

ADMH-DDD ID WAIVER PROCEDURE CODES, RATES, and LIMITATIONS

Procedure Code	Service	Unit	Rates	Notes/Limitations
H2021:UC	Community Experience 1:1	15 min	\$12.61	Counts toward 4940/Can not have on POC if have facility based services (i.e. day hab, prevoc)
H2021:UC:SE	Community Experience 1:3	15 min	\$7.93	Counts toward 4940/Can not have on POC if have facility based services (i.e. day hab, prevoc)
T2021:UC:HI	Community Day Hab 1 (1:4)	15 min	\$5.41	Counts toward 4940/ Can't have Community Experience with this service
T2021:UC:HI:SE	Community Day Hab 1 w/trans	15 min	\$6.24	
T2021:UC:HE	Community Day Hab 2 (1:3)	15 min	\$6.19	
T2021:UC:HE:SE	Community Day Hab 2/trans	15 min	\$7.02	
T2021:UC:HW:HI	Community Day Hab 3 (1:2)	15 min	\$7.72	
T2021:UC:HW:HI:SE	Community Day Hab 3 w/trans	15 min	\$8.55	
T2021:UC:HW:HE	Community Day Hab 4	15 min	\$11.78	
T2021:UC:HW:HE:SE	Community Day Hab 4 w/trans	15 min	\$12.61	
T2019:UC:HW	Assessment/Discovery	15 min	\$13.00	
T2019:UC:HN	Individual Job Coach	15 min	\$9.75	Integrated setting. Participant receives minimum wage or better. Service must not be available through Rehab Act. 836 hours / 3344 units per year. Additional units available only through RO approval.
T2019:UC:HO	Individual Job Developer	15 min	\$13.00	Integrated setting. Participant receives minimum wage or better. Service must not be available through Rehab Act.
T2015:UC:HW	Prevocational Community Based (1:1 - 1:3)	Hour	\$31.72	Daily Max: 5 hours alone or combined with T2015:UC. Lifetime Max: 2470 units alone or in combination with T2015:UC; Counts toward 4940; Community Experience may not be combined with this service
T2019:UC:HI	Employment Small Group 1:2-3	15 min	\$10.27	Can't be facility based
T2019:UC:HE	Employment Small Group 1:4	15 min	\$5.88	Can't be facility based
S0215:UC	Supported Employment Transportation-Indiv. Jobs	Mile	\$0.52	Can't be to facility based employment
T1019:UC:HW	Personal Care on Worksite	15 min	\$7.80	Can not be for those under 21; Can not receive this service and have residential habilitation
S5135:UC	Adult Companion Services	15 min	\$4.06	For people over 21 years old only; can be day night or evening, but no direct or hands on care (supervision only); Can not receive this service and have residential habilitation
S5135:UC:HW	Self-Directed Adult Companion Services	15 min	\$3.58	For people over 21 years old only; can be day night or evening, but no direct or hands on care (supervision only); Can not receive this service and have residential habilitation
T1019:UC	Personal Care	15 min	\$7.15	Can not receive this service in combination with residential habilitation. Routinely limited to 12 hours/48 units per day. Additional units may be approved based upon documented emergent need.

