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February 6, 2026

MEMORANDUM

MEMO NO.
QI-2604

TO: QUEST Integration Health Plans
Home and Community-Based Services Providers

FROM: Meredith Nichols *mn*
Acting Med-QUEST Division Administrator

SUBJECT: FEE FOR SERVICE RATES FOR HOME AND COMMUNITY-BASED SERVICES (HCBS)
EFFECTIVE JANUARY 1, 2026

Please find the 2026 fee for service (FFS) Medicaid HCBS provider reimbursement rates for Self-Directed Services, Adult Day Health, Adult Day Care, Home-Delivered Meals, Personal Assistance Services, Personal Emergency Response System, Skilled Nursing Services, Specialized Case Management, Assisted Living Facilities (ALFs), Community Care Foster Family Home (CCFFH) and Expanded-Adult Residential Care Home (E-ARCH) listed below. These FFS rates are effective for service dates beginning on January 1, 2026.

The reimbursement rates paid by QUEST Integration (QI) managed care organizations (MCO) may differ from these amounts, may vary across MCOs and by procedure code and modifier, and may also include different procedure code and modifier combinations. When rates are provided with only procedure codes (without modifiers), these rates are the average base service rates and may need to be adjusted up or down when billed in combination with different modifiers.

Excluded from this memo are rates for the 1915(c) Intellectual and Developmental Disabilities Waiver services.

HCBS members residing in CCFFHs/E-ARCHs shall be reimbursed at the "Supplemental Security Income (SSI) Domiciliary Care Standards" rate. These SSI members fall into the rate code grouping "No Cost Share/SSI".

HCBS members who are citizens of the Republic of the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, and certain other immigrant populations who are not eligible for SSI shall be reimbursed at the "Cost Share, Spousal, and non-eligible SSI" rate.

Finally, there is a neighbor island rate differential for all CCFFH/E-ARCH procedure codes. If you have any questions, please contact HCSBInquiries@dhs.hawaii.gov.

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service	Unit	Service Rate
Self-Directed Services						
S5130	U1			Chore, self-direct	Per 15 minutes	\$4.00
S5135	U1			Companion, self-direct	Per 15 minutes	\$4.00
S9122	U1	U2		Personal assistance, self-direct	Per hour	\$17.40
S9122	U1	U4	U2	Personal assistance, self-direct, nurse delegated task	Per hour	\$22.72

Procedure Code	Modifier 1	Modifier 2	Service	Unit	Service Rate
Adult Day Health					
S5101			Day Care Services, Adult	Per half day	\$43.61
S5102			Day Care Services, Adult	Per diem	\$87.21
Adult Day Care					
S5105			Day Care Services, Center Based; Services Not Included in Program Fee	Per diem	\$63.06
Home Delivered Meals					
S5170			Home-Delivered Meals, Including Preparation	Per meal	\$10.50
Personal Assistance Services					
S5125			Attendant Care Services	Per 15 minutes	\$23.34
S5125	U5		Attendant care for children < age 21 only, unskilled, special rate	Per 15 minutes	\$14.98
S5125	TD		Attendant care for children < age 21 only, RN, units	Per 15 minutes	\$25.43
S5125	U6	TD	Attendant care for children < age 21 only, RN, visit	Per Visit	\$249.65
S5125	U5	TD	Attendant care for children < age 21 only, RN, special rate	Per 15 minutes	\$44.82
S5125	UA	TD	Attendant care for children < age 21 only, RN, adjusted rate	Per 15 minutes	\$28.98
S5125	TE		Attendant care for children < age 21 only, LPN	Per 15 minutes	\$18.18

Procedure Code	Modifier 1	Service	Unit	Service Rate
S5130		Homemaker Service, NOS	Per 15 minutes	\$9.32
T1019		Personal Care Services, Not For An Inpatient or Resident Of A Hospital, Nursing Facility, ICF/MR or IMD, Part Of The Individualized Plan of Treatment	Per 15 minutes	\$13.28
S9122		Home Health Aide or Certified Nurse Assistant, Providing Care In The Home	Per 15 minutes	\$12.17
Personal Emergency Response System (PERS)				
S5160		Emergency Response System; Installation and Testing	Per service / per month	\$54.06
S5161		Emergency Response System; Service Fee	Per month	\$44.09
S5185		Medication Reminder Service, Non-Face-To-Face	Per month	\$87.32
Skilled Nursing (SN) Services				
S9123		Nursing Care, In The Home (Registered Nurse)	Per 15 minutes	\$23.51
S9123	U6	Nursing Care, In The Home (Registered Nurse)	Per visit	\$169.56
S9124		Nursing Care, In The Home (Licensed Practical Nurse)	Per 15 minutes	\$15.00
S9124	U6	Nursing Care, In The Home (Licensed Practical Nurse)	Per visit	\$111.36

Case Management				
T2022		Case Management	Per Diem	\$14.60
Procedure Code	Modifier 1	Service	Unit	Service Rate
Residential Care Services				
T2031		Assisted living facility services	Per diem	*See note 1
Residential Care Services - Oahu				
S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$67.33
T2033	U1	E-ARCH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$67.33
S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$108.40
T2033	U2	E-ARCH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$108.40
S5140	TF	CCFFH Level 1: No Cost Share/SSI	Per diem	\$30.24
T2033	TF	E-ARCH Level 1: No Cost Share/SSI	Per diem	\$30.24
S5140	22	CCFFH Level 2: No Cost Share/SSI	Per diem	\$71.31
T2033	22	E-ARCH Level 2: No Cost Share/SSI	Per diem	\$71.31
Residential Care Services – Neighbor Islands				
S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$72.33
T2033	U1	E-ARCH Level 1: Cost Share/Spousal & non-eligible SSI	Per diem	\$72.33
S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$113.40
T2033	U2	E-ARCH Level 2: Cost Share/Spousal & non-eligible SSI	Per diem	\$113.40
S5140	TF	CCFFH Level 1: No Cost Share/SSI	Per diem	\$35.24
T2033	TF	E-ARCH Level 1: No Cost Share/SSI	Per diem	\$35.24
S5140	22	CCFFH Level 2: No Cost Share/SSI	Per diem	\$76.31
T2033	22	E-ARCH Level 2: No Cost Share/SSI	Per diem	\$76.31

*Note 1 – Assisted Living Facility service rate is pending funding approvals.

Community Care Foster Family Home (CCFFH)/Expanded-Adult Residential Care Home (E-ARCH) Service Rates Effective Date: January 1, 2026
Rate Instructions:
1. Rates are inclusive of all applicable taxes.
2. Medicaid HCBS are not billable during periods of member institutionalization or periods of HCBS suspensions.
3. Total CCFFH/E-ARCH caregiver payment for all Level 1 members is nearly the same regardless of whether member receives SSI or not. (R&B + Medicaid service payment)
4. Total CCFFH/E-ARCH caregiver payment for all Level 2 members is nearly the same regardless of whether member receives SSI or not. (R&B + Medicaid service payment)
5. Daily Rate Calculation: Based on 31 days
6. Neighbor Island Rates: Additional \$5.00 per day.
7. Personal Needs Allowance (PNA): \$75.00 per month for all CCFFH and E-ARCH residents.
8. Room & Board for Cost Share/Spousal and Non-eligible SSI members: \$418.00 per month (\$493.00-\$75.00 (PNA) = \$418.00)
9. Room & Board for SSI Members: \$1,748.00 per month (\$1823.00 - \$75.00 (PNA) = \$1,748.00)