

New York State Children's Medicaid System Transformation
Home and Community Based Services Rate Summary

Service	Rate Code	Rate Unit	Upstate Rate	Downstate Rate	Billing Unit	Upstate Billing Rate	Downstate Billing Rate
Caregiver Family Supports and Services - Individual	8003	Hourly	\$ 96.86	\$ 108.62	15 minutes	\$ 24.22	\$ 27.16
Caregiver Family Supports and Services - Group of 2	8004	Hourly	\$ 62.96	\$ 70.61	15 minutes	\$ 15.74	\$ 17.65
Caregiver Family Supports and Services - Group of 3	8005	Hourly	\$ 46.81	\$ 52.50	15 minutes	\$ 11.70	\$ 13.13
Prevocational Services - Individual	8006	Hourly	\$ 71.77	\$ 80.49	15 minutes	\$ 17.94	\$ 20.12
Prevocational Services - Group of 2	8007	Hourly	\$ 46.65	\$ 52.32	15 minutes	\$ 11.66	\$ 13.08
Prevocational Services - Group of 3	8008	Hourly	\$ 34.69	\$ 38.90	15 minutes	\$ 8.67	\$ 9.73
Community Advocacy and Support Individual	8009	Hourly	\$ 134.39	\$ 150.72	15 minutes	\$ 33.60	\$ 37.68
Community Advocacy and Support - Group of 2	8010	Hourly	\$ 87.35	\$ 97.97	15 minutes	\$ 21.84	\$ 24.49
Community Advocacy and Support - Group of 3	8011	Hourly	\$ 64.96	\$ 72.85	15 minutes	\$ 16.24	\$ 18.21
Supported Employment	8015	Hourly	\$ 85.06	\$ 95.39	15 minutes	\$ 21.27	\$ 23.85
Palliative Care Pain and Symptom Management	8016	Hourly	\$ 189.95	\$ 213.04	15 minutes	\$ 47.49	\$ 53.26
Palliative Care Pain and Symptom Management	8016	Hourly	\$ 189.95	\$ 213.04	30 minutes	\$ 94.98	\$ 106.52
Palliative Care Bereavement Services	8017	Hourly	\$ 76.28	\$ 85.55	30 minutes	\$ 38.14	\$ 42.78
Palliative Care Massage Therapy	8018	Hourly	\$ 90.11	\$ 101.06	15 minutes	\$ 22.53	\$ 25.27
Palliative Care Expressive Therapy	8019	Hourly	\$ 62.49	\$ 70.09	15 minutes	\$ 15.62	\$ 17.52
Planned Respite - Individual (under 4 hours)	8023	Hourly	\$ 49.12	\$ 55.09	15 minutes	\$ 12.28	\$ 13.77
Planned Respite - Individual per diem	8024	Per Diem	\$ 223.41	\$ 250.56	Per Diem	\$ 223.41	\$ 250.56
Planned Respite - Group less than 4 hours	8027	Hourly	\$ 23.74	\$ 26.63	15 minutes	\$ 5.94	\$ 6.66
Crisis Respite - less than 4 hours	8028	Hourly	\$ 57.02	\$ 63.95	15 minutes	\$ 14.26	\$ 15.99
Crisis Respite - more than 4 hours less than 12 hours	8029	Per Diem	\$ 259.35	\$ 290.86	Per Diem	\$ 259.35	\$ 290.86
Crisis Respite - more than 12 less than 24 hours	8030	Per Diem	\$ 583.54	\$ 654.45	Per Diem	\$ 583.54	\$ 654.45
Community HCBS Habilitation Individual	8012	Hourly	\$ 39.48	\$ 44.28	15 minutes	\$ 9.87	\$ 11.07
Community HCBS Habilitation Group of 2	8013	Hourly	\$ 25.66	\$ 28.78	15 minutes	\$ 6.42	\$ 7.20
Community HCBS Habilitation Group of 3	8014	Hourly	\$ 19.08	\$ 21.40	15 minutes	\$ 4.77	\$ 5.35
Day HCBS Habilitation Individual	7933	Hourly	\$ 93.58	\$ 104.95	15 minutes	\$ 23.40	\$ 26.24
Day HCBS Habilitation Group of 2	7934	Hourly	\$ 60.83	\$ 68.22	15 minutes	\$ 15.21	\$ 17.06
Day HCBS Habilitation Group of 3	7935	Hourly	\$ 45.23	\$ 50.72	15 minutes	\$ 11.31	\$ 12.68
Accessibility Modifications	8032	Per Contract	\$ 1.00	\$ 1.00	Per Unit	\$ 1.00	\$ 1.00
Accessibility Modifications	8034	Per Contract	\$ 10.00	\$ 10.00	Per Unit	\$ 10.00	\$ 10.00
Accessibility Modifications	8035	Per Contract	\$ 100.00	\$ 100.00	Per Unit	\$ 100.00	\$ 100.00
Accessibility Modifications	8036	Per Contract	\$ 1,000.00	\$ 1,000.00	Per Unit	\$ 1,000.00	\$ 1,000.00
Vehicle Modifications	8041	Per Contract	\$ 1.00	\$ 1.00	Per Unit	\$ 1.00	\$ 1.00
Vehicle Modifications	8042	Per Contract	\$ 10.00	\$ 10.00	Per Unit	\$ 10.00	\$ 10.00
Vehicle Modifications	8043	Per Contract	\$ 100.00	\$ 100.00	Per Unit	\$ 100.00	\$ 100.00
Vehicle Modifications	8044	Per Contract	\$ 1,000.00	\$ 1,000.00	Per Unit	\$ 1,000.00	\$ 1,000.00
Adaptive and Assistive Equipment	8037	Per Contract	\$ 1.00	\$ 1.00	Per Unit	\$ 1.00	\$ 1.00
Adaptive and Assistive Equipment	8038	Per Contract	\$ 10.00	\$ 10.00	Per Unit	\$ 10.00	\$ 10.00
Adaptive and Assistive Equipment	8039	Per Contract	\$ 100.00	\$ 100.00	Per Unit	\$ 100.00	\$ 100.00
Adaptive and Assistive Equipment	8040	Per Contract	\$ 1,000.00	\$ 1,000.00	Per Unit	\$ 1,000.00	\$ 1,000.00

Note: Rates do not include Admin. Load

DRAFT RATES SUBJECT TO CMS/DOB APPROVAL