



Adult family home SERVICE CODE DATA SHEET

Note:

- Registered providers must only select service codes and modifiers that are available to them based on their fully executed contract(s) and contract subcode(s).
- See contract and contract subcodes for additional details.
- See [WA Cares maximum rates](#) sheet posted in the .
- Three calendar months means up to 93 calendar days.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE ⁱ	MAXIMUM LENGTH OF SERVICE	MAXIMUM NUMBER OF UNITS
ADULT FAMILY HOME SERVICES					
Payment to a provider for delivering personal care, special care, room, and board. Services may also include transportation to medical appointments and community activities; dementia care; mental illness care; developmental disabilities care; or other nonmedical services.					
T1020/U1	Personal care residential adult family home	DL	RB	3 calendar months	31
RESPIRE SERVICES SUBCODE					
Payment to a provider for delivering respite services to a beneficiary who typically receives in-home care from a family caregiver.					
T1005/U1	Respite in adult family home	DL	RB	3 calendar months	31
PRIVATE DUTY NURSING SUBCODE					
Payment to a provider for delivering skilled nursing services to a beneficiary who would otherwise be served in a medical institution.					
T2033/U1	Residential add-on for private duty nursing	DL	RB	3 calendar months	31



*ⁱ Monthly recurring (RB) means the units/dollars are for each month in the date span.
Span multiple (MB) means if the authorization is for multiple months, the units/dollars are spread over the entire span of months and can be billed multiple times within the span.
Span single (SB) means if the authorization is for multiple months, the units/dollars are for the entire span of months and can only be billed one time (on a single date of service).*