description	Case Mix	Monthly Rate Limit	Daily Rate Limit
Customized Living	A	$3,081	$101.23
Customized Living	B	$3,507	$115.22
Customized Living	C	$4,115	$135.20
Customized Living	D	$4,248	$139.57
Customized Living	E	$4,685	$153.93
Customized Living	F	$4,828	$158.62
Customized Living	G	$4,981	$163.65
Customized Living	H	$5,620	$184.64
Customized Living	I	$5,769	$189.54
Customized Living	J	$6,150	$202.06
Customized Living	K	$7,164	$235.37
Customized Living	L	$2,375	$78.03
Customized Living	V	$26,067	$856.41
24-Hour Customized Living	A	$5,483	$180.14
24-Hour Customized Living	B	$6,328	$207.91
24-Hour Customized Living	C	$7,444	$244.57
24-Hour Customized Living	D	$7,769	$255.25
24-Hour Customized Living	E	$8,644	$283.99
24-Hour Customized Living	F	$8,965	$294.54
24-Hour Customized Living	G	$9,323	$306.30
24-Hour Customized Living	H	$10,474	$344.12
24-Hour Customized Living	I	$10,767	$353.74
24-Hour Customized Living	J	$11,516	$378.35
24-Hour Customized Living	K	$13,450	$441.89
24-Hour Customized Living	V	$48,913	$1,606.99

Customized Living Component Service Rate Limits Effective 04/01/2026

Service Component	CADI/BI	EW	Service Unit
Home Management / Support Services	$21.74	$33.41	Per Hour
Home Care Aide	$23.72	$33.42	Per Hour
Home Health Aide	$27.04	$34.83	Per Hour
Medication setups by licensed Nurse	$38.05	$53.01	Per Hour
Summoning device	$29.00	$29.00	Per Month
Breakfast	$4.47	$6.87	Per Meal
Lunch	$5.58	$8.57	Per Meal
Supper	$5.58	$8.57	Per Meal
Snack	$0.55	$0.86	Per Snack
Socialization 1 staff: 1 resident ratio	$21.74	$33.41	Per Hour
Socialization 1 staff: 2-5 resident ratio	$6.21	$9.55	Per Hour
Socialization 1 staff: 6-12 resident ratio	$2.41	$3.71	Per Hour
Socialization 1 staff: 13-20 resident ratio	$1.33	$2.05	Per Hour
Socialization 1 staff: 21+ resident ratio	$0.72	$1.11	Per Hour
Individual transportation (1 rider)	$21.74	$33.41	Per Hour
Group transportation-driver (2 riders)	$10.87	$16.70	Per Hour
Group transportation-driver (3-5 riders)	$5.43	$8.35	Per Hour
Group transportation-driver (6-10 riders)	$2.72	$4.19	Per Hour
Group transportation-driver (11+ riders)	$1.45	$2.23	Per Hour
Mileage Rate - Individual	$0.66	$0.66	Per Mile
Group transportation-mileage (2 riders)	$0.35	$0.35	Per Mile
Group transportation-mileage (3-5 riders)	$0.17	$0.17	Per Mile
Group transportation-mileage (6-10 riders)	$0.10	$0.10	Per Mile
Group transportation-mileage (11+ riders)	$0.05	$0.05	Per Mile

Essential Community Supports (ECS) and Family Support Grant (FSG) Program Limits Effective 04/01/2026

Program	Limit	Applied	Amount
Essential Community Supports	Annual Service Coordination Limit	7/1/2016	$600.00
Essential Community Supports	Monthly	1/1/2026	$634.00
Family Support Grant	Annual Adjusted Gross Income	1/1/2021	$109,752.00
Family Support Grant	Grant Amount	1/1/2017	$3,113.99

Consumer Support Grant (CSG) Monthly Budget Limits Effective 04/01/2026

Step 1: Person has one dependency in an Activity of Living (ADL) and/or Level I Behavior. Use the home care rating LT and corresponding monthly amount for the monthly CSG budget. Steps 2-3 do not apply to this home care rating. No additional time is given for critical ADLs, behaviors or complex health needs.
Step 2: Person has two or more dependencies in ADLs. Use steps 2 and 3 below to determine the home care rating and total time.
NOTE: Each additional critical ADL, complex health or behavioral need would add another $148.00 to the monthly grant amount.
Step 3: Determination of Total Time: If the PCA assessment shows a person has one or more of the following descriptions, an additional 2 units or $148.00 per month is added to the CSG monthly base amount for the Critical ADLs, Behavior, and Complex Health needs listed below:

