

**Appendix A5160-41-22
Fee Schedule Maximums for Home and Community Based Services-Transitions Developmental
Disabilities Waiver**

Service Description	Procedure Code	Base Rate	Unit Rate
Waiver Nursing <i>Agency RN</i>	T1002	\$45.40	\$8.32
Waiver nursing <i>Non-Agency RN</i>	T1002	\$38.60	\$6.96
Waiver Nursing <i>Agency LPN</i>	T1003	\$37.90	\$6.82
Waiver Nursing <i>Non-Agency LPN</i>	T1003	\$31.65	\$5.57
Personal Care Aide <i>Agency</i>	T1019	\$22.45	\$3.73
Personal Care Aide <i>Non-Agency</i>	T1019	\$18.10	\$2.86

Service Description	Billing Unit	Procedure Code	Unit Rate
Out –of-home Respite	Per day	H0045	\$199.82
Supplemental Transportation Services	Per mile	S0215	\$0.38
Adult Day Health Center Services	Per half day	S5101	\$32.48
Adult Day Health Center Services	Per day	S5102	\$64.94
Emergency Response Services	Per installation and testing	S5160	\$44.96
Emergency Response Services	Per monthly fee	S5161	\$44.96
Home Modification Services	Per item	S5165	Amount prior- authorized on the ISP
Supplemental Adaptive and Assistive Device Services	Per item	T2029	Amount prior- authorized on the ISP
Home Delivered Meals	Per meal	S5170	\$6.99