DDSD ENCOUNTER DATA SUBMISSION GUIDANCE FOR HOME AND COMMUNITY-BASED SERVICES

STATE OF VERMONT

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

DEVELOPMENTAL DISABILTIES SERVICES DIVISION

V.5 11/06/2023

Revisions

1. Services that Require a 'Charged Amount' on the Claim, section E; Page 8
2. Addition of Place of Service location 02- Telehealth, section H; Page 9
3. Addition of Modifier 93 for audio-only or telephone delivered services, section I; Page 9
4. Updated location for ARIS provider information on a claim, sections M and E.2 ; Pages 10, 14
5. Discontinuation of modifiers 76 and 77, section CC; Pages 12-13
6. Addition of modifier XE, section CC; Page 13
7. Addition of modifier XP, section CC; Page 13
8. Addition of modifier CG for EVV, section EE; Page 13
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10. Addition of modifier UJ for Respite, section DD; Page 13
11. Addition of Invoicing Instructions for Post Secondary Education and Project Search; Pages 19-23
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Glossary

ARIS: Fiscal/employer agent for non-agency workers.

DDSD: Developmental Disabilities Services Division.

Encounter Data: A record of the unit amount of a service that was delivered to a specific person on a specific day.

Encounter Data Code: The Healthcare Common Procedure Coding System (HCPCS) or Current Procedural Terminology (CPT) procedure code and modifier combination assigned to represent a specific DDS service defined within the DDSD System of Care Plan.

HCBS: Home and Community Based Services.

MMIS: Medicaid Management Information System. A system used to process claims and obtain information on utilization and eligibility for Medicaid members.

MSR (Monthly Service Report) Code: The code assigned to represent a specific DDS service defined within the DDSD System of Care Plan, used in reporting delivered services through the MSR (which DAIL DDSD will no longer require after encounter data is captured in the MMIS).

Zero-Pay Claim: A claim that is processed and approved with $0.00 as the paid amount.

General Information

1. Overview

A. **What is Encounter Data:** Encounter data is a record of service delivery that includes information including the service, the date delivered, to whom it was delivered and how much service was delivered. Essentially, encounter data is the record of the delivery of each discrete service that makes up the service delivery for a person for whom a DDS provider is paid a bundled rate. Encounter data claims are essentially the same as paid fee-for-service claims with the difference being that encounter data claims are paid $0 instead of a reimbursement rate typically represented in the Medicaid Fee-for-Service (FFS) rate schedule. Data included in encounter claims will be used to track what services are delivered to a person as well as to compare with paid claims. By improving the quality and rigor of data included in encounter claims information submitted to the MMIS, the DDSD will be better able to understand true service utilization, a necessary building block for any future changes to payment that the division may pursue.

B. It is important to note that the rules in the current Vermont Medicaid Manual for Developmental Disabilities Services remain in force, except as follows:

1. Changes reflected in this document,
2. Change from daily billing for HCBS with code H2022 HW to monthly billing with procedure code 99199 HW, and
3. Temporary changes to DDS allowed during the COVID-19 pandemic.

An update to the Medicaid Manual for DDS will be made soon to correct the definition of time associated with units identified in 3.4 and included in some of the fee for service descriptions.

The additional information in this document is related specifically to Home and Community Based Services (HCBS). DDSD encounter data is only for bundled HCBS services and does not apply to fee for service billing.

C. **HCBS Billing:** Beginning 7/1/20, agencies will bill 99199 HW for HCBS according to the rules outlined in the Vermont Medicaid Manual for Developmental Disabilities Services and VT System of Care Plan for DDSD, except as outlined in the instructions provided to agencies regarding billing 99199 HW and temporary changes made related to the COVID-19 pandemic, until new rules are put into place.

D. **State Requirement:** The requirement for providers to track and report delivered services is long standing and has not changed. The DDSD Encounter Data Reporting process is a modification and update to the mechanism by which the encounter data is captured (from MSR to MMIS), to increase capacity and comprehensive information related to utilization and create a single source of complete information regarding all services which have been delivered.

E. **MSR Reporting:** Providers may cease their submissions of DDSD encounter data to the MSR once they begin reporting encounter data claims to the MMIS.

F. **DS HCBS Service Definitions:** All HCBS services categories listed in Attachment A of the *Vermont State System of Care Plan for Developmental Disabilities Services (*https://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan.pdf) continue to be available. Slight changes to the service definitions have been made as reflected in Appendix C: Reportable Actions. Additional codes and services definitions have been added to more accurately reflect the services being provided.

G. **Required Service Documentation**: There is no change to required supporting documentation. The change to the reporting of encounter data in MMIS does not mean that a service note is now required for each session of service delivery**.** Requirements for documentation continue as outlined in the *State of Vermont DDSD ISA Guidelines* (https://ddsd.vermont.gov/sites/ddsd/files/documents/ISA_Guidelines.pdf) and the *Vermont Medicaid Manual for Developmental Disabilities Services* (https://ddsd.vermont.gov/sites/ddsd/files/documents/dds-medicaid-procedures.pdf) or by contacting the DDSD Quality Reviewer contact for the agency.

H. **Worker Qualifications:** There is no change to the existing policy of worker qualifications. The worker qualifications for HCBS services still apply, regardless of the code assigned for encounter data. Worker Qualifications can be found in section 1.9 of the Vermont Medicaid Manual for Developmental Disabilities Services and under each HCBS service definition.

(https://ddsd.vermont.gov/sites/ddsd/files/documents/dds-medicaid-procedures.pdf) Worker qualifications for services reflected in newly added procedure codes will be included in an updated version of the Medicaid Manual for DDS.

I. **General Medicaid Policies, Billing and Forms**: In addition to existing State of Vermont DDSD specific policy documents, there are several general Medicaid provider resources available through the Vermont Medicaid Provider Portal http://www.vtmedicaid.com/ that dictate general Medicaid operations such as billing and claims processing, including:

- Vermont Medicaid General Billing and Forms Manual: http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf
- Vermont Medicaid General Provider Manual: http://www.vtmedicaid.com/assets/manuals/GeneralProviderManual.pdf
- CMS 1500 Claim Form Presentation: http://www.vtmedicaid.com/assets/resources/CMS1500Presentation.pdf
- Information on Vermont Medicaid's online claims submission platform known as "PES": http://www.vtmedicaid.com/#/pes

The additional information contained in this guidance should be viewed as a supplement to these general Medicaid provider resources. Note: The information in this guidance represents current coding constructs as of the date this document was published. Coding constructs can and do change on regularly occurring cycles, and it is the responsibility of Medicaid enrolled providers to stay up to date with current coding. Medicaid follows the national coding convention initiative and information published by the AMA always take precedence over information in this program manual. For more information, consult the AMA Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) Manuals. If CPT or HCPCS changes are resulting in denied claims, please contact the DAIL – DDSD staff person listed on page 18 of this document.

2. MMIS Claims Process for Encounter Data

A. Encounter claims must be reported for *all* services delivered to a person corresponding to the time period a provider agency is billing HCBS. Encounter claims should not be submitted for people for time periods when the agency is not submitting paid claims for HCBS, except for Employment Services for those individuals covered by the infrastructure grant (See Appendix C, T2019, H2023, H2024 and H2025).

Submission of both paid claims and encounter data should follow the Medicaid rules for timely filing. It is not necessary to hold the submission of encounter claims until the monthly bundled claims are billed.

B. The primary change to the existing encounter data requirement is the destination of the data. Rather than reporting amounts of delivered service to the Monthly Services Report (MSR), the providers of HCBS services will be required to enter the amount of delivered services into the MMIS by way of an encounter data claim.

C. Encounter data claims should be entered using the same claim forms used to submit 99199 HW paid claims, either the paper CMS-1500 claim form or the 837 electronic CMS-1500 claim form.

D. It is not necessary to separate Encounter data claims submissions from 99199 HW paid claims submissions. They can be submitted on the same form. However, encounter data claims may be submitted separately from 99199 HW paid claims.

E. For zero-pay encounter claims, the MMIS has been programmed to pay an amount of $0 regardless of charges included on a claim form. When ARIS F/EA populates the 837 claims file, they will include a billed amount in the charge fields. This amount represents the amount the employee was paid plus employer taxes and sick leave funds. For services paid through provider agencies, DDSD has learned that for accounting purposes some providers often include a charge of $0.01 on encounter data claims to minimize the expectation that these claims are tied to significant revenue source, or that there is significant unearned revenue represented in the payments. Agencies can follow this practice if it is helpful. Otherwise, they should enter $0. Some services require an amount to be included on the claim to clarify the amount charged for the service. These services include; T2039 Vehicle Modifications, S5165 Home Modifications, T2036 and T2037 Therapeutic Camps, S5160 and S5161 Remote Supports, T2012 Post-Secondary Education and Technical Training Support, and H2032 Other Supportive Services as applicable.

