Service Code	Modifier	Service Name	Unit Type*****	Current Rates (as of January 1, 2026)	Shared Medical Service?
54240		Plethysmograph	EA	*Contracted Rate	N
90863		Medication Management, Psychiatric	EA	*Contracted Rate	Y
92507		Speech/Hearing/Communication Therapy (LTC: RCL and WA Roads only)	EA	$0.01-$186.52	Y
96138	U1	Psychological Testing First 30 Min	EA	$0.01-$500.00	
96139	U1	Psychological Testing Addt'l 30 Min	EA	$0.01-$500.00	
97755		Assistive Technology assessment	OF	*Contracted Rate	N
99366		Behavior Support Treatment Team	EA	*Contracted Rate	N
99499	U1	Risk Assessment: sexual deviancy; each	EA	*Contracted Rate	N
99499	U4	Risk Assessment: non-sexual; hour	EA	*Contracted Rate	N
99499	U5	Risk Assessment: Brief Evaluation, Follow up, Additional Testing	EA	*Contracted Rate	N
H0044		Supportive Housing	MN	$575.00	N
H0045	U1	Respite-Daily-Dedicated Bed-Child	DL	*Contracted Rate	N
H0045	U2	Respite-Daily-Enhanced-Child-Integrated	DL	$376.05	N
H0045	U2	Respite-Daily-Enhanced-Child-Standalone	DL	$435.00	N
H0045	U3	Respite-Daily-Dedicated Bed-Adult	DL	*Contracted Rate	N
H2014	U1	Skills training and dev, 15 min: Interview Skills Training	OF	$0.01-$20.00	N
H2014	U2	Skills training and dev, 15 min: Identify and Avoid Abuse Training	OF	$0.01-$20.00	N
H2014	UC	Skills training and dev, 15 min (Client Training: Medical)	OF	$.01-$46.63	Y
H2014	U5	RN Delegation Per 15 Minute Unit (Individual; 163W0000X and 251J0000X)	OF	$12.86	Y
H2014	U5	RN Delegation Per 15 Minute Unit (Agency; 251E0000X)	OF	$15.43	Y
H2014	U9	Skills training and dev, 15 min, Technology Support Consultation and Assistance	OF	$0.01-$17.00	N
H2014	UD	Skills training and dev, 15 min (Client Training: Non-medical)	OF	$.01-$46.63	N
H2014	UD	Skills training and dev *Music Therapist	OF	$27.00-$31.00	N
H2019		Behavior Support-Individual	OF	$15.00-$37.50	Y
H2019	HQ	Behavior Support - Group	OF	*Contracted Rate	N
H2019	U9	AHCA Behavior Support	OF	*Contracted Rate	N
H2028		Sexual Deviancy Therapy	OF	*Contracted Rate	N
H2028	HQ	Sexual Deviancy Therapy-Group	OF	*Contracted Rate	N
K0739		Repair/svc DME non-oxygen eq	OF	$24.67	N
S0215	U2	Transportation - Other	MI	$0.73	N
S0215	U3	Transportation - Other	MI	$0.73	N
S0215	U4	Transportation - Other	MI	$0.73	N
S0215	U9	Transportation - (AHCA)	MI	$0.73	N
S5100		Adult Day Care King County	15 mins	$4.89	
S5100		Adult Day Care Metropolitan Counties	15 mins	$4.45	
S5100		Adult Day Care Non-Metropolitan Counties	15 mins	$4.26	
S5100	U1	Adult Day Care Remote King County	15 mins	$4.66	
S5100	U1	Adult Day Care Remote Metropolitan Counties	15 mins	$4.24	
S5100	U1	Adult Day Care Remote Non-Metropolitan Counties	15 mins	$4.06	
S5100	U2	Adult Day Health Remote King County	15 mins	$6.65	Y
S5100	U2	Adult Day Health Remote Metropolitan Counties	15 mins	$6.21	Y
S5100	U2	Adult Day Health Remote Non-Metropolitan Counties	15 mins	$5.98	Y
S5102	U9	Adult Day Trial	DL	$40.79-$78.34	N
S5102	CG	Adult Day Health intake evaluation	DL	$124.94	Y
S5102	TG	Adult Day Health King County	DL	$117.86	Y
S5102	TG	Adult Day Health Metropolitan Counties	DL	$110.15	Y
S5102	TG	Adult Day Health, Non-Metropolitan Counties	DL	$106.00	Y
S5102	HQ	Adult Day Care King	DL	$78.19	N
S5102	HQ	Adult Day Care Metropolitan Counties	DL	$71.16	N
S5102	HQ	Adult Day Care Non-Metropolitan Counties	DL	$68.20	N
S5102	UA	Adult Day Care Intake Evaluation	DL	$124.94	N
S5160		PERS Installation	EA	*Contracted Rate	N
S5161		PERS Monthly Service	MN	*Contracted Rate	N
S5161	U1	PERS Monthly Service: Fall Detection	MN	*Contracted Rate	N
S5162	U2	PERS Monthly Service: GPS	MN	*Contracted Rate	N
S5163	U3	PERS Monthly Service: Medication Reminder	MN	*Contracted Rate	N
