

**Agency for Persons with Disabilities**  
**Tiers 1, 2, 3 & 4 (Formerly known as HCBS, CDC+ and FSL Waivers)**  
**Monroe County**  
**Published Rates and Billing Code Matrix as of April 1, 2010**

Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Agency for Persons with Disabilities Waiver Services Maximum Allowable Units of Service	Staff to Consumer Ratio or Level of Care	Rates apply to Monroe County only	
							Independent  MAXIMUM Allowable Per Unit Rate	Agency  MAXIMUM Allowable Per Unit Rate
<b>Tiers 1, 2 and 3</b>								
Adult Day Training - Facility Based	S5102	U6		Q	24 QH / day (Max 5,760 QH / year)	1:1	N/A	\$3.88
Adult Day Training - Facility Based	S5102	U6		Q	24 QH / day (Max 5,760 QH / year)	1:3	N/A	\$2.22
Adult Day Training - Facility Based	S5102	U6		Q	24 QH / day (Max 5,760 QH / year)	1:5	N/A	\$1.55
Adult Day Training - Facility Based	S5102	U6		Q	24 QH / day (Max 5,760 QH / year)	1:6-10	N/A	\$1.18
Adult Day Training - Off Site	T2021	U6		Q	24 QH / day (Max 5,760 QH / year)	1:1	N/A	\$3.88
Adult Day Training - Off Site	T2021	U6		Q	24 QH / day (Max 5,760 QH / year)	1:3	N/A	\$2.22
Adult Day Training - Off Site	T2021	U6		Q	24 QH / day (Max 5,760 QH / year)	1:5	N/A	\$1.55
Adult Day Training - Off Site	T2021	U6		Q	24 QH / day (Max 5,760 QH / year)	1:6-10	N/A	\$1.18
Adult Dental Services	D0160	U6		U	10 units / day		\$514.05 / unit	\$514.05 / unit
Behavioral Analysis Services Assessment	H2020	U6		U	1 assessment / 365 days		\$286.19 / \$572.38	\$286.19 / \$572.38
Behavior Analysis Level 1	H2019	HP	U6	Q	16 QH / day (Max 5,840 QH / year)	1	\$14.79	\$21.88
Behavior Analysis Level 2	H2019	U6	HO	Q	16 QH / day (Max 5,840 QH / year)	2	\$12.92	\$19.11
Behavior Analysis Level 3	H2019	U6	HN	Q	16 QH / day (Max 5,840 QH / year)	3	\$8.04	\$11.89
Behavior Assistant Services	H2019	U6	HM	Q	64 QH / day (Max 23,808 QH / year)		\$3.60	\$4.78
Companion	S5135	U6		Q	24 QH / day (Max 120 QH / week)	1:1	\$3.13	\$4.15
Companion	S5135	U6		Q	24 QH / day (Max 120 QH / week)	1:2	\$2.10	\$2.79
Companion	S5135	U6		Q	24 QH / day (Max 120 QH / week)	1:3	\$1.75	\$2.32