F. Providers must submit encounter data claims in accordance with timely filing rules outlined in the Vermont Medicaid General Provider Manual (Section 8.2). It is recommended by the DDSD that agencies regularly submit encounter claims to allow agencies and the state to accurately monitor ongoing service utilization. For purposes of future year end reconciliation, DDSD will begin analyzing data no sooner than 90 days after the close of the performance year. Therefore, providers must submit all encounter data claims within this 90-day claims window to ensure credit for all services delivered.

G. Place of Service (POS) is a required field on a Medicaid claim form (Box 24, B on the CMS-1500 claim form). If you do not include a POS code, your encounter data claim will deny. DAIL has selected the following Place of Service codes as allowable for DDSD encounter data claims. If you submit a POS that is not on the following list, your claim will deny:

- 02 Telehealth
- 12 Home
- 18 Community
- 39 Adult Day Care
- 53 Community Mental Health Center
- 99 Other Unlisted Facility

H. POS 02-Telehealth is available for use starting 7/1/22 and must have the following components:

- Real-time, audio-video communication tools that connect providers and patients in different locations. Tools can include interactive videoconferencing or videoconferencing using mobile health (mHealth) applications that are used on a computer or hand-held mobile device. Must include both audio and video components simultaneously. Please refer to Appendix B for codes that allow Telehealth POS 02.

I. Modifier 93 has been added and is required on all claims for services that were delivered via audio-only. Services that are audio-only or delivered by telephone need to include modifier 93 on the claim with POS location 99. Please note- do not use modifier 93 for services delivered via telehealth (see H above), as modifier 93 indicates audio-only services. Services approved for audio-only delivery are 90791, 90792, 90832, 90834, 90837, 90846, 90847, 90853, 99211-99215, H2011, H2019, T1016, T2019, Please also refer to Appendix B for codes that require modifier 93 for audio-only services.

J. Vermont Medicaid acknowledges a misalignment between some definitions assigned by Vermont Medicaid and CMS. While Vermont Medicaid works to address this issue across all Vermont Medicaid operations, providers should use the codes with the Vermont Medicaid specific definitions referred to in F above. POS code 53 should be used for agency operated locations such as clinics, agency offices or facility where group community support is provided, but not for agency operated sites for home supports. More information related to POS

codes can be found under the header place of service (POS) in the Vermont Medicaid General Billing and Forms Manual: http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf .

K. For ARIS paid services, ARIS has been directed to include POS 12 (Home), 18 (Community) or 39 (Adult Day) on all encounter data claims.

L. The provider ID for encounter claims is the same number as is used by the agency to submit paid claims for HCBS. This provider ID is used in the billing provider ID field on the claim.

M. For those services that are paid for through ARIS, a unique ARIS provider ID will be entered in the "Referring Provider ID" field. ARIS will include this number on the 837 files that are used for submission to MMIS. For services paid for through the provider agency, the agency should follow general rules related to what to enter in the Referring ID field.

N. The Division has included modifiers (U3-U5) which may be used in the future payment model but should not be reported currently for Shared Living services and Community Supports – Group, Facility-based.

O. Except as noted in P and Q below, encounter data may only be reported when the service was actually delivered to a person. The exceptions in P and Q are because the SLP is still providing the home for the person while they are temporarily away, and they are on call for the person to return at any time, so in effect, they continue to provide the service.

P. Encounter data for shared living services may be reported when an individual is temporarily away from the home for no more than 30 days, such as when the person is visiting their family, on vacation, at camp, at respite, and up to the first 30 days of hospitalization, other than Level 1 psychiatric hospitalizations.

Q. Encounter data for Shared Living may continue to be reported when a person is in a crisis bed so long as the Shared Living Provider (SLP) contract is in place. If there is no contract in place for an SLP, Shared Living is not being provided and there is no SLP to be paid. Funds can be shifted to crisis.

R. Shared Living services should not be reported for days when the person is in a Level I psychiatric bed, past the first 30 days of other hospitalizations, during nursing home stays or incarceration, or when services are suspended or terminated.

S. For admittance and discharge days from a hospital, nursing home, jail, crisis bed, agencies may report encounter data for any HCBS services actually delivered on those days.

T. Time must be reported according to the unit definition included in the current AMA coding manuals. For ease of access, the unit definition for each encounter data procedure code is listed under the code in Appendix B, however, providers should be advised that the time associated with a unit of service is subject to change and they should monitor AMA Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) Manuals for updates. It is not the intention of DDSD to redefine these standard unit definitions, and the AMA should always be considered the primary source for this information. Per the AMA CPT Code Manual, Version 2021: "A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and 60 minutes). A second hour is attained when a total of 91 minutes has elapsed. When codes are ranked in sequential typical times and the actual time is between two typical times, the code with the typical time closest to the actual time is used." (Example of sequential time codes: 99211-99215) These rules apply unless otherwise noted in the CPT manual for specific codes. For more information, consult the AMA Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) Manuals. See examples of applying the mid-point rule below:

For a 15-minute code:

- One unit is achieved if 8 minutes of service are delivered,
- Two units are achieved if 23 minutes of service are delivered,
- Three units are achieved if 38 minutes of service are delivered, and so on.

For a 30-minute code:

- One unit is achieved if 16 minutes of service are delivered,
- Two units are achieved if 46 minutes of service are delivered,
- Three units are achieved if 76 minutes of service are delivered, and so on.

For a 50-minute code:

- One unit is achieved if 26 minutes of service are delivered,
- Two units are achieved if 76 minutes of service are delivered,
- Three units are achieved if 126 minutes of service are delivered, and so on.

For a 60-minute (hour) code:

- One unit is achieved if 31 minutes of service are delivered,
- Two units are achieved if 91 minutes of service are delivered,
- Three units are achieved if 151 minutes of service are delivered, and so on.

U. For instances of 2:1 staffing, only direct service hours that the person received should be reported, using the appropriate modifier (U2) to indicate 2:1 staffing. If the U2 modifier is not used in these circumstances, and separate encounters are entered for the two staff's time, the second claim may deny due to exceeding the allowable units in a day.

V. Modifiers to indicate staffing ratios are required for most service codes. There are a few codes that do not require a modifier to indicate a staffing ratio. Providers have the option of including U1 or not for those codes. When both options are available, when the ratio modifier is not included, it will be assumed to be 1:1 service. See Attachment D for allowable code/modifier combinations.

W. When more than one individual is receiving support at the same time, an encounter for the service is reported for each person and must include the modifier that indicates the number of people served concurrently.

X. The code/modifier list includes the use of UP for Shared Living. Note that DAIL Commissioner approval is required to allow 3 individuals to live in one shared living home.

Y. If the staffing ratio changes during an employee's shift, separate encounters should be submitted to accurately reflect the staffing ratios during each segment of time.

Z. For Group Living, use the modifiers UP, UQ, UR and US to indicate the usual size of the group home. These modifiers are not used to specify the staffing ratio on a specific shift or day or variations on the number of individuals served in the home on a given day.

AA. For an uninterrupted service in a day, if the service was provided in more than one location, use the location in which the majority of time was spent.

BB. There is not a minimum amount of time that must be incurred before you can begin billing codes that are labeled untimed or that say 1 unit = 1 session. These codes are considered untimed codes and are designed to represent the full encounter regardless of duration. Likewise, there is no maximum amount of time for a single encounter as long as it does not span across multiple dates of service.

CC. For some procedure codes, a service may be repeated during a separate session on the same day. DS was previously using modifiers 76 and 77 for repeat procedures, but discontinued use of those modifiers on 01/31/23. Modifier 76 was replaced by XE in most circumstances and modifier 77 was replaced by XP in most circumstances, please see pages 29, 30, and 32 for codes that previously allowed modifiers 76 and 77 but do not allow XE and XP. Modifiers XE and XP were implemented for use starting 1/01/23. In the situations where it is allowable, the provider may use the XE or XP modifiers to report separate repeat encounters on the same day for the same service. The first or initial service should not include either XE or XP. Modifier XE or XP must be added to each additional procedure code that would otherwise be denied as a repeat procedure without use of the modifier. See Appendix B or Appendix D for list of procedure codes for which the XE and XP modifiers can be used, some allowances may differ from modifiers 76 and 77. Providers need to follow standard coding rules for use of these modifiers.