S5165	UA	Environmental Modifications	EA	*Contracted Rate	N
S5165	UB	Residential Environmental Modifications (RCL only)	EA	*Contracted Rate	N
S5165	U3	Enviro Adaptations In-Home: General Utility or Repairs	EA	$0.01-$5,000.00 (ETR allowed)	N
S5170		Home Delivered Meals	EA	$8.50	N
S5125	U1	AFH Medical Escort (replaces T1019,U5 effective 10/1/2025)	OF	$5.92	N
SA075		Assistive Technology	EA	$0.01-$5,000.00	N
SA075	U1	Assistive Technology: CFC	EA	$0.01-$10,000.00	N
SA075	U2	Assistive Technology: Non-CFC	EA	$0.01-$5,000.00	N
SA106		Caregiver Support	EA	$15.00 - $186.52	N
SA263		Community Choice Guide	OF	$0.27 - $18.00	N
SA266		Issuing Payment for approved Assistive Technology Goods	OF	$10.00	N
SA290		Residential Care Discharge Allowance - Not subject to VRI	EA	Total to $816.00 (ETR allowed to $2500)	N
SA290, SA296		Community Transition/Stabilization - Items	EA	Total to $850 (ETR allowed)	N
SA291, SA297		Community Transition/Stabilization - Service	EA	Total to $850 (ETR allowed)	N
SA294	U1	Housing Subsidies (Interim Housing Federal)	EA	$.01-$5,000.00	N
SA294	U2	Housing Subsidies (Interim Housing State)	EA	$.01-$5,000.00	N
SA298		Emergency Rental Assistance (WA Roads only)		$0.01-$4,000.00	N
SA299	U1	Supportive Housing Specialist (Pre-Tenancy)	1/4 HR	$16.25	N
SA330	U1	Wellness Programs and Activities - Care Receiver	EA	$0.01-$100.00	N
SA330	U2	Wellness Programs and Activities - Caregiver	EA	$0.01-$100.00	N
SA390		Vehicle Modifications	EA	$0.01-$10,000	N
SA391	U1	Specialized Deep Cleaning (MAC-TSOA)	EA	$0.01-$2500.00 (ETR allowed to $10,000)	N
SA392		Housework & Errands (Home Care Agency - 253ZHE000L)	1/4 HR	$10.73	N
SA392	U1	Heavy Housework - 1 Worker	1/4 HR	$10.73 + $0.75	N
		Heavy Housework - 2 Workers	1/4 HR	$10.73 + $1.50	N
		Heavy Housework - 3 Workers	1/4 HR	$10.73 + $4.50	N
SA392	U2	Yardwork	1/4 HR	$0.01-$15.00	N
SA393	U2	Pest Eradication (MAC-TSOA)	EA	$0.01-$2,500.00 (ETR allowed to $5,000.00)	N
SA396		Bath Aide (Home Care Agency -253Z00000X)	1/4 HR	$.01-10.00	N
SA420	U1	Pantry Stocking	EA	$0.01-$500.00	N
SA421		Non-Medical Equipment & Supplies	EA	$0.01-$10,000	N
SA421	U2	Non-Medical Equipment & Supplies - Wipes	EA	$0.01-$500.00	N
SA604	U1	1099 Vendor Supplemental Payment	EA	$0.01-$10,000.00	N
SA604	U2	APS Intervention Services Supplemental Vendor Payment	EA	$0.01-$2,000.00	N
SA636	U1	Assistive Technology Services: Evaluation	EA	$60.00	
SA636	U2	Assistive Technology Services: Installation or Repair	EA	$60.00	
SA636	U3	Assistive Technology Services: Training	EA	$60.00	
SA685		Bed-Hold - First Seven Days (New as of July 1, 2003)	DL	See Bed Hold Tab	N
SA686		Bed-Hold - Days Eight Through Twenty (New as of July 1, 2003) AFH and AL	DL	See Bed Hold Tab	N
SA888		Physical Therapy (LTC: RCL and WA Roads only)	EA	$0.01-$186.52 (not to exceed Medicaid rate)	Y
SA889		Occupational Therapy (LTC: RCL and WA Roads only)	EA	$0.01-$186.52 (not to exceed Medicaid rate)	Y
SA890		Dietitian/Nutritionist	EA	$0.01-$186.52 (not to exceed Medicaid rate)	Y
SA892		Speech/Hearing/Communication Evaluation (LTC: WA Roads only)	EA	$0.01-$186.52 (not to exceed Medicaid rate)	Y
SA896	U1	Massage Therapy - Care Receiver	OF	$0.01 - $30.00	N
SA896	U2	Massage Therapy - Caregiver	OF	$0.01 - $30.00	N
SA897	U1	Acupuncture - Care Receiver	OF	$0.01 - $20.00	N
SA897	U2	Acupuncture - Caregiver	OF	$0.01 - $20.00	N
T1000	TD	Private Duty Nursing: RN, Individual	1/4 HR	$14.15	Y
T1000	TD	Private Duty Nursing: RN, Agency	1/4 HR	$16.97	Y
T1000		Private Duty Nursing: LPN	1/4 HR	$11.62	N
T1000	TE	Private Duty Nursing: LPN, Individual	1/4 HR	$11.62	N
T1000	TE	Private Duty Nursing: LPN, Agency	1/4 HR	$13.95	N