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Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Agency for Persons with Disabilities Waiver Services Maximum Allowable Units of Service	Staff to Consumer Ratio or Level of Care	Rates apply to Monroe County only	
							Independent	Agency
							MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate
<b>Tiers 1, 2 and 3</b>								
Consumable Medical Supplies	S5199	U6		U	10 units / day		\$257.03 / Unit	\$257.03 / Unit
Dietician Services	97802	U6		Q	12 QH / day (Max 4,380 QH / year)		\$10.80	\$14.83
Durable Medical Equipment	E1399	U6		U	5 units / day		\$5140.50 / Unit	\$5140.50 / Unit
Environmental Accessibility Adaptations	S5165	U6		U	5 units / day (Max \$20,000 / 5 yrs.)		\$771.08 / Unit	\$771.08 / Unit
Environmental Accessibility Assessment	S5165	U6	SC	U	1 assessment / 365 days		\$822.48 / Unit	\$822.48 / Unit
In - Home Supports (Awake Staff) Qtr. Hour (up to 32 QH per day)	97537	U6		Q	32 QH / day (Max 11,680 QH / year)	1:1	\$3.42	\$4.13
In - Home Supports (Awake Staff) Qtr. Hour (up to 32 QH per day)	97537	U6		Q	32 QH / day (Max 11,680 QH / year)	1:2	\$228.00	\$2.76
In - Home Supports (Awake Staff) Qtr. Hour (up to 32 QH per day)	97537	U6		Q	32 QH / day (Max 11,680 QH / year)	1:3	\$1.89	\$2.28
In - Home Supports (Live-In Staff) Day (more than 32 QH per day)	97537	U6	SC	D	365 days / year	1:1	\$114.05	\$134.71
In - Home Supports (Live-In Staff) Day (more than 32 QH per day)	97537	U6	SC	D	365 days / year	1:2	\$95.80	\$113.16
In - Home Supports (Live-In Staff) Day (more than 32 QH per day)	97537	U6	SC	D	365 days / year	1:3	\$82.11	\$96.99
Occupational Therapy Assessment	97003	U6		U	1 assessment / 365 days		\$133.55 / \$152.64	\$133.55 / \$152.64
Occupational Therapy	97530	U6		Q	8 QH / day (Max 2,920 QH / year)		\$16.69	\$16.69
Personal Care Assistance	T1019	U6		Q	720 QH / month (Additional units must be pre-approved)	Standard	\$3.75	\$3.75
Personal Care Assistance	T1019	U6		Q	720 QH / month (Additional units must be pre-approved)	Moderate	\$3.75	\$3.75
Personal Care Assistance	T1019	U6		Q	720 QH / month (Additional units must be pre-approved)	Intensive	\$3.75	\$3.75

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Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Agency for Persons with Disabilities Waiver Services Maximum Allowable Units of Service	Staff to Consumer Ratio or Level of Care	Rates apply to Monroe County only	
							Independent	Agency
							MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate
<b>Tiers 1, 2 and 3</b>								
Personal Emergency Response - Installation	S5160	U6		U	1 installation / 365 days		\$257.03 / Unit	\$257.03 / Unit
Personal Emergency Response - Monitoring	S5161	U6		M	1 monitoring / month		\$41.12 / Unit	\$41.12 / Unit
Physical Therapy - Assessment	97001	U6		U	1 assessment / 365 days		\$133.55 / \$190.79	\$133.55 / \$190.79
Physical Therapy	97110	U6		Q	8 QH / day (Max 2,920 QH / year)		\$16.69	\$16.69
Private Duty Nursing - LPN	T1000	U6		Q	96 QH / day (Max 35,040 QH / year)		\$4.95	\$6.78
Private Duty Nursing - RN - Assessment	T1000	U6	HN	Q	8 QH		\$7.14	\$9.79
Private Duty Nursing - RN	T1000	U6	HN	Q	96 QH / day (Max 35,040 QH / year)		\$7.14	\$9.79
Residential Habilitation - Quarter Hour	H0043	U6		Q	16 QH / day (Max 5,840 QH / year)	1:1	\$2.99	\$3.68
Residential Habilitation - Quarter Hour	H0043	U6		Q	16 QH / day (Max 5,840 QH / year)	1:2	\$1.99	\$2.45
Residential Habilitation - Quarter Hour	H0043	U6		Q	16 QH / day (Max 5,840 QH / year)	1:3	\$1.65	\$2.03
Residential Habilitation - Live In Staff - Day	H0043	U6	SC	D	31 days / month (Max 365 days / yr)	1:1	\$111.33	\$136.29
Residential Habilitation - Live In Staff - Day	H0043	U6	SC	D	31 days / month (Max 365 days / yr)	1:2	\$93.51	\$114.49
Residential Habilitation - Live In Staff - Day	H0043	U6	SC	D	31 days / month (Max 365 days / yr)	1:3	\$80.15	\$98.13
Residential Habilitation - (Day) Intensive Behavior in a Licensed Facility	T2016	U6		D	31 days / month (Max 350 days / yr)	Intensive	Rates are individually determined as part of Prior Service Authorization.	

