Recipient Name:	APDD Waiver	POC Start Date:		New	
Medicaid #:		LOC Renewal Date:		Renewal	
Address:				Amendment	
City, State, Zip:					
Date of Birth:					

Provider & HCBW Services Overview

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	
			Group Home *(18 & older)*	T2016	1 day	
			Assisted Living Home *(RSL)*	T2031	1 day	
			Family Home Habilitation ~ Adult *(18 & older)*	S5140	1 day	
			Day Habilitation *(one-on-one support, age 3 and up)*	T2021	15 min	
			Day Habilitation *(group of 2 or more, age 3 and up)*	T2021 HQ	15 min	
			Supported Living *(18 & older)*	T2017	15 min	
			Adult Day Services, 1-4 hours *(must be billed first)*	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	
			Intensive Active Treatment < 200 miles	H2011 CG	15 Min	
			Intensive Active Treatment > 200 miles	H2011 TN	15 Min	
			Supported Employment *(one-on-one support)*	T2019	15 min	
			Supported Employment *(group of 2 or more)*	T2019 HQ	15 min	
			Pre-Employment *(one-on-one support)*	T2019 CG	15 min	
			Pre-Employment *(group of 2 or more)*	T2019 TT	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 *(travel companion for the recipient)*	T2001 SE	1 way ride	
			Chore Services	S5120	15 min	
			Environmental Modification *(EMOD)*	S5165	as approved	
			EMOD (HC) Administration Fee *(only when applicable)*	S5165 U2	as approved	
			SME *(list individually from approved SME schedule)*	see schedule	as approved	