T1000	TD,TV	PDN Hourly Holiday Pay RN, Individual	1/4 HR	$21.22	N
T1000	TE,TV	PDN Hourly Holiday Pay LPN, Individual	1/4 HR	$17.44	N
T1000	TD,TV	PDN Hourly Holiday Pay RN, Agency	1/4 HR	$25.46	N
T1000	TE,TV	PDN Hourly Holiday Pay LPN, Agency	1/4 HR	$20.92	N
T1001	CG	Nurse Consultation	EA	$0.01-$33.00	Y
T1002		Skilled Nursing - RN - quarter hour, Individual (163W00000X)	1/4 HR	$14.15	N
T1002		Skilled Nursing - RN - quarter hour, Agency (251E00000X and 251J00000X)	1/4 HR	$16.97	N
T1002	U2	Nurse Consultation Skin Observation, Individiual (163W00000X)	OF	$12.86	N
T1002	U2	Nurse Consultation Skin Observation, Agency (251E00000X)	OF	$15.43	N
T1003		Skilled Nursing - LPN - quarter hour, Individual (164W00000X)	1/4 HR	$11.62	N
T1003		Skilled Nursing- Agency (251J00000X)	1/4 HR	$16.97	N
T1003		Skilled Nursing - LPN - quarter hour, Agency (251E00000X)	1/4 HR	$13.95	N
T1005		253Z00CDEL Consumer Directed Employer - Respite Care	1/4 HR	$9.39	N
T1005	U1	Respite in an Adult Family Home (up to 9 hours per day) - MAC & TSOA clients only	OF	$5.92	N
T1005	U1	Respite in an Adult Family Home (9 hours or more in a 24-hour period) - MAC & TSOA clients only	DL	$213.12	N
T1005	U3	Respite in an Adult Day setting	OF	*Contracted Rate	N
T1005	U5	Respite in an Adult Day Health Setting	OF	*Contracted Rate	N
T1005		Home Care Agency	1/4 HR	$10.73	N
T1019	U5	AFH Medical Escort (replaced by S5125, U1 effective 10/1/2025)	1/4 HR	$5.92	N
T1019	HQ,U2,U3,U4, U6	Home Care Agency - Personal Care	1/4 HR	$10.73	N
T1019	U2, U3,U4, U6	253Z00CDEL Consumer Directed Employer - Personal Care	1/4 HR	$9.39	N
T1020	U1	Adult Family Home	DL	See Community Rates Tab	N
T1020	U1	AFH HIV******	DL	$177.62	N
T1020	U2	Adult Residential Care	DL	See Community Rates Tab	N
T1020	U3	EARC	DL	See Community Rates Tab	N
T1020	U4	Specialized Dementia Care	DL	See Community Rates Tab	N
T1020	U4	Specialized Dementia Care - Enhanced (SSRC 22C000)	DL	See Community Rates Tab	N
T1020	U5	ESF Base	DL	See ESF Rates Tab	N
T1020	TD	AFH PDN Spec Home	DL	$898.95	N
T1021		Home Health Aide	VS	$0.01-$18.43	N
T2003		Non-emergency Transportation	EA	*Contracted Rate	N
T2025	U1	Chronic Disease Self-management Program (CDSMP)	EA	$50.00	N
T2025	U2	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	EA	$75.00-$167.00	N
T2025	U3	Client Training - Intensive Behavior Support	EA	$150.00	
T2025	UA	Client Training EBT EnhanceFitness	EA	$0.01-$150.00	N
T2031		Assisted Living	DL	See Community Rates Tab	N
T2033	U1	ECS for AFH	DL	See Community Rates Tab	
T2033	U3	ECS add on for AL and EARC	DL	See Community Rates Tab	
T2033	U4	Community Stability Supports	DL	See CSS Rates Tab	
T2033	U5	AFH SBS	DL	$165.00	
T2033	U7	EARC Medically Complex Add-On	DL	$45.00	
T2033	U8	Specialized Dementia Care Program Plus Add-On	DL	$204.00	N

