

NOTE: Yellow high-light indicates updated item.

DAIL Adult Services Division: Medicaid Claims Codes and Reimbursement

version 12/1/17

Revenue Code	CFC Home-Based Setting	Unit	Max Amount Per Unit/Other	Hourly Equivilant	unit	Effective Date
070	Case Management by HHA or AAA (48 hrs/calendar year	15 min	\$18.05	\$72.20	hour	7/1/2017
072	Personal Care by HHA	15 min	\$7.20	\$28.80	hour	7/1/2017
077	Personal Care by Consumer-Directed Personnel	15 min	\$3.26	\$13.06	hour	9/11/2016
081	Personal Care by Surrogate-Directed Personnel	15 min	\$3.26	\$13.06	hour	9/11/2016
073	*Respite or Companion Care by HHA	15 min	\$5.76	\$23.04	hour	7/1/2017
075	*Respite or Companion Care by Consumer-Directed Personnel	15 min	\$3.19	\$12.76	hour	9/11/2016
080	*Respite or Companion Care by Surrogate-Directed Personnel	15 min	\$3.19	\$12.76	hour	9/11/2016
074	*Respite in Residential Care Home	15 min	\$97.80	na	day	7/1/2017
084	*Respite by Adult Day Service provider	15 min	\$4.02	\$16.08	hour	7/1/2017
088	Companion by Senior Companion Agency	15 min	\$2.07	\$8.28	hour	7/1/2017
078	Home-Based Waiver Adult Day Service	15 min	\$4.02	\$16.08	hour	7/1/2017
076	Assistive Devices & Modifications - per calendar year	As billed	\$ 808.86	n/a	episode	7/1/2017
082	Personal Emergency Response Systems-Installation & 1st	1-time	58.89	n/a	1-time	7/1/2017
083	Personal Emergency Response Systems-Ongoing	1 month	\$32.14	n/a	month	7/1/2017
089	Group Directed Attendant Care (<i>approved providers only</i>)	1 day	\$214.00	n/a	day	6/1/2017
097	ARIS F/EA Employer Support Services #047W070	1 month	\$55.00	n/a	month	9/1/2016
220	ARIS F/EA CFC Flexible Choices Support Services	1 month	\$55.00	n/a	month	9/1/2016
071	Flexible Choices Services	As billed	individual budgets	n/a	n/a	9/1/2016
079	Flexible Choices Consultant Pre-admission Service	15 min	\$18.05	\$72.22	hour	7/1/2017

* Respite & Companion = 720 hours combined per calendar/year max.

Revenue Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit/Other	Hourly or Daily	unit	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$78.54	n/a	day	9/1/2016
086	Tier 2 - Adult Family Care	1 day	\$89.76	n/a	day	9/1/2016
086	Tier 3 - Adult Family Care	1 day	\$95.88	n/a	day	9/1/2016
086	Tier 4 - Adult Family Care	1 day	\$100.98	n/a	day	9/1/2016
086	Tier 5 - Adult Family Care	1 day	\$106.08	n/a	day	9/1/2016
086	Tier 6 - Adult Family Care	1 day	\$112.20	n/a	day	9/1/2016
086	Tier 7 - Adult Family Care	1 day	\$118.32	n/a	day	9/1/2016
086	Tier 8 - Adult Family Care	1 day	\$125.46	n/a	day	9/1/2016
086	Tier 9 - Adult Family Care	1 day	\$137.70	n/a	day	9/1/2016
086	Tier 10 - Adult Family Care	1 day	\$159.12	n/a	day	9/1/2016
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	n/a	day	9/1/2016

*In-patient hospital day = if the person is admitted to the hospital and still there at midnight.

Revenue Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly Equivalent	unit	Effective Date
092	ERC-tier 1	1 day	\$52.76	n/a	day	5/1/2017
		1 day	\$58.38	n/a	day	5/1/2017
093	ERC-tier 2	1 day	\$60.06	n/a	day	5/1/2017
		1 day	\$65.66	n/a	day	5/1/2017
094	ERC-tier 3	1 day	\$67.36	n/a	day	5/1/2017
		1 day	\$72.97	n/a	day	5/1/2017
090	ERC Special Rate <i>(rate set for individual by prior approval)</i>	1 day	Varies by provider	Provider Rate by	day	7/1/2007
Revenue Code	MFP Demonstration Grant	Unit	Max Amount Per Unit	Hourly or Daily	unit	Effective Date
087	MFP Transition Funds (Prior Authorization Required)	1 Unit=1 Service (PA	\$2,500 per person One- time	n/a	episode	4/1/2012

