## Home and Community-Based Services – Children's Extensive Support (HCBS-CES)

The rates for services provided under the HCBS-CES waiver program will increase by 4% effective July 1, 2013. In order to accommodate the service rate increase and to avoid a reduction in services, the overall authorization limit for all HCBS-CES waiver services in the participant's service plan will also increase by 4% from \$35,000 to \$36,400. The increase in the authorization limit should not be used for additional units of service.

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/13	Unit Value	Comments
Personal Care		T1019	U7	\$4.57	\$4.75	15 Min.	
	Individual	S5150	U7	\$4.57	\$4.75	15 Min.	Maximum of 1,880 units/year (including individual and/or group settings), unless DDD prior authorizes an exception. Maximum of 10 hours per day.
Respite	Individual	S5151	U7	\$182.55	\$189.85	Day	Maximum 30 days/year where a Day is > 10 hours (including individual and/or group settings) unless DDD prior authorizes an exception.
	Group	S5151	U7, HQ	\$1.00	\$1.00	Dollar	Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual maximum.
	Group – Camp	T2036	U7	\$1.00	\$1.00	Dollar	
	Basic	S5130	U7	\$3.50	\$3.64	15 Min.	
Homemaker	Enhanced	S5130	U7, 22	\$5.65	\$5.88	15 Min.	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual's behavioral or medical needs.
Community Connector		H2021	U7	\$7.68	\$7.99	15 Min.	
	Line Services	H2019	U7	\$6.12	\$6.36	15 Min.	
	Behavioral Consultation	H2019	U7, 22, TG	\$23.00	\$23.92	15 Min.	
Behavioral Services	Behavioral Counseling – Individual	H2019	U7, TF, TG	\$23.00	\$23.92	15 Min.	
	Behavioral Counseling – Group	H2019	U7, TF, HQ	\$7.75	\$8.06	15 Min.	
	Behavioral Plan Assessment	T2024	U7, 22	\$23.00	\$23.92	15 Min.	Maximum of 40 units may be authorized per Service Plan year.

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/13	Unit Value	Comments
	Massage	97124	U7	\$17.20	\$17.89	15 Min.	
	Movement Therapy – Bachelor's Degree	G0176	U7	\$14.34	\$14.91	15 Min.	
Professional Services	Movement Therapy – Master's Degree	G0176	U7, 22	\$21.02	\$21.86	15 Min.	
	Hippotherapy – Individual	S8940	U7	\$19.11	\$19.87	15 Min.	
	Hippotherapy – Group	S8940	U7, HQ	\$8.12	\$8.44	15 Min.	
Specialized Medical	Disposable Supplies	T2028	U7	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD preestablished
Equipment and Supplies	Equipment	T2029	U7	\$1.00	\$1.00	Dollar	thresholds, beyond which DDD prior authorization is required.
Adapted Therapeutic	Equipment	T1999	U7	\$1.00	\$1.00	Dollar	Maximum 1,000 combined units per
Recreational Equipment and Fees	Fees	S5199	U7	\$1.00	\$1.00	Dollar	year for equipment and fees.
Home Accessibility Adaptations		S5165	U7	\$1.00	\$1.00	Dollar	Maximum \$10,000 over life of waiver for combination of
Assistive Technology		T2035	U7	\$1.00	\$1.00	Dollar	Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.
Vehicle Modifications		T2039	U7	\$1.00	\$1.00	Dollar	
Vision Services		V2799	U7	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD preestablished thresholds, beyond which DDD prior authorization is required.
Parent Education		H1010	U7	\$1.00	\$1.00	Dollar	Maximum 1,000 units per year.

## Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD)

The rates for services provided under the HCBS-DD waiver program will increase by 4% effective July 1, 2013.