*For contracted rates, the case manager should look in the AAA contractor list for the correct rate.

**Metropolitan Counties: Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, and Yakima Counties.

***Non-Metropolitan Counties: Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Grays Harbor, Jefferson,Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Skamania, Stevens, Wahkiakum, Walla Walla, and Whitman.

****Shared Medical Service are services offered by both ALTSA and HCA. HCA sets the rate for shared services.

*****Unit Type Key:

EA	Each
1/4 HR	One-quarter hour (15 minutes)
15 mins	One-quarter hour (15 minutes)
OF	One-quarter hour (15 minutes)
DL	Daily
HR	Hourly
MI	Per mile
MN	Monthly
VS	Per visit

******The AFH HIV rate for FY26 includes $0.62 as reimbursement for the increase in the annual license renewal fee paid on beds used by Medicaid clients.

Contacts:

- CFC: Victoria Nuesca
- COPES: Anne Moua
- RCL/WA Roads, RCDA: Julie Cope
- CDSMP: Sapphire Knight
- PEARLS: Dawn Williams
- ECS: James Selby
- Skilled Nursing: Susan Worthington
- Private Duty Nursing: Kaila O'Dell
- Nurse Delegation: Janet Wakefield
- Adult Day Services: Susan Worthington
- MAC and TSOA: Debbie Johnson, Adrienne Cotton, Resa Lee-Bell

MAC/TSOA Rates Effective 07/01/2025

Program	Step 3 Monthly Benefit Level for 07/01/2025 -06/30/2026
MAC dyad (unpaid family caregiver & care receiver)	an average of $880 per month not to exceed $5,280 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $880 per month not to exceed $5,280 in a six month period
TSOA individual without an unpaid family caregiver	an average of $880 per month not to exceed $5,280 in a six month period

Contacts:

- MAC and TSOA: Adrienne Cotton, Resa Lee-Bell — Benefit Level related WAC 388-106-1920

MAC/TSOA Rates Effective 07/01/2024

Program	Step 3 Monthly Benefit Level for 07/01/2024 -06/30/2025
MAC dyad (unpaid family caregiver & care receiver)	an average of $844 per month not to exceed $5,064 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $844 per month not to exceed $5,064 in a six month period
TSOA individual without an unpaid family caregiver	an average of $844 per month not to exceed $5,064 in a six month period

Contacts:

- MAC and TSOA: Adrienne Cotton, Resa Lee-Bell — Benefit Level related WAC 388-106-1920

Historical Step 3 Monthly Benefit Levels

MAC/TSOA Rates Effective 01/01/2024

Program	Step 3 Monthly Benefit Level for 01/01/2024 -06/30/2023 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $818 per month not to exceed $4,908 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $818 per month not to exceed $4,908 in a six month period
TSOA individual without an unpaid family caregiver	an average of $818 per month not to exceed $4,908 in a six month period
Program	**Step 3 Monthly Benefit Level for 07/01/2023 -12/31/2023 with COVID rate enhancement**
MAC dyad (unpaid family caregiver & care receiver)	an average of $830 per month not to exceed $4,980 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $830 per month not to exceed $4,980 in a six month period
TSOA individual without an unpaid family caregiver	an average of $830 per month not to exceed $4,980 in a six month period
Program	**Step 3 Monthly Benefit Level for 01/01/2023 -6/30/2023 with COVID rate enhancement**
MAC dyad (unpaid family caregiver & care receiver)	an average of $758 per month not to exceed $4,548 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $758 per month not to exceed $4,548 in a six month period
TSOA individual without an unpaid family caregiver	an average of $758 per month not to exceed $4,548 in a six month period
Program	**Step 3 Monthly Benefit Level for 07/01/2022 -12/31/2022 with COVID rate enhancement**
MAC dyad (unpaid family caregiver & care receiver)	an average of $759 per month not to exceed $4,554 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $759 per month not to exceed $4,554 in a six month period
TSOA individual without an unpaid family caregiver	an average of $759 per month not to exceed $4,554 in a six month period

Program	Step 3 Monthly Benefit Level for 01/01/2022 -06/30/2022 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $743 per month not to exceed $4,458 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $743 per month not to exceed $4,458 in a six month period
TSOA individual without an unpaid family caregiver	an average of $743 per month not to exceed $4,458 in a six month period

Program	Step 3 Monthly Benefit Level for 04/01/2022 - 06/30/2022 without COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $671 per month not to exceed $4,026 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $671 per month not to exceed $4,026 in a six month period

Program	Step 3 Monthly Benefit Level for 07/01/2021 - 12/31/2021 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $736 per month not to exceed $4,416 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $736 per month not to exceed $4,416 in a six month period
TSOA individual without an unpaid family caregiver	$736 per month

Program	Step 3 Monthly Benefit Level for 07/01/2021 - 12/31/2021 without COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $663 per month not to exceed $3,978 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $663 per month not to exceed $3,978 in a six month period
TSOA individual without an unpaid family caregiver	$663 per month

Program	Step 3 Monthly Benefit Level for 04/01/2021 - 06/30/2021 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $735 per month not to exceed $4,410 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $735 per month not to exceed $4,410 in a six month period
TSOA individual without an unpaid family caregiver	$735 per month