Revenue Code	CFC Home-Based Setting, Moderate Needs	Unit	Max Amount Per Unit	Hourly or Daily	unit	Effective Date
070	Case Management <i>(max of 12 hrs per calendar year)</i>	15 min	\$18.05	\$72.22	hour	7/1/2017
095	Homemaker <i>(Max of 6 hours per week)</i>	15 min	\$5.17	\$20.69	hour	7/1/2017
096	*Adult Day <i>(Max of 50 hours per week)</i>	15 min	\$4.02	\$16.08	hour	7/1/2017
071	Flexible Funding	As billed	Pay as billed	max	n/a	4/1/2014

NOTE: Moderate Needs Flexible Funding Provider Admin Rate = \$25/month

**Maximum of 50 hours (200 units) a week may be billed up to 934 units (233.5 hours) per month.*

Revenue Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily	unit	Effective Date
120	Room and Board, 2 Bed Semiprivate, General Classification	1 day	Set per Provider	Daily	day	varies
128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 day	Set per Provider	Daily	day	varies
130	Room and Board, 3-4 Bed Semiprivate, General	1 day	Set per Provider	Daily	day	varies
169	Level 2/Swing Bed	1 day	Set per Provider	Daily	day	varies
182	Nursing Home Leave of Absence Day	1 day	Set per Provider	Daily	day	varies
185	Nursing Home Bed Hold	1 day	Set per Provider	Daily	day	varies

Procedure Code	Attendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
S5126	*ARIS F/EA Employer Support Services #1008601	1 month	\$55.00	n/a	month	2/1/2015
s5125	Medicaid 1st 6 Months	15 min	\$3.12	\$12.46	hour	7/3/2016
s5199	Medicaid after 6 Months	15 min	\$3.12	\$12.46	hour	7/3/2016
n/a	General Fund 1st 6 Months	1 hour	\$11.88	\$11.04	hour	7/3/2016
n/a	General Fund after 6 Months	1 hour	\$11.88	\$11.04	hour	7/3/2016

<i>n/a</i>	ARIS ISO Support Services - General Funds	1 month	\$26.00	<i>n/a</i>	month	2/1/2014
Procedure Code	Traumatic Brain Injury (TBI) Services	Unit	Max Amount Per Unit	Hourly or Daily	unit	Effective Date
T2038 U8	Community Supports: Rehab/Long Term	1 day	\$77.06	\$77.06	day	11/1/2013
T2038 HI	Community Supports: Mental Health Funded	1 day	\$77.06	\$77.06	day	11/1/2013
S9125 U8	Respite: Rehab/Long Term	1 day	\$77.06	\$77.06	day	11/1/2013
S9125 HI	Respite: Mental Health Funded	1 day	\$77.06	\$77.06	day	11/1/2013
T1016 U8	Case Management: Rehab/Long Term	15 min	\$12.50	\$50.00	hour	11/1/2013
T1016 HI	Case Management: Mental Health Funded	15 min	\$12.50	\$50.00	hour	11/1/2013
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$5.27	\$21.08	hour	11/1/2013
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$5.27	\$21.08	hour	11/1/2013
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	1 Unit=Lifetime	\$4,000.00	\$4000/ Lifetime	lifetime	
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	1 Unit=Lifetime	\$4,000.00	\$4000/ Lifetime	lifetime	
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$513.75	\$513.75	day	11/1/2013
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$513.75	\$513.75	day	11/1/2013
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$16.70	\$66.80	hour	11/1/2013
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$16.70	\$66.80	hour	11/1/2013
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$5.27	\$21.08	hour	11/1/2013
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$5.27	\$21.08	hour	11/1/2013
T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$303.11	individual	day	11/1/2013
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$303.11	individual	day	11/1/2013
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$12.50	\$50.00	hour	11/1/2013
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$12.50	\$50.00	hour	11/1/2013
Procedure Code	High Tech Services	Unit	Max Amount Per Unit	Hourly or Daily	unit	Effective Date
G0299HTHB	Skilled Nursing Care- RN	15 min	\$12.50	#	hour	4/15/2017
G0300HTHB	Skilled Nursing Care- LPN	15 min	\$12.50	#	hour	4/15/2017
G0156HTHB	Services by High Tech LNA	15 min	\$6.75	#	hour	4/15/2017
T1001HTHB	Nursing Assessment RN/LPN	1 visit	1 unit/month	#	hour	1/1/2016
T1016	Discharge Planning/Blood Draw	15 min	\$14.38	#	hour	1/1/2001
Revenue Code	Global Commitment Services: ACCS and DHRS	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
98	Assistive Community Care Services (ACCS)	1 day	\$37.25	#	day	7/1/2012
99	*Day Health Rehabilitation Services (DHRS)	15 min	\$4.02	#	hour	7/1/2017

*Maximum of 50 hours (200 units) per week.

