

DAIL Adult Services Division: Medicaid Claims Codes and Reimbursement Rates

Version 2/1/20

| Billing Code | CFC Home-Based Setting | Unit | Max Amount Per Unit/Other | Hourly Equivalent | Effective Date |
|---------------------|--|-------------|----------------------------------|--------------------------|-----------------------|
| 070 | Case Management by HHA or AAA (48 hrs/calendar year max) | 15 min | \$18.78 | \$75.12 | 7/1/2019 |
| 072 | Personal Care by HHA | 15 min | \$7.49 | \$29.96 | 7/1/2019 |
| 077 | Personal Care by Consumer-Directed Personnel - minimum per CBA | 15 min | \$3.27 | \$13.08 | 7/1/2019 |
| 081 | Personal Care by Surrogate-Directed Personnel - minimum per CBA | 15 min | \$3.27 | \$13.08 | 7/1/2019 |
| 073 | *Respite or Companion Care by HHA | 15 min | \$6.00 | \$24.00 | 7/1/2019 |
| 075 | *Respite or Companion Care Consumer-Directed - minimum per CBA | 15 min | \$3.27 | \$13.08 | 7/1/2019 |
| 080 | *Respite or Companion Care Surrogate-Directed - minimum per CBA | 15 min | \$3.27 | \$13.08 | 7/1/2019 |
| 074 | *Respite in Residential Care Home | 15 min | \$101.76 | n/a | 7/1/2019 |
| 084 | *Respite by Adult Day Service provider | 15 min | \$4.18 | \$16.72 | 7/1/2019 |
| 088 | Companion by Senior Companion Agency | 15 min | \$2.11 | \$8.44 | 7/1/2019 |
| 078 | Home-Based Waiver Adult Day Service | 15 min | \$4.18 | \$16.72 | 7/1/2019 |
| 076 | Assistive Devices & Modifications - per calendar year | As billed | \$ 842 | n/a | 7/1/2019 |
| 082 | Personal Emergency Response Systems-Installation & 1st Month | 1-time | \$ 61 | n/a | 7/1/2019 |
| 083 | Personal Emergency Response Systems-Ongoing | 1 month | \$34 | n/a | 7/1/2019 |
| 089 | Group Directed Attendant Care (<i>approved providers only</i>) | 1 day | \$214.00 | n/a | 6/1/2017 |
| 097 | ARIS F/EA Employer Support Services #047W070 | 1 month | \$81.00 | n/a | 2/1/2020 |
| 220 | ARIS F/EA CFC Flexible Choices Support Services #047W070 | 1 month | \$81.00 | n/a | 2/1/2020 |
| 071 | Flexible Choices Services | As billed | individual budgets | n/a | 9/1/2016 |
| 079 | Flexible Choices Consultant Pre-admission Service | 15 min | \$18.78 | \$75.12 | 7/1/2019 |
| n/a | Flexible Choices Supportive ISO Fee (reimbursed through the individual budget) | 1 month | \$194 | na | 1/1/2019 |
| n/a | Flexible Choices Base Rates (reimbursed through the individual budget) | 1 month | \$1,264.45 | na | 7/1/2019 |
| n/a | AFC Daily Respite via Authorized Agency | 1 day | \$199.58 | na | 7/1/2019 |
| n/a | ARIS F/EA for AFC Respite via Authorized Agency | 1 month | \$63.00 | na | 2/1/2019 |

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

| Billing Code | CFC Adult Family Care (AFC) | Unit | Max Amount Per Unit/Other | Hourly or Daily Rate | Effective Date |
|---------------------|------------------------------------|-------------|----------------------------------|-----------------------------|-----------------------|
| 086 | Tier 1 - Adult Family Care | 1 day | \$81.71 | n/a | 7/1/2019 |
| 086 | Tier 2 - Adult Family Care | 1 day | \$93.39 | n/a | 7/1/2019 |
| 086 | Tier 3 - Adult Family Care | 1 day | \$99.76 | n/a | 7/1/2019 |
| 086 | Tier 4 - Adult Family Care | 1 day | \$105.06 | n/a | 7/1/2019 |
| 086 | Tier 5 - Adult Family Care | 1 day | \$110.36 | n/a | 7/1/2019 |
| 086 | Tier 6 - Adult Family Care | 1 day | \$116.73 | n/a | 7/1/2019 |
| 086 | Tier 7 - Adult Family Care | 1 day | \$123.10 | n/a | 7/1/2019 |
| 086 | Tier 8 - Adult Family Care | 1 day | \$130.53 | n/a | 7/1/2019 |
| 086 | Tier 9 - Adult Family Care | 1 day | \$143.26 | n/a | 7/1/2019 |
| 086 | Tier 10 - Adult Family Care | 1 day | \$165.55 | n/a | 7/1/2019 |

| | | | | | |
|-----|---|-------|-------------|-----|----------|
| 086 | AFC In-Patient Hospital Days = 94% of applicable tier | 1 day | 94% of Tier | n/a | 7/1/2019 |
|-----|---|-------|-------------|-----|----------|

