HCBS FY15-16 Rate Schedules

Updated with FY15-16 JBC Increases

ADJUSTMENT TABLE		
WAIVER TYPE	**PERCENT CHANGE**	**MULTIPLIER**
HH, PDN	0.50%	1.0050
HCBS EBD	0.50%	1.0050
HCBS CMHS	0.50%	1.0050
HCBS BI	0.50%	1.0050
HCBS SCI	0.50%	1.0050
HCBS DD	1.70%	1.0170
HCBS SLS	1.70%	1.0170
HCBS/DDD/DHS CWA	0.50%	1.0050
HCBS/DDD/DHS CHCBS	0.50%	1.0050
HCBS/DDD/DHS CLLI	0.50%	1.0050
HCBS/DDD/DHS CES	1.70%	1.0170
HCBS/DDD/DHS CHRP	1.70%	1.0170

Home and Community Based Services: Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
Adult Day Services									
Basic	S5105	U1				$ 24.06	$ 24.18	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			$ 30.73	$ 30.88	1/2 Day	
Adult Day Service Transportation									
Taxi	A0100	U1	HB			PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1	HB			$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		$ 25.08	$ 25.21	1 Way Trip	
Alternative Care Facility (ACF)	T2031	U1				$ 50.95	$ 51.20	Day	
Community Transition Services Combined maximum of $2,000.00 for Coordinator and Items Purchased									
Coordinator	T2038	U1				$ 2,000.00	$ 2,000.00	Per Transition	1 Unit = 1 Transition
Item Purchased	A9900	U1				$ 2,000.00	$ 2,000.00	Per Purchase	1 unit = 1 purchase
Consumer Direct Attendant Support Services (CDASS)									
CDASS Homemaker	T2025	U1				$ 3.84	$ 3.84	15 Minutes	
CDASS Personal Care	T2025	U1				$ 3.84	$ 3.84	15 Minutes	
CDASS Health Maintenance	T2025	U1				$ 7.23	$ 7.23	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Morning Star Financial Services- FEA	T2040	U1				$ 103.21	$ 103.21	Month	
Public Partnerships, LLC-FEA	T2040	U1				$ 103.21	$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1				$ 85.00	$ 85.00	Month	
Morning Star Financial Services- AwC	T2040	U1	CG			$ 111.11	$ 111.11	Month	
Public Partnerships, LLC-AwC	T2040	U1	CG			$ 111.11	$ 111.11	Month	
Northeast PA Center for Independent Living- AwC	T2040	U1	CG			$ 100.00	$ 100.00	Month	
Homemaker	S5130	U1				$ 3.84	$ 3.84	15 minutes	
Home Modification	S5165	U1				NR*	NR*	Per Modification	$10,000.00 Lifetime Maximum
In Home Support Services (IHSS)									

Home and Community Based Services: Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
IHSS Health Maintenance	H0038	U1				$ 7.23	$ 7.27	15 minutes	
IHSS Homemaker	S5130	U1	KX			$ 3.84	$ 3.84	15 minutes	
IHSS Personal Care	T1019	U1	KX			$ 3.84	$ 3.84	15 minutes	
IHSS Relative Personal Care	T1019	U1	HR	KX		$ 3.84	$ 3.84	15 minutes	
Medication Reminder									
Install/Purchase	T2029	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1				$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1				$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			$ 25.08	$ 25.21	1 Way Trip	
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	U1				$ 3.84	$ 3.84	15 minutes	
Personal Care Relative	T1019	U1	HR			$ 3.84	$ 3.84	15 minutes	Maximum reimbursement not to exceed 1776 (444 hour unit) units per year (8.485.200)
Respite Care									
ACF (Alternative Care Facility)	S5151	U1				$ 56.73	$ 57.01	Day	Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility
In-Home Respite	S5150	U1				$ 3.24	$ 3.24	15 minutes	
Nursing Facility	H0045	U1				$ 126.51	$ 127.14	Day	

