

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Adult Day Services									
Basic	S5105	U1				\$ 23.59	\$ 24.06	1/2 Day	An individual unit is 3-5 hours per day
Specialized	S5105	U1	TF			\$ 30.13	\$ 30.73	1/2 Day	An individual unit is 3-5 hours per day
Alternative Care Facility (ACF)	T2031	U1				\$ 49.95	\$ 50.95	Day	May be different for clients with 300% income, use PETI for rate
Community Transition Services (CTS) Combined maximum of \$2,000.00 for Coordinator and Items Purchased.									
Coordinator	T2038	U1				NR*	NR*	Per Transition	1 unit = 1 transition
Item Purchased	A9900	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase
Consumer Direct Attendant Support Services (CDASS)									
Services (cent per unit)	T2025	U1						Allocation	Determined on FMS SEP Portal
Per Member/ Per Month (PM/PM)	T2040	U1				\$ 310.00	\$ 310.00	Month	
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$10,000.00 Lifetime Maximum
Homemaker	S5130	U1				\$ 3.76	\$ 3.84	15 minutes	
In Home Support Services (IHSS)									
Health Maintenance Activities (IHSS)	H0038	U1				\$ 7.09	\$ 7.23	15 minutes	
Homemaker (IHSS)	S5130	U1	KX			\$ 3.76	\$ 3.84	15 minutes	
Personal Care (IHSS)	T1019	U1	KX			\$ 3.76	\$ 3.84	15 minutes	
Relative Personal Care (IHSS)	T1019	U1	HR	KX		\$ 3.76	\$ 3.84	15 minutes	Maximum reimbursement not to exceed 1776 (444 hour unit) units per year (8.485.200)
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	Taxi: up to \$51.88 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 8.14	\$ 8.30	1 Way Trip	Use HB modifier for trips

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 14.98	\$ 15.28	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 22.30	\$ 22.75	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 9.65	\$ 9.84	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 18.06	\$ 18.42	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 24.59	\$ 25.08	1 Way Trip	
Personal Care	T1019	U1				\$ 3.76	\$ 3.84	15 minutes	
Personal Care-Relative	T1019	U1	HR			\$ 3.76	\$ 3.84	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				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month
Respite Care									
Combined maximum of 30 days per calendar year for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF	S5151	U1				\$ 55.62	\$ 56.73	Day	
In Home	S5150	U1				\$ 3.18	\$ 3.24	15 minutes	Not to exceed the ACF per diem for respite care
NF	H0045	U1				\$ 124.03	\$ 126.51	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)
U1	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Adult Day Services									
Basic	S5105	UA				\$ 23.59	\$ 24.06	1/2 Day	An individual unit is 3-5 hours per day
Specialized	S5105	UA	TF			\$ 30.13	\$ 30.73	1/2 Day	An individual unit is 3-5 hours per day
Alternative Care Facility (ACF)	T2031	UA				\$ 49.95	\$ 50.95	Day	May be different for clients with 300% income, use PETI for rate
Consumer Directed Attendant Services (CDASS)									
Services (cent per unit)	T2025	UA						Allocation	Determined on FMS SEP Portal by CM
Per Member/Per Month (PM/PM)	T2040	UA				\$ 310.00	\$ 310.00	Month	
Home Modification	S5165	UA				NR*	NR*	Per Mod	\$10,000.00 Lifetime Maximum
Homemaker	S5130	UA				\$ 3.76	\$ 3.84	15 minutes	
Medication Reminder									
Install/Purchase	T2029	UA				NR*	NR*	Per 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									
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	Taxi: up to \$51.88 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	UA				\$ 8.14	\$ 8.30	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 2 (11-20 miles)	A0120	UA	TT			\$ 14.98	\$ 15.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	UA	TN			\$ 22.30	\$ 22.75	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	UA				\$ 9.65	\$ 9.84	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 2 (11-20 miles)	A0130	UA	TT			\$ 18.06	\$ 18.42	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	UA	TN			\$ 24.59	\$ 25.08	1 Way Trip	
Personal Care	T1019	UA				\$ 3.76	\$ 3.84	15 minutes	
Personal Care-Relative	T1019	UA	HR			\$ 3.76	\$ 3.84	15 minutes	Maximum reimbursement not to exceed 1776 (444 hour units) units per year (8.485.200)

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
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
Respite Care									
Combined maximum of 30 days per calendar year for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF	S5151	UA				\$ 55.62	\$ 56.73	Day	
NF	H0045	UA				\$ 124.03	\$ 126.51	Day	

Legend	
NR*	Negotiated Rate, will vary by client
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)

