

**Home and Community Based Services:**  
**Elderly, Blind, and Disabled Waiver (EBD)**  
**Rates Effective March 1, 2019-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
<b>Adult Day Services</b>									
Basic	S5105	U1				\$ 24.77	\$ 24.77	1/2 Day	An individual unit is 3.5 hours per day; Maximum 520 units
Specialized	S5105	U1	TF			\$ 31.62	\$ 31.62	1/2 Day	
<b>Adult Day Service Transportation</b>									
Taxi	A0100	U1	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	HB			\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT	HB		\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN	HB		\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	HB			\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT	HB		\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN	HB		\$ 28.63	\$ 28.63	1 Way Trip	
<b>Alternative Care Facility (ACF)</b>	T2031	U1				\$ 64.88	\$ 64.88	Day	
<b>Consumer Direct Attendant Support Services (CDASS)</b>									
CDASS Homemaker	T2025	U1				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Personal Care	T2025	U1				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Health Maintenance	T2025	U1				\$ 7.44	\$ 7.44	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1				\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	U1				\$ 10.80	\$ 10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	U1				\$ 4.61	\$ 4.61	15 minutes	
Home Modification	S5165	U1				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>In Home Support Services (IHSS)</b>									
IHSS Health Maintenance	H0038	U1				\$ 7.44	\$ 7.44	15 minutes	
IHSS Homemaker	S5130	U1	KX			\$ 4.61	\$ 4.61	15 minutes	
IHSS Personal Care	T1019	U1	KX			\$ 4.61	\$ 4.61	15 minutes	



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
IHSS Relative Personal Care	T1019	U1	HR	KX		\$ 4.61	\$ 4.61	15 minutes	
Life Skills Training	H2014	U1				\$ 9.38	\$ 9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1				NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1				NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1				\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	TT			\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	TN			\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1				\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	TT			\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	TN			\$ 28.63	\$ 28.63	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	U1	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	TT	HB		\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	U1	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	TK	HB		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	U1	TF			\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	TF	HB		\$ 3.00	\$ 3.00	Day Pass	
RTD Local	A0110	U1	TN			\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U1	TN	HB		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	SE			\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SE	HB		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	U1	TG			\$ 30.00	\$ 30.00	6 Ride Book	



**Home and Community Based Services:**  
**Elderly, Blind, and Disabled Waiver (EBD)**  
**Rates Effective March 1, 2019-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
RTD Local- Access A Ride To and From Adult Day	A0110	U1	TG	HB		\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	U1	CG			\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	CG	HB		\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	U1	TJ			\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	TJ	HB		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	U1	TU			\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U1	TU	HB		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	U1	EY			\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	EY	HB		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U1	HC			\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U1	HC	HB		\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	U1				\$ 5.36	\$ 5.36	15 minutes	Available for 365 days after enrollment
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	U1				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	U1				\$ 4.61	\$ 4.61	15 minutes	
Personal Care Relative	T1019	U1	HR			\$ 4.61	\$ 4.61	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF (Alternative Care Facility)	S5151	U1				\$ 58.39	\$ 58.39	Day	
In-Home Respite	S5150	U1				\$ 4.99	\$ 4.99	15 minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1				\$ 130.21	\$ 130.21	Day	
<b>Community Transition Services</b>									
Coordinator	T2038	U1				\$ 7.66	\$ 7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment



Home and Community Based Services:  
**Elderly, Blind, and Disabled Waiver (EBD)**  
 Rates Effective March 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective	Rate Effective	Unit Value	Comments
						01/01/2019	03/01/2019		

Legend	
CG	Policy criteria applied
EY	HCPSC Definition: No physician or other licensed health care provider order for this
HB	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPSC Defn: Geriatric)
HR	Relative providing care (HCPSC Defn: Family/Couple with client present)
KX	In Home Support Services (HCPSC Defn: Requirements specified in the medical policy have
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPSC Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPSC Defn: Overtime)
U1	Elderly, Blind and Disabled Waiver (HCPSC Defn: Medicaid Level of Care 1, as defined by each state)