Legend	
NR*	**Negotiated Rate, will vary by client**
PUC*	**Public Utility Commission Determined Rate**
52	**Administrative Payment**
KX	**In Home Support Services** (HCPCS Defn: Requirements specified in the medical policy have been met)
HB	**To and From Adult Day** (HCPCS Defn: Adult Program, non-geriatric)
HR	**Relative providing care** (HCPCS Defn: Family/Couple with client present)

Home and Community Based Services: Elderly, Blind, and Disabled Waiver (EBD)

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
U1	**Community Mental Health Supports** (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								
TG	**Complex/High Tech Level of Care**								
TN	**Outside providers' customary service area**								

Home and Community Based Services: Community Mental Health Supports (CMHS) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/1/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
Adult Day Services									
Basic	S5105	UA				$ 24.06	$ 24.18	1/2 Day	An individual unit is 4-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			$ 30.73	$ 30.88	1/2 Day	
Adult Day Services Transportation									
Taxi	A0100	UA	HB			PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		$ 25.08	$ 25.21	1 Way Trip	
Alternative Care Facility (ACF)	T2031	UA				$ 50.95	$ 51.20	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed Attendant Services (CDASS)									
CDASS Homemaker	T2025	UA				$ 3.84	$ 3.84	15 Minutes	
CDASS Personal Care	T2025	UA				$ 3.84	$ 3.84	15 Minutes	
CDASS Health Maintenance	T2025	UA				$ 7.23	$ 7.23	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Morning Star Financial Services- FEA	T2040	UA				$ 103.21	$ 103.21	Month	
Public Partnerships, LLC-FEA	T2040	UA				$ 103.21	$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UA				$ 85.00	$ 85.00	Month	
Morning Star Financial Services- AwC	T2040	UA	CG			$ 111.11	$ 111.11	Month	
Public Partnerships, LLC-AwC	T2040	UA	CG			$ 111.11	$ 111.11	Month	
Northeast PA Center for Independent Living- AwC	T2040	UA	CG			$ 100.00	$ 100.00	Month	
Homemaker	S5130	UA				$ 3.84	$ 3.84	15 minutes	
Home Modification	S5165	UA				NR*	NR*	Per Modification	$10,000.00 Lifetime Maximum
Medication Reminder									
Purchase	T2029	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips									

Home and Community Based Services: Community Mental Health Supports (CMHS) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/1/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 Miles)	A0120	UA				$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT			$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN			$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 Miles)	A0130	UA				$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT			$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN			$ 25.08	$ 25.21	1 Way Trip	
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	UA				$ 3.84	$ 3.84	15 minutes	
Personal Care-Relative	T1019	UA	HR			$ 3.84	$ 3.84	15 minutes	Maximum reimbursement not to exceed 1776 (444 hour units) units per year (8.485.200)
Respite Care									
ACF	S5151	UA				$ 56.73	$ 57.01	Day	Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility
NF	H0045	UA				$ 126.51	$ 127.14	Day	

Legend	
NR*	**Negotiated Rate, will vary by client**
52	**Administrative Payment**
PUC*	**Public Utility Commission Determined Rate**
HR	**Relative providing care (**HCPCS Defn: Family/Couple with client present**)**
HB	**To and From Adult Day (**HCPCS Defn: Adult Program, non-geriatric**)**
UA	**Community Mental Health Supports (**HCPCS Defn: Medicaid Level of Care 1, as defined by each state**)**
TT	**Individualized service provided to more than one client in the same setting**
TN	**Outside Providers' customary service area**
TF	**Intermediate Level of care**
CG	**Policy criteria applied**

