

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	\$19.34	\$77.36	7/1/2021
072	Personal Care by HHA	15 min	\$7.71	\$30.84	7/1/2021
077	Personal Care by Consumer-Directed Personnel - minimum per CBA	15 min	\$3.41	\$13.63	7/1/2021
081	Personal Care by Surrogate-Directed Personnel - minimum per CBA	15 min	\$3.41	\$13.63	7/1/2021
073	*Respite or Companion Care by HHA	15 min	\$6.18	\$24.72	7/1/2021
075	*Respite or Companion Care Consumer-Directed - minimum per CBA	15 min	\$3.41	\$13.63	7/1/2021
080	*Respite or Companion Care Surrogate-Directed - minimum per CBA	15 min	\$3.41	\$13.63	7/1/2021
074	*Respite in Residential Care Home	15 min	\$104.81	Not applicable	7/1/2021
084	*Respite by Adult Day Service provider	15 min	\$4.31	\$17.24	7/1/2021
088	Companion by Senior Companion Agency	15 min	\$2.17	\$8.44	7/1/2021
078	Home-Based Waiver Adult Day Service	15 min	\$4.31	\$17.24	7/1/2021
076	Assistive Devices & Modifications - per calendar year	As billed	\$867	Not applicable	7/1/2021
082	Personal Emergency Response Systems-Installation & 1st Month	1-time	\$63	Not applicable	7/1/2021
083	Personal Emergency Response Systems-Ongoing	1 month	\$35	Not applicable	7/1/2021
089	Group Directed Attendant Care (<i>approved providers only</i>)	1 day	\$214.00	Not applicable	6/1/2017
097	ARIS F/EA Employer Support Services #047W070	1 month	\$85.00	Not applicable	2/1/2020
220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 month	\$85.00	Not applicable	2/1/2020
071	Flexible Choices Services	As billed	Individual budgets	Not applicable	9/1/2016
079	Flexible Choices Consultant Pre-admission Service	15 min	\$19.34	\$77.36	7/1/2019
Not applicable	Flexible Choices Supportive ISO Fee (reimbursed through the individual budget)	1 month	\$200	Not applicable	1/1/2019

Billing Code	CFC Home-Based Setting	Unit	Max Amount Per Unit / Other	Hourly Equivalent	Effective Date
Not applicable	Flexible Choices Base Rates (reimbursed through the individual budget)	1 month	\$1,319.53	Not applicable	7/1/2021
Not applicable	AFC Daily Respite via Authorized Agency	1 day	\$218.04	Not applicable	7/1/2021
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	Hourly or Daily Rate	Effective Date
086	Tier 1 - Adult Family Care	1 day	\$84.16	Not applicable	7/1/2021
086	Tier 2 - Adult Family Care	1 day	\$96.19	Not applicable	7/1/2021
086	Tier 3 - Adult Family Care	1 day	\$102.75	Not applicable	7/1/2021
086	Tier 4 - Adult Family Care	1 day	\$108.21	Not applicable	7/1/2021
086	Tier 5 - Adult Family Care	1 day	\$113.67	Not applicable	7/1/2021
086	Tier 6 - Adult Family Care	1 day	\$120.23	Not applicable	7/1/2021
086	Tier 7 - Adult Family Care	1 day	\$126.79	Not applicable	7/1/2021
086	Tier 8 - Adult Family Care	1 day	\$134.45	Not applicable	7/1/2021
086	Tier 9 - Adult Family Care	1 day	\$147.56	Not applicable	7/1/2021
086	Tier 10 - Adult Family Care	1 day	\$170.52	Not applicable	7/1/2021
086	AFC In-Patient Hospital Days = 94% of applicable tier	1 day	94% of Tier	Not applicable	7/1/2021

*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	\$56.55	Not applicable	7/1/2021
		1 day	\$62.56	Not applicable	7/1/2021
093	ERC-tier 2	1 day	\$64.36	Not applicable	7/1/2021
		1 day	\$70.36	Not applicable	7/1/2021
094	ERC-tier 3	1 day	\$72.18	Not applicable	7/1/2021
		1 day	\$78.20	Not applicable	7/1/2021
090	ERC Special Rate (Rate set for individual by prior approval)	1 day	Varies by Provider	Provider Rate by Individual	7/1/2007