Program	Step 3 Monthly Benefit Level for 01/01/2021 - 3/31/2021 without COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of $648 per month not to exceed $3,888 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $648 per month not to exceed $3,888 in a six month period
TSOA individual without an unpaid family caregiver	$648 per month

Program	Step 3 Monthly Benefit Level for 01/01/2021 - 3/31/2021 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	**an average of $738 per month not to exceed $4,428 in a six month period**
TSOA dyad (unpaid family caregiver & care receiver)	an average of $738 per month not to exceed $4,428 in a six month period
TSOA individual without an unpaid family caregiver	$738 per month
TSOA individual without an unpaid family caregiver	$727 per month

Program	Step 3 Monthly Benefit Level for 7/1/2020 - 9/30/2020
MAC dyad (unpaid family caregiver & care receiver)	an average of $732 per month not to exceed $4,392 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $732 per month not to exceed $4,392 in a six month period
TSOA individual without an unpaid family caregiver	$732 per month

Program	Effective 5/1/2020 - 6/30/2020 (Due to COVID)
MAC dyad (unpaid family caregiver & care receiver)	an average of $774 per month not to exceed $4,644 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $774 per month not to exceed $4,644 in a six month period

TSOA individual without an unpaid family caregiver	$774 per month

Program	Effective 1/1/2019- 4/30/2020
MAC dyad (unpaid family caregiver & care receiver)	an average of $625 per month not to exceed $3,750 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $625 per month not to exceed $3,750 in a six month period
TSOA individual without an unpaid family caregiver	$625 per month

Program	Effective 7/1/2019 - 12/31/2019
MAC dyad (unpaid family caregiver & care receiver)	an average of $615 per month not to exceed $3,690 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $615 per month not to exceed $3,690 in a six month period

Program	Effective 1/1/2019 - 6/30/2019
MAC dyad (unpaid family caregiver & care receiver)	an average of $594 per month not to exceed $3,564 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $594 per month not to exceed $3,564 in a six month period
TSOA individual without an unpaid family caregiver	$594 per month

Program	Effective 7/1/2018 - 12/31/2018
MAC dyad (unpaid family caregiver & care receiver)	an average of $573 per month not to exceed $3,438 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $573 per month not to exceed $3,438 in a six month period
TSOA individual without an unpaid family caregiver	$573 per month

Program	Effective 1/1/2018 - 6/30/2018
MAC dyad (unpaid family caregiver & care receiver)	an average of $558 per month not to exceed $3,348 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $558 per month not to exceed $3,348 in a six month period
TSOA individual without an unpaid family caregiver	$558 per month

Program	Effective 9/1/2017 - 12/31/2017
MAC dyad (unpaid family caregiver & care receiver)	an average of $550 per month not to exceed $3,300 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of $550 per month not to exceed $3,300 in a six month period
TSOA individual without an unpaid family caregiver	$550 per month

Enhanced Service Facility Daily Rates Current as of July 1, 2025

For Clients eligible for Community Health Behavioral Supports (CBHS) at most ESF facilities:

Tier	Service Code/ Modifier	Reason Code	Rate
Tier 1	T1020,U5	MCO Funded Tier 1	$559.80
Tier 2	T1020,U5	MCO Funded Tier 2	$498.09
Tier 3	T1020,U5	MCO Funded Tier 3	$401.29
Tier 4	T1020,U5	MCO Funded Tier 4	$390.95
Tier 5	T1020,U5	MCO Funded Tier 5	$390.95
Tier 6	T1020,U5	MCO Funded Tier 6	$390.95

For Clients at Unified Residential Care in Spokane eligible for CBHS:

Tier	Service Code/ Modifier	Reason Code	Rate
Tier 1	T1020,U5	MCO Funded Tier 1	$583.80
Tier 2	T1020,U5	MCO Funded Tier 2	$522.09
Tier 3	T1020,U5	MCO Funded Tier 3	$425.29
Tier 4	T1020,U5	MCO Funded Tier 4	$414.95
Tier 5	T1020,U5	MCO Funded Tier 5	$414.95
Tier 6	T1020,U5	MCO Funded Tier 6	$414.95

For clients not eligible for CBHS at most facilities:

Tier	Service Code/ Modifier	Reason Code	Rate
n/a	T1020,U5	No Reason Code Needed	$596.10

For Clients at Unified Residential Care in Spokane not eligible for CBHS:

Tier	Service Code/ Modifier	Reason Code	Rate
n/a	T1020,U5	No Reason Code Needed	$620.10

Community Stability Supports Daily Rates effective 8/1/2025

For For CSS clients eligible for Coummunity Behavioral Health Supports (CBHS):			
CBHS Tier	Service Code/ Modifier	Reason Code	Rate
Tier 1	T2033,U4	MCO Funded Tier 1	$115.00
Tier 2	T2033,U4	MCO Funded Tier 2	
Tier 3	T2033,U4	MCO Funded Tier 3	
Tier 4	T2033,U4	MCO Funded Tier 4	
Tier 5	T2033,U4	MCO Funded Tier 5	
Tier 6	T2033,U4	MCO Funded Tier 6	

