WAIVER FOR INDIVIDUALS AGE 65 AND OLDER
CODES AND RATES
EFFECTIVE JANUARY 1, 2026

PROGRAM	HCPCS PROCEDURE CODE	SERVICE/PROCEDURE	UNIT OF SERVICE	PROGRAM IDENTIFIER	UTILIZATION MODIFIER #2	JAN 1, 2026 MAXIMUM ALLOWABLE RATE	TN RATE (175% OF BASE)
AG	S5135	Adult Companion services	15 minute	U3 (Required)	TN (optional)	$6.62	$11.59
AG	S5102	Adult day health services	Daily	U3 (Required)	None	$45.40	
AG	S5120	Chore Services	Each	U3 (Required)	TN (optional)	$2,000.00	$3,500.00
AG	T2038	Community Living Services	Per service	U3 (Required)	None	$2,000.00	
AG	S5165	Environmental accessibility adaptations	Per service	U3 (Required)	None	$5,000.00	
AG	T2040	Financial Management Services	Per month	U3 (Required)	None	$95.24	
AG	S5170	Supplemental Meals (Liquid and Solid)	Per meal	U3 (Required)	TN (optional)	$7.34	$12.85
AG	S5130	Homemaker services	15 minute	U3 (Required)	TN (optional)	$8.42	$14.74
AG	S5185	Medication reminder system	Per month	U3 (Required)	None	$86.00	
AG	T2003	Non-medical transportation, one way trip	Per trip	U3 (Required)	TN (optional)	$14.95	$26.14
AG	T2005	Non-medical transportation, stretcher van, one way trip	Per trip	U3 (Required)	TN (optional)	$14.95	$26.14
AG	T1019	Personal attendant service, agency-based	15 minute	U3 (Required)	TN (optional)	$7.17	$12.55
AG	S5125	Personal attendant service, participant employed	15 minute	U3 (Required)	None	$5.92	
AG	H0038	Personal Budget Assistance	15 minute	U3 (Required)	None	$5.59	
AG	S5160	Personal emergency response system – installation, testing & removal	Each	U3 (Required)	None	$51.50	
AG	S5162	Personal emergency response system – purchase, rental & repair	Each	U3 (Required)	TN (optional)	$232.78	$407.37
AG	S5161	Personal emergency response system - response center service	Per month	U3 (Required)	None	$40.17	
AG	T1005TE	Respite Care - Home Health Aide	Per hour	U3 (Required)	TN (optional)	$62.62	$109.59
AG	H0045	Respite care services - LTC facility	Daily	U3 (Required)	None	$213.17	
AG	S5150	Respite care services - Unskilled	15 minute	U3 (Required)	TN (optional)	$6.01	$10.52
AG	T2029	Specialized medical equipment/'supplies/assistive technology	Each	U3 (Required)	None	$2,500.00	
AG	T1021	Supportive Maintainance, home health aide	Per Hour	U3 (Required)	TN (optional)	$62.15	$108.76
AG	T1016	Waiver case management	15 minute	U3 (Required)	TN (optional)	$27.74	$48.55