

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER

For Commission Use Only

RECEIVED

AUG 15 2004

WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION

Filing Fee Paid \$ 25

OCT 22 2004
Date Filed plus 60 days

General Tariff No. GT- 1
Cancels General Tariff No. GT- _____
Date Filed at WMATC 8/23/04
Date Effective 8/23/04

1. WMATC Certificate of Authority No. 626
2. Carrier Name on Certificate of Authority: Associated Community Services, Inc.

Address 78 Ritchie Rd.
Capitol Heights, Md. 20743
Telephone Number 301-333-8939
3. Person authorized to file tariff on behalf of Carrier
Name Gloria M. Rimson
Title Executive Director
Telephone Number 301-333-8939
4. Date this tariff actually filed with WMATC 8/16/04
5. Date seven (7) calendar days after date on Line 4. 8/23/04
6. Effective Date of this tariff (not earlier than date on line 5). 8/23/04
7. Signature of Person named on Line 3. Gloria M. Rimson

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

<u>CODE</u>	<u>SERVICE DESCRIPTION</u>	<u>PAYMENT</u>
Y1000	Support Coordinator	\$175.00 per month(deleted 11/19/02)
Y1999	Speech, Hearing, Language	\$130.00 per visit (<u>initial assessment only</u>)
V7000	Speech Therapy	\$ 65.00 per visit
V7100	Hearing Therapy	\$ 65.00 per visit
V7200	Language Therapy	\$ 65.00 per visit
V6900	Nutrition Counselor	\$ 100.00 per visit (<u>initial assessment only</u>)
Y2000	Nutrition Counselor	\$ 55.00 per hour
Y2100	Initial Caregiver Trainers/Educators	\$ 60.00 per hour
Y2101	F/U Caregiver Trainers/Educator	\$ 50.00 per hour
M0303	Initial Crises Intervention	\$ 60.00 per hour
M0304	F/U Crises Intervention	\$ 45.00 per hour
M0305	Initial Prevention and Consultative	\$ 60.00 per hour
M0306	F/U Prevention and Consultative	\$ 45.00 per hour
94900WW	Personal Care Aide	\$ 13.50 per hour
95000WW	Homemaker Aide	\$ 11.50 per hour
96000WW	Chore Aide	\$ 10.50 per hour
97000WW	Attendant Care Aide	\$ 13.50 per hour
98000WW	Respite Care Services	\$ 13.50 per hour (Hours 1 -17 per day)
98001 WW	Respite Care Services	\$200.00 (Flat Rate) (Hours 18 - 24 per day)
Y4000	Residential Habilitation	\$ 12.00 per hour
Y4100	Day Habilitation	\$ 45.00 per day
Y4200	Supportive Employment Habilitation	\$ 40.00 per day
Y4300	Prevocational Habilitation	\$ 40.00 per day
AAA01	Environmental Accessibility Adaptation	<u>\$3,500.00 maximum allowable cost per pt.</u>
MW001	Personal Emergency Response Services	\$40.00 (installation)
MW002	Personal Emergency Response Services	\$28.50 (monthly rental)
A0120WW	Ambulatory Van, 1 - way inside B W	\$ 15.00
A0121WW	Ambulatory Van, 2 - way inside B W	\$ 25.00
A0122WW	Ambulatory Van, 1 - way w/extra assistant inside B W	\$ 20.00
A0123WW	Ambulatory Van, 2 - way w/extra assistant inside B W	\$ 30.00
A0124WW	Ambulatory Van, 1 - way outside B W	\$ 25.00 + .75 per loaded mile
A0125WW	Ambulatory Van, 2 - way outside B W	\$ 40.00 + .75 per loaded mile
A0126WW	Ambulatory Van, 1 - way outside B W with extra assistant	\$ 30.00 + .75 per loaded mile
A0127WW	Ambulatory Van, 2 - way outside B W with extra assistant	\$ 45.00 + .75 per loaded mile
A0130WW	Wheelchair Van, 1 - way inside B W	\$ 22.50
A0131WW	Wheelchair Van, 2 - way inside B W	\$ 32.50
A0132WW	Wheelchair Van, 1 - way inside B W with extra assistant	\$ 27.50
A0133WW	Wheelchair Van, 2 - way inside B W with extra assistant	\$ 37.50
A0134WW	Wheelchair Van, 1 - way outside B W	\$ 30.00 + .75 per loaded mile
A0135WW	Wheelchair Van, 2 - way outside B W	\$ 45.00 + .75 per loaded mile
A0136WW	Wheelchair Van, 1 - way outside B W with extra assistant	\$ 35.00 + .75 per loaded mile
A0137WW	Wheelchair Van, 2 - way outside B W with extra assistant	\$ 50.00 + .75 per loaded mile
A0138WW	Trip Cancellation	\$ 7.50

A EFFECTIVE DATE: FEBRUARY 1, 1998

@ UPDATED: 05/06/02

Z: Waiver Codes/MR