Critical ADLs
- Eating
- Transferring
- Mobility
- Toileting

Potential Maximum Total
8 units

Behavior
- Increased vulnerability due to **cognitive** deficits or socially inappropriate behaviors
- **Resistive** to care including verbally aggressive
- Physical **aggression** towards self, others or destruction of property

Potential Maximum Total
6 units

Complex Health
- Tube Feeding
- Wounds
- Parenteral/IV Therapy
- Respiratory Interventions
- Catheter
- Bowel Program
- Neurological Intervention
- Other Congenital or Acquired Diseases

Potential Maximum Total
16 units

CSG Monthly Amounts based on number of Critical ADLs/Behavior Descriptions/Complex Health Needs

Dependencies	Level 1 Behavior?	Complex	HC Rating	Monthly Base	1	2	3	4	5	6	7	8
0	Yes	No	LT	$148	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1	Yes or No	No	LT	$148	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-3	No	No	P	$362	$510	$658	$806	$954	$1,102	$1,250	$1,398	$1,546
	Yes	No	Q	$434	$582	$730	$878	$1,026	$1,174	$1,322	$1,470	$1,618
	Yes or No	Yes	R	$508	$656	$804	$952	$1,100	$1,248	$1,396	$1,544	$1,692
4-6	No	No	S	$723	$871	$1,019	$1,167	$1,315	$1,463	$1,611	$1,759	$1,907
	Yes	No	T	$798	$946	$1,094	$1,242	$1,390	$1,538	$1,686	$1,834	$1,982
	Yes or No	Yes	U	$1,014	$1,162	$1,310	$1,458	$1,606	$1,754	$1,902	$2,050	$2,198
7-8	No	No	V	$1,231	$1,379	$1,527	$1,675	$1,823	$1,971	$2,119	$2,267	$2,415
	Yes	No	W	$1,450	$1,598	$1,746	$1,894	$2,042	$2,190	$2,338	$2,486	$2,634
	Yes or No	Yes	Z	$2,174	$2,322	$2,470	$2,618	$2,766	$2,914	$3,062	$3,210	$3,358

Consumer Support Grant (CSG) (T2025) Monthly Limits Home Care Nursing (HCN) and Vent Dependent Effective 04/01/2026

MA Home Care Rating	CSG Monthly Budget
CA - HCN Transfer to CAC Waiver	$3,429
EN - Vent Dependent	$11,411
HL - HCN Hospital Level	$9,413
PD - HCN Nursing Facility Level	$4,623

Home Care Nursing (HCN) and Vent Dependent Monthly Budget Limits Effective 04/01/2026

MA Home Care Rating	Max Rate	Max Units	Max Daily	Max Monthly Budget
CA - HCN Transfer to CAC Waiver	$15.89	96	$1,526	$46,448
EN - Vent Dependent	$15.89	96	$1,526	$46,448
HL - HCN Hospital Level	$15.89	64	$1,017	$30,955
PD - HCN Nursing Facility Level	$15.89	39	$620	$18,872

Personal Care Assistance (PCA) (T1019) Authorization

Step 1: *Person has one dependency in an Activity of Daily Living (ADL) and/or Level 1 Behavior.* Use the home care rating LT with two units of PCA services (30 minutes) per day. Steps 2-3 do not apply to this home care rating.
Step 2: *Person has two or more dependencies in ADLs.* Use steps 2 and 3 below to determine the home care rating and total time.
Step 3: Determination of Total Time: If the PCA assessment shows a person has one or more of the following descriptions, add an additional 2 units or 30 minutes to base time per day for each:

- Dependency in critical Activity of Daily Living (ADL)
- Behavior issue as defined
- Complex health-related need

Critical ADLs
- Eating
- Transferring
- Mobility
- Toileting

Potential Maximum Total
8 units-120 minutes

Behavior
- Increased vulnerability due to **cognitive** deficits or socially inappropriate behaviors
- **Resistive** to care including verbally aggressive
- Physical **aggression** towards self, others or destruction of property

Potential Maximum Total
6 units-90 minutes

Complex Health
- Tube Feeding
- Wounds
- Parenteral/IV Therapy
- Respiratory Interventions
- Catheter
- Bowel Program
- Neurological Intervention
- Other Congenital or Acquired Diseases