	Tune /				Now							
Service	Type / Support	Procedure	Modifiers	Current	New Rate	Unit	Comments					
Service	Level	Code	Modifiers	Rate	7/1/2013	Value	Comments					
	Level		I Group Resident	ial Sarvicas S		3D66)						
	Level 1	T2016	U3, HQ	\$81.42	\$84.68	Day						
		T2016		\$107.17	\$111.46	•						
	Level 2 Level 3		U3, 22, HQ			Day						
	Level 3	T2016	U3, TF, HQ	\$126.25	\$131.30	Day						
	Level 4	T2016	U3, TF, 22, HQ	\$149.15	\$155.12	Day						
	Level 5	T2016	U3, TG, HQ	\$164.76	\$171.35	Day						
	Level 6	T2016	U3, TG, 22, HQ	\$194.96	\$202.76	Day						
	Level 7	T2016	U3, SC, HQ				Individual DDD approved rate.					
		lr	ndividual Reside	ential Service	s & Supports	(IRSS)						
	Level 1	T2016	U3	\$59.86	\$62.25	Day						
	Level 2	T2016	U3, 22	\$96.73	\$100.60	Day						
	Level 3	T2016	U3, TF	\$118.18	\$122.91	Day						
Residential	Level 4	T2016	U3, TF, 22	\$143.88	\$149.64	Day						
Habilitation	Level 5	T2016	U3, TG	\$165.34	\$171.95	Day						
	Level 6	T2016	U3, TG, 22	\$207.79	\$216.10	Day						
				Ψ207.70	Ψ210.10	Day	Individual DDD approved					
	Level 7	T2016	U3, SC				rate.					
		Individual Residential Services & Supports / Host Home (IRSS/HH)										
	Level 1	T2016	U3, TT	\$55.52	\$57.74	Day						
	Level 2	T2016	U3, 22, TT	\$89.70	\$93.29	Day						
	Level 3	T2016	U3, TF, TT	\$109.59	\$113.97	Day						
	Level 4	T2016	U3, TF, 22, TT	\$133.44	\$138.78	Day						
	Level 5	T2016	U3, TG, TT	\$153.33	\$159.46	Day						
	Level 6	T2016	U3, TG, 22,	\$192.72	\$200.43	Day						
	200010	12010	TT	Ψ102.72	Ψ200.40	Day	Individual DDD approved					
	Level 7	T2016	U3, SC, TT				rate.					
				ecialized Hab								
	Level 1	T2021	U3, HQ	\$2.18	\$2.27	15 Min.	Maximum combined					
	Level 2	T2021	U3, 22, HQ	\$2.39	\$2.49	15 Min.	Maximum combined units of Specialized					
	Level 3	T2021	U3, TF, HQ	\$2.66	\$2.77	15 Min.	Habilitation, Supported					
	Level 4	T2021	U3, TF, 22, HQ	\$3.13	\$3.26	15 Min.	Community Connections					
	Level 5	T2021	U3, TG, HQ	\$3.88	\$4.04	15 Min.	and Prevocational Services are Limited to					
Dov	Level 6	T2021	U3, TG, 22, HQ	\$5.58	\$5.80	15 Min.	4,800 Units per Service					
Day Habilitation	Level 7	T2021	U3, SC, HQ	\$8.78	\$9.13	15 Min.	Plan year.					
Habilitation	LCVCI 7	12021		d Community								
	Level 1	T2021	U3	\$2.65	\$2.76	15 Min.						
	Level 2	T2021	U3, 22	\$2.00	\$3.02	15 Min.	1					
	Level 3	T2021	U3, TF	\$3.26	\$3.39	15 Min.	1					
			· · · · · · · · · · · · · · · · · · ·	\$3.75			Maximum 4,800 units -					
	Level 4	T2021	U3, TF, 22		\$3.90	15 Min.	See Above					
	Level 5	T2021	U3, TG	\$4.52	\$4.70	15 Min.	1					
	Level 6	T2021	U3, TG, 22	\$5.94	\$6.18	15 Min.	1					
	Level 7	T2021	U3, SC	\$8.78	\$9.13	15 Min.	N					
Prevocational	Level 1	T2015	U3, HQ	\$2.18	\$2.27	15 Min.	Maximum 4,800 units -					
Services	Level 2	T2015	U3, 22, HQ	\$2.39	\$2.49	15 Min.	See Above					