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Adult Day Services	S5102	U6				\$ 49.67	\$ 50.66	Day	At least 2 or more hours of attendance, 1 or more days per week
Assistive Technology	T2029	U6				NR*	NR*	Per Purchase	
Behavioral Programming	H0025	U6				\$ 14.01	\$ 14.29	30 Minutes	Must be re-authorized with BI program coordinator after 30 units of service
Day Treatment	H2018	U6				\$ 78.79	\$ 80.37	Day	At least 2 or more hours of attendance 1 or more days per week
Independent Living Skills Training (ILST)	T2013	U6				\$ 25.50	\$ 26.01	Hour	
Consumer Directed Attendant Services (CDASS)									
Services (cent per unit)	T2025	U6						Allocation	Determined on FMS SEP Portal by CM
Per Member/Per Month (PM/PM)	T2040	U6				\$ 310.00	\$ 310.00	Month	
Home Modification	S5165	U6				NR*	NR*	Per Mod	\$10,000.00 Lifetime Maximum
Mental Health Counseling									
Must obtain Department approval over 30 cumulative visits of counseling									
Family	H0004	UC	HR			\$ 14.47	\$ 14.76	15 minutes	
Group	H0004	UC	HQ			\$ 8.11	\$ 8.27	15 minutes	
Individual	H0004	UC				\$ 14.47	\$ 14.76	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	Taxi: up to \$51.88 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U6				\$ 8.14	\$ 8.30	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 2 (11-20 miles)	A0120	U6	TT			\$ 14.98	\$ 15.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U6	TN			\$ 22.30	\$ 22.75	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U6				\$ 9.65	\$ 9.84	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 2 (11-20 miles)	A0130	U6	TT			\$ 18.06	\$ 18.42	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U6	TN			\$ 24.59	\$ 25.08	1 Way Trip	
Personal Care	T1019	U6				\$ 3.82	\$ 3.90	15 minutes	Not to exceed 10 hours per day

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Personal Care-Relative	T1019	U6	HR			\$ 3.82	\$ 3.90	15 minutes	Maximum reimbursement not to exceed 1776 units per year
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
Respite Care Combined maximum of 30 days per calendar year for Respite Care provided In Home or in a Nursing Facility									
In Home	S5150	U6				\$ 3.18	\$ 3.24	15 minutes	All inclusive of client's needs
NF	H0045	U6				\$ 117.35	\$ 119.70	Day	
Substance Abuse Counseling									
Family	T1006	U6	HR	HF		\$ 57.95	\$ 59.11	Hour	
Group	H0047	U6	HQ	HF		\$ 32.46	\$ 33.11	Hour	
Individual	H0047	U6	HF			\$ 57.95	\$ 59.11	Hour	
Supported Living Program	T2033	U6				FS*	FS*	Day	Per diem rate set by HCPCF using acuity levels of client population
Transitional Living Program (TLP) Tiered Rates									
Transitional Living - Acuity Tier 1	T2016	U6				\$ 137.07	\$ 347.09	1 Day	
Transitional Living - Acuity Tier 2	T2016	U6	HB			\$ -	\$ 371.89	1 Day	
Transitional Living - Acuity Tier 3	T2016	U6	HE			\$ -	\$ 397.70	1 Day	
Transitional Living - Acuity Tier 4	T2016	U6	HK			\$ -	\$ 425.10	1 Day	
Transitional Living - Acuity Tier 5	T2016	U6	HB	HE		\$ -	\$ 450.44	1 Day	
Legend									
NR*	Negotiated Rate, will vary by client								
PUC*	Public Utility Commission Determined Rate								
FS*	Facility Specific rate determined using acuity scores by the Dept.								
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)								
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)								
	New Service Desc/Procedure Code/Modifier implemented July 1, 2014								

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Adult Day Services									
Maximum 520 units									
Basic	S5105	U1	SC			\$ 23.71	\$ 24.18	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	U1	SC	TF		\$ 30.28	\$ 30.89	1/2 Day	An individual unit is 3-5 hours per day
Alternative Therapies									
Acupuncture	97814	U1	SC			\$ 17.59	\$ 17.94	15 Minutes	Maximum 204 units
Chiropractic	98942	U1	SC			\$ 17.59	\$ 17.94	15 Minutes	
Massage	97124	U1	SC			\$ 13.53	\$ 13.80	15 Minutes	
Consumer Directed Attendant Support Services (CDASS)									
Services (cent per unit)	T2025	U1	SC					Allocation	Determined on FMS SEP Portal by CM
Per Member/Per Month (PM/PM)	T2040	U1	SC			\$ 310.00	\$ 310.00	Month	
Home Modification	S5165	U1	SC			NR*	NR*	Per Mod	\$10,000.00 Lifetime Maximum
Homemaker	S5130	U1	SC			\$ 3.76	\$ 3.84	15 Minutes	
In-Home Support Services (IHSS)									
Health Maintenance	H0038	U1	SC			\$ 7.09	\$ 7.23	15 Minutes	
Homemaker	S5130	U1	SC	KX		\$ 3.76	\$ 3.84	15 Minutes	
Personal Care	T1019	U1	SC	KX		\$ 3.76	\$ 3.84	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR	KX	\$ 3.76	\$ 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	Taxi: up to \$51.88 per trip, not to exceed the rate with the Public Utilities Commission. Use HB modifier for trips to and from adult day program.
Mobility Van									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			\$ 8.14	\$ 8.30	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		\$ 14.98	\$ 15.28	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$ 22.30	\$ 22.75	1 Way Trip	
Wheelchair Van									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			\$ 9.65	\$ 9.84	1 Way Trip	Use HB modifier for trips

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

Rates Effective July 1, 2014-June 30, 2015

Service Type	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Current Rate 7/1/2013	New Rate 7/1/2014	Unit Value	Comments
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		\$ 18.06	\$ 18.42	1 Way Trip	Use HB modifier for trips to and from adult day program.
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$ 24.59	\$ 25.08	1 Way Trip	
Personal Care	T1019	U1	SC			\$ 3.76	\$ 3.84	15 Minutes	
Personal Care-Relative	T1019	U1	SC	HR		\$ 3.76	\$ 3.84	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

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			\$ 55.62	\$ 56.73	Day	
In-Home	S5150	U1	SC			\$ 3.18	\$ 3.24	15 Minutes	
Nursing Facility	H0045	U1	SC			\$ 124.03	\$ 126.51	Day	

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)
U1	Elderly, Blind, and Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)