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Tiers 1, 2 and 3							Rates apply to Monroe County only			
							Independent		Agency	
Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Agency for Persons with Disabilities Waiver Services Maximum Allowable Units of Service	Staff to Consumer Ratio or Level of Care	MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate		
Residential Habilitation - Standard Program <b>Daily Rates</b>	The following Standard Program <b>Daily</b> rates and procedure codes are to be used when an individual receives 1 to 23 days of Residential Habilitation per month. When billing, the total number of units equals the total number of days of service for the month, up to the maximum of 23 days.									
Basic Level (2 hrs/day)	H0043	U6	SC	D	23 days / month	Basic	N/A	\$47.08		
Minimal Level (4 hrs/day)	H0043	U6	SC	D	23 days / month	Minimal	N/A	\$94.10		
Moderate Level (6 hrs/day)	H0043	U6	SC	D	23 days / month	Moderate	N/A	\$141.19		
Extensive Level 1 (8 hrs/day)	H0043	U6	SC	D	23 days / month	Extensive	N/A	\$189.92		
Extensive Level 2 (11 hrs/day)	H0043	U6	SC	D	23 days / month	Intensive	N/A	\$249.50		
Residential Habilitation - Standard Program <b>Monthly Rates</b>	The following Standard Program <b>Monthly</b> rates and procedure codes are to be used when an individual receives at least 24 days of Residential Habilitation per month. When billing, the total number of units equals 1.									
Basic Level (2 hrs/day)	T2023	U6		U	1 unit / month	Basic	N/A	\$1,373.17		
Minimal Level (4 hrs/day)	T2023	U6		U	1 unit / month	Minimal	N/A	\$2,744.58		
Moderate Level (6 hrs/day)	T2023	U6		U	1 unit / month	Moderate	N/A	\$4,118.04		
Extensive Level 1 (8 hrs/day)	T2023	U6		U	1 unit / month	Extensive	N/A	\$5,539.33		
Extensive Level 2 (11 hrs/day)	T2023	U6		U	1 unit / month	Intensive	N/A	\$7,277.08		
Residential Habilitation - Behavior Focused <b>Daily Rates</b>	The following Behavior Focused <b>Daily</b> rates and procedure codes are to be used when an individual receives 1 to 23 days of Residential Habilitation per month. When billing, the total number of units equals the total number of days of service for the month, up to the maximum of 23 days.									
Basic Level (2 hrs/day)	T2020	U6		D	23 days / month	Basic	N/A	N/A		
Minimal Level (4 hrs/day)	T2020	U6		D	23 days / month	Minimal	N/A	\$99.76		
Moderate Level (6 hrs/day)	T2020	U6		D	23 days / month	Moderate	N/A	\$149.69		
Extensive Level 1 (8 hrs/day)	T2020	U6		D	23 days / month	Extensive	N/A	\$201.35		
Extensive Level 2 (11 hrs/day)	T2020	U6		D	23 days / month	Intensive	N/A	\$264.52		
Residential Habilitation - Behavior Focused <b>Monthly Rates</b>	The following Behavior Focused <b>Monthly</b> rates and procedure codes are to be used when an individual receives at least 24 days of Residential Habilitation per month. When billing, the total number of units equals 1.									
Basic Level (2 hrs/day)	T2023	U6	SC	U	1 unit / month	Basic	N/A	N/A		
Minimal Level (4 hrs/day)	T2023	U6	SC	U	1 unit / month	Minimal	N/A	\$2,909.67		
Moderate Level (6 hrs/day)	T2023	U6	SC	U	1 unit / month	Moderate	N/A	\$4,365.96		
Extensive Level 1 (8 hrs/day)	T2023	U6	SC	U	1 unit / month	Extensive	N/A	\$5,872.71		

