

HCBS-CES Service Rates Effective July 1, 2010

Description	Procedure Code	Modifiers	Level (Individual, Group or Support Level)	Unit Designation	Unit Rate	Service Limitations* or Comments
Personal Care						
Personal Care	T1019	U7	Individual	15 Minutes	\$ 4.57	
Respite						
Respite	S5150	U7	Individual	15 Minutes	\$ 4.57	Maximum of 1,880 units/year (including individual and/or group settings). Maximum of 10 hours per day.
Respite	S5151	U7	Individual	DAY	\$ 182.55	Maximum 30 days/year where a Day is > 10 hours (including individual and/or group settings).
Respite	S5151	U7, HQ	Group	DOLLAR	\$ 1.00	Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual maximum.
Respite - Camp	T2036	U7	Group	DOLLAR	\$ 1.00	Not to exceed the respite individual rates (i.e., 15 minute rate if 10 hours or less in a day or daily rate if more than 10 hours in a day). Time must be counted toward the appropriate annual maximum.
Homemaker						
Basic Homemaker	S5130	U7	Individual	15 Minutes	\$ 3.50	
Enhanced Homemaker	S5130	U7 22	Individual	15 Minutes	\$ 5.65	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual's behavioral or medical needs.
Community Connector	H2021	U7	Individual	15 Minutes	\$ 7.68	
Behavioral Services						
Line Staff	H2019	U7	Individual	15 Minutes	\$ 6.12	
Behavioral Plan Specialist	H2019	U7, 22	Individual	15 Minutes	\$ 11.60	
Senior Therapist	H2019	U7, TF	Individual	15 Minutes	\$ 23.16	
Lead Therapist	H2019	U7, TF, 22	Individual	15 Minutes	\$ 29.34	
Behavioral Plan Assessment	T2024	U7	Individual	DOLLAR	\$ 1.00	Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.

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Specialized Medical Equipment and Supplies						
Specialized Medical Supplies - Disposable	T2028	U7	Individual	DOLLAR	\$ 1.00	Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.
Specialized Medical Equipment	T2029	U7	Individual	DOLLAR	\$ 1.00	Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.
Adapted Therapeutic Recreational Equipment and Fees						
Equipment	T1999	U7	Individual	DOLLAR	\$ 1.00	Maximum 1,000 units per year (\$1,000/year combined limit)
Fees	S5199	U7	Individual	DOLLAR	\$ 1.00	Maximum \$1,000 - See Above
Professional Services						
Massage	97124	U7	Individual	15 Minutes	\$ 17.20	
Movement Therapy - Bachelors Degree	G0176	U7	Individual	15 Minutes	\$ 14.34	
Movement Therapy - Masters Degree	G0176	U7, 22	Individual	15 Minutes	\$ 21.02	
Hippo Therapy	S8940	U7	Individual	15 Minutes	\$ 19.11	
Hippo Therapy	S8940	U7, HQ	Group	15 Minutes	\$ 8.12	
Home Accessibility Adaptations						
	S5165	U7	Individual	DOLLAR	\$ 1.00	Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.
Assistive Technology						
	T2035	U7	Individual	DOLLAR	\$ 1.00	Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.
Vehicle Modifications						
	T2039	U7	Individual	DOLLAR	\$ 1.00	Maximum \$10,000 over life of waiver for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations.
Vision Services						
	V2799	U7	Individual	DOLLAR	\$ 1.00	Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.
Parent Education						
	H1010	U7	Individual	DOLLAR	\$ 1.00	Maximum \$1,000 per year

* Some service limitations can be exceeded with prior State approval.

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These rates include the General Assembly approved 2% reduction to the appropriation for FY 2010-11.