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

| Billing Code | CFC Enhanced Residential Care Setting | Unit | Max Amount Per Unit | Hourly Equivilant | Date |
|--------------|--|-------|---------------------|-----------------------------|----------|
| 092 | ERC-tier 1 | 1 day | \$54.90 | n/a | 7/1/2019 |
| | | 1 day | \$60.74 | n/a | 7/1/2019 |
| 093 | ERC-tier 2 | 1 day | \$62.49 | n/a | 7/1/2019 |
| | | 1 day | \$68.31 | n/a | 7/1/2019 |
| 094 | ERC-tier 3 | 1 day | \$70.08 | n/a | 7/1/2019 |
| | | 1 day | \$75.92 | n/a | 7/1/2019 |
| 090 | ERC Special Rate | 1 day | Varies by provider | Provider Rate by individual | 7/1/2007 |
| | <i>(rate set for individual by prior approval)</i> | | | | |

| Billing Code | MFP Demonstration Grant | Unit | Max Amount Per Unit | Hourly or Daily Rate | Effective Date |
|--------------|---|----------------------|-----------------------------|----------------------|----------------|
| 087 | MFP Transition Funds (Prior Authorization Required) | 1 Unit=1 Service (PA | \$2,500 per person One-time | n/a | 4/1/2012 |

| Billing Code | CFC Home-Based Setting, Moderate Needs | Unit | Max Amount Per Unit | Hourly or Daily Rate | Effective Date |
|--------------|--|-----------|---------------------|----------------------|----------------|
| 070 | Case Management <i>(max of 12 hrs per calendar year)</i> | 15 min | \$18.78 | \$75.12 | 7/1/2019 |
| 095 | Homemaker <i>(Max of 6 hours per week)</i> | 15 min | \$5.38 | \$21.52 | 7/1/2019 |
| 096 | *Adult Day <i>(Max of 50 hours per week)</i> | 15 min | \$4.18 | \$16.72 | 7/1/2019 |
| 071 | Flexible Funding Allowance | As billed | Pay as billed | max allowance | 4/1/2014 |
| n/a | ARIS F/EA for MNG self-hired (via case management agency) | 1 month | \$63.00 | n/a | 2/1/2019 |
| n/a | MNG Flex Funds Admim Fee - Case Management Agency | 1 month | \$36 | n/a | 7/1/2019 |
| n/a | MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency) | 15 min | \$3.27 | \$13.08 | 7/1/2019 |

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

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

| Billing Code | Attendant Services Program | Unit | Max Amount Per Unit | Hourly Rate | Effective Date |
|--------------|---|---------|---------------------|-------------|----------------|
| S5126 | *ARIS F/EA Employer Support Services #1008601 | 1 month | \$78.00 | n/a | 2/1/2019 |

| | | | | | |
|-------|---|---------|---------|---------|----------|
| s5125 | ASP - Medicaid | 15 min | \$3.24 | \$12.96 | 7/1/2019 |
| n/a | ASP - General Fund | 1 hour | \$12.58 | \$12.58 | 7/1/2019 |
| n/a | ARIS F/EA Employer Support Services - General Funds | 1 month | \$57.00 | n/a | 2/1/2019 |

