Division of Aging Rate Schedule	Medicaid Waiver									CHOICE \ SSBG \ TITLE III				
	Price Code	Mod 1	Mod 2	Mod 3	Dsc Proc Modified	AD 127 - Prior to 7/1/2008	A & D - Effective 7/1/2008	TB 131	Notes	Service\ Procedure Code	Alternate Description	Unit of Svc	Rate in effect 05/2008	Notes
ADULT DAY SERVICE TRANSPORTATION	T2003	U7			U7=WAIVER	$17.06	$17.83	$17.06	Per Trip	ADST	TRANSPORT-ADS	.25 Hour	$16.72	
ASSIST LIVING WAIVER/DIEM	T2031	U7	U1		U7=WAIVER; U1=LEVEL1	$62.74	$66.55	N/A	Day	N/A	N/A	N/A	N/A	
ASSIST LIVING WAIVER/DIEM	T2031	U7	U2		U7=WAIVER; U2=LEVEL2	$71.85	$73.33	N/A	Day	N/A	N/A	N/A	N/A	
ASSIST LIVING WAIVER/DIEM	T2031	U7	U3		U7=WAIVER; U3=LEVEL3	$80.93	$80.93	N/A	Day	N/A	N/A	N/A	N/A	
ATTENDANT CARE SERVICES (Agency)	S5125	U7	UA		U7=WAIVER; UA=PROVIDER (AGENCY)	$4.74	$4.95	$4.20	.25 Hour	ATTC		.25 Hour	$4.74	
ATTENDANT CARE SERVICES (Consumer Directed)	S5125	U7	U1		U7 = WAIVER U1= ATTC FI	$2.72	$2.84	N/A	.25 Hour	HIRE		.25 Hour	$2.84	
ATTENDANT CARE SERVICES (NonAgency)	S5125	U7			U7=WAIVER	$2.57	$3.00	$2.57	.25 Hour	ATTC		.25 Hour	$2.52	
BEHAVIORAL HEALTH COUNSEL	H0004	U7	U1		U7= WAIVER U1= LEVEL 1	N/A	N/A	$17.38	.25 Hour	BMAN	BEHAVIOR MANAGEMENT	.25 Hour	$17.03	
BEHAVIORAL HEALTH COUNSEL	H0004	U7	U2		U7 = WAIVER U2 = LEVEL 2	N/A	N/A	$17.38	.25 Hour	BMAN	BEHAVIOR MANAGEMENT	.25 Hour	$17.03	
CASE MANAGEMENT	T1016	U7			U7=WAIVER	$9.67	$11.34	$9.67	.25 Hour	CMGT		.25 Hour	$9.48	
CASE MANAGEMENT, PER MNTH	T2022	U7	U3		U7=WAIVER; U3=LEVEL3	N/A	N/A	$144.18		N/A	N/A	N/A	N/A	
CASE MANAGEMENT, PER MNTH	T2022	U7	U4		U7=WAIVER; U4=LEVEL4	N/A	N/A	$192.24		N/A	N/A	N/A	N/A	
CASE MANAGEMENT, PER MNTH (Health Care Coordination)	T2022	U7	U1		U7=WAIVER; U1=LEVEL1 Health Care Coordination	N/A	N/A	$48.06	Monthly Rate	N/A	N/A	N/A	N/A	
CASE MANAGEMENT, PER MNTH (Health Care Coordination)	T2022	U7	U2		U7=WAIVER; U2=LEVEL2 Health Care Coordination	N/A	N/A	$96.12	Monthly Rate	N/A	N/A	N/A	N/A	
CASE MANAGEMENT, PER MNTH (Health Care Coordination)	T2022	U7	U1		U7=WAIVER;Health Care Coordination	N/A	$9.74	N/A	.25 Hour rate, max 8 Hrs - New for SFY2009	N/A	N/A	N/A	N/A	
COMM TRANS WAIVER/SERVICE	T2038	U7			U7=WAIVER		$1,500.00	N/A	Lifetime Cap	N/A	N/A	N/A	N/A	
COMMERCIA CAR; MULTI-PASS	T2004	U7	U1		U7=WAIVER; U1=NON-ASSISTED	$150.00	.45 / $2,796	$150.00	Per Mile / Annual Cap	TLV1	TRANSP-LV1-24HR SUPERVISE	1Unit	$0.28	Agency & NonAgency