For CSS clients not eligible for CBHS:

CBHS Tier	Service Code/ Modifier	Reason Code	Rate
n/a	T2033,U4	No Reason Code Needed	$245.00

Note: All CSS clients should also be authorized for T1020,U3 (Enhanced Adult Residential Care) at the rate associated with their county and CARE Classification. See "Community Rates" tab for details

Community Residential Daily Rates as of January 1, 2026

Adult Family Home Community Residential Rates

Service Area	Counties Included	Classification	AFH* (T1020,U1)	AFH* (T1020,U1) + CI	ECS Add-On** for AFH (T2033,U1)
High Cost	King, Pierce, and Snohomish	1) A Low	$142.82	$147.92	$112.13
		2) A Med	$148.85	$153.95	$106.10
		3) A High	$162.88	$167.98	$92.07
		4) B Low	$145.94	$151.04	$109.01
		5) B Med	$159.76	$164.86	$95.19
		6) B Med-High	$174.41	$179.51	$80.54
		7) B High	$179.82	$184.92	$75.13
		8) C Low	$162.46	$167.56	$92.49
		9) C Med	$189.06	$194.16	$65.89
		10) C Med-High	$193.64	$198.74	$61.31
		11) C High	$198.42	$203.52	$56.53
		12) D Low	$174.20	$179.30	$80.75
		13) D Med	$193.22	$198.32	$61.73
		14) D Med-High	$222.48	$227.58	$32.47
		15) D High	$236.00	$241.10	$18.95
		16) E Med	$256.43	$261.53	$0.00
		17) E High	$275.66	$280.76	$0.00
Standard Cost	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan,Pacific, Pend Oreille, San Juan, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima	1) A Low	$131.02	$136.12	$123.93
		2) A Med	$136.30	$141.40	$118.65
		3) A High	$148.59	$153.69	$106.36
		4) B Low	$133.75	$138.85	$121.20
		5) B Med	$145.86	$150.96	$109.09
		6) B Med-High	$158.70	$163.80	$96.25
		7) B High	$163.43	$168.53	$91.52
		8) C Low	$148.23	$153.33	$106.72
		9) C Med	$171.53	$176.63	$83.42
		10) C Med-High	$175.54	$180.64	$79.41
		11) C High	$179.73	$184.83	$75.22
		12) D Low	$158.51	$163.61	$96.44
		13) D Med	$175.18	$180.28	$79.77
		14) D Med-High	$200.81	$205.91	$54.14
		15) D High	$212.65	$217.75	$42.30
		16) E Med	$230.55	$235.65	$24.40
		17) E High	$247.40	$252.50	$7.55

*The AFH Base Rates for FY26 include $0.62 as reimbursement for the increase in the annual license renewal fee paid on beds used by Medicaid clients.

***The total rate for AFH ECS clients (T1020,U1 + T2033,U1) is the greater of $254.95 or the client's base AFH (T1020,U1) rate. The total rate for AFH ECS clients authorized for Community Integration is the greater of $260.05 or the client's base AFH+CI (T1020,U1) rate.*