Home and Community Based Services: Brain Injury (BI) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
Adult Day Services	S5102	U6				$ 50.66	$ 50.91	Day	At least 2 or more hours of attendance, 1 or more days per week
Adult Day Services Transportation									
Taxi	A0100	U6	HB			PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		$ 25.08	$ 25.21	1 Way Trip	
Behavioral Services	H0025	U6				$ 14.29	$ 14.36	30 Minutes	Must be re-authorized with BI program coordinator after 30 units of service
Day Treatment	H2018	U6				$ 80.37	$ 80.77	Day	
Assistive Technology	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Consumer Direct Attendant Supports and Services (CDASS)									
CDASS Homemaker	T2025	U6				$ 3.84	$ 3.84	15 minutes	
CDASS Personal Care	T2025	U6				$ 3.84	$ 3.84	15 Minutes	
CDASS Health Maintenance	T2025	U6				$ 7.23	$ 7.23	15 minutes	
CDASS Per Member Per Month, By FMS Vendor									
Morning Star Financial Services- FEA	T2040	U6				$ 103.21	$ 103.21	Month	
Public Partnerships, LLC-FEA	T2040	U6				$ 103.21	$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U6				$ 85.00	$ 85.00	Month	
Morning Star Financial Services- AwC	T2040	U6	CG			$ 111.11	$ 111.11	Month	
Public Partnerships, LLC-AwC	T2040	U6	CG			$ 111.11	$ 111.11	Month	
Northeast PA Center for Independent Living- AwC	T2040	U6	CG			$ 100.00	$ 100.00	Month	
Home Modification	S5165	U6				NR*	NR*	Per Modification	$10,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				$ 26.01	$ 26.14	Hour	
Mental Health Counseling									
Individual	H0004	U6				$ 14.76	$ 14.83	15 minutes	
Family	H0004	U6	HR			$ 14.76	$ 14.83	15 minutes	

Home and Community Based Services: Brain Injury (BI) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
Group	H0004	U6	HQ			$ 8.27	$ 8.31	15 minutes	
Non Medical Transportation All types except Adult Day are limited to 204 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	
Mobility Van									
Mileage Band 1 (0-10 Miles)	A0120	U6				$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 Miles)	A0130	U6				$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			$ 25.08	$ 25.21	1 Way Trip	
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	U6				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	U6				$ 3.90	$ 3.90	15 minutes	Not to exceed 10 hours per day; Maximum reimbursement not to exceed 1776 units per year
Personal Care-Relative	T1019	U6	HR			$ 3.90	$ 3.90	15 minutes	
Respite Care									
In-Home Respite	S5150	U6				$ 3.24	$ 3.24	15 minutes	Combined maximum of 30 days per calendar year for Respite Care provided In Home or in a Nursing Facility
NF	H0045	U6				$ 119.70	$ 120.30	Day	
Substance Abuse Counseling									
Family	T1006	U6	HR	HF		$ 59.11	$ 59.41	Hour	
Individual	H0047	U6	HF			$ 59.11	$ 59.41	Hour	
Group	H0047	U6	HQ	HF		$ 33.11	$ 33.28	Hour	
Transitional Living Program									
Level 1	T2016	U6				$ 347.09	$ 348.83	1 Day	
Level 2	T2016	U6	HB			$ 371.89	$ 373.75	1 Day	
Level 3	T2016	U6	HE			$ 397.70	$ 399.69	1 Day	
Level 4	T2016	U6	HK			$ 425.10	$ 427.23	1 Day	
Level 5	T2016	U6	HB	HE		$ 450.44	$ 452.69	1 Day	
Supported Living Program	T2033	U6				FS*	FS*	Day	Per diem rate set by HCPF using acuity levels of client population

Legend	
NR*	**Negotiated Rate, will vary by client**

Home and Community Based Services: Brain Injury (BI) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2014-6/30/2015	New Rate Effective 07/01/2015-6/30/2016	Unit Value	Comments
PUC*	**Public Utility Commission Determined Rate**								
FS*	**Facility Specific rate determined using acuity scores by the Dept.**								
CG	**Policy criteria applied**								
HE	**Mental Health Program**								
HR	**Relative providing care** (HCPCS Defn: Family/Couple with client present)								
HB	**To and From Adult Day** (HCPCS Defn: Adult Program, non-geriatric)								
HF	**Substance Abuse Program**								
HQ	**Group Setting**								
KX	**In Home Support Services** (HCPCS Defn: Requirements specified in the medical policy have been met)								
TN	**Outside Providers' customary service area**								
TT	**Individualized service provided to more than one client in the same setting**								
U6	**Brain Injury** (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								