**Home and Community Based Services:**  
**Community Mental Health Supports (CMHS) Waiver**  
**Rates Effective March 1, 2019-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
<b>Adult Day Services</b>									
Basic	S5105	UA				\$ 24.77	\$ 24.77	1/2 Day	An individual unit is 4-5 hours per day; Maximum 520 units
Specialized	S5105	UA	TF			\$ 31.62	\$ 31.62	1/2 Day	
<b>Adult Day Services Transportation</b>									
Taxi	A0100	UA	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA	HB			\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	UA	TT	HB		\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0120	UA	TN	HB		\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA	HB			\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	UA	TT	HB		\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (Over 20 Miles)	A0130	UA	TN	HB		\$ 28.63	\$ 28.63	1 Way Trip	
<b>Alternative Care Facility (ACF)</b>	T2031	UA				\$ 64.88	\$ 64.88	Day	May be different for clients with 300% income, use PETI for rate
<b>Consumer Directed Attendant Services (CDASS)</b>									
CDASS Homemaker	T2025	UA				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Personal Care	T2025	UA				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Health Maintenance	T2025	UA				\$ 7.44	\$ 7.44	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	UA				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UA				\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	UA				\$ 10.80	\$ 10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	UA				\$ 4.61	\$ 4.61	15 minutes	
Home Modification	S5165	UA				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
Life Skills Training	H2014	UA				\$ 9.38	\$ 9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
<b>Medication Reminder</b>									
Purchase	T2029	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5185	UA				NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	UA				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	UA				\$ 9.46	\$ 9.46	1 Way Trip	
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<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	UA				\$ 11.23	\$ 11.23	1 Way Trip	
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<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	UA	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	UA	TT	HB		\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	UA	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	UA	TK	HB		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	UA	TF			\$ 3.00	\$ 3.00	Day Pass	
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RTD Local- Access A Ride	A0110	UA	SE			\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	UA	SE	HB		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	UA	TG			\$ 30.00	\$ 30.00	6 Ride Book	



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
RTD Local- Access A Ride To and From Adult Day	A0110	UA	TG	HB		\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	UA	CG			\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	UA	CG	HB		\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	UA	TJ			\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	UA	TJ	HB		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	UA	TU			\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	UA	TU	HB		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	UA	EY			\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	UA	EY	HB		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional-Access A Ride	A0110	UA	HC			\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day-Access A Ride	A0110	UA	HC	HB		\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	UA				\$ -	\$ 5.36	15 minutes	Available for 365 days after enrollment
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	UA				NR*	NR*	Purchase	1 unit = 1 purchase
Monitoring	S5161	UA				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	UA				\$ 4.61	\$ 4.61	15 minutes	
Personal Care-Relative	T1019	UA	HR			\$ 4.61	\$ 4.61	15 minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF or a Nursing Facility									
Alternative Care Facility (ACF)	S5151	UA				\$ 58.39	\$ 58.39	Day	
Nursing Facility	H0045	UA				\$ 130.21	\$ 130.21	Day	
<b>Community Transition Services</b>									
Coordinator	T2038	UA				\$ 7.66	\$ 7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	UA				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment





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**Community Mental Health Supports (CMHS) Waiver**  
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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
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Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
UA	Community Mental Health Supports (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)





Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective March 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
Adult Day Services	S5102	U6				\$ 52.14	\$ 52.14	Day	At least 2 or more hours of attendance, 1 or more days per week
<b>Adult Day Services Transportation</b>									
Taxi	A0100	U6	HB			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6	HB			\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT	HB		\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN	HB		\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6	HB			\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT	HB		\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN	HB		\$ 28.63	\$ 28.63	1 Way Trip	
Assistive Technology	T2029	U6				NR*	NR*	Per Purchase	1 unit = 1 purchase
Behavioral Services	H0025	U6				\$ 14.71	\$ 14.71	30 Minutes	
Day Treatment	H2018	U6				\$ 82.72	\$ 82.72	Day	
<b>Consumer Direct Attendant Supports and Services (CDASS)</b>									
CDASS Homemaker	T2025	U6				\$ 4.20	\$ 4.20	15 minutes	
CDASS Personal Care	T2025	U6				\$ 4.20	\$ 4.20	15 Minutes	
CDASS Health Maintenance	T2025	U6				\$ 7.44	\$ 7.44	15 minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U6				\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U6				\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	U6				\$ 10.80	\$ 10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Home Modification	S5165	U6				NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
Independent Living Skills Training (ILST)	T2013	U6				\$ 37.52	\$ 37.52	Hour	



Home and Community Based Services:

Brain Injury (BI) Waiver

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
<b>Mental Health Counseling</b>									
Individual	H0004	U6				\$ 15.19	\$ 15.19	15 minutes	
Family	H0004	U6	HR			\$ 15.19	\$ 15.19	15 minutes	
Group	H0004	U6	HQ			\$ 8.51	\$ 8.51	15 minutes	
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips									
Taxi	A0100	U6				PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 Miles)	A0120	U6				\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0120	U6	TT			\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0120	U6	TN			\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 Miles)	A0130	U6				\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 Miles)	A0130	U6	TT			\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 Miles)	A0130	U6	TN			\$ 28.63	\$ 28.63	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	U6	TT			\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U6	TT	HB		\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	U6	TK			\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U6	TK	HB		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	U6	TF			\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U6	TF	HB		\$ 3.00	\$ 3.00	Day Pass	
RTD Local	A0110	U6	TN			\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U6	TN	HB		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U6	SE			\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	SE	HB		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	U6	TG			\$ 30.00	\$ 30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U6	TG	HB		\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	U6	CG			\$ 99.00	\$ 99.00	Monthly	



Home and Community Based Services:

Brain Injury (BI) Waiver

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
RTD Regional To and From Adult Day	A0110	U6	CG	HB		\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	U6	TJ			\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U6	TJ	HB		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	U6	TU			\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U6	TU	HB		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	U6	EY			\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U6	EY	HB		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	U6	HC			\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day- Access A Ride	A0110	U6	HC	HB		\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	U6				\$ 5.36	\$ 5.36	15 minutes	Available for 365 days after enrollment
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U6				NR*	NR*	1 unit = 1 purchase	
Monitoring	S5161	U6				NR*	NR*	Month	1 unit = 1 month
Personal Care	T1019	U6				\$ 4.61	\$ 4.61	15 minutes	
Personal Care-Relative	T1019	U6	HR			\$ 4.61	\$ 4.61	15 minutes	Maximum reimbursement not to exceed 1776 units (444 hours) per year
<b>Respite Care</b>									
Combined maximum of 720 hours per certification period for Respite Care provided In Home or in a Nursing Facility									
In-Home Respite	S5150	U6				\$ 4.99	\$ 4.99	15 minutes	Not to exceed 8 hours per day
Nursing Facility	H0045	U6				\$ 123.19	\$ 123.19	Day	
<b>Substance Abuse Counseling</b>									
Family	T1006	U6	HR	HF		\$ 60.84	\$ 60.84	Hour	
Individual	H0047	U6	HF			\$ 60.84	\$ 60.84	Hour	
Group	H0047	U6	HQ	HF		\$ 34.09	\$ 34.09	Hour	
<b>Transitional Living Program</b>									
Level 1	T2016	U6				\$ 357.24	\$ 357.24	1 Day	
Level 2	T2016	U6	HB			\$ 382.76	\$ 382.76	1 Day	
Level 3	T2016	U6	HE			\$ 409.34	\$ 409.34	1 Day	
Level 4	T2016	U6	HK			\$ 437.54	\$ 437.54	1 Day	
Level 5	T2016	U6	HB	HE		\$ 463.63	\$ 463.63	1 Day	
<b>Community Transition Services</b>									



Home and Community Based Services:

Brain Injury (BI) Waiver

Rates Effective March 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
Coordinator	T2038	U6				\$ 7.66	\$ 7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U6				\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Supported Living Program	T2033	U6				FS*	FS*	Day	Per diem rate set by HCPF using acuity levels of client population

Legend	
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
U6	Brain Injury (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)



Home and Community Based Services:

Spinal Cord Injury (SCI) Waiver

Rates Effective March 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
<b>Adult Day Services</b>									
Maximum 520 units									
Basic	S5105	U1	SC			\$ 24.77	\$ 24.77	1/2 Day	An individual unit is 3-5 hours per day; Maximum 520 units
Specialized	S5105	U1	SC	TF		\$ 31.62	\$ 31.62	1/2 Day	
<b>Adult Day Program Transportation</b>									
Use HB modifier for trips to and from adult day program.									
Taxi	A0100	U1	SC	HB		PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC	HB		\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT	HB	\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN	HB	\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC	HB		\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT	HB	\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN	HB	\$ 28.63	\$ 28.63	1 Way Trip	
<b>Alternative Therapies</b>									
Acupuncture	97814	U1	SC			\$ 18.46	\$ 18.46	15 Minutes	Maximum 204 Units per service; Combined maximum of 408 units.
Chiropractic	98942	U1	SC			\$ 23.76	\$ 23.76	15 Minutes	
Massage	97124	U1	SC			\$ 14.20	\$ 14.20	15 Minutes	
<b>Consumer Directed Attendant Support Services (CDASS)</b>									
CDASS Homemaker	T2025	U1	SC			\$ 4.20	\$ 4.20	15 Minutes	
CDASS Personal Care	T2025	U1	SC			\$ 4.20	\$ 4.20	15 Minutes	
CDASS Health Maintenance	T2025	U1	SC			\$ 7.44	\$ 7.44	15 Minutes	
<b>CDASS Per Member Per Month, By FMS Vendor</b>									
Morning Star Financial Services- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	
Public Partnerships, LLC- FEA	T2040	U1	SC			\$ 103.21	\$ 103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	U1	SC			\$ 85.00	\$ 85.00	Month	
Home Delivered Meals	S5170	U1	SC			\$ 10.80	\$ 10.80	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Homemaker	S5130	U1	SC			\$ 4.61	\$ 4.61	15 Minutes	



**Home and Community Based Services:**  
**Spinal Cord Injury (SCI) Waiver**  
**Rates Effective March 1, 2019-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
Home Modification	S5165	U1	SC			NR*	NR*	Per Modification	\$14,000.00 Lifetime Maximum
<b>In-Home Support Services (IHSS)</b>									
IHSS Health Maintenance	H0038	U1	SC			\$ 7.44	\$ 7.44	15 Minutes	
IHSS Homemaker	S5130	U1	SC	KX		\$ 4.61	\$ 4.61	15 Minutes	
IHSS Personal Care	T1019	U1	SC	KX		\$ 4.61	\$ 4.61	15 Minutes	
IHSS Relative Personal Care	T1019	U1	SC	HR	KX	\$ 4.61	\$ 4.61	15 Minutes	
Life Skills Training	H2014	U1	SC			\$ 9.38	\$ 9.38	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
<b>Medication Reminder</b>									
Install/Purchase	T2029	U1	SC			NR*	NR*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	U1	SC			NR*	NR*	Month	1 unit = 1 month
<b>Non Medical Transportation</b>									
All types except Adult Day are limited to 208 trips, or 104 round trips per service plan year									
Taxi	A0100	U1	SC			PUC*	PUC*	1 Way Trip	
<b>Mobility Van</b>									
Mileage Band 1 (0-10 miles)	A0120	U1	SC			\$ 9.46	\$ 9.46	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0120	U1	SC	TT		\$ 17.44	\$ 17.44	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0120	U1	SC	TN		\$ 25.95	\$ 25.95	1 Way Trip	
<b>Wheelchair Van</b>									
Mileage Band 1 (0-10 miles)	A0130	U1	SC			\$ 11.23	\$ 11.23	1 Way Trip	
Mileage Band 2 (11-20 miles)	A0130	U1	SC	TT		\$ 21.02	\$ 21.02	1 Way Trip	
Mileage Band 3 (over 20 miles)	A0130	U1	SC	TN		\$ 28.63	\$ 28.63	1 Way Trip	
<b>Non-Medical Transportation, Local Public Transit</b>									
RTD Local	A0110	U1	SC	TT		\$ 57.00	\$ 57.00	Monthly	
RTD Local- To and From Adult Day	A0110	U1	SC	TT	HB	\$ 57.00	\$ 57.00	Monthly	
RTD Local	A0110	U1	SC	TK		\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local- To and From Adult Day	A0110	U1	SC	TK	HB	\$ 14.00	\$ 14.00	10 Ride Book	
RTD Local	A0110	U1	SC	TF		\$ 3.00	\$ 3.00	Day Pass	
RTD Local- To and From Adult Day	A0110	U1	SC	TF	HB	\$ 3.00	\$ 3.00	Day Pass	



**Home and Community Based Services:**  
**Spinal Cord Injury (SCI) Waiver**  
**Rates Effective March 1, 2019-June 30, 2019**