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/2013	Unit Value	Comments
	Level 3	T2015	U3, TF, HQ	\$2.66	\$2.77	15 Min.	
	Level 4	T2015	U3, TF, 22, HQ	\$3.13	\$3.26	15 Min.	
	Level 5	T2015	U3, TG, HQ	\$3.88	\$4.04	15 Min.	
	Level 6	T2015	U3, TG, 22, HQ	\$5.58	\$5.80	15 Min.	
			Sup	ported Empl	oyment	1	
	All Levels – Individual	T2019	U3, SC	\$12.01	\$12.49	15 Min.	The maximum Supported
	Level 1 – Group	T2019	U3, HQ	\$2.92	\$3.04	15 Min.	Employment units per Service Plan year are
	Level 2 – Group	T2019	U3, 22, HQ	\$3.19	\$3.32	15 Min.	limited to 7,112 minus the combined total units
	Level 3 – Group	T2019	U3, TF, HQ	\$3.56	\$3.70	15 Min.	for Specialized Habilitation, Supported
	Level 4 – Group	T2019	U3, TF, 22, HQ	\$4.11	\$4.27	15 Min.	Community Connections and Prevocational
	Level 5 – Group	T2019	U3, TG, HQ	\$4.91	\$5.11	15 Min.	Services, which are limited to a maximum of
	Level 6 – Group	T2019	U3, TG, 22, HQ	\$6.40	\$6.66	15 Min.	4,800.
Supported				Job Developn	nent		
Employment	Levels 1-2 – Individual	H2023	U3	\$12.01	\$12.49	15 Min.	
	Levels 3-4 – Individual	H2023	U3, 22	\$12.01	\$12.49	15 Min.	Must not be otherwise available through the
	Levels 5-6 – Individual	H2023	U3, TF	\$12.01	\$12.49	15 Min.	Division of Vocational Rehabilitation (DVR).
	All Levels – Group	H2023	U3, HQ	\$3.83	\$3.98	15 Min.	
				Job Placeme	ent		
	All Levels - Individual	H2024	U3	\$1.00	\$1.00	Dollar	Maximum 1,000 units (i.e., \$1,000), must not be otherwise available through DVR.
	All Levels – Group	H2024	U3, HQ	\$1.00	\$1.00	Dollar	Maximum 400 units (i.e., \$400), must not be otherwise available through DVR.
	Mileage Band 1 (0 to 10 Miles)	T2003	U3	\$5.34	\$5.55	Trip	
	Mileage Band 2 (11 to 20 Miles)	d T2003 U3, 22 \$11.19 \$11.64 Trip	Trip	To/From Day Program. Maximum of 508 trips (all mileage bands) per Service Plan year.			
Non-Medical Transportation	Mileage Band 3 ( > 20 Miles)	T2003	U3, TF	\$17.04	\$17.72	Trip	Limited to 2 trips/day.
	Other (Public Conveyance)	T2004	U3	\$1.00	\$1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/2013	Unit Value	Comments
	Line Services	H2019	U3	\$6.12	\$6.36	15 Min.	Maximum of 960 units per Service Plan year with prior approval from DDD.
	Behavioral Consultation	H2019	U3, 22, TG	\$23.00	\$23.92	15 Min.	Maximum of 80 units per Service Plan year.
Behavioral Services	Behavioral Counseling – Individual	H2019	U3, TF, TG	\$23.00	\$23.92	15 Min.	Maximum of 208 units combined Individual and
	Behavioral Counseling – Group	H2019	U3, TF, HQ	\$7.75	\$8.06	15 Min.	Group, per Service Plan year.
	Behavioral Plan Assessment	T2024	U3, 22	\$23.00	\$23.92	15 Min.	Maximum of 40 units may be authorized per Service Plan year.
Specialized Medical	Disposable Supplies	T2028	U3	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD preestablished thresholds, beyond which DDD prior authorization is required.
Equipment and Supplies	Equipment	T2029	U3	\$1.00	\$1.00	Dollar	
Dental Services	Preventative – Basic	D2999	U3	\$1.00	\$1.00	Dollar	\$2,000 limitation without prior authorization from DDD. Diagnostic & Treatment are combined into a single billing service code.
	Major	D2999	U3, 22	\$1.00	\$1.00	Dollar	\$10,000 limitation for major services for the life of the waiver.
Vision Services		V2799	U3	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD pre-established thresholds, beyond which DDD prior authorization is required.

## Home and Community-Based Services – Supported Living Services (HCBS-SLS)

The rates for services provided under the HCBS-SLS waiver program will increase by 4% effective July 1, 2013.

