



HOME AND COMMUNITY BASED SERVICES POLICY MANUAL

DIVISION OF SENIOR AND DISABILITY SERVICES

3.00

APPENDIX 1

SERVICES UNITS AND RATES

SERVICE	PROCEDURE CODE	UNIT	LIMITS	UNIT RATE
State Plan Services				
Advanced Personal Care	T1019TF	15 min.		\$8.17
Advanced Personal Care – RCF/ALF	T1019U3 TF	15 min.		\$7.68
Authorized Nurse Visits	T1001	1 visit	1 visit/day	\$60.99
Authorized Nurse Visits – RCF/ALF	T1001U3	1 visit	1 visit/day	\$57.18
Basic Personal Care – Agency Model	T1019	15 min.	387 units/mo	\$8.14
Basic Personal Care – RCF/ALF	T1019U3	15 min.	412 units/mo	\$7.66
Personal Care Assistance – Consumer Directed Model	T1019U2	15 min.	603 units/mo	\$5.23
Aged and Disabled Waiver Services				
Adult Day Care	S5100HC	15 min.	1-40 units (10hrs/day) 5 days per week	\$3.32
Homemaker	S5130	15 min.		\$8.14
Chore	S5120	15 min.		\$8.14
Home Delivered Meals	S5170	1 meal	2/day	\$6.71
Respite - Basic	S5150	15 min.		\$8.14
Respite - Advanced	S5150TF	15 min.		\$8.14
Independent Living Waiver Services (Central Office must approve services prior to authorization)				
Personal Care Assistance	T1019U6	15 min.	Unit	\$4.63
Case Management	T2024U6	1 unit/month	Unit	\$38.17
Financial Management Service	T2040U6	1 unit/month	Unit	\$157.89
Specialized Medical Equipment	T2029U6	Actual cost	Unit	\$100.00
Specialized Medical Supplies	T2028U6	Actual cost	Unit	\$100.00
Env. Accessibility Adaptations	S5165U6	Actual cost	Unit	\$100.00

Adult Day Care Waiver				
Adult Day Care	S5100HB	15 min.	1-40 units (10 hrs/day) 5 days per week	\$3.32
Structured Family Caregiver Waiver				
Structured Family Caregiver	S5126HB	1 day	1 unit/day	\$103.80