

PS Service	PS Unit	Can service be transferred	Waiver Service	Waiver Procedure Code	Waiver Unit
Adult Day Services - Adult day services centers operate for part of a 24-hour day and offer an interactive, safe, supervised environment. Adult Day Centers provide personal care, nursing services, social services, therapeutic activities, nutrition and therapeutic diets and emergency care.	Adult Daily Living Full Day	Yes - if vendor listed is a waiver provider	Adult Daily Living - Adult Daily Living services are designed to assist participants in meeting, at a minimum, personal care, social, nutritional and therapeutic needs. Adult Daily Living services are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.	Adult Daily Living S5102	
	Adult Daily Living Half Day			Adult Daily Living Half Day S5102 U5	
	Adult Daily Living Full Day with NSIP Meal			Adult Daily Living Enhanced S5102 U4	
	Adult Daily Living Half Day with NSIP Meal			Adult Daily Living Enhanced Half Day S5102 U3	
	Adult Daily Living Full Day with Bath and NSIP Meal				
	Adult Daily Living Half Day with Bath and NSIP Meal				
Medical Equipment/Supplies/Adapt Device	Per Purchase Adapt Device = one item Consumables = Billable order Durable Equip = one item	Yes - if vendor listed is a waiver provider	Briefs, gloves, belted undergarments, underpads,Pants liner, disposable undergarments, wipes	W0137	Per Purchase
Non-Congregate/In-Home Meal Service	In-Home Meals: unit type = meal	Yes - if vendor listed is a waiver provider	Home Delivered Meals - provides meals that meet at least one-third of the Dietary Reference Intakes to people in their private homes. Home Delivered Meals provides meals to waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such	Home Delivered Meals - Emergency Pack W1762	
				Home Delivered Meals Frozen Entrée W1760	
				Home Delivered Meals Hot Entrée W1759	
				Home Delivered Meals - Sandwich W1761	
				Home Delivered Meals- Special Meal W1764	
Personal Emergency Response System - Electronic device which enables consumers to receive help in the event of an emergency.	1 unit = monthly maintenance fee other services Maint/Replace/Repair = per service Monthly Fee = Monthly Fee Enhanced installation = Installaton (may be part of row 17) Other Enhanced services match non-enhanced units	Yes - if vendor listed is a waiver provider	Personal Emergency Response System - PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified.	Personal Emergency Response System (Monthly Maintenance) W1895	1 unit per month
Personal Emergency Response system -installation	1 x installation fee	Yes- if vendor listed is a waiver provider		W1894	1x installation fee

Personal Care Services - includes assistance with ADL's and IADLs, such as feeding, skin and mouth care, ambulation, bathing, hair care, grooming, shaving, dressing, transfer activities, toileting, meal preparation and assistance with self-administered medications	1 unit = 1 hour Belted undergarments, Breathable underpads, Underpads, Pants liner, gloves, wipes, therapeutic cream = billable order Breifs, Diapers, Discrete liner, Disposable undergarments = Case	Yes - if vendor listed is a waiver provider for PAS	Personal Assistance Services - Personal Assistance Services are aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include: <ul style="list-style-type: none"> • Care to assist with activities of daily living activities (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the participant to perform a task and providing supervision to assist a participant who cannot be safely left alone. • Health maintenance activities provided for the participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual's service plan and permitted under applicable State requirements. • Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the participant. • Assistance and implementation of prescribed therapies. • Overnight Personal Assistance Services to provide intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours. Overnight Personal Assistance Services require awake staff. 	PAS (Agency) W1793	1 unit per 1/4 hour
Pest Eradication	Per Purchase / one time	Yes- if vendor listed is a waiver provider		S5121UD	Per Purchase
Home Modification-Ramp	Per Purchase	Yes- if vendor listed is a waiver provider	Home adaptations <\$6,000 Home adaptations >\$6,000	W0140 W0141	Per Purchase
Home Modifications-Stair Glide	Per Purchase	Yes-if vendor listed is a waiver provider	Home adaptations <\$6,000 Home adaptations >\$6,000	W0140 W0141	Per Purchase
Home Modifications-Other Exterior	Per Purchase	Yes-if vendor listed is a waiver provider	Home adaptations <\$6,000 Home adaptations >\$6,000	W0140 W0141	Per Purchase
Home Health Services - services of skilled nursing, physical therapy, occupational therapy, speech pathology, and home health aides on a part time or intermittent basis.	Home Health - Med Setup = Billable Order Other Home Health = hour	Yes - if vendor listed is a waiver provider They are allowable sub-services under the service of Home Health		Home Health Aide - T2025	1 unit per 1/4 hour
Home Health-Nursing (LPN)	hour	Yes- If vendor listed is a waiver provider		Home Health Nurse (LPN) T1003 SE	1 unit per 1/4 hour
Home Health-Nursing (RN)	hour	Yes- If vendor listed is a waiver provider		Home Health Nurse (RN) T1002 SE	1 unit per 1/4 hour
Home Health-Occupational Therapy	hour	Yes- If vendor listed is a waiver provider		T2025GO	1 unit per 1/4 hour

