

**Department of Health and Social Services**  
**Chart of Personal Care Attendant and Waiver Service Rates**  
**2011**

The following are Medicaid payment rates for specified Personal Care Attendant and Waiver Services. 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).

**Waiver Programs:**

Older Alaskans - OA  
 Adults with Physical Disabilities - APD  
 Children with Complex Medical Conditions - CCMC  
 Mentally Retarded/Developmentally Disabled - MRDD

**Note: Regulatory payment restrictions such as payment limits, coverage limitations, or mutually exclusive restrictions are not addressed in this rate chart.**

<b>Personal Attendant Services – 7 AAC 145.500</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Personal Care - Agency	Per 15 Minute	\$5.57	T1019	N/A
Personal Care – Consumer Directed	Per 15 Minute	\$5.57	T1019 U3	N/A

<b>Care Coordination – 7 AAC 130.240</b>				
<b>Service</b>	<b>Service Unit and Limit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Case Management	Per Month	\$219.63	T2022	MR/DD, APD, CCMC, OA
Screening	One Initial (one additional <b>IF</b> first is unfavorable)	\$82.39	T1023	CCMC
Assessment	One Initial	\$262.68	T2024	CCMC
Plan of Care Development	One Annual	\$351.01	T2024 U2	MR/DD, APD, CCMC, OA
Reassessment	One Annual	\$12 4.36	T2024 U4	CCMC

**Nursing Oversight and Care Management – 7 AAC 130.235**

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Oversight and Care Management	Per 15 minute – <b>local</b> (service within 200 miles of provider)	\$20.42	T1016 U2	CCMC, MR/DD, APD-w/DD
Oversight and Care Management	Per 15 minute – <b>non-local</b> (recipient greater than 200 miles from provider)	\$40.84	T1016 U4	CCMC, MR/DD, APD-w/DD

Note: Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

**Assisted Living – 7 AAC 130.255 - Non- State Government owned and operated provider**

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Adult Residential 5 or fewer beds per EIN*	Per day	\$131.77	T2031 UR	OA, APD
Adult Residential 6 to 16 beds per EIN*	Per day	\$135.66	T2031 US	OA, APD
Adult Residential 17 or more beds per EIN*	Per day	\$144.78	T2031	OA, APD
Adult Residential Acuity Add-on **	Per day	\$320.00	T2031 TG	OA, APD

\*EIN is the providers Employer Identification as issued by the Internal Revenue Service. The providers residential assisted living beds must be added to determine their total.

\*\* A qualified recipient is a recipient with an approved plan of care that requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

**Assisted Living – 7 AAC 130.255 - State Government owned and operated provider**

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Adult Residential	Per-day	\$144.78	T2031	OA, APD
Adult Residential Acuity Add-on **	Per day	\$320.00	T2031 TG	OA, APD

\*\* A qualified recipient is a recipient with an approved plan of care that requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

**Residential Habilitation – 7 AAC 130.265**

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Family Habilitation – Adult	Per Diem	\$109.39	S5140	MR/DD, APD
Shared Care – Adult	Per Diem	\$138.13	S5140 U2	MR/DD, APD
Family Habilitation – Child	Per Diem	\$136.83	S5145	MR/DD, CCMC
Shared Care – Child	Per Diem	\$202.87	S5145 U2	MR/DD, CCMC
Group Home Habilitation	Per Diem	\$289.03	T2016	MR/DD, APD, CCMC
Group Home Habilitation Acuity Add-on**	Per Diem	\$320	T2016 TG	MR/DD, APD, CCMC
Supported Living Habilitation	Residential - 15 Minute	\$9.73	T2017	MR/DD, APD, CCMC
In-Home Habilitation	In home – 15 Minute	\$9.73	T2017 U4	MR/DD, APD, CCMC

\*\* A qualified recipient is a recipient with an approved plan of care that requires the recipient receive dedicated 1 to 1 staffing care 24 hours per day.

**Intensive Active Treatment – 7 AAC 130.275**

Service	Service Unit	Service Rate	Procedure Code	Waiver Program
Time limited intervention, treatment, or therapy	Per 15 minute – <b>local</b> (recipient within 200 miles of provider)	\$20.42	T2034 U2	CCMC, MR/DD, APD – w/DD
Time limited intervention, treatment, or therapy	Per 15 minute – <b>non-local</b> (recipient greater than 200 miles from provider)	\$40.84	T2034 U4	CCMC, MR/DD, APD – w/DD

Note: Intensive Active Treatment does not include services for routine and on-going behavioral challenges, or related to administration of care though training of staff. Non-local (greater than 200 miles) means the provider must travel to the recipient in excess of 200 miles.

<b>Respite (unskilled) – 7 AAC 130.280</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Respite	Per 15 Minute	\$5.70	S5150	MR/DD, APD, CCMC, OA
Respite – Family Directed	Per 15 Minute	\$3.85	S5150 U2	MR/DD, CCMC
Respite	Per Day	\$273.44	S5151	MR/DD, APD, CCMC, OA
Respite – Family Directed	Per Day	\$184.88	S5151 U2	MR/DD, CCMC

<b>Various</b>				
<b>Service</b>	<b>Service Unit</b>	<b>Service Rate</b>	<b>Procedure Code</b>	<b>Waiver Program</b>
Day Habilitation 7 AAC 130.260	15 Minute	\$9.77	T2021	MR/DD, CCMC, APD – w/DD
Supported Employment 7 AAC 130.270	15 Minute	\$11.07	T2019	MR/DD, CCMC, APD – w/DD
Chore 7 AAC 130.245	15 Minute	\$6.11	S5120	MR/DD, APD, CCMC, OA
Adult Day Care 7 AAC 130.250	Per Half Day	\$57.54	S5101	OA, APD wo/DD
Meals 7 AAC 130.295	Home Delivered Per Meal	\$19.85	S5170	MR/DD, APD, CCMC, OA
Congregate Meals 7 AAC 130.295	Per Meal	\$19.30	T2025	MR/DD, APD, CCMC, OA
Transportation 7 AAC 130.290	Per Trip – Attendant or Escort	\$13.44	T2001	MR/DD, APD, CCMC, OA
Transportation 7 AAC 130.290	Per Trip - Recipient	\$13.44	T2003	MR/DD, APD, CCMC, OA
Specialized private duty nursing 7 AAC 130.285	15 minute Nurse	Per 7 AAC 145.250	T1002U2	MR/DD +21, APD, OA
Specialized private duty nursing 7 AAC 130.285	15 minute LPN/LVN	Per 7 AAC 145.250	T1003U2	MR/DD +21, APD, OA

**Service rates on this chart will be adjusted to reflect regional differences in the cost of doing business based on the regional 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 adj.	1.00
• Fairbanks	3%	1.03
• Parks/Elliott/Steese Highways –	No adj.	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

Regional factors are weighted for all southeast communities for a 9% factor

• Juneau	N/A	1.09
• Ketchikan/Sitka	N/A	1.09
• Southeast Mid-Size Communities	N/A	1.09
• Southeast Small Communities	N/A	1.09