HEALTH CARE AUTHORITY

# DEVELOPMENTAL DISABILITIES WAIVER FEE SCHEDULE

Effective July 1, 2026

| Procedure Description | Procedure Code | Mod 1 | Mod 2 | Mod 3 | Unit | Unit Price 7/1/2026 - Ongoing |
|---|---|---|---|---|---|---|
| **Assistive Technology Purchasing Agent** | | | | | | |
| Assistive Technology Purchasing Agent | T2028 | HB | | | Each | $ 1.00 |
| **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 *(maximum of 20 units billable for maximum of 3 months)* | 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**

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|---|---|---|---|---|---|---|
| Environmental Modifications | S5165 | HB | | | Each | $5000 every 5 years |

**Independent Living Transition Service**

| | | | | | | |
|---|---|---|---|---|---|---|
| Independent Living Transition | T2038 | HB | | | Each | $ 1.00 |

**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**

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

**Nutritional Counseling**

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|---|---|---|---|---|---|---|
| Nutritional Counseling | S9470 | HB | | | 15 Min | $ 22.22 |

**Personal Support Technology/ On-Site Support**

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|---|---|---|---|---|---|---|
| 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**

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

**Healthy Relationships and Personal Safety Education**

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|---|---|---|---|---|---|---|
| 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**

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|---|---|---|---|---|---|---|
| Supplemental Dental Care | T1015 | HB | | | Per Visit | $ 122.47 |

**Therapy Services**

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|---|---|---|---|---|---|---|
| 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 |