COMMERCIA CAR; MULTI-PASS	T2004	U7	U2		U7=WAIVER; U2=ASSISTED	N/A	.90 / $5,424	$300.00	Per Mile / Annual Cap	TLV2	TRANSP-LV2-24HR SUPERVISE	1Unit	$0.58	Agency & NonAgency
DAY CARE SERVICES, ADULT,	S5100	U7	U1		U7=WAIVER; U1=LEVEL1	$3.00	$3.00	$1.38	.25 Hour	AD1	LVL 1 DAY SVC	.25 Hour	$3.00	
DAY CARE SERVICES, ADULT,	S5100	U7	U2		U7=WAIVER; U2=LEVEL2	$3.00	$3.00	$1.80	.25 Hour	AD2	LVL 2 DAY SVC	.25 Hour	$3.00	
DAY CARE SERVICES, ADULT,	S5100	U7	U3		U7=WAIVER; U3=LEVEL3	$3.00	$3.00	$2.14	.25 Hour	AD3	LEVL 3 DAY SVC	.25 Hour	$3.00	
DAY CARE SERVICES, ADULT,	S5101	U7	U1		U7=WAIVER; U1=LEVEL1	N/A	N/A	$21.95	1/2 Day Unit	N/A	N/A	N/A	N/A	
DAY CARE SERVICES, ADULT,	S5101	U7	U2		U7=WAIVER; U2=LEVEL2	N/A	N/A	$28.80	1/2 Day Unit	N/A	N/A	N/A	N/A	
DAY CARE SERVICES, ADULT,	S5101	U7	U3		U7=WAIVER; U3=LEVEL3	N/A	N/A	$34.29	1/2 Day Unit	N/A	N/A	N/A	N/A	
EMERGENCY RESPONSE SYSTEM	S5160	U7			U7=WAIVER	$52.07	$54.41	$52.07	Install	PRSI	PER RSP SYS INST	.25 Hour	$51.03	
EMERGENCY RESPONSE SYSTEM	S5161	U7			U7=WAIVER	$52.07	$54.41	$52.07	Monthly Rate	PRSM	PER RSP SYS MNT	.25 Hour	$51.03	
FOSTER CARE, ADULT;	S5141	U7	U1		U7=WAIVER; U1=LEVEL1	$55.00	$57.48	N/A	Day	N/A	N/A	N/A	N/A	
FOSTER CARE, ADULT;	S5141	U7	U2		U7=WAIVER; U2=LEVEL2	$65.00	$67.93	N/A	Day	N/A	N/A	N/A	N/A	
FOSTER CARE, ADULT;	S5141	U7	U3		U7=WAIVER; U3=LEVEL3	$75.00	$78.38	N/A	Day	N/A	N/A	N/A	N/A	
HOME DELIVERED MEALS, INC	S5170	U7			U7=WAIVER	$4.92	$5.32	N/A	Per Meal	HDM			COST	
HOME MODIFICATION INSTALL	S5165	U7	NU		U7=WAIVER; NU=NEW DME	$15,000.00	$15,000.00	$15,000.00	Life Cap	HDMI	ENVIRON MOD INSTALL		$15,000.00	Life Cap
HOME MODIFICATION MAINTENANCE	S5165	U7	RP		U7=WAIVER; RP=REPLACEMENT AND REPAIR	$500.00	$500.00	$500.00	Annual Cap	HOMM	ENVIRON MOD MAINT		$500.00	Annual Cap
HOMEMAKER SERVICE, NOS (Agency)	S5130	U7	UA		U7=WAIVER; UA=PROVIDER	$3.55	$3.71	$3.15	.25 Hour	HMK	HOMEMAKER	.25 Hour	$3.55	

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HOMEMAKER SERVICE, NOS (NonAgency)	S5130	U7			U7=WAIVER	$2.29	$2.70	$2.29	.25 Hour	HMK	HOMEMAKER	.25 Hour	$2.24	
NUTRITIONAL SUPPLEMENT	B4150	U7			U7=WAIVER (Annual Cap)	$1,200.00	$1,200.00	N/A	Annual Cap	N/A	N/A	N/A	N/A	
OCCUPATIONAL THERAPY	G0152	U7	UA		U7=WAIVER; UA=PROVIDER	N/A	N/A	$13.01	.25 Hour	OCTH	OCCPTNL THERAPY	.25 Hour	$13.01	
PHYSICAL THERAPY	G0151	U7	UA		U7=WAIVER; UA=PROVIDER	N/A	N/A	$13.92	.25 Hour	PHTH	PHYSICAL THERAPY	.25 Hour	$13.92	
PRIVATE DUTY NURSE						N/A	N/A	N/A		PRDU	PRIVATE DUTY NURSE	.25 Hour	$6.63	Agency & NonAgency