Extensive Level 2 (11 hrs/day)	T2023	U6	SC	U	1 unit / month	Intensive	N/A	\$7,715.17
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<b>Tiers 1, 2 and 3</b>								
Residential Nursing - LPN	T1001	U6		Q	96 QH / day (Max 35,040 QH / year)		\$4.95	\$6.78
Residential Nursing - RN - Assessment	T1002	U6		Q	8 QH		\$7.14	\$9.79
Residential Nursing - RN	T1002	U6		Q	96 QH / day (Max 35,040 QH / year)		\$7.14	\$9.79
Respiratory Therapy Assessment	S5180	U6		U	2 assess. / 365 days		\$190.79 / unit	\$190.79 / unit
Respiratory Therapy	S5181	U6		Q	8 QH / day (Max 2,920 QH / year)		\$16.69	\$16.69
Respite Care - Quarter Hour (up to 39 QH per day)	S5151	U6		Q	39 QH / day (Max 2,880 QH / year)	1:1	\$3.18	\$3.35
Respite Care - Quarter Hour (up to 39 QH per day)	S5151	U6		Q	39 QH / day (Max 2,880 QH / year)	1:2	\$2.12	\$2.24
Respite Care - Quarter Hour (up to 39 QH per day)	S5151	U6		Q	39 QH / day (Max 2,880 QH / year)	1:3	\$1.75	\$1.85
Respite Care - Day (more than 39 QH per day)	S5151	U6	SC	D	30 days / year	1:1	\$127.26	\$134.04
Respite Care - Day (more than 39 QH per day)	S5151	U6	SC	D	30 days / year	1:2	\$84.90	\$89.38
Respite Care - Day (more than 39 QH per day)	S5151	U6	SC	D	30 days / year	1:3	\$70.12	\$73.83
Skilled Nursing - LPN	T1001	U6	HM	Q	32 QH / day (Max 11,680 QH / year)		\$4.95	\$6.78
Skilled Nursing - RN - Assessment	T1001	U6	HN	Q	8 QH		\$7.56	\$10.39
Skilled Nursing - RN	T1001	U6	HN	Q	32 QH / day (Max 11,680 QH / year)		\$7.56	\$10.39
Special Medical Home Care In a Licensed Facility	S9122	U6		D	31 days / month (Max 365 days / yr)		Rates are individually determined as part of Prior Service Authorization.	
Specialized Mental Health - Assessment	H0031	U6		U	1 assessment / 365 days		\$133.55 / \$286.19	\$133.55 / \$286.19
Specialized Mental Health - Therapy	H0046	U6		Q	4 QH / day (Max 416 QH / year)		\$11.58	\$15.37

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							MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate
<b>Tiers 1, 2 and 3</b>								
Speech Therapy - Assessment	92506	U6		U	1 assessment / 365 days		\$133.55 / \$152.64	\$133.55 / \$152.64
Speech Therapy	92507	U6		Q	8 QH / day (Max 2,920 QH / year)		\$16.69	\$16.69
Support Coordination - Limited	T2022	U6		M	1 unit / month	1:1	\$65.48	\$65.48
Support Coordination - Full	G9012	U6		M	1 unit / month	1:1	\$130.95	\$130.95
Support Coordination - Transitional (WSC must send completed CMS 1500 form and back-up documentation to the local APD Office for approval. The local APD office will then forward the completed packet to APD Central Office for processing)	G9012	U6	SC	M	1 unit / month Max. number of units is 6 (3 months prior to transition and 3 months after transition)	1:1	\$316.90	\$316.90
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:1	\$3.31	\$4.02
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:2	\$1.65	\$2.00
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:3	\$1.20	\$1.45
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:4	\$1.10	\$1.35
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:5	\$1.06	\$1.29
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:6	\$1.03	\$1.25
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:7	\$1.01	\$1.23
Supported Employment - Group Model	H2023	U6		Q	32 QH / week (Max 1,664 QH / year)	1:8	\$0.99	\$1.22
Supported Employment - Individual Model	H2023	U6		Q	Phase 1: 32 QH / day Phase 2: 32QH / week		\$8.15	\$9.97

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<b>Tiers 1, 2 and 3</b>						
Supported Living Coaching (without In Home Supports)	97535	U6		Q	24 QH / day	1:1
Supported Living Coaching (with In Home Supports)	97535	U6		Q	24 QH / day (Max 80 QH / month)	1:1
Transportaion - Trip	T2003	U6		T	80 trips / month	
Transportaion - Month	T2002	U6		M	1 unit / month	
Transportaion - Mile	A0425	U6		I	200 miles / day	

Rates apply to Monroe County only	
Independent	Agency
MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate
\$6.33	\$8.47
\$6.33	\$8.47
Rates are individually determined as part of Prior Service Authorization.	