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	\$19.34	\$77.37	7/1/2021
095	Homemaker (Max of 6 hours per week)	15 min	\$5.54	\$22.16	7/1/2021
22.17096	*Adult Day (Max of 50 hours per week)	15 min	\$4.31	\$17.24	7/1/2021
071	Flexible Funding Allowance	As billed	Pay as billed	Max Allowance	4/1/2014
Not Applicable	ARIS F/EA for MNG self-hired (via case management agency)	1 month	\$67.00	Not Applicable	2/1/2021
Not Applicable	MNG Flex Funds Admin Fee - Case Management Agency	1 month	\$37	Not Applicable	7/1/2019
Not Applicable	MNG Flex Funds Self-Hire - Minimum Hourly (via case management agency)	15 min	\$3.40	\$13.63	7/1/2021

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	\$3.38	\$13.51	7/1/2021
Not Applicable	ASP - General Fund	1 hour	\$13.12	\$13.12	7/1/2021
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
T2038 U8	Community Supports: Rehab/Long Term	1 day	\$80.96	\$80.96	7/1/2021
T2038 HI	Community Supports: Mental Health Funded	1 day	\$80.96	\$80.96	7/1/2021
S9125 U8	Respite: Rehab/Long Term (CBA)	1 day	\$214.74	\$214.74	7/1/2021
S9125 HI	Respite: Mental Health Funded (CBA)	1 day	\$214.74	\$214.74	7/1/2021
T1016 U8	Case Management: Rehab/Long Term	15 min	\$13.13	\$52.52	7/1/2021
T1016 HI	Case Management: Mental Health Funded	15 min	\$13.13	\$52.52	7/1/2021
T2017 U8	Rehabilitation: Rehab/Long Term	15 min	\$5.54	\$22.16	7/1/2021
T2017 HI	Rehabilitation: Mental Health Funded	15 min	\$5.54	\$22.16	7/1/2021

Billing Code	Brain Injury Program (BIP) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	Effective Date
T2025 U8	Environmental & Assistive Technology: Rehab/Long Term	1 Unit = Lifetime	\$4,202.40	\$4202.40/ Lifetime	7/1/2021
T2025 HI	Environmental & Assistive Technology: Mental Health Funded	1 Unit = Lifetime	\$4,202.40	\$4202.40/ Lifetime	7/1/2021
T2034 U8	Crisis Support: Rehab/Long Term	1 day	\$539.75	\$539.75	7/1/2021
T2034 HI	Crisis Support: Mental Health Funded	1 day	\$539.75	\$539.75	7/1/2021
H0036 U8	Psychology & Counseling Supports: Rehab/Long Term	15 min	\$17.54	\$70.16	7/1/2021
H0036 HI	Psychology & Counseling Supports: Mental Health Funded	15 min	\$17.54	\$70.16	7/1/2021
T2019 U8	Employment Supports: Rehab/Long Term	15 min	\$5.54	\$22.16	7/1/2021
T2019 HI	Employment Supports: Mental Health Funded	15 min	\$5.54	\$22.16	7/1/2021
T1020 U8	TBI Personal Care Daily Rate: Rehab/Long Term	1 day	\$318.45	Individual rates	7/1/2021
T1020 UD	TBI Personal Care Daily Rate: Mental Health Funded	1 day	\$318.45	Individual rates	7/1/2021
T2024 U8	Pre-Admission Planning: Rehab/Long Term	15 min	\$13.13	\$52.52	7/1/2021
T2024 HI	Pre-Admission Planning: Mental Health Funded	15 min	\$13.13	\$52.52	7/1/2021
99199	ARIS F/EA employer support services / respite	1 month	\$87.55	Not Applicable	2/1/2019

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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	\$43.75	\$43.75	7/1/2021
99	*Day Health Rehabilitation Services (DHRS) - (DAIL Budget)	15 min	\$4.31	\$17.24	7/1/2021
G0299HT HB	Adult High Tech Skilled Nursing Care- RN (DVHA Budget)	15 min	\$13.26	\$53.04	7/1/2019
G0300HT HB	Adult High Tech Skilled Nursing Care- LPN (DVHA Budget)	15 min	\$13.26	\$53.04	7/1/2019
G0156HT HB	Adult High Tech Services by High Tech LNA (DVHA Budget)	15 min	\$7.16	\$28.64	7/1/2019
T1001HT HB	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.

