

Choices for Care: Home-Based Setting

EDS Revenue Code	CFC Home-Based Setting	Unit	Max Amount Per Unit/Other	Hourly or Daily Rate	Effective Date	Confirmed/Updated
70	*Case Management by HHA or AAA	1 Unit=15 Min.	\$16.86	\$67.44	7/1/2007	yes
72	Personal Care by HHA	1 Unit=15 Min.	\$6.67	\$26.68/hr	7/1/2008	yes
77	Personal Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$2.86	\$11.44/hr	10/5/2008	yes
81	Personal Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$2.86	\$11.44/hr	10/5/2008	yes
73	**Respite or Companion Care by HHA	1 Unit=15 Min.	\$5.33	\$21.32/hr	7/1/2008	yes
75	**Respite or Companion Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$2.43	\$9.72/hr	10/5/2008	yes
80	**Respite Care or Companion by Surrogate-Directed Personnel	1 Unit=15 Min.	\$2.43	\$9.72/hr	10/5/2008	yes
74	**Respite in Residential Care Home	1 Unit=1 Day	\$91.30	\$91.30/day	7/1/2007	
84	**Respite by Adult Day Service provider	1 Unit=15 Min.	\$3.75	\$15.00/hour	7/1/2008	yes
88	**Companion by Senior Companion Agency	1 Unit=15 Min.	\$1.94	\$7.76/hr	7/1/2007	yes
78	Home-Based Waiver Adult Day Service	1 Unit=15 Min.	\$3.75	\$15.00/hour	7/1/2008	yes
76	Assistive Devices & Modifications	1 Unit=1 Service	\$750.00 per year	actual cost, up to \$750.00	10/1/2005	yes
82	Personal Emergency Response Systems-Installation	1 Unit= 1 month	One-time fee up to \$55.00	Up to \$55 (actual cost of installation and first month's service)	10/1/2005	yes
83	Personal Emergency Response Systems-Ongoing	1 Unit= 1 month	\$30.00	Up to \$30	10/1/2005	yes
89	Group Directed Attendant Care (<i>approved providers only</i>)	1 Unit=1 day	\$158.35	\$158.35/day	10/1/2008	yes
97	ISO Employer Support Services	1 Unit=1 month	\$45.00	Up to \$45/month	1/1/2008	yes
86	Personal Care Daily Rate (<i>approved providers only</i>)	1 Unit=1 day	Varies by provider	Provider Rate by individual	10/1/2006	yes
71	Flexible Choices Services	As billed	Pay as billed	pay as billed up to individual maximum allowance	7/1/2007	yes
79	Flexible Choices Consultant Pre-admission Service	1 Unit=15 Min.	\$16.86	\$67.44	7/1/2007	yes

*Standard maximum = 48 hours per calendar year

** Max for all Respite and Companion = 720 hours per calendar year.

Choices for Care: Enhanced Residential Care Setting

EDS Revenue Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
70	*ERC Case Management by HHA or AAA	1 Unit=15 Min.	\$16.86	\$67.44	7/1/2007	yes
92	ERC-tier 1**	1 Unit=1 Day	\$48.76 RCH \$53.95 ALR	\$48.76 RCH/day \$53.95 ALR /day	7/1/2007	yes yes
93	ERC-tier 2**	1 Unit=1 Day	\$55.51 RCH \$60.69 ALR	\$55.51 RCH/day \$60.69 ALR/day	7/1/2007	yes yes
94	ERC-tier 3**	1 Unit=1 Day	\$62.25 RCH \$67.44 ALR	\$62.25 RCH/day \$67.44 ALR/day	7/1/2007	yes yes
90	ERC Special Rate (rate set for individual by prior approval)	1 Unit=1 Day	Varies by provider	Provider Rate by individual	7/1/2007	yes yes

RCH = Residential Care Home, ALR= Assisted Living Residence

*Standard maximum = 48 hours per calendar year

**Reimbursement tiers for individuals must be determined by DAIL, based on the ERC Provider's assessment.

Choices for Care: Moderate Needs Group

EDS Revenue Code	CFC Home-Based Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
70	*Case Management	1 Unit=15 Min.	\$16.86	\$67.44/hour	7/1/2007	yes
95	** Homemaker	1 Unit=15 Min	\$4.80	\$19.20/hour	7/1/2008	yes
96	***Adult Day	Unit=15 Min.	\$3.75	\$15.00/hour	7/01/08	yes

*Maximum of 12 hours (48 units) per calendar year.