<b>CDC+</b> <b>Tiers 1, 2, 3 &amp; 4</b>
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CDC Consultant Services - Limited	T2022	U5	U6	M	1 unit / month	1:1
CDC Consultant Services - Full	G9012	U5	U6	M	1 unit / month	1:1

\$65.48	\$65.48
\$130.95	\$130.95

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							Independent	Agency
							MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate
<b>Tier 4</b>	Exceptions to the following maximum yearly dollar amounts can only be approved through APD or the prior authorization process. However, the combined total of all purchased Tier 4 services may not exceed the current Tier 4 annual dollar cap amount of \$14,792.00.							
Adult Day Training - Facility Based	S5102	U9		Q	24 QH / day (Max 5,760 QH / year)	1:1	N/A	\$3.88
Adult Day Training - Facility Based	S5102	U9		Q	24 QH / day (Max 5,760 QH / year)	1:3	N/A	\$2.22
Adult Day Training - Facility Based	S5102	U9		Q	24 QH / day (Max 5,760 QH / year)	1:5	N/A	\$1.55
Adult Day Training - Facility Based	S5102	U9		Q	24 QH / day (Max 5,760 QH / year)	1:6-10	N/A	\$1.18
Adult Day Training - Off Site	T2021	U9		Q	24 QH / day (Max 5,760 QH / year)	1:1	N/A	\$3.88
Adult Day Training - Off Site	T2021	U9		Q	24 QH / day (Max 5,760 QH / year)	1:3	N/A	\$2.22
Adult Day Training - Off Site	T2021	U9		Q	24 QH / day (Max 5,760 QH / year)	1:5	N/A	\$1.55
Adult Day Training - Off Site	T2021	U9		Q	24 QH / day (Max 5,760 QH / year)	1:6-10	N/A	\$1.18
Behavioral Analysis Services Assessment	H2020	U9		U	1 assessment / 365 days		\$286.19 / \$572.38	\$286.19 / \$572.38
Behavior Analysis Level 1	H2019	HP	U9	Q	16 QH / day (Max 5,840 QH / year)	1	\$14.79	\$21.88
Behavior Analysis Level 2	H2019	U9	HO	Q	16 QH / day (Max 5,840 QH / year)	2	\$12.92	\$19.11
Behavior Analysis Level 3	H2019	U9	HN	Q	16 QH / day (Max 5,840 QH / year)	3	\$8.04	\$11.89
Behavior Assistant Services	H2019	U9	HM	Q	64 QH / day (Max 23,808 QH / year)		\$3.60	\$4.78
Consumable Medical Supplies	S5199	U9		U	10 units / day		\$257.03 / Unit	\$257.03 / Unit



Environmental Accessibility Adaptations	S5165	U9		U	5 units / day (Max \$20,000 / 5 yrs.)		\$771.08 / Unit	\$771.08 / Unit
Environmental Accessibility Assessment	S5165	U9	SC	U	1 assessment / 365 days		\$822.48 / Unit	\$822.48 / Unit