| Billing Code | Traumatic Brain Injury (TBI) Services | Unit | Max Amount Per Unit | Hourly or Daily Rate | Effective Date |
|--------------|--|---------------|---------------------|----------------------|----------------|
| T2038 U8 | Community Supports: Rehab/Long Term | 1 day | \$78.60 | \$78.60 | 7/1/2019 |
| T2038 HI | Community Supports: Mental Health Funded | 1 day | \$78.60 | \$78.60 | 7/1/2019 |
| S9125 U8 | Respite: Rehab/Long Term (CBA) | 1 day | \$196.56 | \$196.56 | 7/1/2019 |
| S9125 HI | Respite: Mental Health Funded (CBA) | 1 day | \$196.56 | \$196.56 | 7/1/2019 |
| T1016 U8 | Case Management: Rehab/Long Term | 15 min | \$12.75 | \$51.00 | 7/1/2019 |
| T1016 HI | Case Management: Mental Health Funded | 15 min | \$12.75 | \$51.00 | 7/1/2019 |
| T2017 U8 | Rehabilitation: Rehab/Long Term | 15 min | \$5.38 | \$21.52 | 7/1/2019 |
| T2017 HI | Rehabilitation: Mental Health Funded | 15 min | \$5.38 | \$21.52 | 7/1/2019 |
| T2025 U8 | Environmental & Assistive Technology: Rehab/Long Term | Unit=Lifetime | \$4,080.00 | \$4080/Lifetime | 7/1/2019 |
| T2025 HI | Environmental & Assistive Technology: Mental Health Funded | Unit=Lifetime | \$4,080.00 | \$4080/Lifetime | 7/1/2019 |
| T2034 U8 | Crisis Support: Rehab/Long Term | 1 day | \$524.03 | \$524.03 | 7/1/2019 |
| T2034 HI | Crisis Support: Mental Health Funded | 1 day | \$524.03 | \$524.03 | 7/1/2019 |
| H0036 U8 | Psychology & Counseling Supports: Rehab/Long Term | 15 min | \$17.03 | \$68.12 | 7/1/2019 |
| H0036 HI | Psychology & Counseling Supports: Mental Health Funded | 15 min | \$17.03 | \$68.12 | 7/1/2019 |
| T2019 U8 | Employment Supports: Rehab/Long Term | 15 min | \$5.38 | \$21.52 | 7/1/2019 |
| T2019 HI | Employment Supports: Mental Health Funded | 15 min | \$5.38 | \$21.52 | 7/1/2019 |
| T1020 U8 | TBI Personal Care Daily Rate: Rehab/Long Term | 1 day | \$309.17 | individual rates | 7/1/2019 |
| T1020 UD | TBI Personal Care Daily Rate: Mental Health Funded | 1 day | \$309.17 | individual rates | 7/1/2019 |
| T2024 U8 | Pre-Admission Planning: Rehab/Long Term | 15 min | \$12.75 | \$51.00 | 7/1/2019 |
| T2024 HI | Pre-Admission Planning: Mental Health Funded | 15 min | \$12.75 | \$51.00 | 7/1/2019 |
| 99199 | ARIS F/EA employer support services / respite | 1 month | \$78.00 | n/a | 2/1/2019 |

| Billing Code | Global Commitment Services: ACCS and DHRS | Unit | Max Amount Per Unit | Hourly or Daily Rate | Effective Date |
|--------------|--|---------|---------------------|----------------------|----------------|
| 98 | Assistive Community Care Services (ACCS) - (DVHA Budget) | 1 day | \$42.25 | \$42.25 | 7/1/2019 |
| 99 | *Day Health Rehabilitation Services (DHRS) - (DAIL Budget) | 15 min | \$4.18 | \$16.72 | 7/1/2019 |
| G0299HTHB | Adult High Tech Skilled Nursing Care- RN (DVHA Budget) | 15 min | \$13.26 | \$53.04 | 7/1/2019 |
| G0300HTHB | Adult High Tech Skilled Nursing Care- LPN (DVHA Budget) | 15 min | \$13.26 | \$53.04 | 7/1/2019 |
| G0156HTHB | Adult High Tech Services by High Tech LNA (DVHA Budget) | 15 min | \$7.16 | \$28.64 | 7/1/2019 |
| T1001HTHB | Adult High Tech Nursing Assessment RN/LPN (DVHA Budget) | 1 visit | \$71.49 | 1 unit/month | 7/1/2019 |

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

| SFY2020 Moderate Needs Caps: Area Agency on Aging Flex Funds Caps | | | |
|--|------------------------------------|--------------------|-----------------------|
| CFC Provider Number | Provider | SFY2020 Cap | effective date |
| 047W013 | Age Well | \$110,206 | 7/1/2019-6/30/2020 |
| 047W014 | Central VT Council on Aging | \$63,771 | 7/1/2019-6/30/2020 |
| 047W003 | Northeast Kingdom Council on Aging | \$44,349 | 7/1/2019-6/30/2020 |
| 047W015 | Senior Solutions | \$63,326 | 7/1/2019-6/30/2020 |
| 047W024 | Southwestern VT Council on Aging | \$60,283 | 7/1/2019-6/30/2020 |
| <i>Total:</i> | | \$341,935 | \$341,935 |

