

**Home and Community Based Waiver Services**  
**Rates Effective June 1, 2012 (with the exception of Service Coordination and Enrollment\*\*\*)**

**Attachment A**

Service	Aging	Attendant Care	ACT 150	CC*	IW*	OW*	Procedure Code	Region 1	Region 2	Region 3	Region 4	Unit	Fee Schedule Rate	Vendor
Adult Daily Living	x	N/A	N/A	x	x	x	S5102	\$ 58.39	\$ 58.91	\$ 60.86	\$ 59.80	1 Day	x	
Adult Daily Living Services Enhanced	x	N/A	N/A	x	x	x	S5102 U4	\$ 75.01	\$ 71.79	\$ 68.42	\$ 75.01	1 Day	x	
Adult Daily Living Services Half Day	x	N/A	N/A	x	x	x	S5102 U5	\$ 29.20	\$ 29.45	\$ 30.43	\$ 29.90	1/2 Day	x	
Community Integration	N/A	N/A	N/A	x	x	x	97537	\$ 6.29	\$ 6.50	\$ 6.96	\$ 6.54	15 Minutes	x	
Enrollment**	x	N/A	N/A	N/A	N/A	N/A	W0009	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	One Time	x	
Financial Management Services	x	x	x	x	x	x	W7341	\$ 77.00	\$ 77.00	\$ 77.00	\$ 77.00	1 Month	x	
Financial Management Services Start Up	x	x	x	x	x	x	W7341 U4	\$ 277.00	\$ 277.00	\$ 277.00	\$ 277.00	1 Time	x	
Financial Management Services Services My Way	x	x	x	x	x	x	W7341 U2	\$ 77.00	\$ 77.00	\$ 77.00	\$ 77.00	1 Month	x	
Home Health Aide	x	N/A	N/A	N/A	N/A	N/A	T2025	\$ 5.38	\$ 5.38	\$ 5.38	\$ 5.38	15 Minutes	x	
Home Health-Nursing (LPN)	x	N/A	N/A	x	x	x	T1003 SE	\$ 11.02	\$ 11.02	\$ 11.02	\$ 11.02	15 Minutes	x	
Home Health-Nursing (RN)	x	N/A	N/A	x	x	x	T1002 SE	\$ 16.55	\$ 16.55	\$ 16.55	\$ 16.55	15 Minutes	x	
Home Health-Occupational Therapy	x	N/A	N/A	x	x	x	T2025 GO	\$ 21.29	\$ 21.29	\$ 21.29	\$ 21.29	15 Minutes	x	
Home Health-Occupational Therapy-Assist.	x	N/A	N/A	x	x	x	T2025 GO U4	\$ 14.48	\$ 14.48	\$ 14.48	\$ 14.48	15 Minutes	x	
Home Health-Physical Therapy	x	N/A	N/A	x	x	x	T2025 GP	\$ 20.20	\$ 20.20	\$ 20.20	\$ 20.20	15 Minutes	x	
Home Health-Physical Therapy-Assist.	x	N/A	N/A	x	x	x	T2025 GP U4	\$ 11.51	\$ 11.51	\$ 11.51	\$ 11.51	15 Minutes	x	
Home Health-Speech&Language Therapy	x	N/A	N/A	x	x	x	T2025 GN	\$ 21.72	\$ 21.72	\$ 21.72	\$ 21.72	15 Minutes	x	
PAS (Agency)	x	x	x	x	x	x	W1793	\$ 4.29	\$ 4.77	\$ 4.49	\$ 4.78	15 Minutes	x	
PAS (Consumer)	x	x	x	x	x	x	W1792	\$ 3.34	\$ 3.20	\$ 3.50	\$ 3.93	15 Minutes	x	
PAS (CSLA)	N/A	N/A	N/A	N/A	x	x	W1793 TT	\$ 4.46	\$ 4.96	\$ 4.67	\$ 4.97	15 Minutes	x	
Prevocational Services	N/A	N/A	N/A	x	N/A	x	W6107	\$ 6.29	\$ 6.50	\$ 6.96	\$ 6.54	15 Minutes	x	
Residential Habilitation 1-3	N/A	N/A	N/A	x	N/A	x	W0100	\$ 264.15	\$ 264.15	\$ 264.15	\$ 264.15	24 Hours	x	