Home and Community Based Services: Spinal Cord Injury (SCI) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 7/1/2014-6/30/2015	New Rate Effective 7/1/2015-6/30/2016	Unit Value	Comments
Adult Day Services Maximum 520 units									
Basic	S5105	U1	SC			$ 24.18	$ 24.18	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		$ 30.89	$ 30.88	1/2 Day	
Adult Day Program Transportation Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 way trip	
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HB	$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HB	$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HB	$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HB	$ 25.08	$ 25.21	1 Way Trip	
Alternative Therapies									
Acupuncture	97814	U1	SC			$ 17.94	$ 18.03	15 Minutes	Maximum 204 Units per service; Combined maximum of 408 units.
Chiropractic	98942	U1	SC			$ 17.94	$ 18.03	15 Minutes	
Massage	97124	U1	SC			$ 13.80	$ 13.87	15 Minutes	
Consumer Directed Attendant Support Services (CDASS)									
CDASS Homemaker	T2025	U1	SC			$ 3.84	$ 3.84	15 Minutes	
CDASS Personal Care	T2025	U1	SC			$ 3.84	$ 3.84	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			$ 7.23	$ 7.23	15 Minutes	
CDASS Per Member Per Month, By FMS Vendor									
Morning Star Financial Services- FEA	T2040	U1	SC			$ 103.21	$ 103.21	Month	
Public Partnerships, LLC-FEA	T2040	U1	SC			$ 103.21	$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1	SC			$ 85.00	$ 85.00	Month	
Morning Star Financial Services- AwC	T2040	U1	SC			$ 111.11	$ 111.11	Month	
Public Partnerships, LLC-AwC	T2040	U1	SC			$ 111.11	$ 111.11	Month	
Northeast PA Center for Independent Living- AwC	T2040	U1	SC			$ 100.00	$ 100.00	Month	
Homemaker	S5130	U1	SC			$ 3.84	$ 3.84	15 Minutes	
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	$10,000.00 Lifetime Maximum

Home and Community Based Services: Spinal Cord Injury (SCI) Waiver

Rates Effective July 1, 2015-June 30, 2016

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 7/1/2014-6/30/2015	New Rate Effective 7/1/2015-6/30/2016	Unit Value	Comments
In-Home Support Services (IHSS)									
IHSS Health Maintenance	H0038	U1	SC			$ 7.23	$ 7.27	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		$ 3.84	$ 3.84	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		$ 3.84	$ 3.84	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	$ 3.84	$ 3.84	15 Minutes	Maximum 1776 units
Medication Reminder									
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month
Non Medical Transportation All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 way trip	
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			$ 8.30	$ 8.34	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		$ 15.28	$ 15.36	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		$ 22.75	$ 22.86	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			$ 9.84	$ 9.89	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		$ 18.42	$ 18.51	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		$ 25.08	$ 25.21	1 Way Trip	
Personal Care	T1019	U1	SC			$ 3.90	$ 3.90	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		$ 3.90	$ 3.90	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hour unit) units per year (8.485.200)
Personal Emergency Response System (PERS)									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month
Respite Care									
Nursing Facility	H0045	U1	SC			$ 126.51	$ 127.14	Day	Combined Maximum of 30 days per calendar year for Respite Care provided in an ACF, In-Home, or in a Nursing Facility
ACF	S5151	U1	SC			$ 56.73	$ 57.01	Day	
In-Home Respite	S5150	U1	SC			$ 3.24	$ 3.24	15 Minutes	

Legend	
NR*	**Negotiated Rate, will vary by client**
PUC*	**Public Utility Commission Determined Rate**
HB	**To and From Adult Day** (HCPCS Defn: Adult Program, non-geriatric)
HR	**Relative providing care** (HCPCS Defn: Family/Couple with client present)
KX	**In Home Support Services** (HCPCS Defn: Requirements specified in the medical policy have been met)
SC	**Spinal Cord Injury** (HCPCS Defn: Medically Necessary Service or Supply)
TF	**Intermediate Level of care**
TT	**Individualized service provided to more than one client in the same setting**
TN	**Outside Providers' customary service area**
U1	**Elderly, Blind, and Disabled** (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)