DD. Hourly (S5150) and daily (S5151) respite codes are not permitted to be encountered on the same date of service. Modifier UJ allows the system to pay out at the daily rate for a 24 hour period of respite while using the hourly code. Modifier UJ is available for use with code S5150 when Respite is delivered continuously for more than 24 hours. Agencies should code the entire respite service as S5150 (Hourly Respite) and add the UJ modifier to the 24 hour span of time to pay at the daily rate, the remaining hours should not have the modifier attached and will pay at the hourly rate. When using modifier UJ on a claim, the HW modifier is not able to be on the claim as well due to the limit of the number of modifiers allowed. For Respite services that are exactly 24 hours long, continue to use the daily code S5151.

EE. DDSD is required to come into compliance with Electronic Visit Verification (EVV) rules. Services requiring EVV include S5135, S5150, S5151 and T2017. Modifiers CG and KX have been added to indicate when a personal care service that would normally be required to have a matching EVV claim is not in scope. Modifier CG indicates that the personal care service was delivered by the live-in caregiver and is not required to have a matching EVV claim. Modifier KX indicates that the personal care service was delivered outside of the home and is not required to have a matching EVV claim.

FF. For services that are covered by Medicare or third-party insurers, providers must follow the established procedures for billing Medicare and third-party insurers prior to billing these services to Medicaid and submitting encounter claims.

3. Process for Reporting Services Paid by ARIS

A. Regardless of the data source, agencies need to include all service delivery utilization data in encounter data claim submissions, including all services paid for through ARIS.

B. ARIS will provide each agency with 2 files: a completed 837 claims form, and an 837 report excel file. It is the responsibility of the agency to ensure that encounter data claims for all ARIS paid service are submitted to the MMIS.

C. ARIS will submit encounter claims for the Supportive Intermediary Service Organization that supports individuals and family who self/family-manage their services.

D. The 837 report will be a summary of the claims form. Providers should review these reports and verify that the encounter is appropriate for submission (e.g., person is Medicaid eligible, services are not suspended or terminated, etc.) prior to submitting the 837 claims form to the MMIS.

E. In addition to the usual required information, the files that ARIS provides each agency will include a few key pieces of information that the DDSD needs to appropriately monitor and analyze ARIS paid encounter data claims:

   1. ARIS completed 837 claims form will include a billed amount. This amount should match the amount paid to the staff person, including employer taxes and sick leave funding per unit (not per hour).
   2. ARIS will populate all 837 claims form with the provider ID which corresponds to the DA/SSA in the Provider ID field, and the ARIS Provider ID in the referring ID field of the claim. This is a specially designed indicator of services processed through ARIS.

F. Most of the encounter data will include a modifier to reflect the staff to recipient ratio of service delivery (see Appendix A). ARIS will Include the correct modifier to reflect the staff to recipient ratio. When the U2 modifier is used, the cost associated with the encounter will reflect the cost for 2 employees. For encounters including the UN or UP modifiers, there will be no impact on the cost associated with the encounter. This is because in most circumstances, there are more than one employer of record submitting the timesheets for workers when more than one person is being served at the same time. Wages cannot be adjusted below minimum required rates when paid be

separate employers. The cost or "valuing" of the encounters will be the same regardless of the staff to recipient ratio in these circumstances.

4. Encounter Data Code/Modifier Combinations

A. Since the destination of the information is changing from MSR to MMIS, so must the codes. The MSR codes assigned to each HCBS service have been replaced with a procedure code and modifier combination referred to as an Encounter Data Code which is recognized within MMIS. The appendices at the end of this document guide providers in identifying the correct encounter data code/modifier combination for reporting each service appropriately.

B. Many nationally recognized procedure codes are broken down according to the time of the session, and providers must use the appropriate code for the time spent. As always when using nationally recognized procedure codes, providers are responsible for correct and accurate claims including proper use of coding as defined in the current manuals: AMA Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS). Please refer to the most current coding manuals for full details on proper coding and complete documentation.

C. For quality assurance purposes, procedure code unit limitations have been built into the MMIS to ensure that:

1. For daily codes, no more than 1 unit can be reported in 24 hours,
2. For hourly codes, no more than 24 units can be reported in 24 hours,
3. For 30-minute codes, no more than 48 units can be reported in 24 hours,
4. For 15-minute codes, no more than 96 units can be reported in 24 hours.

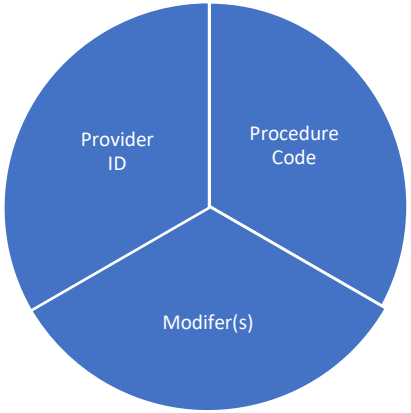
Appendix B includes the minimum and maximum number of units that can be reported for each procedure code per unit of time (day or month).

D. The MMIS has been programmed to recognize certain provider ID/procedure code/modifier combinations as DDSD encounter data (zero-pay) claims. Although these claims are paid $0, they represent unique service delivery circumstances that will correspond with a rate

schedule under development through the DDSD provider rate study. In this way, units of service reported in encounter claims can be "priced" and used to compare against bundled payments for reconciliation purposes in the future. It is important to note that:

1. Providers must use their HCBS Medicaid Provider ID to submit all DDSD encounter data claims.
2. Appendix A: Modifier Definition Key of this Guidance includes the allowable modifiers and their definitions.
3. Appendix B: Encounter Data Code/Modifier Combinations includes a procedure code by procedure code list of all services for which use of a modifier is either allowed or required.
4. Appendix D includes an inclusive list of allowable code/modifier combinations. Only procedure code/modifier combinations outlined in Appendix D will be accepted by the MMIS as DDSD encounter data claims.
5. The order of modifiers matter, and modifiers must be submitted in the exact order outlined in Appendix B and Appendix D. It is important for providers to utilize the information in both Appendices B and D when setting up the provider reporting system to avoid claims denials.

It is a 3-part combination:



When the MMIS detects this unique 3-part combination, it will recognize this as an encounter data claim, process it and pay zero. If any component of the 3 are missing or incorrect, the claim may be denied or inappropriately pay the billed amount. That is why it is essential to use the HCBS provider ID and only those procedure code/modifier combinations listed in Appendix D.

5. Reportable Information Changes:

A. With the shift from the MSR to the MMIS to capture encounter data, there are changes to the reporting procedures and additional data elements to be reported which will enhance service utilization data. These include but are not limited to:

1. Use of modifiers to provide additional context to the encounter, such as staffing levels.
2. Use of claim fields for the place where the service was delivered.
3. Use of claim fields for rendering or referring provider ID.
4. Encounter data reporting must be done by the day, unless specified otherwise in Appendix B. The only exception is that date ranges can continue to be used for 24-hour services in which the unit of service is 1 day and there is no interruption in that specific service from day to day.
5. Each service must be reported by service date (the date on the encounter data claim must be the date the service was actually delivered, not the date the staff or invoices were paid. The only exception to this is for camp sessions (T2036 and T2037). Because these need to be paid in advance of attending and it often crosses FYs, the date when the invoice for attending was paid may be used. If the person does not end up attending, the claim should be adjusted.)
6. If an uninterrupted service crosses the midnight threshold and is performed during two calendar days consecutively, the service should be reported using the time-based code. Actual dates of service and units for each date of service should be reported on the claim.

Example:

Respite worker reports on their timesheet: 9:00pm 01/05/2020 – 8:00am 01/06/2020

Zero-pay claim:

Line 1 01/05/2020 S5150 (respite 15 minutes) 12 units

Line 2 01/06/2020 S5150 (respite 15 minutes) 32 units

For services for which the unit of service is a day (e.g., daily respite, 24-hour residential service), the date of service should be reported as the date in which the service started with one unit being reported.

7. Providers must only report those activities which meet the definition of a reportable action in encounter data claims. Detailed guidance regarding what constitutes a reportable vs. non-reportable activity is outlined for each category of service in Appendix C below. The determination of what is reportable or non-reportable was based upon the framework outlined in the DDS rate study. Generally, direct services to a person are reportable while other related activities are included in the rates.
8. If use of timesheets is the method for gathering information from staff, the timesheets must identify and isolate reportable and non-reportable time.
9. Service provided by fill-in staff should be reported according to the service the person received, not the job title of the staff providing the service. For example, if a provider uses a service coordinator to deliver employment supports, the encounter data should be reported as employment supports.

