



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

**Certified Family Homes (A&D/PCS)– Idaho Medicaid**

\*\* Please see separate fee tables for Personal Assistance Agency, Residential Assisted Living Facility, and other Aged and Disabled Waiver service provider rates\*\*

<b>Procedure Code</b>	<b>Modifier</b>	<b>Description</b>	<b>Allowed Amount</b>
<b>S5100</b>		Adult Day Health (1 unit = 15 min)	\$1.50
<b>S5140</b>		Adult Residential Care (1 unit = 1 day)	Participant
<b>T1005</b>		Respite (1 unit = 15 min)	\$2.64
<b>T1013</b>		Oral Interpretation Service (1 unit = 15 min)	\$3.04
<b>T1013</b>	CG	Sign Language Interpretation Service (1 unit = 15 min)	\$12.50
<b>T1019</b>		Personal Care Services (1 unit = 15 min)	\$3.94
<b>T1019</b>	UM	PCS Family Alternate Care Home (UM Required) (1 unit = 15 min)	\$3.36

If you have any questions regarding these rates please contact the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1150.

Thank you for your continued participation in the Idaho Medicaid Program.