SFY18 Caps: CFC Moderate Needs Group- Flex Funds Caps

CFC Provider Number	Provider	SFY18 payment cap	effective date
047W013	Age Well	\$71,247	7/1/2017-6/30/2018
047W014	Central VT Council on Aging	\$41,465	7/1/2017-6/30/2018
047W003	Northeast Kingdom Council on Aging	\$29,821	7/1/2017-6/30/2018
047W015	Senior Solutions	\$41,833	7/1/2017-6/30/2018
047W024	Southwestern VT Council on Aging	\$39,154	7/1/2017-6/30/2018
		Total:	\$223,520

SFY18 Caps: CFC Moderate Needs Group- Homemaker Funding Allocations			
CFC Provider Number	Provider	SFY18 payment cap	effective date (update 12/1/17)
047W005	Addison County Home Health and Hospice	\$215,645	7/1/2017-6/30/2018
047W266	Bayada Nurses	\$34,458	7/1/2017-6/30/2018
047W016	Central VT Home Health and Hospice	\$324,804	7/1/2017-6/30/2018
047W001	Franklin County Home Health Agency	\$296,994	7/1/2017-6/30/2018
047W019	Lamoille Home Health	\$148,981	7/1/2017-6/30/2018
047W257	Manchester Health Services: Included in Rutland VNAH	\$0	7/1/2017-6/30/2018
047W004	Northern Counties Health Care Inc.,	\$342,689	7/1/2017-6/30/2018
047W023	Orleans-Essex VNA & Hospice, Inc.	\$254,227	7/1/2017-6/30/2018
047W012	Rutland Area Visiting Nurse Association and Hospice	\$603,337	7/1/2017-6/30/2018
047W017	VNA and Hospice of VT/NH	\$763,752	7/1/2017-6/30/2018
047W192	*VNA of Chittenden and Grand Isle Counties	\$502,570	7/1/2017-6/30/2018
		Total:	\$3,487,457 (rounded calculations from \$3,487,458 total)

SFY18 Caps: CFC Moderate Needs Group- Adult Day Funding Allocations			
CFC Provider Number	Provider	SFY18 payment cap	effective date
047W030	Bennington Project Independence	\$175,358	7/1/2017-6/30/2018
047W032	Brattleboro Area Adult Day Services	\$165,829	7/1/2017-6/30/2018
047W164	CarePartners	\$160,554	7/1/2017-6/30/2018
047W031	Elderly Services, Inc.	\$337,372	7/1/2017-6/30/2018
047W371	Gifford Medical Center (Includes Barre PI)	\$235,618	7/1/2017-6/30/2018
047W063	Green Mountain Adult Day Services	\$13,136	7/1/2017-6/30/2018
047W272	Meeting Place	\$59,509	7/1/2017-6/30/2018
047W021	Out & About	\$192,456	7/1/2017-6/30/2018
047W028	Oxbow Senior Independence Program, Inc.	\$31,485	7/1/2017-6/30/2018
047W026	Riverside Life Enrichment Center	\$150,754	7/1/2017-6/30/2018
047W033	Rutland Community Programs, Inc.	\$48,375	7/1/2017-
047W069	Springfield Hospital	\$213,787	7/1/2017-

047W192	*VNA of Chittenden and Grand Isle Counties	\$300,882	7/1/2017-
		Total: \$2,085,115	(rounded calculations from \$2,085,117 total)

**NOTE: VNA of Chittenden and Grand Isle Counties Combined Homemaker & Adult Day \$803,452*

Caregiver Wages (Established through Collective Bargaining Agreement)

Service	min. hourly wage	max. hourly wage	Date
CFC Personal Care by Consumer-Directed Personnel	\$11.28	\$22.00	7/3/2016
CFC Personal Care by Surrogate-Directed Personnel	\$11.28	\$22.00	7/3/2016
CFC Respite Care or Companion by Consumer-Directed Personnel	\$11.04	\$22.00	7/3/2016
CFC Respite Care or Companion by Surrogate-Directed Personnel	\$11.04	\$22.00	7/3/2016
Attendant Services Program- Medicaid 1st 6 Months	\$11.04	\$22.00	7/3/2016
Attendant Services Program- Medicaid after 6 Months	\$11.04	\$22.00	7/3/2016
Attendant Services Program-General Fund 1st 6 Months	\$11.04	\$22.00	7/3/2016
Attendant Services Program-General Fund after 6 Months	\$11.04	\$22.00	7/3/2016

NOTE: Minimum hourly wage for Flexible Funding is \$11.04 hour and minimum daily wage for Flexible Funding respite is