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
RTD Local	A0110	U1	SC	TN		\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- To and From Adult Day	A0110	U1	SC	TN	HB	\$ 1.50	\$ 1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	U1	SC	SE		\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SC	SE	HB	\$ 5.00	\$ 5.00	Single	
RTD Local- Access A Ride	A0110	U1	SC	TG		\$ 30.00	\$ 30.00	6 Ride Book	
RTD Local- Access A Ride To and From Adult Day	A0110	U1	SC	TG	HB	\$ 30.00	\$ 30.00	6 Ride Book	
<b>Non-Medical Transportation, Regional Public Transit</b>									
RTD Regional	A0110	U1	SC	CG		\$ 99.00	\$ 99.00	Monthly	
RTD Regional To and From Adult Day	A0110	U1	SC	CG	HB	\$ 99.00	\$ 99.00	Monthly	
RTD Regional	A0110	U1	SC	TJ		\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional To and From Adult Day	A0110	U1	SC	TJ	HB	\$ 25.25	\$ 25.25	10 Ride Book	
RTD Regional	A0110	U1	SC	TU		\$ 5.25	\$ 5.25	Day Pass	
RTD Regional To and From Adult Day	A0110	U1	SC	TU	HB	\$ 5.25	\$ 5.25	Day Pass	
RTD Regional	A0110	U1	SC	EY		\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional To and From Adult Day	A0110	U1	SC	EY	HB	\$ 2.60	\$ 2.60	3 Hour Pass	
RTD Regional-Access A Ride	A0110	U1	SC	HC		\$ 9.00	\$ 9.00	Single	
RTD Regional To and From Adult Day-Access A Ride	A0110	U1	SC	HC	HB	\$ 9.00	\$ 9.00	Single	
Peer Mentorship	H2015	U1	SC			\$ 5.36	\$ 5.36	15 minutes	Available for 365 days after enrollment
Personal Care	T1019	U1	SC			\$ 4.61	\$ 4.61	15 Minutes	
Relative Personal Care	T1019	U1	SC	HR		\$ 4.61	\$ 4.61	15 Minutes	Maximum reimbursement not to exceed 1776 (444 hours) units per year (8.485.200)
<b>Personal Emergency Response System (PERS)</b>									
Install/Purchase	S5160	U1	SC			NR*	NR*	Purchase	1 unit = 1 purchase





**Home and Community Based Services:**  
**Spinal Cord Injury (SCI) Waiver**  
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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2019	Rate Effective 03/01/2019	Unit Value	Comments
Monitoring	S5161	U1	SC			NR*	NR*	Month	1 unit = 1 month
<b>Respite Care</b>									
Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or a Nursing Facility									
ACF	S5151	U1	SC			\$ 58.39	\$ 58.39	Day	
In-Home Respite	S5150	U1	SC			\$ 4.99	\$ 4.99	15 Minutes	Not to exceed the Nursing Facility per diem (or 6.5 hours per day)
Nursing Facility	H0045	U1	SC			\$ 130.21	\$ 130.21	Day	
<b>Community Transition Services</b>									
Coordinator	T2038	U1	SC			\$ 7.66	\$ 7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U1	SC			\$ 1,500.00	\$ 1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

<b>Legend</b>	
<b>HB</b>	<b>To and From Adult Day</b> (HCPCS Defn: Adult Program, non-geriatric)
<b>HR</b>	<b>Relative providing care</b> (HCPCS Defn: Family/Couple with client present)
<b>KX</b>	<b>In Home Support Services</b> (HCPCS Defn: Requirements specified in the medical policy have been
<b>NR*</b>	<b>Negotiated Rate, will vary by client</b>
<b>PUC*</b>	<b>Public Utility Commission Determined Rate</b>
<b>SC</b>	<b>Spinal Cord Injury</b> (HCPCS Defn: Medically Necessary Service or Supply)
<b>TF</b>	<b>Intermediate Level of care</b>
<b>TN</b>	<b>Outside Providers' customary service area</b>
<b>TT</b>	<b>Individualized service provided to more than one client in the same setting</b>
<b>U1</b>	<b>Elderly, Blind, and Disabled</b> (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)





ADJUSTMENT TABLE		
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER
HCBS EBD	0.000%	1.00000
HCBS CMHS	0.000%	1.00000
HCBS BI	0.000%	1.00000
HCBS SCI	0.000%	1.00000
HCBS DD	0.000%	1.00000
HCBS TCM	0.000%	1.00000
HCBS SLS	0.000%	1.00000
HCBS/DDD/DHS CES	0.000%	1.00000
HCBS/DDD/DHS CWA	0.000%	1.00000
HCBS/DDD/DHS CLI	0.000%	1.00000
HCBS/DDD/DHS CHCBS	0.000%	1.00000
HCBS/DDD/DHS CHRP	0.000%	1.00000
DIDD Wage Pass Through	6.500%	1.06500