6. Denials

A. Zero-pay Medicaid claims are subject to the same claims processing rules as paid Medicaid claims. The billing provider listed on the claim will receive a Remittance Advice (RA) containing information on all DDSD encounter data claims, including whether they were successfully processed to completion, or resulted in a claim denial. All claims denials will include an Explanation of Benefits (EOB) code that explains the reason for the denial. For specific guidance relating to required fields, claims denials, timely filing, and other claims processing related topics please consult the Vermont Medicaid General Billing and forms manual at this link: http://www.vtmedicaid.com/assets/manuals/GeneralProviderManual.pdf . For questions related to claims denials, please contact either the Gainwell call center, or your region's assigned provider representative. Detailed contact information can be found at the Vermont Medicaid Provider Portal, or at http://www.vtmedicaid.com/assets/resources/ProviderRepMap.pdf.

B. Additionally, for all denials for agency delivered or contracted services, the agency is responsible for resolution of the denial. For all services for which ARIS is the payroll service, the agency is also responsible for resolution, but they may need to reach out to ARIS to get updated or corrected information. Once resolved, the agency could then resubmit the encounter claim in accordance with existing Medicaid billing guidance. Agencies should collaborate with ARIS to develop a method for resolution of denials.

7. Integrity of Documentation

A. As with the submission of all Medicaid claims, encounter data claims must be accurate and consistent with the rules outlined in this guidance and the VT Medicaid Provider Manual (page 167, Section 16: www.vtmedicaid.com/assets/manuals/VTMedicaidProviderManual.pdf). Intentional submission of false information on DDSD encounter claims constitutes Medicaid fraud.

B. While providers are not required to submit documentation to support their encounter data reporting, they should expect to receive requests from the State for supporting documentation on a periodic basis and should keep all documentation in the record to support their submissions according to the document retention policy. Documentation may include, but is not limited to, service coordinator notes, timesheets, service logs, ISAs, needs assessments, invoices, SLP contracts. As noted previously, there is no change in the documentation requirements in force at this time.

8. Instructions for Post-Secondary Education Programs and Project Search

A. **For people with agency or shared-managed** services and participating in a Post-secondary education (PSE) program or Project Search (PS) using their Home and Community-based Services (HCBS) funding, follow the steps below:

1. The PSE program or Project Search determines the annual cost for participating for the FY.
2. The PSE program or PS will divide that cost for participating in the program for the FY by the interval that will be used for submitting invoices to the agency. If submitting monthly, divide by the number of months in the FY in which the person will be receiving reportable services as described in #3. If submitting quarterly, divide by 4. Use an interval for which you anticipate that the person will participate in the service.
3. The PSE or PS program must keep track of the days in which the person received any service. Service may include face to face support or through phone/computer. It also includes time of program staff making contacts on behalf of the person without the person being

present, excluding travel time. A day of service may be reported so long as the person received any support that day to participate in the program. A day may not be reported for the following activities:

I. Days in which the person received no support to participate in the program
II. Travel (without the person)
III. Paperwork/recordkeeping without person present
IV. Staff training without person present
V. Staff supervision without person present,
VI. Completion of other employer required non-direct service tasks
VII. attending ISA meetings
VIII. Staff paid time off

These activities (I-VIII) are considered infrastructure costs for the program and they are reimbursed at the daily rate. For the purposes of reporting encounter data, agencies need to have information specifically related to the direct services received by individuals.

4. Take the monthly or quarterly amount calculated in #2 above and divide it by the number of days the person participated for the month/quarter. This is the daily rate for that time period.
5. The invoice should include the following:
    a. Name of person
    b. The date of each day of participation and the daily rate.
    c. Include the service title "Post-Secondary Education and/or Technical Training Support"
    d. The total to be paid for the time period (which should be the sum of the daily rates)
    e. The name and address of the PSE program where the check should be sent.

6. Agencies should inform PSE and PS of deadlines for submissions of Invoices so that encounter data can be submitted according to timely filing rules for Medicaid and to close out the FY.
7. Agencies pay the PSE program or PS.

8. The agency determines the amount that will be covered by HCBS funding for the FY.
9. When submitting encounter claims, providers will need to include a paid amount for each date of service on the claim. This amount should reflect only the amount covered by HCBS. This can be calculated by reducing the daily rate amount charged by the PSE program or PS by the amount covered by the non-HCBS funds.

B. **For people who are self-managing (via Transition-II)** and participating in a Post-secondary education (PSE) program using their Home and Community-based Services funding, follow the steps below:

1. The PSE program determines the annual cost for participating for the Fiscal Year (FY).
2. Include the amount in the Authorized Funding Limits in the budgets sent to ARIS at the beginning of the FY or later in the FY if a person joins later in the FY.
3. Divide that cost by the interval that will be used for submitting invoices to ARIS. If submitting monthly, divide by the number of months in the FY in which the person will be receiving reportable services as described in #4. If submitting quarterly, divide by 4. Use an interval for which you anticipate that the person will participate in the service.
4. The PSE program must keep track of the days in which the person received any service. Service may include face to face support to the person or through phone/computer. It also includes time of program staff making contacts on behalf of the person without the person being present, excluding travel time. A day of service may be reported so long as the person received any support that day to participate in the program. A day may not be reported for the following activities:
    a. Days in which the person received no support to participate in the program
    b. Travel (without the person)
    c. Paperwork/recordkeeping without person present
    d. Staff training without person present
    e. Staff supervision without person present,
    f. Completion of other employer required non-direct service tasks
    g. attending ISA meetings

h. Staff paid time off

These activities (a-h) are considered infrastructure costs for the program and they are reimbursed through the daily rate. For the purposes of reporting encounter data, agencies need to have information specifically related to the direct services received by individuals.

5. Take the monthly or quarterly amount calculated in #3 above and divide it by the number of days the person participated for the month/quarter. This is the daily rate for that time period. The daily rate will likely fluctuate across and within individuals with each invoice and that is acceptable.
6. The invoice should include the following:
    a. Name of person
    b. The date of each day of participation and the daily rate.
    c. Include the service title "Post-Secondary Education and/or Technical Training Support"
    d. The total to be paid for the time period (which should be the sum of the daily rates).
    e. The name and address of the PSE program where the check should be sent.
7. Invoices are sent by the PSE program to the individual or family member who is managing the services. The individual or family member completes a Non-Payroll Reimbursement Request form and includes the invoice. ARIS will make payment to the PSE program.
8. Invoices must be sent according to timely submission policy for services paid through ARIS. Invoices should be submitted within 2 ARIS pay cycles (4 weeks) after the last date of service on the invoice. Under no circumstances will payment be made for dates of service on the invoice that exceed 4 months. In addition, at the end of the FY, there is a deadline for submission of invoices to ARIS which is typically within a week of June 30. The PSE programs should be aware of these deadlines and send invoices in time to allow the individual or family member to submit them within these deadlines.
9. Encounters may be submitted for Medicaid eligible individuals who are supported by the infrastructure grant for each of these supported employment services but who do not have HCBS funding for supported employment. The MMIS system will deny claims for anyone who is not Medicaid eligible.

10. Modifiers must be used to indicate staffing ratios for all supported employment encounters. How many people can be served simultaneously is listed in the chart above under modifier 2. One staff person cannot support more than 3 people at the same time for job development and ongoing support to maintain employment. If the staffing ratio changes for a worker during a shift, more than one encounter would need to be submitted to reflect the ratio during the shift. For example, if a staff person spent the first 2 hours of the shift working 1:1 with a person and then 3 hours 1:2, one encounter would be submitted for the first 2 hours with the U1 modifier, then separate encounters would be submitted for each of the people supported for the final 3 hours, using the UN modifier.

11. People may elect to self or family-manage their supported employment services. Workers hired to provide ongoing support to maintain employment will complete and send timesheets to ARIS. For the other three services, the employer of record (individual or family member) will fill out non-payroll reimbursement requests.

12. For self/family-managed services, employers of record may choose to reimburse workers providing supported employment for mileage. A code for mileage for these workers has been set up at ARIS. The funds come from their current budget for supported employment.

It can be expected that the guidance and process for reporting to the MMIS will require additional adjustments as providers begin reporting. If an agency is seeing overall process issues that are resulting in denials, they should reach out to their Gainwell rep and Jessica Bernard at Jessica.bernard@vermont.gov with questions.