Residential Habilitation 1-3 Supp 1:1	N/A	N/A	N/A	x	N/A	x	W0101 U4	\$ 19.79	\$ 19.79	\$ 19.79	\$ 19.79	1 Hour	x	
Residential Habilitation 1-3 Supp 2:1	N/A	N/A	N/A	x	N/A	x	W0101 U5	\$ 39.58	\$ 39.58	\$ 39.58	\$ 39.58	1 Hour	x	
Residential Habilitation 4-8	N/A	N/A	N/A	x	N/A	x	W0102	\$ 247.67	\$ 247.67	\$ 247.67	\$ 247.67	1 Day	x	
Residential Habilitation 4-8 Supp 1:1	N/A	N/A	N/A	x	N/A	x	W0103 U4	\$ 19.62	\$ 19.62	\$ 19.62	\$ 19.62	1 Hour	x	
Residential Habilitation 4-8 Supp 2:1	N/A	N/A	N/A	x	N/A	x	W0103 U5	\$ 39.23	\$ 39.23	\$ 39.23	\$ 39.23	1 Hour	x	
Respite (Agency)****	x	N/A	N/A	x	x	x	T1005	\$ 4.29	\$ 4.77	\$ 4.49	\$ 4.78	15 Minutes	x	
Respite (Consumer)	x	N/A	N/A	x	x	x	S5150	\$ 3.34	\$ 3.20	\$ 3.50	\$ 3.93	15 Minutes	x	
Service Coordination **	x	x	x	x	x	x	W1011	\$ 16.93	\$ 19.10	\$ 17.55	\$ 19.02	15 Minutes	x	
Structured Day Habilitation Group	N/A	N/A	N/A	x	N/A	x	W0104	\$ 34.56	\$ 34.56	\$ 34.56	\$ 34.56	1 Hour	x	
Structured Day Habilitation 1:1	N/A	N/A	N/A	x	N/A	x	W0105 U4	\$ 19.62	\$ 19.62	\$ 19.62	\$ 19.62	1 Hour	x	
Structured Day Habilitation 2:1	N/A	N/A	N/A	x	N/A	x	W0105 U5	\$ 39.23	\$ 39.23	\$ 39.23	\$ 39.23	1 Hour	x	
Supported Employment	N/A	N/A	N/A	x	x	x	W6106	\$ 40.48	\$ 39.88	\$ 45.25	\$ 40.68	1 Hour	x	
Thera&Couns Svcs (Behavior Therapy)	N/A	N/A	N/A	x	x	x	H2019	\$ 20.79	\$ 20.79	\$ 20.79	\$ 20.79	15 Minutes	x	
Thera&Couns Svcs (Cognitive Rehabilitation)	N/A	N/A	N/A	x	x	x	97532 SE	\$ 14.12	\$ 14.12	\$ 14.12	\$ 14.12	15 Minutes	x	
Thera&Couns Svcs (Counseling Svcs) ***	x	N/A	N/A	x	x	x	W0093	\$ 11.83	\$ 11.83	\$ 11.83	\$ 11.83	15 Minutes	x	
Thera&Couns Svcs (Nutritional Counseling)	x	N/A	N/A	x	x	x	S9470 AE U4	\$ 13.77	\$ 13.77	\$ 13.77	\$ 13.77	15 Minutes	x	
Transition Service Coordination	x	x	N/A	x	x	x	W7337	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	15 Minutes	x	
Accessibility Adaptations(<\$6000)	x	N/A	N/A	x	x	x	W7008	N/A	N/A	N/A	N/A	Per Purchase		x
Accessibility Adaptations(>\$6000)	x	N/A	N/A	x	x	x	W7009	N/A	N/A	N/A	N/A	Per Purchase		x
Community Transition Svcs (Health Safety)	x	x	N/A	x	x	x	W7336	N/A	N/A	N/A	N/A	One Time		x
Community Transition Svcs (House Hold Suppl)	x	x	N/A	x	x	x	W7332	N/A	N/A	N/A	N/A	One Time		x
Community Transition Svcs (Moving Expenses)	x	x	N/A	x	x	x	W7333	N/A	N/A	N/A	N/A	One Time		x
Community Transition Svcs (Security Deposit)	x	x	N/A	x	x	x	W7334	N/A	N/A	N/A	N/A	One Time		x