Potential Maximum Total
16 units-240 minutes

# Dependencies in ADLs	Level I Behavior	Complex Health Needs	Home Care Rating	Base Units	Minutes
0	Yes	No	LT	2	30
1	Yes or No	No	LT	2	30
2-3	No	No	P	5	75
2-3	Yes	No	Q	6	90
2-3	Yes or No	Yes	R	7	105
4-6	No	No	S	10	150
4-6	Yes	No	T	11	165
4-6	Yes or No	Yes	U	14	210
7-8	No	No	V	17	255
7-8	Yes	No	W	20	300
7-8	Yes or No	Yes	Z	30	450

Community First Services and Supports (CFSS) Rate Limits Effective 04/01/2026

* These services are not prior authorized and are only billed on claims

Service Name	Service Unit	Procedure Code and Modifiers	Rate 04/01/2026	AC	EW	BI	CAC	CADI	DD	HC
CFSS, Agency, 1:1	15 Minutes	T1019 U9	$6.22	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, 1:2	15 Minutes *	T1019 U9 UN	$4.68	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, 1:3	15 Minutes *	T1019 U9 UP	$4.10	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, 45 day temp start	15 Minutes	T1019 U8	$6.22	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Complex, 1:1	15 Minutes	T1019 U9 TG	$6.99	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, 1:2	15 Minutes *	T1019 U9 TG UN	$5.25	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, 1:3	15 Minutes *	T1019 U9 TG UP	$4.60	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, 45 day temp start	15 Minutes	T1019 U8 TG	$6.99	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Complex, Continuation of Benefits, 1:1	15 Minutes	T1019 U9 U4 TG	$6.99	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, Continuation of Benefits, 1:2	15 Minutes *	T1019 U9 U4 UN TG	$5.25	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, Continuation of Benefits, 1:3	15 Minutes *	T1019 U9 U4 UP TG	$4.60	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, Extended, 1:1	15 Minutes	T1019 U9 UC TG	$6.99	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Agency, Complex, Extended, 1:2	15 Minutes *	T1019 U9 UC UN TG	$5.25	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Agency, Complex, Extended, 1:3	15 Minutes *	T1019 U9 UC UP TG	$4.60	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Agency, Complex, Reduction, 1:1	15 Minutes	T1019 U9 U5 TG	$6.99	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Complex, Reduction, 1:2	15 Minutes *	T1019 U9 U5 TG UN	$5.25	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Complex, Reduction, 1:3	15 Minutes *	T1019 U9 U5 TG UP	$4.60	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Complex, Temporary Increase, 1:1	15 Minutes	T1019 U9 U6 TG	$6.99	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Complex, Temporary Increase, 1:2	15 Minutes *	T1019 U9 U6 TG UN	$5.25	✓	✓	✓	✓	✓	✓	✓

Community First Services and Supports (CFSS) Rate Limits Effective 04/01/2026

* These services are not prior authorized and are only billed on claims

Service Name	Service Unit	Procedure Code and Modifiers	Rate 04/01/2026	AC	EW	BI	CAC	CADI	DD	HC
CFSS, Agency, Complex, Temporary Increase, 1:3	15 Minutes *	T1019 U9 U6 TG UP	$4.60	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Continuation of Benefits, 1:1	15 Minutes	T1019 U9 U4	$6.22	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Continuation of Benefits, 1:2	15 Minutes *	T1019 U9 U4 UN	$4.68	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Continuation of Benefits, 1:3	15 Minutes *	T1019 U9 U4 UP	$4.10	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Extended, 1:1	15 Minutes	T1019 U9 UC	$6.22	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Agency, Extended, 1:2	15 Minutes *	T1019 U9 UC UN	$4.68	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Agency, Extended, 1:3	15 Minutes *	T1019 U9 UC UP	$4.10	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Agency, Goods	Per Authorization Year	T5999 U9	Maximum Rate Not Published	N/A	✓	✓	✓	✓	✓	✓
CFSS, Agency, PERS Installation and Testing	Each Time	S5160 U9	$500.00	N/A	✓	✓	✓	✓	✓	✓
CFSS, Agency, PERS Monthly Service Fee	Monthly	S5161 U9	$110.14	N/A	✓	✓	✓	✓	✓	✓
CFSS, Agency, PERS Purchase	Each Time	S5162 U9	$1,501.95	N/A	✓	✓	✓	✓	✓	✓
CFSS, Agency, Reduction, 1:1	15 Minutes	T1019 U9 U5	$6.22	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Reduction, 1:2	15 Minutes *	T1019 U9 U5 UN	$4.68	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Reduction, 1:3	15 Minutes *	T1019 U9 U5 UP	$4.10	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Agency, Temporary Increase, 1:1	15 Minutes	T1019 U9 U6	$6.22	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Temporary Increase, 1:2	15 Minutes *	T1019 U9 U6 UN	$4.68	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Temporary Increase, 1:3	15 Minutes *	T1019 U9 U6 UP	$4.10	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Worker Training & Development	Per Authorization Year	S5116 U9	$1,330.37	✓	✓	✓	✓	✓	✓	✓
CFSS, Agency, Worker Training & Development, Classroom	Per Authorization Year *	S5116 U9 UD	$1,330.37	✓	✓	✓	✓	✓	✓	✓