APPENDICES

APPENDIX A: MODIFIER DEFINITION KEY

Modifier	Definition
HW	Applied to all claims to indicate DDS (exception: when using UJ with S5150)
UN	Two people served
UP	Three people served
UQ	Four people served
UR	Five people served
US	Six people or more served
U1	1:1 Staffing
U2	2:1 Staffing (two staff: one person)
U3 (for future use)	Tier 1 (shared living, facility-based community supports)
U4 (for future use)	Tier 2 (shared living, facility-based community supports)
U5 (for future use)	Tier 3 (shared living, facility-based community supports)
UJ	Respite delivered continuously for more than 24 hours, for use with S5150 only
KX	Indicates service provided outside the home, not in scope for EVV
CG	Indicates service provided by live-in caregiver, not in scope for EVV
93	Service was delivered as an audio-only service

XE (replaces modifier 76)	Separate Encounter, a service that is distinct because it occurred during a separate encounter
XP (replaces modifier 77)	Separate Practitioner, a service that is distinct because it was performed by a different practitioner

APPENDIX B: ENCOUNTER DATA CODE/MODIFIER INFORMATION

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
E01	90791	HW	U1	XE or XP	93	Psychiatric diagnostic evaluation without medical service		1	1	1 unit = 1 session	No	02, 12, 18, 39, 53, 99	42	S25
E01	90792	HW	U1	XE or XP	93	Psychiatric diagnostic evaluation with medical services		1	1	1 unit = 1 session	No	02, 12, 18, 39, 53, 99	42	S25
E02	90832	HW	U1	XE or XP	93	Psychotherapy, 30 minutes with patient (DDS service description - Individual therapy)		1	1	1 unit = 30 minutes	Yes, 30 min	02, 12, 18, 39, 53, 99	42	S25
E02	90834	HW	U1	XE or XP	93	Psychotherapy, 45 minutes with patient (DDS service description - Individual therapy)		1	1	1 unit = 45 minutes	No	02, 12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
E02	90837	HW	U1	XE or XP	93	Psychotherapy 60 minutes with patient (DDS service description - Individual therapy)		1	1	1 unit = 60 minutes	No	02, 12, 18, 39, 53, 99	42	S25
E03	90846	HW	U1	XE or XP	93	Family psychotherapy (without the patient present), 50 minutes (DDS service description - Family therapy)		1	1	1 unit = 50 minutes	Yes, 50 min	02, 12, 18, 39, 53, 99	42	S25
E03	90847	HW	U1	XE or XP	93	Family psychotherapy (conjoint psychotherapy with patient present), 50 minutes (DDS service description - Family therapy)		1	1	1 unit = 50 minutes	Yes, 50 min	02, 12, 18, 39, 53, 99	42	S25
E04	90853	HW	U1	XE or XP	93	Group psychotherapy (other than of a multiple-family group) (DDS service description - Group therapy)		1	1	1 unit = 1 session untimed	No	02, 12, 18, 39, 53, 99	42	S25
E01	96130	HW	U1			Psychological and neuropsychological testing evaluation services; first hour	This code should be used when the service is between 31 - 90 minutes	1	1	1 unit = 1 hour, but is the first hour only	Yes, 60 min	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
E01	96131	HW	U1			Psychological and neuropsychological testing evaluation service; each additional hour	Subsequent hours after 96130	1	7	1 unit = 1 hour	Yes, 60 min	12, 18, 39, 53, 99	42	S25
E01	96136	HW	U1			Psychological or neuropsychological test administration and scoring; first 30 minutes	Initial 30 minutes of service, cannot roll up. This code should be used when the service is between 16-45 minutes	1	1	1 unit = 30 minutes	Yes, 30 min	12, 18, 39, 53, 99	42	S25
E01	96137	HW	U1			Psychological or neuropsychological test administration and scoring; each additional 30 minutes	Subsequent 30 minutes after 96136	1	11	1 unit = 30 minutes	Yes, 30 min	12, 18, 39, 53, 99	42	S25
E05	99211	HW	U1	93		Established Patient, Minimal problem, physician need not be present, key components not required (DDS service description - Medication and Medical Support and Consultation Services)	XE XP not allowed, roll up time	1	1	1 unit = 5-9 minutes	No	02, 12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
E05	99212	HW	U1	93		Established Patient, Problem focused History and Exam; Straightforward Decision Making (DDS service description - Medication and Medical Support and Consultation Services)	XE XP not allowed, roll up time	1	1	1 unit = 10-19 minutes	No	02, 12, 18, 39, 53, 99	42	S25
E05	99213	HW	U1	93		Established Patient, Expanded Problem focused History and Exam; Low Complexity Decision Making (DDS service description - Medication and Medical Support and Consultation Services)	XE XP not allowed, roll up time	1	1	1 unit = 20-29 minutes	No	02, 12, 18, 39, 53, 99	42	S25
E05	99214	HW	U1	93		Established Patient, Detailed History and Exam; Moderate Complexity Decision Making (DDS service description - Medication and Medical Support and Consultation Services)	XE XP not allowed, roll up time	1	1	1 unit = 30-39 minutes	No	02, 12, 18, 39, 53, 99	42	S25
E05	99215	HW	U1	93		Established Patient, Comprehensive History and Exam; High Complexity Decision Making (DDS service description - Medication and Medical Support and Consultation Services)	XE XP not allowed, roll up time	1	1	1 unit = 40-54 minutes	No	02, 12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
G02	H0046	HW	U1 or U2			Mental health services, not otherwise specified (DDS service description - Emergency/crisis beds)	DDS defined unit as 1 day	1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25
G01	H2011	HW	U1 or U2	XE or XP	93	Crisis intervention service, per 15 minutes (DDS service description - Emergency Crisis Assessment Support and Referral)		1	96	1 unit = 15 min	Yes, 15 min	02, 12, 18, 39, 53, 99	42	S25
E07	H2019	HW	U1	XE or XP	93	Therapeutic behavioral services, per 15 minutes (DDS service description - Behavioral Support, Assessment, Planning and Consultation Services)		1	96	1 unit = 15 min	Yes, 15 min	02, 12, 18, 39, 53, 99	42	S25
C02	H2023	HW	U1 or UN or UP	XE or XP		Supported employment, per 15 minutes (DDS service description - Employer and Job Development)	H2023 may not be encountered on the same day as H2024	1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
C01	H2024	HW	U1			Supported employment, per diem (DDS service description - Employment Assessment)	H2024 may not be encountered on the same day as H2023	1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
C04	H2025	HW	U1 or U2 or UN or UP	XE or XP		Ongoing support to maintain employment, per 15 minutes		1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
N02	H2032	HW	U1 or XE or XP	XE or XP		Activity therapy, per 15 minutes (DDS service definition - Other Supportive Services)		1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
I01	S0215	HW	U1 or UN or UP			Non-emergency transportation mileage, per mile (DDS service description - Transportation - mileage)	XE XP not allowed, roll up mileage	1	999	1 unit = 1 mile	No	12, 18, 39, 53, 99	42	S25
H01	S5135	HW	U1 or U2 or UN	XE or XP	CG or KX	Companion services (DDS service description - Supervised Living)		1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
H05	S5140	HW	U1 or U2 or UN or UP	U3 or U4 or U5		Foster care, adult; per diem (DDS Service description - Shared Living (not licensed)		1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
H04	S5145	HW	U1 or U2 or UN or UP	U3 or U4 or U5		Foster care, therapeutic, child; per diem (DDS Service description - Shared Living (licensed)		1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25
D01	S5150	HW **or** UJ	U1 or U2 or UN or UP	XE or XP	CG or KX	Unskilled respite care, not hospice; per 15 minutes (DDS Service description - Respite, per 15 minutes)	Daily and hourly Respite may not be encountered on the same date of service. When using modifier UJ, modifier HW is not able to be included on the claim.	1	96	1 unit= 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
D02	S5151	HW	U1 or U2 or UN	CG or KX		Unskilled respite care, not hospice; per diem (DDS service description - Respite, daily)	Daily and hourly Respite may not be encountered on the same date of service.	1	1	1 unit= 1 day	No	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
N/A	S5160	HW	U1 or UN			Emergency response system; installation and testing		1	1	1 unit = 1 service untimed	No	12, 18, 39, 53, 99	42	S25
N/A	S5161	HW	U1 or UN			Emergency response system; service fee, per month (excludes installation and testing) (DDS service description - Remote Supports (excluding emergency response system installation and testing))		1	1	1 unit = 1 month	No	12, 18, 39, 53, 99	42	S25
N/A	S5165	HW	U1 or UN			Home modifications; per service	If more than 1 expense on a day, add up and submit on one encounter	1	3	1 unit = 1 service untimed	No	12, 18, 39, 53, 99	42	S25
A01	T1016	HW	U1 or UN	XE or XP	93	Case management, each 15 minutes (DDS service description - Service Coordination)		1	96	1 unit = 15 min	Yes, 15 min	02, 12, 18, 39, 53, 99	42	S25
N/A	T2012	HW	U1			Habilitation, educational; waiver, per diem (DDS service description - Post-secondary Education and Technical Training Support)		1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
H02	T2016	HW	U1 or U2 or UN			Habilitation, residential, waiver; per diem (DDS service description - Staffed Living)		1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25
H01	T2017	HW	U1 or U2 or UN or UP	XE or XP	CG or KX	Habilitation, residential, waiver; 15 minutes (DDS service description - In-home Family Supports and Shared Living, Hourly Supports)	For informational purposes, to distinguish In-home Family Supports from Shared Living, Hourly Supports, queries can be run for those who also reporting Shared Living (S5140 & S5145)	1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
C03	T2019	HW	U1 or U2	XE or XP	93	Habilitation, supported employment, waiver; per 15 minutes (DDS service description - Job Training)		1	96	1 unit = 15 min	Yes, 15 min	02, 12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
B01-Individual B02-Group	T2021	HW	U1 or U2 or U3 or U4 or U5 or UN or UP	XE or XP		Day habilitation, waiver; per 15 minutes (DDS service description - Community Supports - Individual, Group, Group Facility-based)	See Appendix C for instructions for code/modifier and place of service combinations to report for the different types of Community Supports	1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25
N01	T2025	HW	U1			Waiver services; not otherwise specified (NOS) (DDS service description - Communication Support)	DDS defined unit as 15 minutes	1	96	1 unit = 15 min	Yes, 15 min	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
H03	T2033	HW	UP or UQ or UR or US			Residential care, not otherwise specified (NOS), waiver; per diem (DDS service description - Group Living)	When reporting modifiers to reflect the number of people served (UP-US) on the encounter use the size of the home, regardless of how many people were served in the home, on a given day	1	1	1 unit = 1 day	No	12, 18, 39, 53, 99	42	S25
N/A	T2036	HW	U1			Therapeutic camp, overnight, waiver; each session (DDS service description - Camp, overnight)		1	1	1 unit = 1 full over-night session	No	12, 18, 39, 53, 99	42	S25
N/A	T2037	HW	U1			Therapeutic camp, day, waiver; each session (DDS service description - Camp, day)		1	1	1 unit = 1 full day session	No	12, 18, 39, 53, 99	42	S25

