



DEVELOPMENTAL DISABILITIES WAIVER FEE SCHEDULE

Effective July 1, 2026

Procedure Description	Procedure Code	Mod	Mod	Mod	Unit	Unit Price
		1	2	3		7/1/2026 - Ongoing

Assistive Technology Purchasing Agent

Assistive Technology Purchasing Agent	T2028	HB			Each	\$ 1.00
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Behavioral Support Consultation

Behavioral Support Consultation, Standard	H2019	HB			15 Min	\$ 31.08
Behavioral Support Consultation, Incentive	H2019	HB	TN		15 Min	\$ 40.09

Case Management

Case Management On-Going	T2022	HB			Month	\$ 370.80
Pre-eligibility Code (<i>maximum of 20 units billable for maximum of 3 months</i>)	T2024				Month	\$ 143.00

Community Integrated Employment Services

Community Integrated Employment, Job Maintenance	T2025	HB	UA		Month	\$ 1,363.11
Community Integrated Employment, Group, Category 1	T2019	HB	HQ		15 Min	\$ 2.34
Community Integrated Employment, Group, Category 2 Extensive Support	T2019	HB	HQ	TG	15 Min	\$ 3.89
Community Integrated Employment, Self-Employment	T2019	HB	UA		15 Min	\$ 16.11
Community Integrated Employment, Intensive	T2013	HB	U2		Hour	\$ 59.42
Community Integrated Employment, Job Coaching	T2021	UB			15 Min	\$ 12.07
Community Integrated Employment, Job Development	T2025	UC			15 Min	\$ 12.07

Customized Community Supports

Customized Community Support, Individual	H2021	HB	U1		15 min	\$ 12.22
Customized Community Support, Individual Intensive Behavioral Support	H2021	HB	TG		15 Min	\$ 8.64
Customized Community Supports, Group, Jackson Class Only	T2021	HB	U5		15 Min	\$ 6.29
Customized Community Support, Group, Category 1	T2021	HB	U7		15 Min	\$ 2.96
Customized Community Support, Group, Category 2 Extensive Support	T2021	HB	U8		15 Min	\$ 6.75
Customized Community Support, Small Group	T2021	HB	U9		15 Min	\$ 6.24
Fiscal Management of Adult Education Opportunities	T2025	HB			Each	\$ 1.00

Customized In-Home Supports

Customized In-Home Supports, Living with Family or Natural Supports	S5125	HB			15 Min	\$ 8.73
Customized In-Home Supports, Living Independently	S5125	HB	UA		15 Min	\$ 8.73

Crisis Supports

Crisis Support (Alternative Residential Setting)	T2034	HB			Day	\$ 490.25
Crisis Support (Individual's Residence)	T2011	HB			15 Min	\$ 10.22

Environmental Modification Service

Environmental Modifications	S5165	HB			Each	\$5000 every 5 years
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Independent Living Transition Service

Independent Living Transition	T2038	HB			Each	\$ 1.00
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Living Supports

Family Living	T2033	HB			Day	\$ 191.71
Supported Living, Category 1 Basic Support	T2016	HB	U4		Day	\$ 229.60
Supported Living, Category 2 Moderate Support	T2016	HB	U5		Day	\$ 282.37
Supported Living, Category 3 Extensive Support	T2016	HB	U6		Day	\$ 370.12
Supported Living Category 4 Extraordinary Medical	T2016	HB	U7		Day	\$ 480.52
Supported Living Category 4 Behavioral Support	T2016	HB	U8		Day	\$ 480.52
Supported Living, Non-Ambulatory Stipend	H2022	HB	TG		Day	\$ 65.22
Intensive Medical Living Services	T2033	HB	TG		Day	\$ 492.90

Non-Medical Transportation

Non-Medical Transportation Per Mile	A0160	HB			Per Mile	\$ 0.66
Non-Medical Transportation Pass/Ticket	A0170	HB			Item	\$ 1.00

Nutritional Counseling

Nutritional Counseling	S9470	HB			15 Min	\$ 22.22
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Personal Support Technology/ On-Site Support

Personal Support Technology, Installation	A9270	HB			Each	\$ 1.00
Personal Support Technology, Monthly Maintenance	A9270	HB	RR		Day	\$ 5.48

Preliminary Risk Screening and Consultation Related to Inappropriate Sexual Behavior

Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Standard	T1023	HB	UA		15 Min	\$ 28.37
Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior, Incentive	T1023	HB	UA	TN	15 Min	\$ 36.35

Adult Nursing

Adult Nursing Services, RN	T1002	HB			15 Min	\$ 29.76
Adult Nursing Services, LPN	T1003	HB			15 Min	\$ 19.92

Respite

Respite	T1005	HB			15 Min	\$ 7.46
Respite - Group	T1005	HB	HQ		15 Min	\$ 3.45

Healthy Relationships and Personal Safety Education

Healthy Relationships and Personal Safety Education, Standard	S9446	HB			Each	\$ 536.88
Healthy Relationships and Personal Safety Education, Incentive	S9446	HB	TN		Each	\$ 1,073.76

Supplemental Dental Care

Supplemental Dental Care	T1015	HB			Per Visit	\$ 122.47
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Therapy Services

Occupational Therapy, Standard	G0152	HB	GO		15 Min	\$	49.66
Occupational Therapy, Incentive	G0152	HB	TN		15 Min	\$	63.33

Occupational Therapy Assistant, Standard	G0158	HB	HM		15 Min	\$	27.80
Occupational Therapy Assistant, Incentive	G0158	HB	TN		15 Min	\$	36.47

Physical Therapy, Standard	G0151	HB	GP		15 Min	\$	49.66
Physical Therapy, Incentive	G0151	HB	TN		15 Min	\$	63.33

Physical Therapy Assistant (PTA), Standard	G0157	HB	HM		15 Min	\$	27.80
Physical Therapy Assistant (PTA), Incentive	G0157	HB	TN		15 Min	\$	36.47

Speech, Language Pathology, Standard	G0153	HB	GN		15 Min	\$	49.66
Speech, Language Pathology, Incentive	G0153	HB	TN		15 Min	\$	63.33