

Waiver Service	Service Code	Unit Structure	Rate	Service Limit from Waiver Renewal 2/2023
In-Home Family Support	H0004-HA	15 min	\$16.92	Up to 2 hours per day (8 units per day), approximately 14 hours per week (56 units/week).
Independent Living/Skills Building	H2033-HA	15 min	\$10.50	Up to 40 hours per week (160 units/week), approximately 160 hours/month (640 units/month) in combination with Job Development and Supported Employment.
Job Development	T2021-HA	15 min	\$5.23	Up to 40 hours per week (160 units/week), approximately 160 hours/month (640 units/month) in combination with Independent Living/Skills Building and Supported Employment.
Respite Care, In-Home	T1005-HA	15 min	\$5.26	Up to 24 days per year in combination with Out-of-Home Respite Care. Members residing in foster care, facility, or independent living setting do not qualify for the service.
Supported Employment, Individual	T2019-HA	15 min	\$5.26	Up to 40 hours per week (160 units/week), approximately 160 hours/month (640 units/month) in combination with Independent Living/Skills Building and Job Development.
Wraparound Facilitation	T1016-HA	15 min	\$14.35	Up to 874 units per service plan year; caseloads are continuously monitored and determined by program capacity. Capped at 15 members per case manager.

Assistive Equipment	T2035-HA	\$1.00		Up to \$1000 per service plan year in combination with Specialized Therapy. If this service is not covered by the state plan or private insurance, then members can access this service through the waiver using up to 500 units (\$500) per Person-Centered Service Plan year; Specialized Therapy and Assistive Equipment share this source of funding.
Community Transition	T2038-HA	\$1.00		Up to \$3,000 for a one-time transition period; a transition period can last up to six months.
Family Therapy	H0004-HO-HA	15 min	\$30.84	Up to 2 hours per day (8 units per day), approximately 14 hours per week (56 units/week).
Mobile Response	H2017-HA	15 min	\$20.00	Up to 14 hours per week.
Non-Medical Transportation	A0160-HA	1 mi	\$0.54	Up to 800 miles per month. Foster parents/homes are excluded from this service.
Peer Parent Support	H0038-HA	15 min	\$10.50	Up to 2 hours/week (8units/week), approximately 8 hours/month (32 units/month).
Respite Care, Out-of-Home	T1005-HA-HE	15 min	\$5.26	Up to 24 days per year in combination with In-Home Respite Care. Members residing in foster care, facility, or independent living setting do not qualify for the service.

Extended Professional Services: Specialized Therapy	G0176-HA	\$1.00		Up to \$1000 per service plan year in combination with Assistive Equipment. If this service is not covered by the state plan or private insurance, then members can access this service through the waiver using up to 500 units (\$500) per Person-Centered Service Plan year; Specialized Therapy and Assistive Equipment share this source of funding.
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