MSR Code	Assoc Zero Paid Encounter Claim Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Description	Notes	Min Units	Max Units	Units per service	Mid-Point Billing Rule Applies ?	POS	Pr. Type	Pr. Specialty
I01	T2039	HW	U1 or UN or UP			Vehicle modifications, waiver; per service (DDS service description - Transportation services-vehicle modifications)	If more than 1 expense on a day, add up and submit on one encounter	1	999	1 unit = 1 service untimed	No	12, 18, 39, 53, 99	42	S25

APPENDIX C: REPORTABLE SERVICES

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Psychiatric diagnostic evaluation w/o medical service (Clinical Assessment) (90791)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 basis. Psychiatric/psychological diagnostic interview **without medical services**, when not prescribing medications. Includes interviews with others who know the person well and review of relevant information. **Service Definition:** Clinical Assessment services evaluate individuals' strengths; needs; existence and severity of disability(s); and functioning across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.	• Travel time • Assessment write up time and other record keeping • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off	• Travel time • Assessment write up time and other record keeping • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off
Psychiatric diagnostic evaluation with medical services (Clinical Assessment) (90792)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 basis. Psychiatric diagnostic interview **with medical services** when prescribing medications. Includes interviews with others who know the person well and review of relevant information. **Service Definition:** Clinical Assessment services evaluate individuals' strengths; needs; existence and severity of disability(s); and functioning across environments. Assessment services may include evaluation of the support system's and community's strengths and availability to the individual and family.	• Travel time • Assessment write up time and other record keeping • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off	• Travel time • Assessment write up time and other record keeping • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Individual Therapy (90832, 90834, 90837)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 basis. **Service Definition:** Individual Therapy is a method of treatment that uses the interaction between a therapist and the individual to facilitate emotional or psychological change and to alleviate distress.	• Travel time • Attending meetings • Supervision and training • Completion of other employer required non-direct service tasks, • Write up time for treatment plan or progress notes or other recordkeeping • Consultation to others • Reporting of same session by more than one clinician • Staff paid time off	• Travel time • Attending meetings • Supervision and training • Completion of other employer required non-direct service tasks, • Write up time for treatment plan or progress notes • Consultation to others • Reporting of same session by more than one clinician • Employee paid time off (sick time)
Family Therapy (90846, 90847)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual and family members. Some sessions with family members only are allowable. **Service Definition:** Family Therapy is a method of treatment that uses the interaction between a therapist, the individual and family members to facilitate emotional or psychological change and to alleviate distress.	• Attending meetings • Supervision and training • Completion of other employer required non-direct service tasks, • Staff paid time off • Travel time • Write up time for treatment plan or progress notes • Consultation to others • Reporting of same session by more than one clinician	• Attending meetings • Supervision and training • completion of other employer required non-direct service tasks, • Employee paid time off • Travel time • Write up time for treatment plan or progress notes • Consultation to others • Reporting of same session by more than one clinician

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Group Therapy (90853)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided in a group. **Service definition:** Group Therapy is a method of treatment that uses the interaction between a therapist, the individual and peers to facilitate emotional or psychological change and to alleviate distress.	• Attending meetings • Supervision and training • Completion of other employer required non-direct service tasks, • Staff paid time off • Travel time • Write up time for treatment plan or progress notes • Consultation to others • Reporting of same session by more than one clinician	• Attending meetings • Supervision and training • Completion of other employer required non-direct service tasks, • Staff paid time off • Travel time • Write up time for treatment plan or progress notes • Consultation to others • Reporting of same session by more than one clinician
Psychological and neuropsychological testing evaluation services; first hour (Clinical Assessment) (96130)	Direct service in accordance with the description of 96130 in the CPT manual. Includes interviews with others who know the person well and review of relevant information. **Service definition:** Psychological testing evaluation services by a physician or other qualified health care professional, including integration of the person's data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the person, family members or caregivers, when performed. first hour. (2020 CPT manual description, subject to change.)	• Travel time • Attending meetings unrelated to testing evaluation services • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off	• Travel time • Attending meetings unrelated to testing evaluation services • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Psychological and neuropsychological testing evaluation service; each additional hour (Clinical Assessment) (96131)	Direct service in accordance with the description of 96131 in the CPT manual. Includes interviews with others who know the person well and review of relevant information. **Service definition:** Psychological testing evaluation services by a physician or other qualified health care professional, including integration of the person's data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the person, family members or caregivers, when performed. Each hour after the initial hour. (2020 CPT manual description, subject to change.)	• Travel time • Attending meetings unrelated to testing evaluation services • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off	• Travel time • Attending meetings unrelated to testing evaluation services • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off
Psychological or neuropsychological test administration and scoring; first 30 minutes (Clinical Assessment (96136)	Direct service in accordance with the description of 96136 in the CPT manual. **Service definition:** psychological or neuropsychological test administration and scoring by a physician or other qualified health care provider, two or more tests, any method, first 30 minutes. (2020 CPT manual description, subject to change)	• Travel time • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off	• Travel time • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off
Psychological or neuropsychological test administration and scoring; each additional 30 minutes (Clinical Assessment) (96137)	Direct service in accordance with the description of 96137 in the CPT manual. **Service definition:** psychological or neuropsychological test administration and scoring by a physician or other qualified health care provider, two or more tests, any method, first 30 minutes. (2020 CPT manual description, subject to change)	• Travel time • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off	• Travel time • Attending meetings • Reporting of same session by more than one clinician • Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Medication and Medical Support and Consultation Services (99211-99215)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below). Psychiatric medication checks and nursing oversight for already established individuals. Psychiatric medication checks provided on a 1:1 basis. Nursing oversight may include support in person or on behalf of the person to provide medical observation, support, and consultation for an individual's health care. Providing training on special care procedures to direct care staff (with person present) is reportable. **Service Definition:** Medication and Medical Support and Consultation Services include evaluating the need for and prescribing and monitoring of medication; providing medical observation, support, and consultation for an individual's health care.	• Travel time • Write up time for treatment plan or progress notes • Attending meetings • Receiving Supervision and training • Completion of other employer required non-direct service tasks • Staff paid time off **For psychiatric medication checks:** • Reporting of same session by more than one clinician	• Travel time • Write up time for treatment plan or progress notes • Attending meetings • Receiving supervision and training • completion of other employer required non-direct service tasks • Employee paid time off **For psychiatric medication checks:** • Reporting of same session by more than one clinician

Emergency/Crisis Beds (H0046) Use POS 18-Community for Statewide crisis beds (VCIN or ITS) Use POS 53-Community Mental Health Center for agency run crisis beds available only to agency consumers	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided face to face with an individual. May be at Statewide crisis bed or location overseen by a provider. Crisis Services means time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis. A unit of service may be reported for the day the person was admitted to the bed. For stays at a Statewide crisis bed, a unit may be reported for each day until the day of discharge. For agency run beds, the general rule is that if a person discharges in the morning, the day of discharge in not reported, but if the person is discharged in the afternoon or later, the day may be reported. Statewide crisis beds have all services and supports included in code H0046. Agency run beds may encounter additional services provided during the crisis stay (i.e., community supports, employment supports), when applicable. For the purposes of reporting, when a person is receiving Level III crisis services from the Statewide crisis bed using "mobile crisis", they are considered to be using an emergency crisis bed. **Service Definition:** Emergency/Crisis Beds offer emergency, short-term, 24-hour supports in a community setting other than the person's home.	• Day of discharge from VCIN.	**Not available for non-agency staff services for agency- and shared-managed to be paid through ARIS.** **Self/Family-managed only:** • Day of discharge from VCIN.

