

**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	<b>ALI</b>
Adults with Physical and Developmental Disabilities	<b>APDD</b>
Children with Complex Medical Conditions	<b>CCMC</b>
Intellectual and Developmental Disabilities	<b>IDD</b>
Intellectual and Developmental Disabilities-Individualized Supports Waiver	<b>IDD-ISW</b>

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 State Government Owned/Operated	Per Day	\$186.96	T2031 CG	ALI, APDD
RSL-5 or fewer beds per EIN <sup>1</sup> Non-State Gov't Owned & Operated	Per Day	\$186.96	T2031 UR	ALI, APDD
RSL-6-16 beds per EIN <sup>1</sup> Non-State Gov't Owned & Operated	Per Day	\$186.96	T2031 US	ALI, APDD
RSL-17 or more beds per EIN <sup>1</sup> Non-State Gov't Owned & Operated	Per Day	\$186.96	T2031	ALI, APDD
RSL-Acuity Add-on <sup>2</sup> 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

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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 Must be 18 or over	Per Day	\$163.56	S5140	APDD, CCMC, IDD
Family Home Habilitation-Child Must be 17 or younger	Per Day	\$163.56	S5145	CCMC, IDD
Group Home Habilitation Must be 18 or over	Per Day	\$392.57	T2016	APDD, CCMC, IDD
Group Home Habilitation Acuity Add-on <sup>2</sup>	Per Day	\$413.94	T2016 TG	APDD, CCMC, IDD
Supported Living Habilitation Must be 18 or over	Per 15 Minutes	\$12.57	T2017	APDD, CCMC, IDD, IDD-ISW
In-Home Supports Habilitation Must be 17 or younger	Per 15 Minutes	\$12.57	T2017 U4	CCMC, IDD, 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, IDD, IDD-ISW
Respite Family-Directed	Per 15 Minutes	\$6.82	S5150 U2	CCMC, IDD, IDD-ISW
Respite	Per Day	\$382.12	S5151	ALI, APDD, CCMC, IDD, IDD-ISW
Respite Family-Directed	Per Day	\$382.12	S5151 U2	CCMC, IDD, 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 Management	Per 15 Minutes - Local <sup>3</sup>	\$27.73	T1016 CG	CCMC, IDD
Nursing Oversight and Care Management	Per 15 Minutes - 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 Must be 21 or over	Per 15 Minutes Registered Nurse	Per 7 AAC 145.250	T1002 U2	ALI, APDD, IDD
Specialized Private Duty Nursing Must be 21 or over	Per 15 Minutes LPN/LVN	Per 7 AAC 145.250	T1003 U2	ALI, APDD, IDD

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The following are Medicaid payment rates for **Other Waiver Services** 7 AAC 145.520 & as listed

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

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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