SFY2022 Moderate Needs Caps: Area Agency on Aging Flex Funds Caps

CFC Provider Number	Provider	SFY2022 Cap	Effective Date
047W013	Age Well	\$113,512	7/1/2021-6/30/2022
047W014	Central VT Council on Aging	\$65,684	7/1/2021-6/30/2022
047W003	Northeast Kingdom Council on Aging	\$45,679	7/1/2021-6/30/2022
047W015	Senior Solutions	\$65,226	7/1/2021-6/30/2022
047W024	Southwestern VT Council on Aging	\$62,091	7/1/2021-6/30/2022

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

CFC Provider Number	Provider	SFY2022 Cap	Effective Date
047W005	Addison County Home Health and Hospice	\$217,283	7/1/2021-6/30/2022
1018457	Bayada Nurses	\$22,807	7/1/2021-6/30/2022
047W016	Central VT Home Health and Hospice	\$331,360	7/1/2021-6/30/2022
047W001	Franklin County Home Health Agency	\$324,767	7/1/2021-6/30/2022
047W019	Lamoille Home Health	\$167,628	7/1/2021-6/30/2022
047W004	Northern Counties Health Care, Inc. DBA Caledonia Home Health	\$357,624	7/1/2021-6/30/2022
047W023	Orleans-Essex VNA & Hospice, Inc.	\$275,230	7/1/2021-6/30/2022
047W192	UVMHN Home Health & Hospice	\$541,465	7/1/2021-6/30/2022
047W017	VNA and Hospice of VT/NH	\$739,484	7/1/2021-6/30/2022
047W012	VNA and Hospice of the Southwest Region (Rutland)	\$646,929	7/1/2021-6/30/2022

SFY2022 Moderate Needs Caps: Adult Day

CFC Provider Number	Provider	SFY2022 Cap	Effective Date
047W030	Bennington Project Independence	\$189,101	7/1/2021-6/30/2022
047W032	The Gathering Place (Brattleboro Area Adult Day Services)	\$178,777	7/1/2021-6/30/2022
047W164	CarePartners	\$173,146	7/1/2021-6/30/2022
047W031	Elderly Services, Inc.	\$363,810	7/1/2021-6/30/2022
047W371	Gifford Medical Center	\$132,985	7/1/2021-6/30/2022
047W272	Meeting Place	\$64,196	7/1/2021-6/30/2022
047W021	Out & About (Lamoille Day Health Services)	\$207,535	7/1/2021-6/30/2022
047W026	Riverside Life Enrichment Center	\$162,667	7/1/2021-6/30/2022
047W069	Springfield Area Adult Day Services	\$230,549	7/1/2021-6/30/2022

CFC Provider Number	Provider	SFY2022 Cap	Effective Date
047W192	UVMHN Home Health Adult Day	\$324,462	7/1/2021-6/30/2022

Caregiver Wages Effective 7/1/2021 (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	\$12.05	\$13.63	\$25.00	\$28.27
CFC Personal Care by Surrogate-Directed Personnel - Hourly	\$12.05	\$13.63	\$25.00	\$28.27
CFC Respite Care or Companion by Consumer-Directed Personnel - Hourly	\$12.05	\$13.63	\$25.00	\$28.27
CFC Respite Care or Companion by Surrogate-Directed Personnel - Hourly	\$12.05	\$13.63	\$25.00	\$28.27
Moderate Needs Flex Funds - Self-Hire - Hourly	\$12.05	\$13.63	\$25.00	\$28.27
Attendant Services Program- Medicaid - Hourly	\$12.05	\$13.51	\$25.00	\$28.04
Attendant Services Program-General Fund - Hourly	\$12.05	\$13.12	\$25.00	\$27.23
TBI respite daily rate	\$192.80	\$214.74	Not Applicable	Not Applicable
CFC Daily Respite (AFC, Flex Funds)	\$192.80	\$218.04	Not Applicable	Not Applicable

***Workers Comp/Unemployment / Sick Leave Multipliers 7/1/2021**

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