Service	Type / Support	Procedure	Modifiers	Current	New Rate	Unit	Comments
	Level	Code		Rate	7/1/13	Value	
Personal Care		T1019	U8	\$4.57	\$4.75	15 Min.	
	Individual	S5150	U8	\$4.57	\$4.75	15 Min.	Maximum of 10 hours per day.
	Individual	S5151	U8	\$182.55	\$189.85	Day	A Day is > 10 hours (including individual and/or group settings).
Respite	Group	S5151	U8, HQ	\$1.00	\$1.00	Dollar	Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a
	Group – Camp	T2036	U8	\$1.00	\$1.00	Dollar	day or daily rate if more than 10 hours in a day).
	Basic	S5130	U8	\$3.50	\$3.64	15 Min.	
Homemaker	Enhanced	S5130	U8, 22	\$5.65	\$5.88	15 Min.	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual's behavioral or medical needs.
Mentorship		H2021	U8	\$9.22	\$9.59	15 Min.	Maximum of 192 units/year, except as authorized for training regarding child care.
				cialized Habili			
	Level 1	T2021	U8, HQ	\$2.18	\$2.27	15 Min.	Maximum combined
	Level 2	T2021	U8, 22, HQ U8, TF, HQ	\$2.39	\$2.49	15 Min.	units of Specialized Habilitation, Supported
	Level 3 Level 4	T2021 T2021	U8, TF, AQ U8, TF, 22, HQ	\$2.66 \$3.13	\$2.77 \$3.26	15 Min. 15 Min.	Community Connections,
	Level 5	T2021	U8, TG, HQ	\$3.88	\$4.04	15 Min.	Prevocational and
Day Habilitation	Level 6	T2021	U8, TG, 22, HQ	\$5.58	\$5.80	15 Min.	Supported Employment is 7,112 units per plan year.
				Community (			
	Level 1	T2021	U8	\$2.65	\$2.76	15 Min.	
	Level 2	T2021	U8, 22	\$2.90	\$3.02	15 Min.	Massimassma 7 440 sunits
	Level 3 Level 4	T2021 T2021	U8, TF U8, TF, 22	\$ 3.26 \$3.75	\$3.39 \$3.90	15 Min. 15 Min.	Maximum 7,112 units - See Above
	Level 5	T2021	U8, TG	\$4.52	\$4.70	15 Min.	
	Level 6	T2021	U8, TG, 22	\$5.94	\$6.18	15 Min.	
	Level 1	T2015	U8, HQ	\$2.18	\$2.27	15 Min.	
	Level 2	T2015	U8, 22, HQ	\$2.39	\$2.49	15 Min.	
	Level 3	T2015	U8, TF, HQ	\$2.66	\$2.77	15 Min.	
Prevocational Services	Level 4	T2015	U8, TF, 22, HQ	\$3.13	\$3.26	15 Min.	Maximum 7,112 units - See Above
	Level 5	T2015	U8, TG, HQ	\$3.88	\$4.04	15 Min.	
	Level 6	T2015	U8, TG, 22, HQ	\$5.58	\$5.80	15 Min.	

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/13	Unit Value	Comments
			Supp	orted Employ	yment		
	All Levels – Individual	T2019	U8, SC	\$12.01	\$12.49	15 Min.	
	Level 1 – Group	T2019	U8, HQ	\$2.92	\$3.04	15 Min.	
	Level 2 – Group	T2019	U8, 22, HQ	\$3.19	\$3.32	15 Min.	
	Level 3 – Group	T2019	U8, TF, HQ	\$3.56	\$3.70	15 Min.	Maximum 7,112 units - See Above
	Level 4 – Group	T2019	U8, TF, 22, HQ	\$4.11	\$4.27	15 Min.	
	Level 5 – Group	T2019	U8, TG, HQ	\$4.91	\$5.11	15 Min.	
	Level 6 – Group	T2019	U8, TG, 22, HQ	\$6.40	\$6.66	15 Min.	
			Jo	b Developm	ent	1	
	Levels 1-2 – Individual	H2023	U8	\$12.01	\$12.49	15 Min.	Maximum 80 units, must not be otherwise available through the Division of Vocational Rehabilitation (DVR).
Supported Employment	Levels 3-4 – Individual	H2023	U8, 22	\$12.01	\$12.49	15 Min.	Maximum 100 units, must not be otherwise available through the Division of Vocational Rehabilitation (DVR).
	Levels 5-6 – Individual	H2023	U8, TF	\$12.01	\$12.49	15 Min.	Maximum 120 units, must not be otherwise available through the Division of Vocational Rehabilitation (DVR).
	All Levels – Group	H2023	U8, HQ	\$3.83 Job Placeme	\$3.98	15 Min.	Maximum 100 units, must not be otherwise available through the Division of Vocational Rehabilitation (DVR).
		1					
	All Levels - Individual	H2024	U8	\$1.00	\$1.00	Dollar	Maximum 1,000 units (i.e., \$1,000), must not be otherwise available through DVR.
	All Levels – Group	H2024	U8, HQ	\$1.00	\$1.00	Dollar	Maximum 400 units (i.e., \$400), must not be otherwise available through DVR.
Non-Medical Transportation			To/F	rom Day Pro	gram	1	
	Mileage Band 1	T2003	U8	\$5.34	\$5.55	Trip	
	(0 to 10 Miles)						
	Mileage Band 2 (11 to 20 Miles)	T2003	U8, 22	\$11.19	\$11.64	Trip	Maximum of 508 trips (all mileage bands) per Service Plan year. Limited to 2 trips/day
	Mileage Band 3 ( > 20 Miles)	T2003	U8, TF	\$17.04	\$17.72	Trip	