Assisted Living Facility Community Residential Rates

Service Area	Counties Included	Classification	AL (T2031)***	AL (T2031)***+ Capital Add-on****	EARC (T1020,U3)***	ARC (T1020,U2)***	ECS Add-on for AL (T2033,U3)	ECS Add-on for EARC (T2033,U3)	SDC (T1020,U4)***	SDC Acute Care (T1020, U4*** with SSRC "Specialized Dementia Care Acute Care")	SDC Enhanced Pilot (T1020,U4*** with SSRC "Specialized Dementia Care Enhanced")
High Cost	King, Pierce, and Snohomish	1) A Low	$118.80	$124.22	$118.80	$114.14	$46.29	$68.68	$168.80	$228.80	$308.80
		2) A Med	$151.65	$157.07	$151.65	$144.88	$39.98	$61.40	$201.65	$261.65	$341.65
		3) A High	$174.03	$179.45	$174.03	$165.83	$29.86	$55.37	$224.03	$284.03	$364.03
		4) B Low	$121.20	$126.62	$121.20	$116.39	$46.29	$68.68	$171.20	$231.20	$311.20
		5) B Med	$171.08	$176.50	$171.08	$163.06	$37.43	$54.12	$221.08	$281.08	$361.08
		6) B Med-High	$182.57	$187.99	$182.57	$173.82	$26.13	$49.76	$232.57	$292.57	$372.57
		7) B High	$194.06	$199.48	$194.06	$184.57	$21.04	$39.33	$244.06	$304.06	$384.06
		8) C Low	$158.28	$163.70	$158.28	$151.08	$39.98	$61.40	$208.28	$268.28	$348.28
		9) C Med	$177.53	$182.95	$177.53	$169.10	$29.86	$45.75	$227.53	$287.53	$367.53
		10) C Med-High	$186.15	$191.57	$186.15	$177.17	$7.13	$20.12	$236.15	$296.15	$376.15
		11) C High	$194.77	$200.19	$194.77	$185.23	$5.97	$19.12	$244.77	$304.77	$384.77
		12) D Low	$176.51	$181.93	$176.51	$168.15	$37.43	$39.83	$226.51	$286.51	$366.51
		13) D Med	$181.45	$186.87	$181.45	$172.77	$27.97	$26.68	$231.45	$291.45	$371.45
		14) D Med-High	$194.18	$199.60	$194.18	$184.68	$0.18	$0.60	$244.18	$304.18	$384.18
		15) D High	$206.92	$212.34	$206.92	$196.60	$0.00	$0.00	$256.92	$316.92	$396.92
		16) E Med	$222.73	$228.15	$222.73	$211.40	$0.00	$0.00	$272.73	$332.73	$412.73
		17) E High	$240.15	$245.57	$240.15	$227.70	$0.00	$0.00	$290.15	$350.15	$430.15
Standard Cost	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan,Pacific, Pend Oreille, San Juan, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima	1) A Low	$109.22	$114.64	$109.22	$105.17	$53.87	$68.68	$159.22	$219.22	$299.22
		2) A Med	$137.73	$143.15	$137.73	$131.85	$48.81	$65.03	$187.73	$247.73	$327.73
		3) A High	$157.15	$162.57	$157.15	$150.03	$32.38	$59.54	$207.15	$267.15	$347.15
		4) B Low	$111.30	$116.72	$111.30	$107.13	$53.87	$68.68	$161.30	$221.30	$301.30
		5) B Med	$154.59	$160.01	$154.59	$147.63	$42.53	$58.97	$204.59	$264.59	$344.59
		6) B Med-High	$164.56	$169.98	$164.56	$156.97	$31.86	$54.94	$214.56	$274.56	$354.56
		7) B High	$174.54	$179.96	$174.54	$166.30	$23.57	$46.07	$224.54	$284.54	$364.54
		8) C Low	$143.48	$148.90	$143.48	$137.23	$48.81	$65.03	$193.48	$253.48	$333.48
		9) C Med	$160.19	$165.61	$160.19	$152.87	$32.38	$50.89	$210.19	$270.19	$350.19
		10) C Med-High	$167.67	$173.09	$167.67	$159.87	$10.94	$31.04	$217.67	$277.67	$357.67
		11) C High	$175.15	$180.57	$175.15	$166.87	$9.81	$26.88	$225.15	$285.15	$365.15
		12) D Low	$159.31	$164.73	$159.31	$152.05	$42.53	$45.45	$209.31	$269.31	$349.31
		13) D Med	$163.59	$169.01	$163.59	$156.05	$30.54	$33.76	$213.59	$273.59	$353.59
		14) D Med-High	$174.64	$180.06	$174.64	$166.40	$4.21	$10.15	$224.64	$284.64	$364.64
		15) D High	$185.69	$191.11	$185.69	$176.74	$1.35	$1.35	$235.69	$295.69	$375.69
		16) E Med	$199.42	$204.84	$199.42	$189.58	$0.00	$0.00	$249.42	$309.42	$389.42
		17) E High	$214.53	$219.95	$214.53	$203.72	$0.00	$0.00	$264.53	$324.53	$404.53

***The AL (T2031), ARC (T1020,U2), EARC (T1020,U2) and SDC (T1020,U4) rates for FY26 include $0.73 as reimbursement for the increase in the annual license renewal fee paid on beds used by Medicaid clients.

*****For AL + Capital Add-On + Bridge Rate, please see the tab 'Bridge Rates January 2026'*

Service Descriptions

AFH	Adult Family Home
AFH + CI	Adult Family Home + Community Integration
AL	Assisted Living
AL + Capital Add-On	Assisted Living + Capital Add-On
ARC	Adult Residential Care
EARC	Enhanced Adult Residential Care
ECS Add-On for AFH	Expanded Community Services Add-On for Adult Family Home
ECS Add-On for AL	Expanded Community Services Add-On for Assisted Living
ECS Add-On for EARC	Expanded Community Services Add-On for Enhanced Adult Residential Care
SDC	Specialized Dementia Care

