

Recipient Name:	ALI Waiver	POC Start Date:		New	<input type="checkbox"/>	
Medicaid #:		LOC Renewal Date:		Renewal	<input type="checkbox"/>	
Address:	Provider & HCBW Services Overview Department of Health & Social Services - Senior & Disabilities Services			Amendment	<input type="checkbox"/>	
City, State, Zip:						
Date of Birth:						
Provider Info: List only certified/enrolled HCBW agencies with HC, EM, MS, CMG or RL billing numbers	POC Service Start Date:	POC Service End Date:	TYPE OF HCBW SERVICE	BILLING CODE	UNIT VALUE	# UNITS
			Plan of Care Development	T2024 U2	1 annual	
			Care Coordination Monthly Case Management	T2022	1 monthly	
			Assisted Living Home (RSL)	T2031	1 day	
			Adult Day Services, 1-4 hours (<i>must be billed first</i>)	S5101	half day	
			Adult Day Services (time exceeding 4-hour half-day)	S5100	15 Min	
			Specialized Private Duty Nursing (RN)	T1002 U2	15 Min	
			Specialized Private Duty Nursing (LPN/LVN)	T1003 U2	15 Min	
			Respite, Agency Based	S5150	15 min	
			Respite Daily, Agency Based	S5151	1 day	
			Meal, Home Delivered (limit x2 per day)	S5170	per meal	
			Meal, Congregate (limit x2 per day)	T2025	per meal	
			Transportation < 20 miles one way	T2003	1 way ride	
			Transportation > 20 miles one way	T2003 TN	1 way ride	
			Transportation (Paratransit) one way	T2003 CG	1 way ride	
			Escort (<i>travel companion for the recipient</i>)	T2001 SE	1 way ride	
			Chore Services	S5120	15 min	
			Environmental Modification (<i>EMOD</i>)	S5165	as approved	
			EMOD (HC) Administration Fee (<i>only when applicable</i>)	S5165 U2	as approved	
			SME (<i>list individually from approved SME schedule</i>)	see schedule	as approved	