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T1019:UC:HN	Self-Directed Personal Care	15 min	\$6.37	Can not receive this service in combination with residential habilitation. Routinely limited to 12 hours/48 units per day. Additional units may be approved based upon documented emergent need.
T2001:UC	Pers. Care Transportation	Mile	\$0.52	Shall not replace transportation that is already reimbursable under day or residential habilitation nor the Medicaid non-emergency medical transportation program. The planning team must also assure the most cost effective means of transportation, which would include public transport where available. Transportation by a personal care attendant is not intended to replace generic transportation or to be used merely for convenience.
H2014:UC	Benefits Counseling	15 min	\$5.00	Limited to 60 units/15 hours per year per waiver participant. Documentation of service provided is required.
H2014:UC:HW	Benefits Reporting Assistance	15 min	\$3.00	Limited to 12 units/3 hours per month per waiver participant per year (144 units or 36 hours per year).
H2011:UC	Crisis Intervention	15 min	\$9.36	Limited to 10 Weeks
S9124:UC	LPN Nursing per hour	Hour	\$27.04	Alabama-licensed LPN
S9124:UC:HW	Self-Directed LPN	Hour	\$27.04	Alabama-licensed LPN
S9123:UC	RN Nursing per hour	Hour	\$47.32	Alabama-licensed RN
S9123:UC:HW	Self-Directed RN	Hour	\$47.32	Alabama-licensed RN
99506:UC	Home Visit Injection	15 min	\$9.10	
T2025:UC	Housing Stabilization Service	15 min	\$5.00	Service Only (doesn't include expenses)
97535:UC	Occupational Therapy	15 min	\$18.59	Requires physician's prescription. Limited to 50 hours/200 units for initial plan, with the availability of an additional 50 hours/200 units with justification. Not available to waiver recipients under age 21 due to availability of service through Medicaid State Plan.
97110:UC	Physical Therapy	15 min	\$18.59	Requires physician's prescription. Limited to 50 hours/200 units for initial plan, with the availability of an additional 50 hours/200 units with justification. Not available to waiver recipients under age 21 due to availability of service through Medicaid State Plan.
92507:UC	Speech and Language Therapy	Encounter	\$78.08	Requires physician's prescription. Limited to 30 visits for initial plan, with the availability of 30 additional visits with justification. Not available to waiver recipients under age 21 due to availability of service through Medicaid State Plan.
H2019:UC:HP	Positive Behavior Support Level 1 Prof Certified	15 min	\$19.50	Combined H2019:UC:HP + H2019:UC:HN + H2019:UC:HM may not exceed 1200 units per year. Combined H2019:UC:HP + H2019:UC:HN may not exceed 800 units per year, with the remainder of the allowed 1200/year billable as H2019:UC.
H2019:UC:HN	Positive Behavior Support Level 2 Professional	15 min	\$14.30	
H2019:UC:HM	Positive Behavior Support Level 3 Technician	15 min	\$9.10	
S5150:UC	Respite In Home	15 min	\$7.15	4,320 units/1080 hours per year in combination with in-home respite
S5150:UC:HW	Self-Directed Respite - In Home	15 min	\$4.06	4,320 units/1080 hours per year in combination with in-home respite
T1005:UC	Respite Out of Home	15 min	\$7.15	4,320 units/1080 hours per year in combination with in-home respite
T1005:UC:HW	Self-Directed Respite - Out of Home	15 min	\$4.06	4,320 units/1080 hours per year in combination with in-home respite

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T2032:UC	Supported Living Services	Month	Up to \$3,087.90	Reimbursement shall not include mortgage, rent, insurance, maintenance, phone/cable, food
T2029:UC	Assistive Technology (Formerly Specialized Medical Equipment)	Item	At cost	Prescription Required. Cap: \$5k/year
T2029:UC:HW	Self-Directed Assistive Technology (Formerly Specialized Med Equip)	Item	At cost	Prescription Required. Cap: \$5k/year
S5165:UC	Environmental Accessibility Adaptations	Unit	Job	Limited to \$5,000/yr/individual
S5165:UC:HW	Self-Directed Environmental Accessibility Adaptations	Unit	Job	Limited to \$5,000/yr/individual
T2028:UC	Specialized Medical Supplies	Month	Varies	Costs for medical supplies are limited to \$2,400.00 per year, per individual and must be prescribed by the participant's physician. Supplies reimbursed under this service shall not include common over-the-counter personal care items, supplies otherwise furnished under the Medicaid State plan, and items which are not of direct medical or remedial benefit to the recipient and does not include items such as soap, cotton swabs, toothpaste, deodorant, accumulated balances cannot exceed \$10,000.00 at any given time. Available to only those participants self directing services who are able to save funds through negotiation of worker's employment wages.
T2028:UC:HW	Self-Directed Specialized Medical Supplies	Month	Varies	
T1999:UC	Individual Directed Goods and Services	Item	Varies	
S5160:UC	Personal Emergency Response System (Initial)	Item	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
S5160:UC:HW	Self-Directed Personal Emergency Response System (Initial)	Item	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
S5161:UC	Personal Emergency Response System (Monthly Service Fee)	Month	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
S5161:UC:HW	Self-Directed Personal Emergency Response System (Monthly Service Fee)	Month	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
T2021:UC:HW	Day Habilitation Level 1	15 min	\$2.52	Counts toward 4940. Can't have Community Experience with this service.
T2021:UC:HW:SE	Day Habilitation Level 1 w/Transportation	15 min	\$2.94	
T2021:UC:TF	Day Habilitation Level 2	15 min	\$3.56	
T2021:UC:TF:SE	Day Habilitation Level 2 w/Transportation	15 min	\$3.97	
T2021:UC:TG	Day Habilitation Level 3	15 min	\$4.59	
T2021:UC:TG:SE	Day Habilitation Level 3 w/Transportation	15 min	\$4.99	
T2021:UC:HK	Day Habilitation Level 4	15 min	\$5.89	
T2021:UC:HK:SE	Day Habilitation Level 4 w/Transportation	15 min	\$6.31	

