



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Certified Family Homes (CFH) – Aged and Disabled (A&D) Waiver/Personal Care Services (PCS)
– Idaho Medicaid**

** This Fee Schedule includes the rates for CFH Providers providing A&D and State Plan Services. Refer to [separate Fee Schedules](#) for rates specific to Personal Assistance Agencies (PAA), Residential Assisted Living Facilities (RALF), and any other A & D Waiver Service Providers**

Procedure Code	Modifier	Description	1 Unit Equiv.	Allowed Amount
A&D Waiver Services				
S5100		Adult Day Health	15 min	\$1.50
S5140		Adult Residential Care – Services Provided in a CFH	1 day	As Authorized per Participant
T1005		Respite – CFH	15 min	\$2.64
Associated State Plan Services				
T1013		Oral Interpretation Service	15 min	\$3.04
T1013	CG	Sign Language Interpretation Service	15 min	\$12.50
T1019		Personal Care Services - CFH	15 min	\$3.94
T1019	UM	PCS Family Alternate Care Home - CFH (UM Required)	15 min	\$3.36

For questions regarding these rates, please contact the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov.

For questions related to billing services, please contact the appropriate resource:

- **Fee-For-Service Medicaid Participants:**
 - DXC Technology – (866) 686-4272
- **Dual Eligible Members: Idaho Medicaid Plus or Medicare Medicaid Coordinated Plan (MMCP):**
 - Blue Cross of Idaho: (888) 495-2583
 - Molina Healthcare of Idaho (844) 239-4914

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