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/13	Unit Value	Comments			
			N	ot Day Progra	am					
	All Distances	T2003	U8, SC	\$5.34	\$5.55	Trip	Maximum of 4 trips/week			
	Other (Public Conveyance)									
	When Cost Effective	T2004	U8	\$1.00	\$1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.			
	Line Services	H2019	U8	\$6.12	\$6.36	15 Min.	Maximum of 960 units per Service Plan year with prior approval from DDD.			
	Behavioral Consultation	H2019	U8, 22, TG	\$23.00	\$23.92	15 Min.	Maximum of 80 units per Service Plan year.			
Behavioral Services	Behavioral Counseling – Individual	H2019	U8, TF, TG	\$23.00	\$23.92	15 Min.	Maximum of 208 units combined Individual			
	Behavioral Counseling – Group	H2019	U8, TF, HQ	\$7.75	\$8.06	15 Min.	and Group, per Service Plan year.			
	Behavioral Plan Assessment	T2024	U8, 22	\$23.00	\$23.92	15 Min.	Maximum of 40 units may be authorized per Service Plan year.			
	Massage Therapy	97124	U8	\$17.20	\$17.89	15 Min.				
	Movement Therapy – Bachelor's Degree	G0176	U8	\$14.34	\$14.91	15 Min.				
	Movement Therapy – Master's Degree	G0176	U8, 22	\$21.02	\$21.86	15 Min.				
	Hippotherapy	S8940	U8	\$19.11	\$19.87	15 Min.				
Professional	Hippotherapy -Group	S8940	U8, HQ	\$8.12	\$8.44	15 Min.				
Services	Fee (Rec Pass)	S5199	U8	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD preestablished thresholds, beyond which DDD prior authorization is required. This service is limited to the need to access professional services as described in the July 1, 2009 FAQs.			
Specialized Medical Equipment and	Disposable Supplies	T2028	U8	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD pre-			

Service	Type / Support Level	Procedure Code	Modifiers	Current Rate	New Rate 7/1/13	Unit Value	Comments
Supplies	Equipment	T2029	U8	\$1.00	\$1.00	Dollar	established thresholds, beyond which DDD prior authorization is
Personal Emergency Response System (PERS)		S5161	U8	\$1.00	\$1.00	Dollar	required.
Dental Services	Preventative – Basic	D2999	U8	\$1.00	\$1.00	Dollar	\$2,000 limitation without prior authorization from DDD. Diagnostic & Treatment are combined into a single billing service code.
	Major	D2999	U8, 22	\$1.00	\$1.00	Dollar	\$10,000 limitation for major services for the life of the waiver.
Vision Services		V2799	U8	\$1.00	\$1.00	Dollar	Services may be authorized by a CCB up to the DDD preestablished thresholds, beyond which DDD prior authorization is required.
Home Accessibility Adaptations		S5165	U8	\$1.00	\$1.00	Dollar	Maximum \$10,000 over life of waiver for combination of
Assistive Technology		T2035	U8	\$1.00	\$1.00	Dollar	Assistive Technology, Vehicle Modifications
Vehicle Modifications		T2039	U8	\$1.00	\$1.00	Dollar	and Home Accessibility Adaptations.

In order to accommodate the service rate increase and to avoid a reduction in services, the Service Plan Authorization Limits (SPAL) for the HCBS-SLS waiver participants with Support Levels 1-6 will increase by 4% effective July 1, 2013. The overall authorization limit for all HCBS-SLS waiver services in the participant's service plan will also increase by 4% from \$35,000 to \$36,400. The increase in authorization limits should not be used for additional units of service.

Service Plan Authorization Limit	Maximum
Support Level 1	\$12,681
Support Level 2	\$13,902
Support Level 3	\$15,640
Support Level 4	\$17,988
Support Level 5	\$21,651
Support Level 6	\$28,461

## **Targeted Case Management (TCM)**

The TCM rate will increase by 4% effective July 1, 2013.

Service	Procedure Code	Modifiers	Current Rate	New Rate 7/1/13	Unit Value	Service Limitations or Comments
Targeted Case Management	T1017	U4	\$14.63	\$15.22	15 Min.	Maximum of 240 units per fiscal year.