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<b>Tier 4</b>	Exceptions to the following maximum yearly dollar amounts can only be approved through APD or the prior authorization process. However, the combined total of all purchased Tier 4 services may not exceed the current Tier 4 annual dollar cap amount of \$14,792.00.							
In - Home Supports (Awake Staff) Qtr. Hour (up to 32 QH per day)	97537	U9		Q	32 QH / day (Max 11,680 QH / year)	1:1	\$3.42	\$4.13
In - Home Supports (Awake Staff) Qtr. Hour (up to 32 QH per day)	97537	U9		Q	32 QH / day (Max 11,680 QH / year)	1:2	\$2.28	\$2.76
In - Home Supports (Awake Staff) Qtr. Hour (up to 32 QH per day)	97537	U9		Q	32 QH / day (Max 11,680 QH / year)	1:3	\$1.89	\$2.28
In - Home Supports (Live-In Staff) Day (more than 32 QH per day)	97537	U9	SC	D	365 days / year	1:1	\$114.05	\$134.71
In - Home Supports (Live-In Staff) Day (more than 32 QH per day)	97537	U9	SC	D	365 days / year	1:2	\$95.80	\$113.16
In - Home Supports (Live-In Staff) Day (more than 32 QH per day)	97537	U9	SC	D	365 days / year	1:3	\$82.11	\$96.99
Personal Emergency Response - Installation	S5160	U9		U	1 installation / 365 days		\$257.03 / Unit	\$257.03 / Unit
Personal Emergency Response Service	S5161	U9		M	1 monitoring / month		\$41.12 / Unit	\$41.12 / Unit
Respite Care - Quarter Hour (up to 39 QH per day)	S5151	U9		Q	39 QH / day (Max 2,880 QH / year)	1:1	\$3.18	\$3.35
Respite Care - Quarter Hour (up to 39 QH per day)	S5151	U9		Q	39 QH / day (Max 2,880 QH / year)	1:2	\$2.12	\$2.24
Respite Care - Quarter Hour (up to 39 QH per day)	S5151	U9		Q	39 QH / day (Max 2,880 QH / year)	1:3	\$1.75	\$1.85
Respite Care - Day (more than 39 QH per day)	S5151	U9	SC	D	30 days / year	1:1	\$127.26	\$134.04
Respite Care - Day (more than 39 QH per day)	S5151	U9	SC	D	30 days / year	1:2	\$84.90	\$89.38
Respite Care - Day (more than 39 QH per day)	S5151	U9	SC	D	30 days / year	1:3	\$70.12	\$73.83

Support Coordination - Limited	T2022	U9		M	1 unit / month	1:1	\$65.48	\$65.48
Support Coordination - Full	G9012	U9		M	1 unit / month	1:1	\$130.95	\$130.95

**Agency for Persons with Disabilities**  
**Tiers 1, 2, 3 & 4 (Formerly known as HCBS, CDC+ and FSL Waivers)**  
**Monroe County**  
**Published Rates and Billing Code Matrix as of April 1, 2010**

Service Description	Procedure Code	Modifier 1	Modifier 2	Billing Unit	Agency for Persons with Disabilities Waiver Services Maximum Allowable Units of Service	Staff to Consumer Ratio or Level of Care	Rates apply to Monroe County only	
							Independent	Agency
							MAXIMUM Allowable Per Unit Rate	MAXIMUM Allowable Per Unit Rate
<b>Tier 4</b>	<b>Exceptions to the following maximum yearly dollar amounts can only be approved through APD or the prior authorization process. However, the combined total of all purchased Tier 4 services may not exceed the current Tier 4 annual dollar cap amount of \$14,792.00.</b>							
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:1	\$3.31	\$4.02
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:2	\$1.65	\$2.00
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:3	\$1.20	\$1.45
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:4	\$1.10	\$1.35
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:5	\$1.06	\$1.29
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:6	\$1.03	\$1.25
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:7	\$1.01	\$1.23
Supported Employment - Group Model	H2023	U9		Q	32 QH / week (Max 1,664 QH / year)	1:8	\$0.99	\$1.22
Supported Employment - Individual Model	H2023	U9		Q	Phase 1: 32 QH / day Phase 2: 32QH / week		\$8.15	\$9.97
Supported Living Coaching	97535	U9		Q	24 QH / day		\$6.33	\$8.47
Transportation (Trip)	T2003	U9		T	80 trips / month		Rates are individually determined as part of Prior Service Authorization.	
Transportation (Month)	T2002	U9		M	1 unit / month			
Transportation (Mile)	A0425	U9		I	200 miles / day			