

**Department of Health**  
**Chart of Waiver Services Rates**  
**Rebase with 10% Legislative Appropriation**

**Effective: {Effective date of regulations - \_\_\_\_/\_\_\_\_/\_\_\_\_}**

**The following are Medicaid payment rates for specified Waiver Services**

**Notes:** This Chart does not cover all services reimbursed by Medicaid for Waiver Services. For services not covered here, the controlling regulation should be consulted (example: Specialized Medical Equipment, Environmental Modifications, or Specialized Private Duty Nursing). Regulatory payment restrictions such as payment limits, coverage limitation, or mutually exclusive restrictions are not addressed in this rate chart.

**Waiver Programs**

|  |         |
|--|---------|
| Alaskans Living Independently  | ALI     |
| Adults with Physical and Developmental Disabilities                        | APDD    |
| Children with Complex Medical Conditions                                   | CCMC    |
| Intellectual and Developmental Disabilities                                | IDD     |
| Intellectual and Developmental Disabilities-Individualized Supports Waiver | IDD-ISW |

**The following are Medicaid payment rates for Care Coordination: 7 AAC 130.240 & 7 AAC 145.520**

| Service                    | Service Unit | Service Rate | Procedure Code | Waiver Program       |
|----------------------------|--------------|--------------|----------------|----------------------|
| Care Coordination On-Going | Per Month    | \$296.88     | T2022          | ALI, APDD, CCMC, IDD |
| Care Coordination On-Going | Per Month    | \$296.88     | T2022CG        | IDD-ISW              |

**The following are Medicaid payment rates for Residential Supported Living (RSL):  
7 AAC 130.255 & 7 AAC 145.520**

| Service  | Service Unit | Service Rate | Procedure Code | Waiver Program |
|--|--------------|--------------|----------------|----------------|
| RSL<br>State Government Owned/Operated                                       | Per Day      | \$186.96     | T2031 CG       | ALI, APDD      |
| RSL-5 or fewer beds per EIN <sup>1</sup><br>Non-State Gov't Owned & Operated | Per Day      | \$186.96     | T2031 UR       | ALI, APDD      |
| RSL-6-16 beds per EIN <sup>1</sup><br>Non-State Gov't Owned & Operated       | Per Day      | \$186.96     | T2031 US       | ALI, APDD      |
| RSL-17 or more beds per EIN <sup>1</sup><br>Non-State Gov't Owned & Operated | Per Day      | \$186.96     | T2031          | ALI, APDD      |
| RSL-Acuity Add-on <sup>2</sup><br>Non-State Gov't Owned & Operated           | Per Day      | \$413.94     | T2031TG        | ALI, APDD      |

<sup>1</sup> EIN is the provider's Employer Identification Number as issued by the Internal Revenue Service. The provider's licensed assisted living beds (for all locations) must be added together to determine the code used for billing the service.

<sup>2</sup> Per 7 AAC 130.267, Acuity Add-on requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

**The following are Medicaid payment rates for Intensive Active Treatment 7 AAC 130.275 & 7 AAC 145.520**

| Service  | Service Unit                          | Service Rate | Procedure Code | Waiver Program           |
|--|---------------------------------------|--------------|----------------|--------------------------|
| Time limited intervention, treatment or therapy  | Per 15 Minutes - Local <sup>3</sup>   | \$27.73      | H2011 CG       | APDD, CCMC, IDD, IDD-ISW |
| Time limited intervention, treatment, or therapy | Per 15 Minutes Non-Local <sup>4</sup> | \$55.46      | H2011 TN       | APDD, CCMC, IDD, IDD-ISW |

Note: Intensive Active Treatment does not include training of staff to address behaviors or services related to administration of care.

