

HCBS-EBD, MI AND PLWA Rates
September 1, 2009 - June 30, 2010

SERVICE TYPE	PROCEDURE CODE	CURRENT RATE	NEW RATE 9/1/2009	UNIT VALUE	COMMENTS
Adult Day Services					
Basic Rate	S5105	\$ 22.68	\$ 22.34	4-5 Hours	An individual unit is 4-5 hours per day
Specialized Rate	S5105	\$ 28.98	\$ 28.54	3-5 Hours	An individual unit is 3-5 hours per day
Alternative Care Facility	T2031	\$ 48.03	\$ 47.31	Day	May be different for clients with 300% income
Community Transition Services	T2038				1 Unit = 1 Transition
Community Transition Services Items	T2038 52				1 Unit = 1 Purchase
Consumer Direct Attendant Support Services	T2025				Assessed by CM; varies by client
Consumer Direct Attendant Support Services Administration	T2025 52				Assessed by CM; varies by client
Electronic Monitoring					
Installation	S5160				Negotiated by CM; varies by client
Service	S5161				Negotiated by CM; varies by client
Homemaker	S5130	\$ 3.63	\$ 3.57	15 minutes	
Home Modification	S5165	\$ 10,000.00	\$ 10,000.00	Lifetime Max	
IHSS Health Maintenance Activities	H0038	\$ 6.82	\$ 6.72	15 minutes	
IHSS Personal Care	T1019 KX	\$ 3.63	\$ 3.57	15 minutes	
IHSS Relative Personal Care	T1019 HR KX	\$ 3.63	\$ 3.57	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
IHSS Homemaker	S5130 KX	\$ 3.63	\$ 3.57	15 minutes	
Medication Reminder	S5185				1 Unit Per Month
Medication Reminder Install/Purchase	T2029				1 Unit = 1 Purchase
Non-Med. Transportation					
Med. Transp. Rate	T2001			1 Way Trip	Negotiated by CM; varies by client. Not to exceed Med. Transport Rates
Taxi	T2001	\$ 48.92	\$ 48.18	1 Way Trip	Taxi: up to \$48.18 per trip, not to exceed the rate with the Public Utilities Commission
Mobility Van	T2001	\$ 12.56	\$ 12.37	1 Way Trip	Mobility Van: \$12.37 per trip
Wheelchair Van	T2001	\$ 15.64	\$ 15.40	1 Way Trip	Wheelchair Van: \$15.40 per trip Wheelchair Van Mileage Add-On: 62 cents per mile
Personal Care	T1019	\$ 3.63	\$ 3.57	15 minutes	
Relative Personal Care	T1019 HR	\$ 3.63	\$ 3.57	15 minutes	Relative Personal Care cannot be combined with HCA Maximum reimbursement not to exceed 1776 units per year
Respite Care					
ACF	S5151	\$ 53.49	\$ 52.69	Day	Limit of 30 days per calendar year
NF	H0045	\$ 119.27	\$ 117.48	Day	Limit of 30 days per calendar year.
In Home	S5150	\$ 3.06	\$ 3.01	15 minutes	Limit of 30 days per calendar year Not to exceed the ACF per diem for respite care