

Effective Date: Rates effective 10/1/2024

Change summary : These rates include the MDHHS-required DCW wage increase, effective 10-01-2024.

UNLICENSED RESIDENTIAL SETTING - In-Home Supports

| Code_Description | Modifiers | Notes | UnitType | Rate |
|---|-----------|-----------------------------|------------|---------|
| H2X15 - Community Living Supports, Unlicensed, 15-minutes | | | | |
| Bundled Authorization only code for H2015. | N/A | Bundled Authorization Only. | 15 Minutes | \$0.00 |
| H2015 - Comprehensive Community Support Services | 21 | One Member/Two Staff. | 15 Minutes | \$12.70 |
| H2015 - Comprehensive Community Support Services | S1 | One Member/One Staff. | 15 Minutes | \$6.35 |
| H2015 - Comprehensive Community Support Services | UN;S1 | 2 Members; 1 Staff | 15 Minutes | \$3.18 |
| H2015 - Comprehensive Community Support Services | UN;S2 | 2 Members; 2 Staff | 15 Minutes | \$6.35 |
| H2015 - Comprehensive Community Support Services | UN;S3 | 2 Members; 3 Staff | 15 Minutes | \$9.53 |
| H2015 - Comprehensive Community Support Services | UN;S4 | 2 Members; 4 Staff | 15 Minutes | \$12.70 |
| H2015 - Comprehensive Community Support Services | UP;S1 | 3 Members; 1 Staff | 15 Minutes | \$2.12 |
| H2015 - Comprehensive Community Support Services | UP;S2 | 3 Members; 2 Staff | 15 Minutes | \$4.23 |
| H2015 - Comprehensive Community Support Services | UP;S3 | 3 Members; 3 Staff | 15 Minutes | \$6.35 |
| H2015 - Comprehensive Community Support Services | UP;S4 | 3 Members; 4 Staff | 15 Minutes | \$8.47 |
| H2015 - Comprehensive Community Support Services | UQ;S1 | 4 Members; 1 Staff | 15 Minutes | \$1.59 |
| H2015 - Comprehensive Community Support Services | UQ;S2 | 4 Members; 2 Staff | 15 Minutes | \$3.18 |
| H2015 - Comprehensive Community Support Services | UQ;S3 | 4 Members; 3 Staff | 15 Minutes | \$4.77 |
| H2015 - Comprehensive Community Support Services | UQ;S4 | 4 Members; 4 Staff | 15 Minutes | \$6.35 |
| H2015 - Comprehensive Community Support Services | UR;S1 | 5 Members; 1 Staff | 15 Minutes | \$1.27 |
| H2015 - Comprehensive Community Support Services | UR;S2 | 5 Members; 2 Staff | 15 Minutes | \$2.54 |
| H2015 - Comprehensive Community Support Services | UR;S3 | 5 Members; 3 Staff | 15 Minutes | \$3.81 |
| H2015 - Comprehensive Community Support Services | UR;S4 | 5 Members; 4 Staff | 15 Minutes | \$5.08 |
| H2015 - Comprehensive Community Support Services | US;S1 | 6 or More Members; 1 Staff | 15 Minutes | \$1.06 |



Effective Date: Rates effective 10/1/2024

| | | ······································ | | |
|--|-------|--|--------------|--------|
| H2015 - Comprehensive Community Support Services | US;S2 | 6 or More Members; 2 Staff | 15 Minutes | \$2.12 |
| H2015 - Comprehensive Community Support Services | US;S3 | 6 or More Members; 3 Staff | 15 Minutes | \$3.18 |
| H2015 - Comprehensive Community Support Services | US;S4 | 6 or More Members; 4 Staff | 15 Minutes | \$4.23 |
| T1005 - Respite; Authorization Only for T1005 | N/A | Authorization Only for T1005 with all modifiers. | Up to 15 min | \$0.00 |
| T1005 - Respite | НМ | Less than Bachelor's Level; Individual member | Up to 15 min | |
| | | served. | | \$5.73 |
| T1005 - Respite | HM;UN | Less than Bachelor's Level; 2 patients served. | Up to 15 min | \$4.57 |
| T1005 - Respite | HM;UP | Less than Bachelor's Level; 3 patients served. | Up to 15 min | \$4.56 |
| T1005 - Respite | HM;UQ | Less than Bachelor's Level; 4 patients served. | Up to 15 min | \$4.56 |
| T1005 - Respite | HM;UR | Less than Bachelor's Level; 5 patients served. | Up to 15 min | \$4.55 |
| T1005 - Respite | HM;US | Less than Bachelor's Level; 6 or more patients | Up to 15 min | |
| | | served. | | \$4.55 |
| T1005 - Respite | TD | Registered Nurse; Individual member served. | Up to 15 min | \$4.55 |
| T1005 - Respite | TD;UN | Registered Nurse; 2 patients served. | Up to 15 min | \$3.39 |
| T1005 - Respite | TD;UP | Registered Nurse; 3 patients served. | Up to 15 min | \$3.38 |
| T1005 - Respite | TD;UQ | Registered Nurse; 4 patients served. | Up to 15 min | \$3.38 |
| T1005 - Respite | TD;UR | Registered Nurse; 5 patients served. | Up to 15 min | \$3.37 |
| T1005 - Respite | TD;US | Registered Nurse; 6 or more patients served. | Up to 15 min | \$3.37 |
| T1005 - Respite | TE | Licensed Practical Nurse; Individual member | Up to 15 min | |
| | | served. | | \$4.55 |
| T1005 - Respite | TE;UN | Licensed Practical Nurse; 2 patients served. | Up to 15 min | \$3.39 |
| T1005 - Respite | TE;UP | Licensed Practical Nurse; 3 patients served. | Up to 15 min | \$3.38 |
| T1005 - Respite | TE;UQ | Licensed Practical Nurse; 4 patients served. | Up to 15 min | \$3.38 |
| T1005 - Respite | TE;UR | Licensed Practical Nurse; 5 patients served. | Up to 15 min | \$3.37 |



