



2015 Long-Term Services and Supports State Established Rates

The following table identifies those services and programs in which the line item REQ RATE field (requested rate) must match the service statewide maximum rate shown in the APP RATE field for services effective July 1, 2015, and greater.

Service Name	Service Unit	Procedure Code	AC	EW	BI	CA C	CADI	DD	ECS
Adult Day Service	15 minute	S5100	X	X					X
Adult Day Service Family Adult Day Services	15 minute	S5100 U7	X	X					
Adult Day Service Bath	15 minute	S5100 TF	X	X					X
Companion Services	15 minute	S5135	X	X					
Chore Service	15 minute	S5120	X	X	X		X	X	X
Family Caregiver Coaching and Counseling	15 minute	S5115 TF	X	X					
Home Delivered Meals	Per Meal	S5170	X	X	X	X	X	X	X
Homemaker – (Assistance with personal cares)	15 minute	S5130 TG	X	X	X	X	X	X	X
Homemaker – (Home Management)	15 minute	S5130 TF	X	X	X	X	X	X	X
Nutrition Services	Visit	S9470	X						
Respite In Home	15 minute	S5150	X	X					
Respite In Home	Daily	S5151	X	X					
Respite out of Home	15 minute	S5150 UB	X	X					

Manually adjusted rates by program

Beginning July 1, 2015, manually adjust all existing authorized rates in MMIS for the services below. Refer to the long-term service and supports (LTSS) rate limits by program for the new state-established rates for county provided case management.

Continue to authorize contracted case management rates at the county determined rate, up to the service limit. Contracted case management must be billed at the rate in the contract.

Service Name	Service Unit	Procedure Code	AC	EW	BI	CAC	CADI	DD
Case Management	15 Minutes	T1016 UC	X	X	X	X	X	X
Case Management-Conversion	15 Minutes	T1016	X					
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	X	X	X	X	X	
CDCS Mandatory Case Management	15 Minutes	T2041	X	X				

Respite services using procedure code H0045

Authorize respite services using the H0045 procedure code in the Elderly Waiver and Alternative Care programs at the state-established rate for services on or after July 1, 2015. Refer to the long-term service and supports (LTSS) rate limits by program.

Service Name	Service Unit	Procedure Code	AC	EW	BI	CAC	CADI	DD
Respite Hospital, 24 hours	Daily	H0045	X	X				
Respite out of Home	Daily	H0045	X	X				
Respite Certified Facility	Daily	H0045	NF's per diem for the client's case mix	NF's per diem for the client's case mix				