Community First Services and Supports (CFSS) Rate Limits Effective 04/01/2026

* These services are not prior authorized and are only billed on claims

Service Name	Service Unit	Procedure Code and Modifiers	Rate 04/01/2026	AC	EW	BI	CAC	CADI	DD	HC
CFSS, Budget, 1:1	15 Minutes	T1019 UB	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, 1:2	15 Minutes *	T1019 UB UN	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, 1:3	15 Minutes *	T1019 UB UP	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, 1:1	15 Minutes	T1019 UB TG	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, 1:2	15 Minutes *	T1019 UB TG UN	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, 1:3	15 Minutes *	T1019 UB TG UP	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, Continuation of Benefits, 1:1	15 Minutes	T1019 UB U4 TG	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, Continuation of Benefits, 1:2	15 Minutes *	T1019 UB U4 TG UN	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, Continuation of Benefits, 1:3	15 Minutes *	T1019 UB U4 TG UP	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, Extended, 1:1	15 Minutes	T1019 UB UC TG	Individual Budget or Case Mix Cap	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Budget, Complex, Extended, 1:2	15 Minutes *	T1019 UB UC TG UN	Individual Budget or Case Mix Cap	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Budget, Complex, Extended, 1:3	15 Minutes *	T1019 UB UC TG UP	Individual Budget or Case Mix Cap	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Budget, Complex, Reduction, 1:1	15 Minutes	T1019 UB U5 TG	Individual Budget or Case Mix Cap	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Budget, Complex, Reduction, 1:2	15 Minutes *	T1019 UB U5 TG UN	Individual Budget or Case Mix Cap	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Budget, Complex, Reduction, 1:3	15 Minutes *	T1019 UB U5 TG UP	Individual Budget or Case Mix Cap	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Budget, Complex, Temporary Increase, 1:1	15 Minutes	T1019 UB U6 TG	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, Temporary Increase, 1:2	15 Minutes *	T1019 UB U6 TG UN	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Complex, Temporary Increase, 1:3	15 Minutes *	T1019 UB U6 TG UP	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Continuation of Benefits, 1:1	15 Minutes	T1019 UB U4	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓

Community First Services and Supports (CFSS) Rate Limits Effective 04/01/2026

* These services are not prior authorized and are only billed on claims

Service Name	Service Unit	Procedure Code and Modifiers	Rate 04/01/2026	AC	EW	BI	CAC	CADI	DD	HC
CFSS, Budget, Continuation of Benefits, 1:2	15 Minutes *	T1019 UB U4 UN	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Continuation of Benefits, 1:3	15 Minutes *	T1019 UB U4 UP	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Extended, 1:1	15 Minutes	T1019 UB UC	Individual Budget or Case Mix Cap	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Budget, Extended, 1:2	15 Minutes *	T1019 UB UC UN	Individual Budget or Case Mix Cap	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Budget, Extended, 1:3	15 Minutes *	T1019 UB UC UP	Individual Budget or Case Mix Cap	N/A	✓	✓	✓	✓	✓	N/A
CFSS, Budget, Failed background study fee	Per Print	T2040 UB UA U6	$44.00	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, FMS Fee	Monthly	T2040 UB UA	Maximum Rate Not Published	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Goods	Per Authorization Year	T5999 UB	Maximum Rate Not Published	N/A	✓	✓	✓	✓	✓	✓
CFSS, Budget, PERS Installation and Testing	Each Time	S5160 UB	$500.00	N/A	✓	✓	✓	✓	✓	✓
CFSS, Budget, PERS Monthly Service Fee	Monthly	S5161 UB	$110.00	N/A	✓	✓	✓	✓	✓	✓
CFSS, Budget, PERS Purchase	Each Time	S5162 UB	$1,500.00	N/A	✓	✓	✓	✓	✓	✓
CFSS, Budget, Reduction, 1:1	15 Minutes	T1019 UB U5	Individual Budget or Case Mix Cap	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Budget, Reduction, 1:2	15 Minutes *	T1019 UB U5 UN	Individual Budget or Case Mix Cap	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Budget, Reduction, 1:3	15 Minutes *	T1019 UB U5 UP	Individual Budget or Case Mix Cap	N/A	N/A	N/A	N/A	N/A	N/A	✓
CFSS, Budget, Temporary Increase, 1:1	15 Minutes	T1019 UB U6	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Temporary Increase, 1:2	15 Minutes *	T1019 UB U6 UN	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Temporary Increase, 1:3	15 Minutes *	T1019 UB U6 UP	Individual Budget or Case Mix Cap	✓	✓	✓	✓	✓	✓	✓
CFSS, Budget, Worker Training & Development, Classroom	Per Authorization Year	S5116 UB UD	$1,330.37	✓	✓	✓	✓	✓	✓	✓
CFSS, Consultation, Ongoing Support	Per Session *	T1023 TS	$100.00	✓	✓	✓	✓	✓	✓	✓

