

**Reimbursement Rates for Services
Living Choice Demonstration**

Living Choice Project					
Waiver Services	Unit of Service	Unit Rate	Service Code	Modifier 1	Modifier 2
Adult Day Health	15 minutes	\$1.88	S5100	–	–
Advanced Supportive/Restorative	15 minutes	\$4.22	T1019	TF	–
Community Transition	–	–	T2038	–	–
Direct Skilled Nursing – LPN	15 minutes	\$13.50	G0300	–	–
Direct Skilled Nursing – RN	15 minutes	\$13.50	G0299	–	–
Environmental Modifications	As Billed	As Prior Authorized	S5165	–	–
Home Delivered Meals	1 meal	\$4.88	S5170	–	–
Hospice	1 day	\$119.10	S9126	–	–
In-Home Extended Respite (8+hrs)	1 day	\$165.88	S9125	–	–
In-home Respite (2 - 7 hrs)	15 minutes	\$3.92	T1005	–	–
Institutional Transitional Coordination – S	15 minutes	\$14.25	T1016 – S	U3	–
Institutional Transitional Coordination – VR	15 minutes	\$20.40	T1016 – VR	TN	U3
NF Extended Respite (8+hrs)	1 day	As Prior Authorized	UB120	–	–
Personal Care	15 minutes	\$3.92	T1019	–	–
Personal Care In Adult Day Health	1 session/day	\$7.50	S5105	–	–
Personal Emergency Response System – Install	1 time	As Prior Authorized	S5160	–	–
Personal Emergency Response System – monthly	Monthly	As Prior Authorized	S5161	–	–
Prescriptions (maximum of 7 units only)	As Ordered	Avg. \$76.40 each	W1111	–	–
Private Duty Nursing	15 minutes	\$6.30	T1000	–	–
RN Assessment/Evaluation	15 minutes	\$13.50	T1002	–	–
Specialized Medical Equipment and Supplies	As Billed	As Prior Authorized	HCPCS	–	–
Transition Coordination – S	15 minutes	\$14.25	T1016	–	–
Transition Coordination – VR	15 minutes	\$20.40	T1016	TN	–
THERAPY SERVICES:					
Occupational Therapy	15 minutes	\$20.00	G0152	–	–
Physical Therapy	15 minutes	\$20.00	G0151	–	–
Respiratory Therapy	15 minutes	\$130/5	G0237	–	–
Speech/Language Therapy	15 minutes	\$20.00	G0153	–	–
Therapy in Adult Day Health	1 session/day	\$10.00	S5105	TG	–

**Reimbursement Rates for Services Provided Through the
Living Choice Project Continued**

SELF-DIRECTION SERVICES:					
Advanced Supportive/Restorative	15 minutes	\$4.22	T1019	TF	-
Good and Services	Varied	Manual	T1999	-	-
In-Home Extended Respite (8+hrs)	1 day	\$165.88	S9125	-	-
In-home Respite (2 - 7 hrs)	15 minutes	\$3.92	T1005	-	-
Personal Care	15 minutes	\$3.92	T1019	-	-
Assisted Living Services:					
Assisted Living Low (Tier 1)	1 day	As Prior Authorized	T2031	-	-
Assisted Living Medium (Tier 2)	1 day	As Prior Authorized	T2031	-	-
Assisted Living High (Tier 3)	1 day	As Prior Authorized	T2031	-	-
INCONTINENCE SUPPLIES :					
Adult Small Brief	Each	\$.78	T4521	-	-
Adult Medium Brief	Each	\$.85	T4522	-	-
Adult Large Brief	Each	\$.96	T4523	-	-
Adult Extra Large Brief	Each	\$1.13	T4524	-	-
Adult Small Underwear	Each	\$.86	T4525	-	-
Adult Medium Underwear	Each	\$1.01	T4526	-	-
Adult Large Underwear	Each	\$1.10	T4527	-	-
Adult Extra Large Underwear	Each	\$1.25	T4528	-	-
Disposable/Guard Liner	Each	\$.59	T4535	-	-
Any Size Reusable Underpad	Each	\$13.50	T4537	-	-
Chair Size Reusable Underpad	Each	\$14.40	T4540	-	-
Large Disposable Underpad	Each	\$.58	T4541	-	-
Small Disposable Underpad	Each	\$.38	T4542	-	-
Medicaid State Plan Personal Care Program					
Prescriptions (maximum of 6 units only)	As Ordered	Avg. \$76.40 each	S1111	-	-
Medicare					
Medicare Part D Prescriptions	As Ordered	Avg. \$76.40 each	M1111	-	-