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T2015:UC	Prevocational Facility Based Up to 1:15	Hour	\$15.56	Daily Max: 5 hours alone or combined with T2015:UC:HW. Lifetime Max: 2470 units alone or in combination with T2015:UC:HW; Counts toward 4940; Community Experience may not be combined with this service
T2016:UC	Residential Habilitation	Day	Varies	Excluded: Services, directly or indirectly, provided by a member of the individuals immediate family; Routine care and supervision which would be expected to be provided by a family; Activities or supervision for which a payment is made by a source other than Medicaid; and Room and board costs.
T1028:UC:U7	Remote Supports - Vendor Assessment	Assessment	\$65.00	Participants must be at least 18 years of age or older. Assessment performed by approved Vendor
T1028:UC	Remote Supports - Tech Installation	Install	\$250.00	
T2017:UC:U8	Remote Supports - On Call	15 min	\$0.88	Back up/On-call supports (Provider)
T2033:UC:U8	Remote Supports - Monitoring	Month	\$1,000.00	Unit rate authorized in individual plan based on number in household that will share Remote Supports up to maximum of four (4) individuals in any household.
T1028:UC:U8	Remote Supports - Provider Assessment	Assessment	\$40.00	Participants must be at least 18 years of age or older. Assessment/planning Provider

ADMH-DDD LAH WAIVER PROCEDURE CODES, RATES, and LIMITATIONS

Procedure Code	Service	Unit	Rates	Notes/Limitations
H2021:UD	Community Experience 1:1	15 min	\$12.61	Counts toward 4940/Can not have on POC if have facility based services (i.e. day hab, prevoc) Counts toward 4940/ Can't have Community Experience with this service
H2021:UD:SE	Community Experience 1:3	15 min	\$7.93	
T2021:UD:HI	Community Day Hab 1 (1:4)	15 min	\$5.41	
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T2021:UD:HW:HI:SE	Community Day Hab 3 w/trans	15 min	\$8.55	
T2021:UD:HW:HE	Community Day Hab 4	15 min	\$11.78	
T2021:UD:HW:HE:SE	Community Day Hab 4 w/trans	15 min	\$12.61	
T2019:UD:HW	Assessment/Discovery	15 min	\$13.00	120 units / 30 hours, broken into 3 intervals with a maximum of 40 units/10 hours each. Second assessment may be provided only if recipient changes service providers. Limited to 4 assessments per lifetime. Only RO may approve additional units.
T2019:UD:HN	Individual Job Coach	15 min	\$9.75	Integrated setting. Participant receives minimum wage or better. Service must not be available through Rehab Act. 836 hours / 3344 units per year. Additional units available only through RO approval.
T2019:UD:HO	Individual Job Developer	15 min	\$13.00	Integrated setting. Participant receives minimum wage or better. Service must not be available through Rehab Act.
T2015:UD:HW	Pre-Vocational Community Based 1:1-1:3	hour	\$31.72	Daily Max: 5 hours alone or combined with T2015:UD. Lifetime Max: 2470 units alone or in combination with T2015:UD; Counts toward 4940; Community Experience may not be combined with this service
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T2019:UD:HE	Employment Small Group 1:4	15 min	\$5.88	Can't be facility based
S0215:UD	Supported Employment Transportation-Indiv. Jobs	mile	\$0.52	Can't be to facility based employment
T1019:UD:HW	Personal Care on Worksite	15 min	\$7.80	Can not be for those under 21; Can not receive this service and have residential habilitation
S5135:UD	Adult Companion Services	15 min	\$4.06	For people over 21 years old only; can be day night or evening, but no direct or hands on care (supervision only); Can not receive this service and have residential habilitation
S5135:UD:HW	Self-Directed Adult Companion Services	15 min	\$3.58	For people over 21 years old only; can be day night or evening, but no direct or hands on care (supervision only); Can not receive this service and have residential habilitation
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H2014:UD	Benefits and Career Counseling	15 min	\$5.00	Limited to 60 units/15 hours per year per waiver participant. Documentation of service provided is required.
H2014:UD:HW	Benefits Reporting Assistance	15 min	\$3.00	Limited to 12 units/3 hours per month per waiver participant per year (144 units or 36 hours per year).
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S9123:UD:HW	Self-Directed RN	Hour	\$47.32	Alabama-licensed RN
99506:UD	Home Visit Injection	15 min	\$9.10	
T2025:UD	Housing Stabilization Service	15 min	\$5.00	Service Only (doesn't include expenses)
97535:UD	Occupational Therapy	15 min	\$18.59	Requires physician's prescription. Limited to 50 hours/200 units for initial plan, with the availability of an additional 50 hours/200 units with justification. Not available to waiver recipients under age 21 due to availability of service through Medicaid State Plan.
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H2019:UD:HP	Positive Behavior Support Level 1 Prof Certified	15 min	\$19.50	Combined H2019:UC:HP + H2019:UC:HN + H2019:UC:HM may not exceed 1200 units per year. Combined H2019:UC:HP + H2019:UC:HN may not exceed 800 units per year, with the remainder of the allowed 1200/year billable as H2019:UC.
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T1028:UD	Remote Supports - Tech Installation	Install	\$250.00	
T2033:UD:U8	Remote Supports - Monitoring	Month	\$1,000.00	Unit rate authorized in individual plan based on number in household that will share Remote Supports up to maximum of four (4) individuals in any household.
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T2029:UD:HW	Self-Directed Assistive Technology (Formerly Specialized Med Equip)	Item	At cost	Prescription Required. Cap: \$5k/year
S5165:UD	Environmental Accessibility Adaptations	Units	Job	Limited to \$5,000/yr/individual
S5165:UD:HW	Self-Directed Environmental Accessibility Adaptations	Units	Job	Limited to \$5,000/yr/individual
T2028:UD	Specialized Medical Supplies	Month	Varies	Costs for medical supplies are limited to \$2,400.00 per year, per individual and must be prescribed by the participant's physician. Supplies reimbursed