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Emergency Crisis/ Crisis Assessment Support and Referral (H2011)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below). May be provided face to face or via phone support. Includes coordination of response. Crisis Services means time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral, or emotional crisis **Service definition:** Emergency/Crisis Assessment, Support and Referral include initial information gathering; triage; training and early intervention; supportive counseling; consultation; referral; crisis planning; outreach and stabilization; clinical diagnosis and evaluation; treatment and direct support.	• Travel time (without the person) • Paperwork/record keeping without person present • Training without person present • Supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off	• N/A

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Behavioral Support, Assessment, Planning and Consultation Services (H2019)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual. Includes time developing and writing positive behavior support plans and consultation to a person's support team. Consultation/training to a person's support team on implementing the behavior support plan. Encounter data may only be reported for this service when it is provided by a behavioral consultant. **Service Definition:** Behavioral Support, Assessment, Planning and Consultation Services include evaluating the need for, monitoring, and providing support and consultation for positive behavioral interventions/emotional regulation.	• Travel time (without the person) • Paperwork/record keeping without the person present other than writing behavior support plan • Providing General trainings or receiving training • Receiving supervision or providing general supervision not specific to the individual • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off • When Behavioral Support activities are completed by the service coordinator as part of the ISA development and monitoring.	• Travel time (without the person) • Paperwork/record keeping without the person present other than writing behavior support plan • Providing General trainings or receiving training • Receiving supervision or providing general supervision not specific to the individual • Completion of other employer required non-direct service tasks • Attending ISA meetings • Employee paid time off • When Behavioral Support is not a specifically funded service in the individual budget and when activities are completed by the service coordinator as part of the ISA development and monitoring.

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Employer and Job Development (H2023)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to a specific individual on a 1:1 , 1:2 or 1:3 basis, and travel time with person. Also includes the below activities on behalf of the person without the person present, excluding travel time. Encounter data may be reported for Medicaid eligible individuals who do not have HCBS funding and are covered by the current infrastructure grant. **Service definition:** Employer and job development assists an individual to access employment and establish employer development and support. Activities for employer development include identification, creation or enhancement of job opportunities, education, consulting, and assisting co-workers and managers in supporting and interacting with individuals.	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • Completion of other employer required non-direct service tasks • Attending ISA meetings • Conducting general employer market research, not specific to individual(s) (not more than 3 individuals) • Staff paid time off	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Conducting general employer market research, not specific to an individual • Employee paid time off (sick time)

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Employment Assessment (H2024)	Direct service in accordance with the limitations* and service definition in the System of Care Plan (below) provided to an individual on a 1:1 basis, and travel time with person. A day of service may be reported when any employment assessment activities are conducted during that day. Encounter data may be reported for Medicaid eligible individuals who do not have HCBS funding and are covered by the current infrastructure grant. **Service Definition:** Employment assessment involves evaluation of the individual's work skills, identification of the individual's preferences and interests, and the development of personal work goals. * All employment services are specifically for the purpose of gaining and obtaining employer paid jobs in integrated settings. See specific limitations in the SOCP related to employment services.	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • Completion of other employer required non-direct service tasks • Attending ISA meetings • Employee paid time off (sick time)

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Ongoing Support to Maintain Employment (H2025)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 or 2:1 basis or small group of 2-3 individuals co-located at the same employment site, and travel time with person. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. Also includes the above activities on behalf of the person to maintain employment without the person present, such as employer contact and follow-up, excluding travel time. Encounter data may be reported for Medicaid eligible individuals who do not have HCBS funding and are covered by the current infrastructure grant. **Service Definition**: Ongoing support to maintain employment involves activities needed to sustain paid work by the individual. These supports and services may be given both on and off the job site and may involve long-term and/or intermittent follow-up.	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off • Activities prior to or outside of paid employment, such as pre-employment training, work readiness, volunteer work, community activities.	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without person present • Employee paid time off • Activities prior to or outside of paid employment, such as pre-employment training, work readiness, volunteer work, community activities.

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Other Supportive Services (H2032)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual Encounter reflects the amount of time spent by the person participating in the activity. Group size does not need to be reported. May be reported as 1:1 for individualized service. **Service Definition:** Other Supportive Services include skills-based training such as dialectical behavior therapy skills groups or sexuality groups not provided by licensed clinicians. They also include other services that cannot be accessed through State Plan Medicaid but must be provided by licensed or certified individuals (such as therapeutic horseback riding)	• Time of direct support staff to assist with participation who are not the person providing the supportive service activity. • Travel time (without the person), • Paperwork, record keeping • Attending or receiving training, • Providing or receiving supervision • Fees for cancellation for missed appointment • Completion of other employer required non-direct service tasks, • Attending ISA meetings, • Staff paid time off	• Time of direct support staff to assist with participation who are not the person providing the supportive service activity • Travel time (without the person) • Paperwork, recordkeeping • Attending or receiving training • Providing or receiving supervision • Fees for cancellation for missed appointments • Completion of other employer required non-direct service tasks • Attending ISA meetings • Employee paid time off
Transportation Services – Mileage (S0215)	Mileage for non-agency workers paid through ARIS when they are providing transportation for the person to access Community or Employment Supports. **Service definition:** Transportation Services - mileage means reimbursement for mileage for transportation to access Community Supports or Employment Supports for non-agency workers paid through ARIS.	• Mileage for workers paid through provider agencies.	• Mileage when the person is not present. • Mileage to support service categories other than Community or Employment Supports

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Supervised Living (S5135)	Direct service in accordance with the limitations and service definition (below) provided face to face with an individual. Travel time with the person. Services in and about the person's residence. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. May be provided 1:1, 2:1 or 1:2. Support in the community is allowable. **Service definition:** Supervised Living are regularly scheduled, or intermittent hourly supports provided to an individual who lives in his or her own home or apartment. Supports are provided on a less than full time (not 24/7) schedule.	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off • Not for people living with their family in their family's home (See in-home family supports - T2017).	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Employee paid time off • Not for people living with their family in their family's home (See in-home family supports - T2017).

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Shared Living (not licensed) (S5140)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below). Services in and about the person's residence. Shared living services may be reported any day the person is in the home and when an individual is temporarily away from the home for no more than 30 days, such as when the person is visiting their family, on vacation, at camp, at respite, and up to the first 30 days of hospitalization (except Level 1 psychiatric beds). Encounter data may continue to be reported when a person is in a crisis bed so long as the SLP contract is in place. **Service definition:** Shared Living (not licensed) supports are provided to one or two people in the home of a shared living provider/foster family. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.	When the person is: • In a level 1 psychiatric bed • Past the first 30 days of other hospitalizations • In a nursing home • Incarcerated • SLP services have not yet started or there is no SLP under contract to be paid • In a residential facility or ICF/DD	• NA

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Shared Living (licensed) (S5145)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below). Services in and about the person's residence. Shared living services may be reported any day the person is in the home and when an individual is temporarily away from the home for no more than 30 days, such as when the person is visiting their family, on vacation, at camp, at respite, and up to the first 30 days of hospitalization. Encounter data may continue to be reported when a person is in a crisis bed so long as the SLP contract is in place. **Service definition:** Shared Living (licensed) supports are provided for one or two children in the home of a shared living provider/foster family that is licensed. Shared living providers/foster families are contracted home providers and are generally compensated through a "Difficulty of Care" foster care payment.	When the person is: • Past the first 30 days of other hospitalizations • In a nursing home • Incarcerated • SLP services have not yet started or there is no SLP under contract to be paid. • In a residential facility or ICF/DD	• NA