| SFY2020 Moderate Needs Caps: Home Health Agency (Homemaker and Flex Funds Combined) | | | |
|--|---|--------------------|-----------------------|
| CFC Provider Number | Provider | SFY2020 Cap | effective date |
| 047W005 | Addison County Home Health and Hospice | \$210,911 | 7/1/2019-6/30/2020 |
| 1018457 | Bayada Nurses | \$22,143 | 7/1/2019-6/30/2020 |
| 047W016 | Central VT Home Health and Hospice | \$321,709 | 7/1/2019-6/30/2020 |
| 047W001 | Franklin County Home Health Agency | \$315,308 | 7/1/2019-6/30/2020 |
| 047W019 | Lamoille Home Health | \$162,746 | 7/1/2019-6/30/2020 |
| 047W004 | Northern Counties Health Care, Inc. DBA Caledonia Home Health | \$347,208 | 7/1/2019-6/30/2020 |
| 047W023 | Orleans-Essex VNA & Hospice, Inc. | \$267,214 | 7/1/2019-6/30/2020 |
| 047W192 | UVMHN Home Health & Hospice | \$525,694 | 7/1/2019-6/30/2020 |
| 047W017 | VNA and Hospice of VT/NH | \$717,946 | 7/1/2019-6/30/2020 |
| 047W012 | VNA and Hospice of the Southwest Region (Rutland) | \$628,087 | 7/1/2019-6/30/2020 |
| <i>Total Home Health:</i> | | \$3,518,965 | |

| SFY2020 Moderate Needs Caps: Adult Day | | | |
|---|---|--------------------|-----------------------|
| CFC Provider Number | Provider | SFY2020 Cap | effective date |
| 047W030 | Bennington Project Independence | \$183,593 | 7/1/2019-6/30/2020 |
| 047W032 | The Gathering Place (Brattleboro Area Adult Day Services) | \$173,570 | 7/1/2019-6/30/2020 |
| 047W164 | CarePartners | \$168,103 | 7/1/2019-6/30/2020 |
| 047W031 | Elderly Services, Inc. | \$353,214 | 7/1/2019-6/30/2020 |
| 047W371 | Gifford Medical Center (Includes Barre PI) | \$246,656 | 7/1/2019-6/30/2020 |
| 047W272 | Meeting Place | \$62,326 | 7/1/2019-6/30/2020 |
| 047W021 | Out & About (Lamoille Day Health Services) | \$201,490 | 7/1/2019-6/30/2020 |
| 047W028 | Oxbow Senior Independence Program, Inc. | \$32,974 | 7/1/2019-6/30/2020 |
| 047W026 | Riverside Life Enrichment Center | \$157,929 | 7/1/2019-6/30/2020 |
| 047W033 | Rutland Community Programs, Inc. | \$50,654 | 7/1/2019-6/30/2020 |
| 047W069 | Springfield Hospital | \$223,834 | 7/1/2019-6/30/2020 |
| 047W192 | UVMHN Home Health Adult Day | \$315,012 | 7/1/2019-6/30/2020 |

Caregiver Wages Effective 7/1/2019 (Established through Collective Bargaining Agreement)

| Service | minimum wage | *Min hourly rate on file after multiplier | max. hourly wage | *Max hourly rate after multiplier |
|--|---------------------|--|-------------------------|--|
| CFC Personal Care by Consumer-Directed Personnel - Hourly | \$11.55 | \$13.08 | \$25.00 | \$28.27 |
| CFC Personal Care by Surrogate-Directed Personnel - Hourly | \$11.55 | \$13.08 | \$25.00 | \$28.27 |
| CFC Respite Care or Companion by Consumer-Directed Personnel - Hourly | \$11.55 | \$13.08 | \$25.00 | \$28.27 |
| CFC Respite Care or Companion by Surrogate-Directed Personnel - Hourly | \$11.55 | \$13.08 | \$25.00 | \$28.27 |
| Moderate Needs Flex Funds - Self-Hire - Hourly | \$11.55 | \$13.08 | \$25.00 | \$28.27 |
| Attendant Services Program- Medicaid - Hourly | \$11.55 | \$12.96 | \$25.00 | \$28.04 |
| Attendant Services Program-General Fund - Hourly | \$11.55 | \$12.58 | \$25.00 | \$27.23 |
| TBI respite daily rate | \$176.48 | \$196.56 | n/a | n/a |
| CFC Daily Respite (AFC, Flex Funds) | \$176.48 | \$199.58 | n/a | n/a |

| *Workers Comp/Unemployment/Sick Leave Multipliers | 7/1/2019 |
|--|-----------------|
| Choices for Care | 13.09% |
| Attendant Services Program - Medicaid | 12.15% |
| Attendant Services Program - General Funds | 8.90% |
| Traumatic Brain Injury | 11.38% |