

DAIL Adult Services Division: Medicaid Claims Codes and Reimbursement Rates

Billing Code	CFC Home-Based Setting	Unit	Max Amount Per Unit / Other	Hourly Equivalent	Effective Date
070	Case Management by HHA or AAA (48 hours per calendar year maximum)	15 min	\$20.89	\$83.56	7/1/2022
072/T1009	Personal Care by HHA	15 min	\$9.58	\$38.32	7/1/2023
077/T1009	Personal Care by Consumer-Directed Personnel - minimum per CBA	15 min	N/A	\$17.49	7/1/2023
081/T1009	Personal Care by Surrogate-Directed Personnel - minimum per CBA	15 min	N/A	\$17.49	7/1/2023
073/T1005(Respite) 073/S5135(Companion)	*Respite or Companion Care by HHA	15 min	\$7.68	\$30.72	7/1/2023
075/T1005(Respite) 075/S5135(Companion)	*Respite or Companion Care Consumer- Directed - minimum per CBA	15 min	N/A	\$17.11	7/1/2023
080/T1005(Respite) 080/S5135(Companion)	*Respite or Companion Care Surrogate- Directed - minimum per CBA	15 min	N/A	\$17.11	7/1/2023
074	*Respite in Residential Care Home	15 min	\$113.19	Not applicable	7/1/2022
084	*Respite by Adult Day Service provider	15 min	\$6.25	\$25.00	7/1/2023
088	Companion by Senior Companion Agency	15 min	\$2.35	\$9.40	7/1/2022
078	Home-Based Waiver Adult Day Service	15 min	\$6.25	\$25.00	7/1/2023
076	Assistive Devices & Modifications - per calendar year	As billed	\$2000	Not applicable	7/1/2022
082	Personal Emergency Response Systems- Installation & 1st Month	1-time	\$68	Not applicable	7/1/2022
083	Personal Emergency Response Systems- Ongoing	1 month	\$38	Not applicable	7/1/2022

089	Group Directed Attendant Care (<i>approved providers only</i>)	1 day	\$232.00	Not applicable	7/1/2022
097	ARIS F/EA Employer Support Services #047W070	1 month	\$85.00	Not applicable	7/1/2022
220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 month	\$89.00	Not applicable	7/1/2022
Billing Code	CFC Home-Based Setting	Unit	Max Amount Per Unit / Other	Hourly Equivalent	Effective Date
071	Flexible Choices Services	As billed	Individual budgets	Not applicable	9/1/2016
079	Flexible Choices Consultant Pre-admission Service	15 min	\$20.89	\$83.56	7/1/2022
Not applicable	Flexible Choices Supportive ISO Fee (reimbursed through the individual budget)	1 month	\$216	Not applicable	7/1/2022
Not applicable	Flexible Choices Base Rates (reimbursed through the individual budget)	1 month	\$1,654.51	Not applicable	7/1/2023
Not applicable	AFC Daily Respite via Authorized Agency	1 day	\$243.19	Not applicable	7/1/2022
Not applicable	ARIS F/EA for AFC Respite via Authorized Agency	1 month	\$67.00	Not applicable	2/1/2021

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

Billing Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit / Other	Ne	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$90.89	Not applicable	7/1/2022
086	Tier 2 - Adult Family Care	1 day	\$103.89	Not applicable	7/1/2022
086	Tier 3 - Adult Family Care	1 day	\$110.97	Not applicable	7/1/2022
086	Tier 4 - Adult Family Care	1 day	\$116.87	Not applicable	7/1/2022
086	Tier 5 - Adult Family Care	1 day	\$122.76	Not applicable	7/1/2022
086	Tier 6 - Adult Family Care	1 day	\$129.85	Not applicable	7/1/2022
086	Tier 7 - Adult Family Care	1 day	\$136.93	Not applicable	7/1/2022
086	Tier 8 - Adult Family Care	1 day	\$146.29	Not applicable	7/1/2022

086	Tier 9 - Adult Family Care	1 day	\$159.36	Not applicable	7/1/2022
086	Tier 10 - Adult Family Care	1 day	\$184.16	Not applicable	7/1/2022
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	Not applicable	7/1/2022

