

HOPE Waiver FY2022 Reimbursement Rates*

Service	Service Code	Rate	per	Rate/15 minute unit
Nursing	T1000	\$73.80	per hour	\$18.45
Homemaker	S5130	\$32.04	per hour	\$8.01
Personal Care	T1019	\$32.04	per hour	\$8.01
Adult Companion	S5135	\$27.64	per hour	\$6.91
Respite Care	T1005	\$27.64	per hour	\$6.91
Chore Services	S5120	\$27.64	per hour	\$6.91
Structured Family Caregiving	T2033 Base	\$42.32	per day	n/a
Structured Family Caregiving	T2033 Tier 1	\$52.90	per day	n/a
Structured Family Caregiving	T2033 Tier 2	\$59.25	per day	n/a
Community Living Home	T2033 Base	\$42.32	per day	n/a
Community Living Home	T2033 Tier 1	\$52.90	per day	n/a
Community Living Home	T2033 Tier 2	\$59.25	per day	n/a
Community Transition Coordination	T1016	\$74.08	per hour	\$18.52
Environmental Accessibility Adaptations Assessment	T1028	\$71.76	per hour	\$17.94
Adult Day	S5100	\$6.06	per hour	\$1.52
Assisted Living Waiver Reimbursement Base	T2031	\$56.15	per day	n/a
Assisted Living Waiver Reimbursement Tier 1	T2031 U1	\$66.25	per day	n/a
Assisted Living Waiver Reimbursement Tier 2	T2031 U2	\$76.92	per day	n/a
Specialized Medical Equipment	T2029	State Plan fee schedule or usual and customary fee*	per purchase	n/a
Specialized Medical Supplies	T5999	State Plan fee schedule or usual and customary fee*	per purchase	n/a
Emergency Response Service	S5161	Usual and customary fee	per month	n/a
Environmental Accessibility Adaptations	S5165	Usual and customary fee	per project	n/a
Community Transition Supports	T2038	Usual and customary fee	per purchase	n/a
Nutritional Supplements	S9977	Usual and customary fee	per supplement	n/a

*When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the fee schedule located at <https://dss.sd.gov/medicaid/providers/feeschedules/>

NOTE: Medicaid reimbursement rates may not exceed the provider's private pay rate

NOTE: Reimbursement rates effective 7/1/2020