<sup>3</sup> Local means provider travels up to 200 miles to provide service to the recipient

<sup>4</sup> Non-local means the provider must travel greater than 200 miles to provide service to the recipient

**Department of Health  
Chart of Waiver Services Rates**

**Rebase with 10% Legislative Appropriation - Effective XXXX ##, 2022**

The following are Medicaid payment rates for **Residential Habilitation: 7 AAC 130.265 & 7 AAC 145.520**

| Service   | Service Unit   | Service Rate | Procedure Code | Waiver Program              |
|---|----------------|--------------|----------------|-----------------------------|
| Family Home Habilitation- Adult<br>Must be 18 or over   | Per Day        | \$163.56     | S5140          | APDD, CCMC, IDD             |
| Family Home Habilitation-Child<br>Must be 17 or younger | Per Day        | \$163.56     | S5145          | CCMC, IDD                   |
| Group Home Habilitation<br>Must be 18 or over           | Per Day        | \$392.57     | T2016          | APDD, CCMC, IDD             |
| Group Home Habilitation<br>Acuity Add-on <sup>2</sup>   | Per Day        | \$413.94     | T2016 TG       | APDD, CCMC, IDD             |
| Supported Living Habilitation<br>Must be 18 or over     | Per 15 Minutes | \$12.57      | T2017          | APDD, CCMC, IDD,<br>IDD-ISW |
| In-Home Supports Habilitation<br>Must be 17 or younger  | Per 15 Minutes | \$12.57      | T2017 U4       | CCMC, IDD,<br>IDD-ISW       |

<sup>2</sup> Per 7 AAC 130.267, Acuity Add-on requires the recipient receive dedicated 1 to 1 staffing care 24 hour per day.

The following are Medicaid payment rates for **Respite: 7 AAC 130.280 & 7 AAC 145.520**

| Service                    | Service Unit   | Service Rate | Procedure Code | Waiver Program                   |
|----------------------------|----------------|--------------|----------------|----------------------------------|
| Respite                    | Per 15 Minutes | \$6.82       | S5150          | ALI, APDD, CCMC,<br>IDD, IDD-ISW |
| Respite<br>Family-Directed | Per 15 Minutes | \$6.82       | S5150 U2       | CCMC, IDD,<br>IDD-ISW            |
| Respite                    | Per Day        | \$382.12     | S5151          | ALI, APDD, CCMC,<br>IDD, IDD-ISW |
| Respite<br>Family-Directed | Per Day        | \$382.12     | S5151 U2       | CCMC, IDD,<br>IDD-ISW            |

The following are Medicaid payment rates for **Nursing Oversight and Care Management:  
7 AAC 130.235 & 7 AAC 145.520**

| Service                                  | Service Unit                               | Service Rate | Procedure Code | Waiver Program |
|--|--|--------------|----------------|----------------|
| Nursing Oversight and Care<br>Management | Per 15 Minutes -<br>Local <sup>3</sup>     | \$27.73      | T1016 CG       | CCMC, IDD      |
| Nursing Oversight and Care<br>Management | Per 15 Minutes -<br>Non-Local <sup>4</sup> | \$110.21     | T1016 TN       | CCMC, IDD      |

<sup>3</sup> Local means provider travels up to 200 miles to provide service to the recipient

<sup>4</sup> Non-local means the provider must travel 200 miles or more to provide service to the recipient

The following are Medicaid payment rates for **Private Duty Nursing: 7 AAC 130.285**

| Service  | Service Unit                       | Service Rate         | Procedure Code | Waiver Program |
|--|------------------------------------|----------------------|----------------|----------------|
| Specialized Private Duty Nursing<br>Must be 21 or over | Per 15 Minutes<br>Registered Nurse | Per 7 AAC<br>145.250 | T1002 U2       | ALI, APDD, IDD |
| Specialized Private Duty Nursing<br>Must be 21 or over | Per 15 Minutes<br>LPN/LVN          | Per 7 AAC<br>145.250 | T1003 U2       | ALI, APDD, IDD |

