

Recipient Name:	<input type="checkbox"/> Check for IDD	POC Start Date:		New	<input type="checkbox"/>	
Medicaid #:	<input type="checkbox"/> Check for CCMC			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 agency with Enterprise identification number	POC Service Start Date:	POC Service End Date:	TYPE OF HCBW SERVICE	BILLING CODE	UNIT VALUE	# UNITS
			Screening	T1023	1 initial	
			Plan of Care Development	T2024 U2	1 annual	
			Care Coordination Monthly Case Management	T2022	1 monthly	
			Group Home (18 & older)	T2016	1 day	
			Family Home Habilitation ~ Child (17 & under)	S5145	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	
			In-home Supports (17 & under)	T2017 U4	15 Min	
			Nursing Oversight & Care Management < 200 miles	T1016 CG	15 Min	
			Nursing Oversight & Care Management > 200 miles	T1016 TN	15 Min	
			Intensive Active Treatment < 200 miles	H2011 CG	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	
			Agency Based Respite	S5150	15 min	
			Family Directed Respite	S5150 U2	15 min	
			Agency Based Daily Respite	S5151	1 day	
			Family Directed Daily Respite	S5151 U2	1 day	
			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 Administration Fee (only when applicable)	S5165 U2	as approved	
			SME (list individually from approved SME schedule)	see schedule	as approved	