Community Transition Svcs (Set-Up Fees)	x	x	N/A	x	x	x	W7335	N/A	N/A	N/A	N/A	One Time		x
Durable Medical Equipment and Supplies	x	N/A	N/A	x	x	x	T2029	N/A	N/A	N/A	N/A	Per Purchase		x
Home Delivered Meals-Emergency Pack	x	N/A	N/A	N/A	N/A	N/A	W1762	N/A	N/A	N/A	N/A	Per Purchase		x
Home Delivered Meals-Frozen Entrée	x	N/A	N/A	N/A	N/A	N/A	W1760	N/A	N/A	N/A	N/A	Per Purchase		x
Home Delivered Meals-Hot Entrée	x	N/A	N/A	N/A	N/A	N/A	W1759	N/A	N/A	N/A	N/A	Per Purchase		x
Home Delivered Meals-Sandwich	x	N/A	N/A	N/A	N/A	N/A	W1761	N/A	N/A	N/A	N/A	Per Purchase		x
Home Delivered Meals-Special Meal	x	N/A	N/A	N/A	N/A	N/A	W1764	N/A	N/A	N/A	N/A	Per Purchase		x
Non-medical Transportation	x	N/A	N/A	x	x	x	W6110	N/A	N/A	N/A	N/A	Monthly		x
Participant-Directed Community Supports	x	x	N/A	N/A	N/A	N/A	W1900	N/A	N/A	N/A	N/A	Per Purchase		x
Participant-Directed Goods and Services	x	x	N/A	N/A	N/A	N/A	W1901	N/A	N/A	N/A	N/A	Per Purchase		x
Personal Emergency Response System (Installation)	x	x	x	x	x	x	W1894	N/A	N/A	N/A	N/A	Per Purchase		x
Personal Emergency Response System (Monthly Maintenance)	x	x	x	x	x	x	W1895	N/A	N/A	N/A	N/A	Per Purchase		x
Telecare Equipment Installation and Removal	x	N/A	N/A	N/A	N/A	N/A	W2024	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	One Time	x	
TeleCare Activity and Sensor Monitoring Ongoing	x	N/A	N/A	N/A	N/A	N/A	W9006	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	Monthly	x	
Telecare Equipment Installation and Removal with Training	x	N/A	N/A	N/A	N/A	N/A	W2025	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	One Time	x	
Telecare Specialized Supplies DME for Remote Monitoring	x	N/A	N/A	N/A	N/A	N/A	T2029 GT	N/A	N/A	N/A	N/A	Per Purchase		x
Telecare Health Status Measuring and Monitoring Remote	x	N/A	N/A	N/A	N/A	N/A	T2025 GT	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	Per Day	x	
Telecare Specialized Supplies for Remote Monitoring	x	N/A	N/A	N/A	N/A	N/A	T2028 GT	N/A	N/A	N/A	N/A	Per Purchase		x
TeleCare Medication Dispensing and Monitoring	x	N/A	N/A	N/A	N/A	N/A	S5185 32	\$ 50.00	\$ 50.00	\$ 50.00	\$ 50.00	Monthly	x	

\*CC= CommCare IW = Independence OW = OBRA

\*\* Service Coordination and Enrollment rate changes effective January 26, 2013.

\*\*\* Therapy and Counseling Svcs (Counseling) procedure code change from H0004 to W0093 eff June 1, 2012

\*\*\*\*In facility respite will be reimbursed at the nursing facility's case-mix per diem rate.

Attch A, Revised 1/26/2013