Community First Services and Supports (CFSS) Rate Limits Effective 04/01/2026

* These services are not prior authorized and are only billed on claims

Service Name	Service Unit	Procedure Code and Modifiers	Rate 04/01/2026	AC	EW	BI	CAC	CADI	DD	HC
CFSS, Consultation, Orientation/Annual Renewa	Per Session	T1023	$100.00	✓	✓	✓	✓	✓	✓	✓
CFSS, Consultation, QA/Remediation	Per Session *	T1023 U2	$100.00	✓	✓	✓	✓	✓	✓	✓

Community First Services and Supports (CFSS) Authorization

Step 1: Determination of base home care rating and base units/minutes

Person has zero or more dependencies in an ADL, and/or Level 1 Behavior, and/or Complex Health Needs. Use chart below for step 1 to determine base home care rating and base units/minutes per day

Step 2: Determination of total time

If the assessment shows a person has one or more of the following descriptions, add an additional 2 units or 30 minutes to base time per day for ***each:***

- Dependency in critical Activity of Daily Living (ADL)
- Behavior issue as defined
- Complex health-related need

Critical ADLs
· Eating
· Transferring
· Mobility
· Toileting

Potential Maximum Total Additional Time
8 units-120 minutes

Behavior
· Increased vulnerability due to **cognitive** deficits or socially inappropriate behavior
· **Resistive** to care including verbally aggressive
· Physical **aggression** towards self, others or destruction of property

Potential Maximum Total Additional Time
6 units-90 minutes

Complex Health
· Tube Feeding
· Wounds
· Parenteral/IV Therapy
· Respiratory Interventions
· Catheter
· Bowel Program
· Neurological Intervention
· Other Congenital or Acquired Diseases requiring extensive physical assistance in 6-8 ADLs

Potential Maximum Total Additional Time
16 units-240 minutes

# Dependencies in ADLs	Level I Behavior	Complex Health Needs	Home Care Rating	Base Units	Minutes
0	Yes	Yes or No	P	5	75
1-3	No	No	P	5	75
1-3	Yes	No	Q	6	90
1-3	Yes or No	Yes	R	7	105
4-6	No	No	S	10	150
4-6	Yes	No	T	11	165
4-6	Yes or No	Yes	U	14	210
7-8	No	No	V	17	255
7-8	Yes	No	W	20	300
7-8	Yes or No	Yes	Z	30	450
Vent Dependent	N/A	N/A	EN	96	1,440
Vent Dependent with 2-person Care	N/A	N/A	EN	112	1,680

Temporary Consumer Support Grant (CSG) Monthly Budget Limits for Transition to CFSS
Effective for assessments on or after 04/01/2026

Step 1: Person has zero or more dependencies in an Activity of Living (ADL) and/or Level I Behavior and/or complex health needs. Use the chart below to determine base home care rating and corresponding amount for the monthly base CSG budget.

Step 2: Determination of Total Budget: If the assessment shows a person has one or more of the following descriptions, add an additional $148.00 per month to the CSG monthly base amount; Critical ADLs, Behavior, and Complex Health needs listed below:

NOTE: Each additional critical ADL, complex health or behavioral need would add another $148.00 to the monthly grant amount.