*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 Equivalent	Date
092	ERC-tier 1	1 day	\$63.51	Not applicable	7/1/2023
		1 day	\$70.26	Not applicable	7/1/2023
093	ERC-tier 2	1 day	\$72.29	Not applicable	7/1/2023
		1 day	\$79.03	Not applicable	7/1/2023
094	ERC-tier 3	1 day	\$81.07	Not applicable	7/1/2023
		1 day	\$87.84	Not applicable	7/1/2023
090	ERC Special Rate (Rate set for individual by prior approval)	1 day	Varies by Provider	Provider Rate by	7/1/2023

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	Not applicable	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 (maximum of 12 hours per calendar year)	15 min	\$20.89	\$83.56	7/1/2022
095/S5130	Homemaker (Max of 6 hours per week)	15 min	\$9.58	\$38.32	7/1/2023
096	*Adult Day (Max of 50 hours per week)	15 min	\$6.25	\$25.00	7/1/2023

071	Flexible Funding Allowance	As billed	Pay as billed	Max Allowance	7/1/2022
Not Applicable	ARIS F/EA for MNG self-hired (via case management agency)	1 month	\$67.00	Not Applicable	7/1/2022
Not Applicable	MNG Flex Funds Admin Fee - Case Management Agency	1 month	\$40	Not Applicable	7/1/2022
Not Applicable	MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency)	15 min	\$3.80	\$15.20	7/1/2022
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	\$85.00	Not Applicable	2/1/2021
S5125	ASP - Medicaid	15 min	\$3.94	\$15.76	7/1/2023
Not Applicable	ASP - General Fund	1 hour	\$15.30	\$15.30	7/1/2023
Not Applicable	ARIS F/EA Employer Support Services - General Funds	1 month	\$67.00	Not Applicable	2/1/2021

Billing Code	Brain Injury Program (BIP) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
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T2038 U8	Community Supports: Rehab/Long Term	1 day	\$91.81	\$91.81	7/1/2023
T2038 HI	Community Supports: Mental Health Funded	1 day	\$91.81	\$91.81	7/1/2023
S9125 U8	Respite: Rehab/Long Term (CBA)	1 day	\$251.49	\$251.49	7/1/2023
S9125 HI	Respite: Mental Health Funded (CBA)	1 day	\$251.49	\$251.49	7/1/2023
T1016 U8	Case Management: Rehab/Long Term	15 min	\$14.89	\$59.56	7/1/2023
T1016 HI	Case Management: Mental Health Funded	15 min	\$14.89	\$59.56	7/1/2023
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$6.28	\$25.12	7/1/2023
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$6.28	\$25.12	7/1/2023
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	1 Unit = Lifetime	\$4,797.03	\$4797.03/ Lifetime	7/1/2023
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	1 Unit = Lifetime	\$4,765.53	\$4765.53/ Lifetime	7/1/2023
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$612.08	\$612.08	7/1/2023
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$612.08	\$612.08	7/1/2023
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$19.90	\$79.60	7/1/2023
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$19.90	\$79.60	7/1/2023
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$6.28	\$25.12	7/1/2023
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$6.28	\$25.12	7/1/2023
T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$361.13	Individual rates	7/1/2023
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$361.13	Individual rates	7/1/2023
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$14.89	\$59.56	7/1/2023
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$14.89	\$59.56	7/1/2023
99199	ARIS F/EA employer support services / respite	1 month	\$85.00	Not Applicable	2/1/2019

Billing Code	Global Commitment Services: ACCS, DHRS and HTN	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
98	Assistive Community Care Services (ACCS) - (DVHA Budget)	1 day	\$84.66	\$84.66	7/1/2023
99	*Day Health Rehabilitation Services (DHRS) - (DAIL Budget)	15 min	\$6.25	\$25.00	7/1/2023
T1002	Adult High Tech Skilled Nursing Care - Independent RN (DVHA Budget)	15 min	\$11.76	\$47.04	2/15/2023
T1003	Adult High Tech Skilled Nursing Care - Independent LPN (DVHA Budget)	15 min	\$10.00	\$40.00	2/15/2023
G0299HT HB	Adult High Tech Skilled Nursing Care- Agency RN (DVHA Budget)	15 min	\$15.68	\$62.72	2/15/2023
G0300HT HB	Adult High Tech Skilled Nursing Care- Agency LPN (DVHA Budget)	15 min	\$15.68	\$62.72	2/15/2023
T1001HT HB	Adult High Tech Nursing Assessment RN/LPN (DVHA Budget)	1 visit	\$84.53	1 unit/month	2/15/2023

