

## New Choices Waiver Rate Sheet

HCPCS CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER (REQUIRED)	UTILIZATION MODIFIERS	FY 23 MAXIMUM ALLOWABLE BASE RATE
H0034	Medication Administration Assistance - Medication Set-up	15 minute	U8	None	\$19.76
H0038	Personal Budget Assistance	15 minute	U8	None	\$4.72
H0043	Adult Residential Services - (Certified Independent Living Facilities)	Per day	U8	None	\$40.00
H0045	Respite Care - Out of Home - Room and Board Included	Per day	U8	None	\$138.50
S0215	Transportation - Non-Medical - mile	Per mile	U8	TN (optional)	\$0.38
S5102	Adult Day Care (Adult Day Health)	Per day	U8	None	\$37.66
S5108	Consumer Preparation Services	Per Hour	U8	TN (optional)	\$13.88
S5115	Caregiver Training	15 minute	U8	TN (optional)	\$4.88
S5120	Chore Services	Per episode	U8	TN (optional)	\$500.00
S5125	Attendant Care Services	15 minute	U8	TN (optional)	\$5.32
S5130	Homemaker Services	15 minute	U8	TN (optional)	\$6.21
S5150	Respite Care Services	15 minute	U8	TN (optional)	\$7.01
S5151	Respite Client's Home (6 or more hours)	Per day	U8	TN (optional)	\$56.72
S5160	Personal Emergency Response System installation, testing & removal, base	Each	U8	None	\$50.00
S5161	Personal Emergency Response Systems response center service	Per month	U8	None	\$39.00
S5162	Personal Emergency Response Systems purchase, rental & repair	Each	U8	None	\$223.78
S5165	Environmental Accessibility Adaptations (Home Modifications)	Per episode	U8	None	\$2,000.00
S5170	Home Delivered Meals	Per meal	U8	TN (optional)	\$7.05
S5185	Medication Administration Assistance - Medication Reminder System (Not face to face)	Per month	U8	None	\$49.00
T1016	Case Management	15 minute	U8	TN (optional)	\$25.39
T2024	Pre-Enrollment Case Management	15 minute	U8	TN (optional)	\$25.39
T1021	Supportive Maintenance (Home Health Aide) Services	Per hour	U8	None	\$49.43
T2003	Transportation - Non-Medical - one way trip	one way trip	U8	TN (optional)	\$14.94
T2004	Transportation - Non-Medical - Public Transit Pass	Per month	U8	None	\$110.25
T2016	Adult Residential Services - (Licensed Assisted Living Facilities, Memory Care Unit)	Per day	U8	None	\$82.60
T2017	Habilitation Services	Per hour	U8	None	\$22.65
T2028	Assistive Technology Devices	Per Item	U8	None	\$2,000.00
T2029	Specialized Medical Equipment, Supplies and Supplements	Each	U8	None	\$500.00
T2031	Adult Residential Services (Licensed Assisted Living Facilities Level I, Level II & Type N Facilities)	Per day	U8	None	\$69.75
T2033	Adult Residential Services - (Licensed Community Residential Care)	Per day	U8	None	\$103.25
T2038	Community Living Services	Per service	U8	None	\$1,000.00
T2039	Environmental Accessibility Adaptations (Vehicle Modifications)	Per episode	U8	None	\$2,000.00
T2040	Financial Management Services	Per month	U8	None	\$48.00