Critical ADLs
- Eating
- Transferring
- Mobility
- Toileting

Potential Maximum Total
8 units

Behavior
- Increased vulnerability due to **cognitive** deficits or socially inappropriate behaviors
- **Resistive** to care including verbally aggressive
- Physical **aggression** towards self, others or destruction of property

Potential Maximum Total
6 units

Complex Health
- Tube Feeding
- Wounds
- Parenteral/IV Therapy
- Respiratory Interventions
- Catheter
- Bowel Program
- Neurological Intervention
- Other Congenital or Acquired Diseases requiring extensive physical assistance in 6-8 ADLs

Potential Maximum Total
16 units

CSG Monthly Amounts based on number of Critical ADLs/Behavior Descriptions/Complex Health Needs											
Dependencies	**Level 1 Behavior?**	**Complex**	**HC Rating**	**Monthly Base**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0	**Yes**	**Yes or No**	**P**	$362	$510	$658	$806	$954	$1,102	$1,250	$1,398	$1,546
1-3	**No**	**No**	**P**	$362	$510	$658	$806	$954	$1,102	$1,250	$1,398	$1,546
	Yes	**No**	**Q**	$434	$582	$730	$878	$1,026	$1,174	$1,322	$1,470	$1,618
	Yes or No	**Yes**	**R**	$508	$656	$804	$952	$1,100	$1,248	$1,396	$1,544	$1,692
4-6	**No**	**No**	**S**	$723	$871	$1,019	$1,167	$1,315	$1,463	$1,611	$1,759	$1,907
	Yes	**No**	**T**	$798	$946	$1,094	$1,242	$1,390	$1,538	$1,686	$1,834	$1,982
	Yes or No	**Yes**	**U**	$1,014	$1,162	$1,310	$1,458	$1,606	$1,754	$1,902	$2,050	$2,198
7-8	**No**	**No**	**V**	$1,231	$1,379	$1,527	$1,675	$1,823	$1,971	$2,119	$2,267	$2,415
	Yes	**No**	**W**	$1,450	$1,598	$1,746	$1,894	$2,042	$2,190	$2,338	$2,486	$2,634
	Yes or No	**Yes**	**Z**	$2,174	$2,322	$2,470	$2,618	$2,766	$2,914	$3,062	$3,210	$3,358

PCA/CFSS Tiered Rates Effective 04/01/2026

This applies to all T1019 services with and without modifiers including agency, budget, extended, reduction, shared care, temporary increase, temporary start, etc. Reimbursement rates beyond the base rate will not increase until March 2025. DHS will automatically reprocess claims submitted between January 1, 2025, to March 2025, to pay PCA and CFSS providers the appropriate tiered reimbursement for those claims. (See CFSS rates on pages 65-69 for full procedure code with modifiers)

Base Rate	No treating provider specialty code	0 - 1000 hours of experience
Level 1: 4.05%	Treating Provider Specialty Code L1	1001 - 2000 hours of experience
Level 2: 6.24%	Treating Provider Specialty Code L2	2001 - 6000 hours of experience
Level 3: 9.23%	Treating Provider Specialty Code L3	6001 - 10000 hours of experience
Level 4: 12.69%	Treating Provider Specialty Code L4	10000+ hours of experience

Service Name	Service Unit	Procedure Code	Base Rate	Level 1	Level 2	Level 3	Level 4
CFSS 1:1	15 Minutes	T1019	$6.22	$6.47	$6.61	$6.79	$7.01
CFSS 1:2	15 Minutes	T1019	$4.68	$4.87	$4.97	$5.11	$5.27
CFSS 1:3	15 Minutes	T1019	$4.10	$4.27	$4.36	$4.48	$4.62
CFSS, Complex 1:1	15 Minutes	T1019	$6.99	$7.27	$7.43	$7.64	$7.88
CFSS, Complex 1:2	15 Minutes	T1019	$5.25	$5.46	$5.58	$5.73	$5.92
CFSS, Complex 1:3	15 Minutes	T1019	$4.60	$4.79	$4.89	$5.02	$5.18
PCA 1:1	15 Minutes	T1019	$6.22	$6.47	$6.61	$6.79	$7.01
PCA 1:2	15 Minutes	T1019	$4.68	$4.87	$4.97	$5.11	$5.27
PCA 1:3	15 Minutes	T1019	$4.10	$4.27	$4.36	$4.48	$4.62
PCA, Complex 1:1	15 Minutes	T1019	$6.99	$7.27	$7.43	$7.64	$7.88
PCA, Complex 1:2	15 Minutes	T1019	$5.25	$5.46	$5.58	$5.73	$5.92
PCA, Complex 1:3	15 Minutes	T1019	$4.60	$4.79	$4.89	$5.02	$5.18