**Maximum of 6 hours (24 Units) a week.

***Maximum of 30 hours (120 units) a week may be billed up to 480 units (120 hours) per month.

Choices for Care: Nursing Home Setting

EDS Revenue Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
120	Room and Board, 2 Bed Semiprivate, General	1 unit = 1Day	Set per Provider	Daily	10/1/2005	yes
128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 unit = 1Day	Set per Provider	Daily	10/1/2005	yes
130	Room and Board, 3-4 Bed Semiprivate, General	1 unit = 1Day	Set per Provider	Daily	10/1/2005	yes
169	Level 2/Swing Bed	1 unit = 1Day	Set per Provider	Daily	10/1/2005	yes
182	Nursing Home Leave of Absence Day	1 unit = 1 day	Set per Provider	Daily	10/1/2005	yes
185	Nursing Home Bed Hold	1 unit = 1 day	Set per Provider	Daily	10/1/2005	yes

Choices for Care: PACE

EDS Revenue Code	CFC PACE	Unit	Max Amount Per Unit	Monthly Rate	Effective Date	
n/a	PACE- dual eligibles	1 month	\$4,214.00	\$4,214.00	11/1/2008	yes
n/a	PACE- Medicaid only	1 month	\$4,996.00	\$4,996.00	11/1/2008	yes

Developmental Services

EDS Procedure Code	Developmental Services	Unit	Max Amount Per Unit	Hourly Rate	Effective Date	
	DS Waiver					
H2022	Community Base Wrap Around Service: Waiver Services	1 unit=1 Day	Pay as Billed	Pay as Billed	7/1/2008	yes
	DS Clinic Services					
90801	Clinical Assessment Services	1 unit=15 Min	\$20.30	\$81.20	7/1/2006	yes
90862	Medication Mgmt & Consultation Svcs, Chemotherapy	1 unit=1 Session	\$32.45	\$32.45	7/1/2008	yes
H2011	Crisis Intervention Services	1 unit=15 Min	\$18.00	\$72.00	7/1/2008	yes
H2019	Therapeutic Behavioral Services	1 unit=15 Min	\$17.55	\$70.20	7/1/2008	yes
H2032	Group Therapy	1 unit=15 Min	\$8.15	\$32.60	7/1/2008	yes
T2003	Transportation/Mileage	1 unit=1 Trip	Pay as Billed	Pay as Billed	7/1/2008	yes
T2011	Nursing Facility Day Rehabilitation Services	1 unit=15 Min	Pay as Billed	Pay as Billed	7/1/2008	yes
T1017	Targeted Case Management	1 unit=15 Min	\$12.17	\$48.68	7/1/2008	yes
T1017	*Targeted Case Management - court ordered	1 unit=1 Month	\$216.67	**\$216.67 Monthly	7/1/2008	yes