Bridge Rates as of January 1, 2026

Service Area	Counties Included	Classification	AL (T2031) + Capital Add-on + Bridge Rate	EARC (T1020,U3) + Bridge Rate	ARC (T1020,U2) + Bridge Rate	SDC(T1020,U4) + Bridge Rate	SDC Acute Care (T1020, U4 with SSRC "Specialized Dementia Care Acute Care") + Bridge Rate	SDC Enhanced Pilot (T1020, U4 with SSRC "Specialized Dementia Care Enhanced") + Bridge Rate
High Cost	King, Pierce, and Snohomish	1) A Low	$145.21	$139.79	$135.13	$189.79	$249.79	$329.79
		2) A Med	$178.06	$172.64	$165.87	$222.64	$282.64	$362.64
		3) A High	$200.44	$195.02	$186.82	$245.02	$305.02	$385.02
		4) B Low	$147.61	$142.19	$137.38	$192.19	$252.19	$332.19
		5) B Med	$197.49	$192.07	$184.05	$242.07	$302.07	$382.07
		6) B Med-High	$208.98	$203.56	$194.81	$253.56	$313.56	$393.56
		7) B High	$220.47	$215.05	$205.56	$265.05	$325.05	$405.05
		8) C Low	$184.69	$179.27	$172.07	$229.27	$289.27	$369.27
		9) C Med	$203.94	$198.52	$190.09	$248.52	$308.52	$388.52
		10) C Med-High	$212.56	$207.14	$198.16	$257.14	$317.14	$397.14
		11) C High	$221.18	$215.76	$206.22	$265.76	$325.76	$405.76
		12) D Low	$202.92	$197.50	$189.14	$247.50	$307.50	$387.50
		13) D Med	$207.86	$202.44	$193.76	$252.44	$312.44	$392.44
		14) D Med-High	$220.59	$215.17	$205.67	$265.17	$325.17	$405.17
		15) D High	$233.33	$227.91	$217.59	$277.91	$337.91	$417.91
		16) E Med	$249.14	$243.72	$232.39	$293.72	$353.72	$433.72
		17) E High	$266.56	$261.14	$248.69	$311.14	$371.14	$451.14
Standard Cost	Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan,Pacific, Pend Oreille, San Juan, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima	1) A Low	$135.63	$130.21	$126.16	$180.21	$240.21	$320.21
		2) A Med	$164.14	$158.72	$152.84	$208.72	$268.72	$348.72
		3) A High	$183.56	$178.14	$171.02	$228.14	$288.14	$368.14
		4) B Low	$137.71	$132.29	$128.12	$182.29	$242.29	$322.29
		5) B Med	$181.00	$175.58	$168.62	$225.58	$285.58	$365.58
		6) B Med-High	$190.97	$185.55	$177.96	$235.55	$295.55	$375.55
		7) B High	$200.95	$195.53	$187.29	$245.53	$305.53	$385.53
		8) C Low	$169.89	$164.47	$158.22	$214.47	$274.47	$354.47
		9) C Med	$186.60	$181.18	$173.86	$231.18	$291.18	$371.18
		10) C Med-High	$194.08	$188.66	$180.86	$238.66	$298.66	$378.66
		11) C High	$201.56	$196.14	$187.86	$246.14	$306.14	$386.14
		12) D Low	$185.72	$180.30	$173.04	$230.30	$290.30	$370.30
		13) D Med	$190.00	$184.58	$177.04	$234.58	$294.58	$374.58
		14) D Med-High	$201.05	$195.63	$187.39	$245.63	$305.63	$385.63
		15) D High	$212.10	$206.68	$197.73	$256.68	$316.68	$396.68
		16) E Med	$225.83	$220.41	$210.57	$270.41	$330.41	$410.41
		17) E High	$240.94	$235.52	$224.71	$285.52	$345.52	$425.52

Tribal Care Facility Rates Effective July 1, 2024

Classification	Tribal Care Facility Rate (T1020,U6)
1) A Low	$158.14
2) A Med	$183.73
3) A High	$207.58
4) B Low	$161.75
5) B Med	$203.61
6) B Med-High	$220.68
7) B High	$231.77
8) C Low	$196.91
9) C Med	$226.84
10) C Med-High	$235.49
11) C High	$244.27
12) D Low	$216.55
13) D Med	$232.11
14) D Med-High	$259.46
15) D High	$276.62
16) E Med	$300.28
17) E High	$324.22

January 1, 2020 Bed Hold Days 1-7 70% Conversion Calculator

WAC 388-105-0045 specifies that the department must hold a Medicaid eligible resident's bed or unit if:

(a) The medicaid resident needs short-term care in a nursing home or hospital;

(b) The medicaid resident is likely to return to the ESF, AFH, ARC, EARC, or AL

Rate Calculator Tool		
Insert client personal care rate (include ETR)	Insert Client add-on Rate Here	Bed Hold Rate (70%)
$ 75.00	$ 25.00	$ 70.00

Daily Unit Calculator Tool		
Service line start date	Service line end Date	# of Daily Units
1/25/2020	1/31/2020	7

Beds can be held for up to 20 days

The department will pay an ESF 70% of the resident's medicaid daily rate for days 1-20.

The department will pay an ARC, EARC, or AL 70% of the resident's medicaid daily rate for days 1-7 and $11.66 per days 8-20.

The department will pay an AFH 70% of the resident's medicaid daily rate for days 1-7 and $15.00 per day for days 8-20.