Home Health- Physical Therapy	hour	Yes-if vendor listed is a waiver provider		T2025GP	1 unit per 1/4 hour
Home Health- Speech/Language Therapy	hour	Yes-if vendor listed is a waiver provider		T2025GN	1 unit per 1/4 hour
Home Support - include basic housekeeping activities necessary to ensure safe and sanitary conditions. It may also may include shipping assistance and laundry.	hour	Yes - if listed is a waiver provider for PAS	Personal Assistance Services - Personal Assistance Services are aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include: <ul style="list-style-type: none"> • Care to assist with activities of daily living activities (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the participant to perform a task and providing supervision to assist a participant who cannot be safely left alone. • Health maintenance activities provided for the participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual's service plan and permitted under applicable State requirements. • Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the participant. • Assistance and implementation of prescribed therapies. • Overnight Personal Assistance Services to provide intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours. Overnight Personal Assistance Services require awake staff. 	PAS (Agency) W1793	1 unit per 1/4 hour
Home Support-Respite	hour	Yes-if vendor listed is a waiver provider		(Agency)T1005	1 unit per 1/4 hour
Home Support-Overnight	overnight stay	Yes-if vendor listed is a waiver provider		(Agency)T1005	1 unit per 1/4 hour
Telecare Health Status Monitoring Equipment install/Removal	One installation	Yes-if vendor listed is a waiver provider		T2025 GT	Per day
Telecare Health Status Monitoring	Per day	Yes-if vendor listed is a waiver provider		T2025GT	Per day
Telecare Medication Dispenser w/ remote monitoring	Monthly Fee	Yes-if vendor listed is a waiver provider		S5185 32	Monthly

<p>Transportation The following transportation services provided and funded by the AAA, depending on the availability of these services in each AAA Planning and Service Area (PSA) include:</p> <ul style="list-style-type: none"> ☑ Essential rides provided to senior centers, medical appointments, social service agencies, Adult Daily Living Centers, grocery stores and pharmacies for individuals age 65 and older. The AAA must contract with the local Shared-Ride Provider to fund all or some portion of the shared-ride copay for rides provided to individuals age 65 and older who are going to the aforementioned six destinations. ☑ Rides to individuals age 60-64 for any reason. If this ride is with a shared ride provider it will require that the AAA determine how much, if any, of the full fare they will pay and the consumer would be responsible to pay the balance. ☑ Rides for individuals 65+ for any non-essential reason with a shared ride provider for which the AAA will be responsible to pay the provider a co-pay of up to 15%. The AAA can determine how much they will pay of the 15% co-pay and how much will be the responsibility of the consumer. ☑ Riders 60+ for trips where an AAA owned vehicle is the means of transportation. 	<p>transport/trip: unit = one way trip TPP transportation: unit = round trip</p>		<p>Non-Medical Transportation - are offered in order to enable participants to gain access to waiver services as specified in the individualized service plan. This service is offered in addition to medical transportation services required under 42 CFR 440.170</p> <p>(a) (if applicable), and shall not replace them. Non-Medical Transportation services include mileage reimbursement for drivers and others to transport a participant and/or the purchase of tickets or tokens to secure transportation for a participant.</p>	<p>Non-Medical Transportation W6110</p>	<p>Per 1 way trip/Per item</p>
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Other PS Services Not Covered by CHC		
Guardianship	Per purchase / Guardianship managed	No
PS Petition to Court	Per purchase / consumer	No
PS Emergency Supplies	Per purchase	No
Report of Need	contact	No
Information and Assistance	contact	No
Assessment-Competency evaluations	Consult fee	No
Overnight Shelter/Supervision	overnight stay	No
Emergency in home meal	emergency pack: unit = meal	No
Assessment -Physician consult	Consult fee	No
Guardianship Competency Evaluation	Consult fee	No
Guardianship-Physician Consult	Consult fee	No
Medical equipment/supplies/nutritional supplement	per purchase / case	No
Assessment -Comprehensive (initial/change care pgm)	not active since 5/3/2011	No
Legal advice and representation to the individual	hour	No
Power of Attorney	fee	No
Representative Payee	fee	No
Specialized Medical Transportation	one way trip	No
Care management	hour	No
Care management - RN evaluation	consult fee	No
Guardianship - Startup	consult fee	No
Informal Support Activity	hour	No
ocs-care management	not active since 08/01/2019	No
ocs-pers-cellular monthly fee	monthly fee	No
PS investigation and assessment	case	No
TPP-Adult Day Care	hour	No

TPP-DME	one purchase	No
TPP-Home Health	hour	No
TPP-Home Support	hour	No
TPP-Medical Supplies	one purchase	No
TPP-PERS	monthly fee	No
TPP-Personal Care	hour	No
TPP-Telecare Services	hour	No