*DAIL USE ONLY

**Monthly Rate

Tramatic Brain Injury (TBI) Services

EDS Revenue Code	Traumatic Brain Injury (TBI) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
	Community Supports					
T2038 U8	Rehab	1 Unit=1 Day	\$75.00	\$75.00	7/1/2008	yes
T2038 U8 21	Long Term	1 Unit=1 Day	\$75.00	\$75.00	7/1/2008	yes
T2038 HI	Mental Health Funded	1 Unit=1 Day	\$75.00	\$75.00	7/1/2008	yes
	Respite					
S9125 U8	Rehab	1 Unit=1 Day	\$75.00	\$75.00	7/1/2008	yes
S9125 U8 21	Long Term	1 Unit=1 Day	\$75.00	\$75.00	7/1/2008	yes
S9125 HI	Mental Health Funded	1 Unit=1 Day	\$75.00	\$75.00	7/1/2008	yes
	Case Management					
T1016 U8	Rehab	1 Unit=15 Min	\$12.17	\$48.68/Hour		yes
T1016 U8 21	Long Term	1 Unit=15 Min	\$12.17	\$48.68/Hour		yes
T1016 HI	Mental Health Funded	1 Unit=15 Min	\$12.17	\$48.68/Hour		yes
	Rehabilitation					
T2017 U8	Rehab	1 Unit=1 Hour	\$20.50	\$20.50/Hour		yes
T2017 U8 21	Long Term	1 Unit=1 Hour	\$20.50	\$20.50/Hour		yes
T2017 HI	Mental Health Funded	1 Unit=1 Hour	\$20.50	\$20.50/Hour		yes
	Environmental and Assistive Technology					
T2025 U8	Rehab	1 Unit=Lifetime	\$4,000.00	\$4000/Lifetime		yes
T2025 U8 21	Long Term	1 Unit=Lifetime	\$4,000.00	\$4000/Lifetime		yes

T2025 HI	Mental Health Funded	1 Unit=Lifetime	\$4,000.00	\$4000/Lifetime		yes
	Crisis Support					
T2034 U8	Rehab	1 Unit=1 Day	\$500.00	\$500.00/Day		yes
T2034 U8 21	Long Term	1 Unit=1 Day	\$500.00	\$500.00/Day		yes
T2034 HI	Mental Health Funded	1 Unit=1 Day	\$500.00	\$500.00/Day		yes
	Psychology and Counseling Supports					
H0036 U8	Rehab	1 Unit=1 Hour	\$65.00	\$65.00/Hour		yes
H0036 U8 21	Long Term	1 Unit=1 Hour	\$65.00	\$65.00/Hour		yes
H0036 HI	Mental Health Funded	1 Unit=1 Hour	\$65.00	\$65.00/Hour		yes
	Employment Supports					
T2019 U8	Rehab	1 Unit=1 Hour	\$20.50	\$20.50/Hour		yes
T2019 U8 21	Long Term	1 Unit=1 Hour	\$20.50	\$20.50/Hour		yes
T2019 HI	Mental Health Funded	1 Unit=1 Hour	\$20.50	\$20.50/Hour		yes
	Pre-Admission Planning					
T2024 U8	Rehab	1 Unit=15 Min	\$12.17	\$48.69/Hour		yes
T2024 U8 21	Long term	1 Unit=15 Min	\$12.17	\$48.69/Hour		yes
T2024 HI	Mental Health Funded	1 Unit=15 Min	\$12.17	\$48.69/Hour		yes

Children's Personal Care Services

EDS Procedure Code	Children's Personal Care Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
T1019	Children's Personal Care Services Agency Directed	1 unit=15 Min	\$3.38	\$13.52	10/1/2007	yes
T1019 UJ	Children's Personal Care Services Agency Dir. - Night	1 unit=15 Min	\$3.88	\$15.52	10/1/2007	yes
T1019	Children's Personal Care Services Family/Self Directed	1 unit=15 Min	\$2.74	\$10.96	10/12/2008	yes
T1019 UJ	Children's Personal Care Services Family/Self Directed- Night	1 unit=15 Min	\$3.29	\$13.16	10/12/2008	yes
T1020	Children's Personal Care Services Specialized Childcare-Children's Creative Connection (C3)	1 unit=1 Day max. 6 months	pay as billed	pay as billed up to individual maximum allowance	6/1/2008	yes
T1028	Children's Personal Care Assessment	1 unit = 1 assess	\$47.50	\$47.50/assessment	7/1/2006	yes

High Tech Services

EDS Procedure Code	High Tech Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
G0154 UF	Skilled Nurse-Weekday Morning	1 Unit=15 Min.	\$8.52	\$34.08	7/1/2006	yes
G0154 UG	Skilled Nurse-Weekday Afternoon	1 Unit=15 Min.	\$9.16	\$36.64	7/1/2006	yes
G0154 UH	Skilled Nurse-Weekday Evening	1 Unit=15 Min.	\$10.32	\$41.28	7/1/2006	yes
	Skilled Nurse- Weekday Day - Self Directed	1 Unit=30 Min.	\$13.93	\$27.86	7/1/2006	yes
	Skilled Nurse- Weekday Night - Self Directed	1 Unit=30 Min.	\$16.61	\$33.22	7/1/2006	yes
G0154 UF	Skilled Nurse-Weekend Morning	1 Unit=15 Min.	\$9.51	\$38.04	7/1/2006	yes
G0154 UG	Skilled Nurse-Weekend Afternoon	1 Unit=15 Min.	\$10.09	\$40.36	7/1/2006	yes