Effective Date: Rates effective 10/1/2024

Change summary :These rates include the MDHHS-required DCW wage increase, effective 10-01-2024.

| T1005 - Respite | TE;US | Licensed Practical Nurse; 6 or more patients | Up to 15 min | |
|--|-------|--|--------------|---------|
| | | served. | | \$3.37 |
| T2X27 - Overnight Health & Safety Supports, HAB Waiver - | N/A | Bundled Authorization Only | 15 Minutes | |
| Bundled Authorization only code for T2027. | | | | \$0.00 |
| T2027 - Specialized childcare (Overnight Health and Safety), | 21 | Two Staff/One Member (HAB WaiverOnly) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$12.28 |
| T2027 - Specialized childcare (Overnight Health and Safety), | S1 | One Member/One Staff (HAB WaiverOnly) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$6.14 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UN;S1 | 2 Members; 1 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$3.07 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UN;S2 | 2 Members; 2 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$6.14 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UN;S3 | 2 Members; 3 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$9.21 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UN;S4 | 2 Members; 4 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$12.28 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UP;S1 | 3 Members; 1 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$2.05 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UP;S2 | 3 Members; 2 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$4.09 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UP;S3 | 3 Members; 3 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$6.14 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UP;S4 | 3 Members; 4 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$8.19 |



Effective Date: Rates effective 10/1/2024

| Change summary | These rates include the MDHHS-required DCW wage increase, effective 10-01-2024. | |
|----------------|---|--|
| | | |

| T2027 - Specialized childcare (Overnight Health and Safety), | UQ;S1 | 4 Members; 1 Staff (HAB Waiver Only) | 15 Minutes | |
|--|-------|--------------------------------------|------------|--------|
| waiver; per 15 minutes | | | | \$1.54 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UQ;S2 | 4 Members; 2 Staff (HAB Waiver Only | 15 Minutes | |
| waiver; per 15 minutes | | | | \$3.07 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UQ;S3 | 4 Members; 3 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$4.61 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UQ;S4 | 4 Members; 4 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$6.14 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UR;S1 | 5 Members; 1 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$1.23 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UR;S2 | 5 Members; 2 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$2.45 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UR;S3 | 5 Members; 3 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$3.69 |
| T2027 - Specialized childcare (Overnight Health and Safety), | UR;S4 | 5 Members; 4 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$4.91 |
| T2027 - Specialized childcare (Overnight Health and Safety), | US;S1 | 6 Members; 1 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$1.02 |
| T2027 - Specialized childcare (Overnight Health and Safety), | US;S2 | 6 Members; 2 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$2.05 |
| T2027 - Specialized childcare (Overnight Health and Safety), | US;S3 | 6 Members; 3 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$3.07 |
| T2027 - Specialized childcare (Overnight Health and Safety), | US;S4 | 6 Members; 4 Staff (HAB Waiver Only) | 15 Minutes | |
| waiver; per 15 minutes | | | | \$4.09 |



Effective Date: Rates effective 10/1/2024

Change summary : These rates include the MDHHS-required DCW wage increase, effective 10-01-2024.

SPECIALIZED LICENSED RESIDENTIAL - Group Homes

| Code_Description | Modifiers | Notes | UnitType | New Rate |
|---|-----------|--|----------|----------|
| H2016 - Comprehensive Community Supports Services per | N/A | Authorization only code. | Day | |
| Diem | | | | \$0.00 |
| H2016 - Comprehensive Community Supports Services per | L1 | (Staff intensity: 5 to 7 hours per day.) | Day | |
| Diem | | | | \$152.65 |
| H2016 - Comprehensive Community Supports Services per | L2 | (Staff intensity: 8 to 10 hours per day.) | Day | |
| Diem | | | | \$228.91 |
| H2016 - Comprehensive Community Supports Services per | L3 | (Staff intensity: 11 to 14 hours per day.) | Day | |
| Diem | | | | \$317.91 |
| H2016 - Comprehensive Community Supports Services per | L4 | (Staff intensity: 15 to 20 hours per day.) | Day | |
| Diem | | | | \$445.03 |
| T1020 - Personal Care Per Diem | N/A | Authorization only code. | Day | \$0.00 |
| T1020 - Personal Care Per Diem | L1 | (Staff intensity: 1 hour/day; up to 60 min.) | Day | \$25.43 |
| T1020 - Personal Care Per Diem | L2 | (Staff intensity: 2 hours/day; 61 to 120 min.) | Day | \$50.84 |
| T1020 - Personal Care Per Diem | L3 | (Staff intensity: 3 hours/day; 121 to 180 min) | Day | \$76.26 |
| T1020 - Personal Care Per Diem | L4 | (Staff intensity: 4 hours/day; 181 to 24 min) | Day | \$101.69 |