

**Indiana FSSA Division of Aging
Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) Waiver Program Rate Methodologies
Rates Effective February 1, 2020**

Waiver Covered Service	Level of Service	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Units	Rate Methodology	TBI Waiver	A&D Waiver	Proposed A&D and TBI Rate	Participant Limits	Rate Note
Adult Day Service - Category 1	Level 1	S5100	U7	U1	UC	15 Minutes	Tiered and Bundled	X	X	2.82		New settings rate
Adult Day Service - Category 1	Level 2	S5100	U7	U2	UC	15 Minutes	Tiered and Bundled	X	X	3.40		New settings rate
Adult Day Service - Category 1	Level 3	S5100	U7	U3	UC	15 Minutes	Tiered and Bundled	X	X	3.91		New settings rate
Adult Day Service - Category 2	Level 1	S5100	U7	U1		15 Minutes	Tiered and Bundled	X	X	2.64		New settings rate
Adult Day Service - Category 2	Level 2	S5100	U7	U2		15 Minutes	Tiered and Bundled	X	X	3.18		New settings rate
Adult Day Service - Category 2	Level 3	S5100	U7	U3		15 Minutes	Tiered and Bundled	X	X	3.66		New settings rate
Adult Family Care	Level 1	S5141	U7	U1		1 Day	Tiered	X	X	60.23		
Adult Family Care	Level 2	S5141	U7	U2		1 Day	Tiered	X	X	69.50		
Adult Family Care	Level 3	S5141	U7	U3		1 Day	Tiered	X	X	82.14		
Assisted Living	Level 1	T2031	U7	U1		1 Day	Tiered and Bundled	X	X	72.52		For admit, discharge, or transfer month
Assisted Living	Level 2	T2031	U7	U2		1 Day	Tiered and Bundled	X	X	80.52		For admit, discharge, or transfer month
Assisted Living	Level 3	T2031	U7	U3		1 Day	Tiered and Bundled	X	X	93.20		For admit, discharge, or transfer month
Assisted Living	Level 1	T2031	U7	U1	UA	1 Month	Tiered and Bundled	X	X	2,153.84		Monthly billing option added
Assisted Living	Level 2	T2031	U7	U2	UA	1 Month	Tiered and Bundled	X	X	2,391.44		Monthly billing option added
Assisted Living	Level 3	T2031	U7	U3	UA	1 Month	Tiered and Bundled	X	X	2,768.04		Monthly billing option added
Attendant Care	Agency	S5125	U7	UA		15 Minutes	Fee Schedule	X	X	5.82		
Attendant Care	Consumer Directed	S5125	U7	U1		15 Minutes	Fee Schedule		X	3.61		
Attendant Care	Consumer Directed Overtime	S5125	U7	U1	TU	15 Minutes	Fee Schedule		X	1.81		
Attendant Care	Non-Agency	S5125	U7			15 Minutes	Fee Schedule	X	X	4.05		
Behavioral Health Counseling	Level 1	H0004	U7	U1		15 Minutes	Tiered	X		18.20		
Behavioral Health Counseling	Level 2	H0004	U7	U2		15 Minutes	Tiered	X		18.20		
Care Management	---	T2022	U7			Monthly	Bundled	X	X	134.33		
Community Transition	---	T2038	U7			Cap	Market-Based	X	X	1,500.00	\$1,500 / Lifetime	
Emergency Response	Install	S5160	U7			One time	Market-Based	X	X	54.41		
Emergency Response	Service	S5161	U7			Monthly	Market-Based	X	X	54.41		
Healthcare Coordination	---	T2022	U7	U1		15 Minutes	Fee Schedule		X	10.30	16 hours per month	
Home Delivered Meals	---	S5170	U7			Per Meal	Market-Based	X	X	6.00		
Home Modifications	Assessment	T1028	U7			Per Project	Fee Schedule		X	574.38		
Home Modifications	Install	S5165	U7	NU		Cap	Market-Based	X	X	15,000.00	\$15,000 per project limit, lifetime limit of \$20,000	
Home Modifications	Maintenance	S5165	U7	U8		Cap	Market-Based	X	X	500.00	\$500 / Year	
Homemaker	Agency	S5130	U7	UA		15 Minutes	Fee Schedule	X	X	4.99		
Homemaker	Non-Agency	S5130	U7			15 Minutes	Fee Schedule	X	X	4.59		
Non-Medical Transportation - Non-Assisted	Base	T2003	U7	U1	UB	Base Trip	Fee Schedule	X	X	8.02		New unit basis
Non-Medical Transportation - Non-Assisted	Mileage	T2003	U7	U1		Mileage	Fee Schedule	X	X	1.06		New unit basis
Non-Medical Transportation - Assisted	Base - Assisted	T2003	U7	U2	UB	Base Trip	Fee Schedule	X	X	12.03		New unit basis
Non-Medical Transportation - Assisted	Mileage - Assisted	T2003	U7	U2		Mileage	Fee Schedule	X	X	1.54		New unit basis
Nutritional Supplements	---	B4150	U7			Cap	Market-Based	X	X	1,200.00	\$1,200 / Year	
Pest Control	---	T2025	U7	U1		Cap	Market-Based	X	X	4,000.00	\$4,000 / Year	
Residential Habilitation	---	97535	U7			15 Minutes	Fee Schedule	X		6.99		
Respite	LPN	T1005	U7	UA	TE	15 Minutes	Tiered	X	X	10.57		
Respite	RN	T1005	U7	UA	TD	15 Minutes	Tiered	X	X	14.33		
Respite	Unskilled	T1005	U7	UA	U9	15 Minutes	Tiered	X	X	5.59		
Skilled Nursing	Consumer Directed	TBD	U7	TBD	TBD	15 Minutes	Fee Schedule		X	11.99		New service
Specialized Medical Equipment	New DME	T2029	U7	NU		Cap	Market-Based	X	X	50,000.00	No limit; \$50,000 subject to review	
Specialized Medical Equipment	Replacement and Repair	T2029	U7	U8		Cap	Market-Based	X	X	500.00	\$500 / Year	
Structured Day Program	Group Setting	T2021	U7	HQ		15 Minutes	Tiered	X		1.67		
Structured Day Program	Individual Setting	T2021	U7			15 Minutes	Tiered	X		8.38		
Structured Family Caregiving	Level 1	S5140	U7	U1		1 Day	Tiered and Bundled		X	60.50		
Structured Family Caregiving	Level 2	S5140	U7	U2		1 Day	Tiered and Bundled		X	71.04		
Structured Family Caregiving	Level 3	S5140	U7	U3		1 Day	Tiered and Bundled		X	81.58		
Supported Employment	---	H2023	U7			15 Minutes	Fee Schedule	X		9.17		
Vehicle Modifications	---	T2039	U7			Cap	Market-Based	X	X	15,000.00	\$15,000 every ten years	
Vehicle Modifications	Maintenance	T2039	U7	U8		Cap	Market-Based	X	X	500.00	\$500 / Year	