G0154 UH	Skilled Nurse-Weekend Evening	1 Unit=15 Min.	\$12.87	\$51.48	7/1/2006	yes
	Skilled Nurse- Weekend Day - Self Directed	1 Unit=30 Min.	\$14.47	\$28.94	7/1/2006	yes
	Skilled Nurse- Weekend Night - Self Directed	1 Unit=30 Min.	\$18.83	\$37.66	7/1/2006	yes
G0156 UF	Home Health Aide- Weekday Morning	1 Unit=15 Min.	\$5.50	\$22.00	1/1/2001	yes
G0156 UG	Home Health Aide- Weekday Afternoon	1 Unit=15 Min.	\$5.70	\$22.80	1/1/2001	yes
G0156 UH	Home Health Aide- Weekday Evening	1 Unit=15 Min.	\$6.10	\$24.40	1/1/2001	yes
	Home Health Aide- Weekday Day - Self Directed	1 Unit=30 Min.	\$11.77	\$23.54	7/1/2006	yes
	Home Health Aide- Weekday Night - Self Directed	1 Unit=30 Min.	\$13.93	\$27.86	7/1/2006	yes
G0156 UF	Home Health Aide- Weekend Morning	1 Unit=15 Min.	\$5.90	\$23.60	1/1/2001	yes
G0156 UG	Home Health Aide- Weekend Afternoon	1 Unit=15 Min.	\$6.20	\$24.80	1/1/2001	yes
G0156 UH	Home Health Aide- Weekend Evening	1 Unit=15 Min.	\$6.60	\$26.40	1/1/2001	yes
	Home Health Aide- Weekend Day - Self Directed	1 Unit=30 Min.	\$12.31	\$24.62	7/1/2006	yes
	Home Health Aide- Weekend Night - Self Directed	1 Unit=30 Min.	\$15.32	\$30.64	7/1/2006	yes
T1001	Case Management	1 Unit=1 Visit	\$65.60, max, 1 Unit/month	\$65.60	1/1/2001	yes
	Nurse Case Manager- Weekday - Self Directed	1 Unit=30 Min.	\$17.11	\$34.22	7/1/2006	yes
	Nurse Case Manager- Weekend - Self Directed	1 Unit=30 Min.	\$17.11	\$34.22	7/1/2006	yes
T1016	Discharge Planning	1 Unit=15 Min.	\$14.38	\$57.50	1/1/2001	yes

Attendant Services Program

EDS Revenue Code	Attendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	Effective Date	
s5125	Medicaid 1st 6 Months	1 Unit=15 Min	\$2.47	\$9.88	10/7/2007	yes
s5199	Medicaid after 6 Months	1 Unit=15 Min	\$2.60	\$10.40	10/5/2008	yes
	*General Fund 1st 6 Months	1 Unit=1 Hour	\$10.16	\$10.16**	10/1/2006	yes
	*General Fund after 6 Months	1 Unit=1 Hour	\$10.76	\$10.76***	10/1/2006	yes

*Service is for General Fund - **NOT** Medicaid.

**Pay Rate for General Fund 1st 6 Months w/o Worker's Comp, FICA = \$9.00/Hr

***Pay Rate for General Fund after 6 Months w/o Worker's Comp, FICA = \$9.50/Hr

Other Global Commitment (GC) Services

EDS Revenue Code	Global Commitment	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date	
98	Assistive Community Care Services (ACCS)	0 Unit = 1 day	\$36.25	\$36.25	7/01/08	yes
99	*Day Health Rehabilitation Services (DHRS)	1 Unit = 15 min	\$3.75	\$15.00	7/01/08	yes

*Maximum of 50 hours (200 units) per week.