RESIDENTIAL BASED REHABILITATION	97535	U7			U7=WAIVER	N/A	N/A	$6.99	.25 Hour	RBHA	RESID BASED HAB	.25 Hour	$6.85	
RESPITE CARE SERVICES	T1005	U7	UA	TD	U7=WAIVER; UA=PROVIDER; TD=RN	$7.79	$9.74	$7.79	.25 Hour	RNUR / SKNU	RESPITE NURSING / SKILLED NURSING	.25 Hour	$7.63	
RESPITE CARE SERVICES	T1005	U7	UA	TE	U7=WAIVER, UA=PROVIDER, TE=LPN	$5.91	$6.70	$5.91	.25 Hour	LPN / RLPN	LPN / LPN	.25 Hour	$5.79	
RESPITE NOT-IN-HOME PER D	H0045	U7			U7=WAIVER	$150.00	$150.00	$150.00	Edit Cap for Per Diem Rate Billing	N/A	N/A	N/A	N/A	
SPECIALIZED MEDICAL EQUIP	T2029	U7	NU		U7=WAIVER; NU=NEW DME	$50,000.00	$50,000.00	$50,000.00	No Cap, $50k is Manual Review	ATCH	SPECIALIZED MEDICAL EQUIP INSTALL			
SPECIALIZED MEDICAL EQUIP	T2029	U7	RP		U7=WAIVER; RP=REPLACEMENT AND REPAIR	$500.00	$500.00	$500.00	Annual Cap	ATCM	SPECIALIZED MEDICAL EQUIP MAINT			
SPEECH THERAPY	92507	U7	UA		U7=WAIVER; UA=PROVIDER	N/A	N/A	$15.15	.25 Hour	SPTH	SPEECH THERAPY	.25 Hour	$15.15	
STRUCTURED DAY PROGRAM-GROUP	T2021	U7	HQ		U7=WAIVER; HQ=GROUP SETTING	N/A	N/A	$1.67	.25 Hour	HDG	HABILITAT DAY GR	.25 Hour	$1.64	
STRUCTURED DAY PROGRAM-INDIVIDUAL	T2021	U7			U7=WAIVER	N/A	N/A	$8.38	.25 Hour	HDI	HABILITAT DAY IN	.25 Hour	$8.21	
SUPPORTED EMPLOY	H2023	U7			U7=WAIVER			$9.17	.25 Hour	HSE	HABILITAT SUP EMPLOYMENT	.25 Hour	$8.99	
UNSKILLED RESPITE CARE, N	S5150	U7	UA	U9	U7=WAIVER; UA=PROVIDER; U9=HOME HEALTH AIDE	$4.00	$5.02	$4.00	.25 Hour	RHHA / HOHE	RESPITE- HM HEALTH AIDE / HOME HEALTH AIDE	.25 Hour	$4.74	
UNSKILLED RESPITE CARE, N	S5150	U7	UA	UB	U7=WAIVER; UA=PROVIDER; UB=HOMEMAKER	$3.55	N/A	$3.00		RHMK	RESPITE- HOMEMAKER	.25 Hour	$3.55	Agency
UNSKILLED RESPITE CARE, N	S5150	U7	UA	UC	U7=WAIVER; UA=PROVIDER; UC=PERSONAL CARE ATTENDANT	$4.74	N/A	$4.00		RATT	RESPITE ATTC	.25 Hour	$4.74	Agency
UNSKILLED RESPITE CARE, N	S5150	U7	UB		U7=WAIVER; UB=HOMEMAKER	$2.18	N/A	$2.18		RHMK	RESPITE- HOMEMAKER	.25 Hour	$2.14	NonAgency
UNSKILLED RESPITE CARE, N	S5150	U7	UC		U7=WAIVER; UC=PERSONAL CARE ATTENDANT	$2.45	N/A	$2.45		RATT	RESPITE ATTC	.25 Hour	$2.45	NonAgency
VEHICLE MODIFICATIONS	T2039	U7			U7=WAIVER	$15,000.00	$15,000.00	$15,000.00	Life Cap	VMOD				
WAIVER SERVICE, NOS	T2025	U7	U1		U7=WAIVER; U1=PEST CONTROL	$600.00	$600.00	N/A	Annual Cap	PEST	PEST CONTROL		COST	

Notes:

N/A = Not Applicable or Not Available

CHOICE, SSBG & TITLE III Rates = Where specific rates are stated, they should be considered not to exceed caps.