**Department of Health  
Chart of Waiver Services Rates**

**Rebase with 10% Legislative Appropriation - Effective XXXX ##, 2022**

| The following are Medicaid payment rates for <b>Other Waiver Services</b> 7 AAC 145.520 & as listed |   |              |                |                                     |
|---|---|--------------|----------------|-------------------------------------|
| Service   | Service Unit  | Service Rate | Procedure Code | Waiver Program                      |
| Day Habilitation–Individual<br>7 AAC 130.260  | Per 15 Minutes  | \$13.45      | T2021          | APDD, CCMC,<br>IDD, IDD-ISW         |
| Day Habilitation–Group<br>7 AAC 130.260   | Per 15 Minutes  | \$8.07       | T2021 HQ       | APDD, CCMC,<br>IDD, IDD-ISW         |
| Supported Employment-Individual<br>7 AAC 130.270  | Per 15 Minutes  | \$15.46      | T2019          | APDD, CCMC,<br>IDD, IDD-ISW         |
| Supported Employment-Group<br>7 AAC 130.270   | Per 15 Minutes  | \$9.27       | T2019 HQ       | APDD, CCMC,<br>IDD, IDD-ISW         |
| Pre-Employment–Individual<br>7 AAC 130.270  | Per 15 Minutes  | \$15.46      | T2019 CG       | APDD, CCMC,<br>IDD, IDD-ISW         |
| Pre-Employment–Group<br>7 AAC 130.270   | Per 15 Minutes  | \$9.27       | T2019 TT       | APDD, CCMC,<br>IDD, IDD-ISW         |
| Adult Day<br>7 AAC 130.250  | Per Half Day <sup>5</sup>                                       | \$96.74      | S5101          | ALI, APDD                           |
| Adult Day<br>7 AAC 130.250  | Per 15 Minutes  | \$6.91       | S5100          | ALI, APDD                           |
| Meals–Home Delivered<br>7 AAC 130.295   | Per Meal  | \$26.97      | S5170          | ALI, APDD, CCMC,<br>IDD             |
| Meals-Congregate<br>7 AAC 130.295   | Per Meal  | \$26.21      | T2025          | ALI, APDD,<br>CCMC, IDD             |
| Transportation<br>7 AAC 130.290   | Per Trip<br><u>up to 20 miles-</u><br>Recipient                 | \$19.27      | T2003          | ALI, APDD,<br>CCMC, IDD,<br>IDD-ISW |
| Transportation<br>7 AAC 130.290   | Per Trip<br><u>greater than</u><br><u>20 miles</u><br>Recipient | \$38.54      | T2003 TN       | ALI, APDD,<br>CCMC, IDD,<br>IDD-ISW |
| Transportation<br>7 AAC 130.290   | Per Trip<br>Attendant or<br>Escort                              | \$19.27      | T2001 SE       | ALI, APDD,<br>CCMC, IDD,<br>IDD-ISW |
| Transportation<br>Paratransit Provider <sup>6</sup><br>7 AAC 130.290                                | Per Trip<br>Recipient   | \$38.54      | T2003 CG       | ALI, APDD, CCMC,<br>IDD, IDD-ISW    |

<sup>5</sup> Service period must be at least one hour with coverage up to four hours per day. This service unit is limited to one unit per day. Adult Day services in excess of one Per Half Day unit must be billed using the 15 minute service unit.

<sup>6</sup> Paratransit providers defined under 49 CFR 37 Subpart F

**Department of Health  
Chart of Waiver Services Rates**

**Rebase with 10% Legislative Appropriation - Effective XXXX ##, 2022**

Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the region in which the provider is located. These regional factors are based upon the designated planning regions described in Table I-1 of the *Alaska Geographic Differential Study, Dated April 30, 2009*. Rate adjustments are as follows:

|                                |               |      |
|--------------------------------|---------------|------|
| Anchorage Region               | No adjustment | 1.00 |
| Fairbanks                      | 3%            | 1.03 |
| Parks/Elliott/Steese Highways  | No adjustment | 1.00 |
| Glennallen Region              | N/A           | 1.00 |
| Delta Junction/Tok Region      | 4%            | 1.04 |
| Roadless Interior              | 31%           | 1.31 |
| Mat-Su                         | N/A           | 1.00 |
| Kenai Peninsula                | 1%            | 1.01 |
| Prince William Sound           | 8%            | 1.08 |
| Kodiak                         | 12%           | 1.12 |
| Arctic Region                  | 48%           | 1.48 |
| Bethel/Dillingham              | 49%           | 1.49 |
| Aleutian Region                | 50%           | 1.50 |
| Southwest Small Communities    | 44%           | 1.44 |
| Juneau                         | 9%            | 1.09 |
| Ketchikan/Sitka                | 9%            | 1.09 |
| Southeast Mid-Size Communities | 9%            | 1.09 |
| Southeast Small Communities    | 9%            | 1.09 |