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Procedure Code	Service	Unit	Rates	Notes/Limitations
T2028:UD:HW	Self-Directed Specialized Medical Supplies	Month	Varies	under this service shall not include common over-the-counter personal care items, supplies otherwise furnished under the Medicaid State plan, and items which are not of direct medical or remedial benefit to the recipient and does not include items such as soap, cotton swabs, toothpaste, deodorant, shampoo or sanitary items. This service is not available to participants under the age of 21 years as medical supplies are covered through EPSDT for this age group. Self-directed medical supplies services are available to those participants who are also self-directing personal care and/or LPN/RN services.
T1999:UD	Individual Directed Goods and Services	Item	Varies	Accumulated balances cannot exceed \$10,000.00 at any given time. Available to only those participants self directing services who are able to save funds through negotiation of worker's employment wages.
S5160:UD	Personal Emergency Response System (Initial)	Item	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
S5160:UD:HW	Self-Directed Personal Emergency Response System (Initial)	Item	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
S5161:UD	Personal Emergency Response System (Monthly Service Fee)	Month	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
S5161:UD:HW	Self-Directed Personal Emergency Response System (Monthly Service Fee)	Month	Varies	S5160:UC+S5161:UC cannot exceed 3k/yr
T2021:UD:HW	Day Habilitation Level 1	15 mins	\$2.52	Counts toward 4940. Can't have Community Experience with this service.
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T2021:UD:TF:SE	Day Habilitation Level 2 w/Transportation	15 mins	\$3.97	
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T2021:UD:TG:SE	Day Habilitation Level 3 w/Transportation	15 mins	\$4.99	
T2021:UD:HK	Day Habilitation Level 4	15 mins	\$5.89	
T2021:UD:HK:SE	Day Habilitation Level 4 w/Transportation	15 mins	\$6.31	
T2015:UD	Prevocational Facility Based Up to 1:15	Hour	\$15.58	Daily Max: 5 hours alone or combined with T2015:UD:HW. Lifetime Max: 2470 units alone or in combination with T2015:UD:HW; Counts toward 4940; Community Experience may not be combined with this service