

**HCBS-EBD, MI AND PLWA Rates  
FY 09-10**

| SERVICE TYPE   | PROCEDURE CODE | CURRENT RATE | NEW RATE 7/1/2009 | UNIT VALUE   | COMMENTS   |
|--|----------------|--------------|-------------------|--------------|--|
| <b>Adult Day Services</b>  |                |              |                   |              |  |
| Basic Rate   | S5105          | \$ 23.14     | \$ 22.68          | 4-5 Hours    | An individual unit is 4-5 hours per day  |
| Specialized Rate   | S5105          | \$ 29.57     | \$ 28.98          | 3-5 Hours    | An individual unit is 3-5 hours per day  |
| <b>Alternative Care Facility</b>                                 | T2031          | \$ 49.01     | \$ 48.03          | Day          | May be different for clients with 300% income  |
| <b>Community Transition Services</b>                             | T2038          |              |                   |              | 1 Unit = 1 Transition  |
| <b>Community Transition Services Items</b>                       | T2038 52       |              |                   |              | 1 Unit = 1 Purchase  |
| <b>Consumer Direct Attendant Support Services</b>                | T2025          |              |                   |              | Assessed by CM; varies by client   |
| <b>Consumer Direct Attendant Support Services Administration</b> | T2025 52       |              |                   |              | Assessed by CM; varies by client   |
| <b>Electronic Monitoring</b>                                     |                |              |                   |              |  |
| Installation   | S5160          |              |                   |              | Negotiated by CM; varies by client   |
| Service  | S5161          |              |                   |              | Negotiated by CM; varies by client   |
| <b>Homemaker</b>   | S5130          | \$ 3.63      | \$ 3.63           | 15 minutes   |  |
| <b>Home Modification</b>   | S5165          | \$ 10,000.00 | \$ 10,000.00      | Lifetime Max |  |
| <b>IHSS Health Maintenance Activities</b>                        | H0038          | \$ 6.82      | \$ 6.82           | 15 minutes   |  |
| <b>IHSS Personal Care</b>  | T1019 KX       | \$ 3.63      | \$ 3.63           | 15 minutes   |  |
| <b>IHSS Relative Personal Care</b>                               | T1019 HR KX    | \$ 3.63      | \$ 3.63           | 15 minutes   | No limits on IHSS benefits provided by parents of adult children. For all other relatives, the limitations on payment to family applies as set forth in 10 C.C.R. 2505-10, Section 8.485.200 |
| <b>IHSS Homemaker</b>  | S5130 KX       | \$ 3.63      | \$ 3.63           | 15 minutes   |  |
| <b>Medication Reminder</b>                                       | S5185          |              |                   |              | 1 Unit Per Month   |
| <b>Medication Reminder Install/Purchase</b>                      | T2029          |              |                   |              | 1 Unit = 1 Purchase  |
| <b>Non-Med. Transportation</b>                                   |                |              |                   |              |  |
| Med. Transp. Rate  | T2001          |              |                   | 1 Way Trip   | Negotiated by CM; varies by client. Not to exceed Med. Transport Rates   |
| Taxi   | T2001          | \$ 49.91     | \$ 48.92          | 1 Way Trip   | Taxi: up to \$48.92 per trip, not to exceed the rate with the Public Utilities Commission  |
| Mobility Van   | T2001          | \$ 12.82     | \$ 12.56          | 1 Way Trip   | Mobility Van: \$12.56 per trip   |
| Wheelchair Van   | T2001          | \$ 15.96     | \$ 15.64          | 1 Way Trip   | Wheelchair Van: \$15.64 per trip<br>Wheelchair Van Mileage Add-On: 62 cents per mile   |
| <b>Personal Care</b>   | T1019          | \$ 3.63      | \$ 3.63           | 15 minutes   |  |
| <b>Relative Personal Care</b>                                    | T1019 HR       | \$ 3.63      | \$ 3.63           | 15 minutes   | Relative Personal Care cannot be combined with HCA<br>Maximum reimbursement not to exceed 1776 units per year  |
| <b>Respite Care</b>  |                |              |                   |              |  |
| ACF  | S5151          | \$ 54.58     | \$ 53.49          | Day          | Limit of 30 days per calendar year   |
| NF   | H0045          | \$ 121.70    | \$ 119.27         | Day          | Limit of 30 days per calendar year.  |
| In Home  | S5150          | \$ 3.12      | \$ 3.06           | 15 minutes   | Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care   |