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

SFY2023 Moderate Needs Caps: Area Agency on Aging Flex Funds Caps

CFC Provider Number	Provider	SFY2024 Cap	Effective Date
047W013	Age Well	\$243,755	7/1/2023-6/30/2024
047W014	Central VT Council on Aging	\$70,939	7/1/2023-6/30/2024
047W003	Northeast Kingdom Council on Aging	\$154,202	7/1/2023-6/30/2024
047W015	Senior Solutions	\$70,444	7/1/2023-6/30/2024
047W024	Southwestern VT Council on Aging	\$125,417	7/1/2023-6/30/2024

SFY2022 Moderate Needs Caps: Home Health Agency (Homemaker and Flex Funds Combined)

CFC Provider Number	Provider	SFY2024 Cap	Effective Date
047W005	Addison County Home Health and Hospice	\$213,150	7/1/2023-6/30/2024

1018457	Bayada Nurses	\$28,327	7/1/2023-6/30/2024
047W016	Central VT Home Health and Hospice	\$568,774	7/1/2023-6/30/2024
047W001	Franklin County Home Health Agency	\$145,210	7/1/2023-6/30/2024
047W019	Lamoille Home Health	\$224,850	7/1/2023-6/30/2024
047W004	Northern Counties Health Care, Inc. DBA Caledonia Home Health	\$289,640	7/1/2023-6/30/2024
047W023	Orleans-Essex VNA & Hospice, Inc.	\$192,359	7/1/2023-6/30/2024
047W192	UVMHN Home Health & Hospice	\$175,944	7/1/2023-6/30/2024
047W017	VNA and Hospice of VT/NH	\$762,305	7/1/2023-6/30/2024
047W012	VNA and Hospice of the Southwest Region (Rutland)	\$296,391	7/1/2023-6/30/2024

SFY2023 Moderate Needs Caps: Adult Day

CFC Provider Number	Provider	SFY2024 Cap	Effective Date
047W030	Bennington Project Independence	\$274,482	7/1/2023-6/30/2024
047W032	The Gathering Place (Brattleboro Area Adult Day Services)	\$51,900	7/1/2023-6/30/2024
047W164	CarePartners	\$201,060	7/1/2023-6/30/2024
047W031	Elderly Services, Inc.	\$448,867	7/1/2023-6/30/2024
047W371	Gifford Medical Center	\$48,258	7/1/2023-6/30/2024
047W272	Meeting Place	\$43,795	7/1/2023-6/30/2024
047W021	Out & About (Lamoille Day Health Services)	\$36,149	7/1/2023-6/30/2024
047W026	Riverside Life Enrichment Center	\$82,640	7/1/2023-6/30/2024
CFC Provider Number	Provider	SFY2024 Cap	Effective Date

047W409.	The Scotland House Adult Day Health	\$37,956	7/1/2023-6/30/2024
047W069	Springfield Area Adult Day Services	\$93,701	7/1/2023-6/30/2024
047W192	UVMHN Home Health Adult Day	\$155,418	7/1/2023-6/30/2024

Caregiver Wages Effective 7/1/2023 (Established through Collective Bargaining Agreement)

Service	Minimum Wage	*Minimum Hourly rate on File After Multiplier	Maximum Hourly Wage	*Maximum Hourly Rate After Multiplier
CFC Personal Care by Consumer-Directed Personnel - Hourly	\$14.05	\$15.89	\$25.00	\$28.27
CFC Personal Care by Surrogate-Directed Personnel - Hourly	\$14.05	\$15.89	\$25.00	\$28.27
CFC Respite Care or Companion by Consumer-Directed Personnel - Hourly	\$14.05	\$15.89	\$25.00	\$28.27
CFC Respite Care or Companion by Surrogate-Directed Personnel - Hourly	\$14.05	\$15.89	\$25.00	\$28.27
Moderate Needs Flex Funds - Self-Hire - Hourly	\$14.05	\$15.89	\$25.00	\$28.27
Attendant Services Program- Medicaid - Hourly	\$14.05	\$15.76	\$25.00	\$28.04
Attendant Services Program-General Fund - Hourly	\$14.05	\$15.30	\$25.00	\$27.23
TBI respite daily rate	\$224.80	\$250.29	Not Applicable	Not Applicable
CFC Daily Respite (AFC, Flex Funds)	\$224.80	\$254.23	Not Applicable	Not Applicable

***Workers Comp/Unemployment / Sick Leave Multipliers**

7/1/2024

Choices for Care	13.09%
Attendant Services Program - Medicaid	12.15%
Attendant Services Program - General Funds	8.90%
Traumatic Brain Injury	11.385%