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Respite, per 15 minutes (S5150)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 or 2:1 basis or small group of 2-3 individuals. Data collection or progress notes while delivering direct service. Staff receipt of direct supervision and training while providing direct service with person present. **Service Definition:** Respite Supports per 15 minutes) means (alternative caregiving arrangements for family members or home providers/foster families and the individual being supported, on an intermittent or time limited basis, because of the absence of or need for relief of those persons normally providing the care to the individual, when the individual needs the support of another caregiver.	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks, • Attending ISA meetings • Staff paid time off	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Employee paid time off (sick time)

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Respite, daily (S5151)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1, 2:1 or 1:2 basis. Daily respite is used for respite provided for a continuous 24-hour period, which can include up to 8 hours of sleep time. **Service definition:** Respite Supports means (daily) alternative caregiving arrangements for family members or home providers/foster families and the individual being supported, on an intermittent or time limited basis, because of the absence of or need for relief of those persons normally providing the care to the individual, when the individual needs the support of another caregiver.	• Travel time (without the person), • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks, • Attending ISA meetings, • Staff paid time off	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Employee paid time off (sick time)
Emergency response system; installation and testing (S5160)	An instance of installing and testing a personal emergency response system (Example: Safety Connections). The system could be used by one or two individuals in the same home. **Service definition:** An emergency response system is a one that allows access to Remote Support using technology for people living in their own home.	• Monthly fee for having access to the emergency response system (See S5161)	• N/A

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Remote Support, (excluding emergency response system installation and testing) (S5161)	Monthly access to remote support using technology for people living in their own home. Support may include access to support around activities of daily living, medication reminders, emotional support, counseling, problem solving, well-being check-ins, connection to emergency services, and/or in-person support. Support may be provided to one or two individuals in the same home. **Service definition:** Access to remote support through an emergency response system using technology to support people living in their own home. Includes monitoring and availability of operators to provide independent living support and emergency responses.	• Cost of installation and testing (See S5160)	• N/A
Home Modifications (S5165)	Accessibility modifications to a home according to the limitations outlined in the DDS System of Care Plan. Examples of home modifications include ramps, widening doors, accessible bathrooms for physical disabilities; visual fire alarm for a person who is deaf; plexiglass windows or alarm systems for safety. **Service definition:** Modifications to a person's home needed for accessibility related to an individual's disability.	• Home modifications outside the limitations specified in the DDS SOCP. • One-time repairs to equipment or previous modifications.	• Home modifications outside the limitations specified in the DDS SOCP.

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Service Coordination (T1016)	• Oversight and coordination of services • Phone calls/emails on behalf of the person • Accompanying the person to appointments • Planning, developing, and monitoring the ISA, including all attachments • Coordinating medical and clinical services • Providing general oversight of services and supports **Service definition:** Assistance to recipients in planning, developing, choosing, gaining access to, coordinating, and monitoring the provision of needed services and supports for a specific individual.	• Travel time (without the person) • Paperwork, record keeping not related to tasks listed under reportable actions • Providing or receiving training • Receiving supervision • Completion of other employer required non-direct service tasks • Staff paid time off • Housing Safety pre-inspections, follow-ups, and reporting to the State • Participating in meetings not related to tasks listed under Reportable Actions • Hiring, training, supervision of direct support staff • Recruiting, training and oversight of home providers • Establishing and maintaining a case record	**Not available for non-agency staff services for agency- and shared-managed to be paid through ARIS.** **Self/Family-managed only:** • Travel time (without the person) • Paperwork, record keeping not related to tasks listed under reportable actions • Providing or receiving training • Receiving supervision • Completion of other employer required non-direct service tasks • Employee paid time off (sick time) • Participating in meetings not related to tasks listed under Reportable Actions • Establishing and maintaining a case record

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Post-secondary Education and Technical Training Support (T2012)	Support provided in accordance with the limitations and service definition (below). Support may be in person or through phone/computer. Includes support on behalf of the person without the person present, excluding travel time. A day of service may be reported so long as the person received any support that day to participate in the program. **Service definition:** Support to assist transition age youth to engage in typical college experiences through self-designed education plans leading to competitive employment and independent living or support to participate in technical training for career development. Support must be provided in DAIL approved programs.	• Days in which the person received no support to participate in the program • Travel (without the person) • Paperwork/recordkeeping without person present • Staff providing or receiving training without person present • Staff providing or receiving supervision without person present • Completion of other employer required non-direct service tasks • attending ISA meetings • Staff paid time off	• Days in which the person received no support to participate in the program • Travel (without the person) • Paperwork/recordkeeping without person present • Staff training without person present • Staff supervision without person present, • Completion of other employer required non-direct service tasks • attending ISA meetings • Staff paid time off
Staffed Living (T2016)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided face to face with an individual. Travel time with the person. Services in and about the person's residence. Support in the community is allowable. Service may be provided 1:1, 2:1 or 1:2. A day of service may be reported so long as the person received any portion of support that day in the staffed living home. **Service Definition:** Staffed Living are provided in a home setting for one or two people that is staffed on a fulltime basis by providers.	• Community Supports and employment supports cannot be reported separately if included in the staffed living rate. • When the person is incarcerated, in a nursing home, in a level I psychiatric bed, past the first 30 days of other hospitalization, in an ICF/DD when the person is absent from the home the full day.	• NA

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
In-home Family Supports (T2017)	Direct service in accordance with the limitations and service definition (below) provided face to face with an individual. Travel time with the person. Services in and about the person's residence. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. May be provided 1:1, 2:1 or in a small group of 2-3 living in the same home. Support in the community is allowable. **Service definition:** In-home Family Support are regularly scheduled, or intermittent hourly supports provided to an individual who lives in the home of unpaid family caregivers. Supports are provided on a less than full time (not 24/7) schedule.	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Employee paid time off

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Shared Living, Hourly Supports (T2017)	Direct service in accordance with the limitations and service definition (below) provided face to face with an individual. Travel time with the person. Services in and about the person's residence. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. May be provided 1:1, 2:1 or 1:2. Support in the community is allowable. Note: If this service is provided at the same time as the shared living provider is providing support, the staffing ratio should be coded as 1:1 as shared living will be reported separately. **Service definition:** Shared Living, hourly is regularly scheduled, or intermittent hourly supports provided to an individual who lives in Shared Living.	• Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off	**For agency and shared-managed only:** • Travel time (without the person) • Paperwork/record keeping without person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Employee paid time off **NA for self/family management**

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Job Training (T2019)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 or 2:1 basis, and travel time with person. Data collection or progress notes while delivering direct service. Staff receipt of direct supervision and training while providing direct service with person present. Encounter data may be reported for Medicaid eligible individuals who do not have HCBS funding and are covered by the current infrastructure grant. **Service Definition:** Job training assists an individual to begin work, learn the job, and gain social inclusion at work.	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off	• Travel (without the person) • Paperwork/recordkeeping without person present • Providing or receiving training without person present • Providing or receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings without the person present • Employee paid time off (sick time)

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Community Supports – Individual (T2021 HW with U1 or U2 modifier only) ***Appropriate Place of Service Codes options for this service are: 12: Home 18: Community 99: Other unlisted facility For additional information on Place of Service code definitions, see Section 2.G of this document	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual on a 1:1 or 2:1 basis, and travel time with person. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. **Service definition:** Support provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships. Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within settings that afford opportunities for choice and inclusion that are consistent with federal Home and Community Based Services rules.	• Travel time (without the person) • Paperwork/record keeping without the person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off	• Travel time (without the person) • Paperwork/record keeping without the person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks, • Attending ISA meetings without person present • Employee paid time off (sick time)

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Community Supports, Group (T2021 HW with UN or UP modifiers. ***Appropriate Place of Service codes options for this service are: 12: Home 18: Community 53: Community Mental Health Center) 99: Other Unlisted Facility. For additional information on Place of Service code definitions, see Section 2.G of this document.	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to a group of 2-3 people per staff person and travel time with the person. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. This is for services provided primarily in a community setting, not a facility such as an adult day or agency location. Intermittent participation in classes or activities at an agency location are reportable under this service category. **Service definition:** Support provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships. Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within settings that afford opportunities for choice and inclusion that are consistent with federal Home and Community Based Services rules.	• Travel (without the person) • Paperwork/recordkeeping without person present • Receiving training without person present, • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks • attending ISA meetings • Staff paid time off	• Travel time (without the person) • Paperwork/record keeping without the person present • Receiving training without person present • Receiving supervision without person present • More than one staff reporting encounter data for same hours for the purpose of a staff person training another staff person • Completion of other employer required non-direct service tasks, • Attending ISA meetings without person present • Employee paid time off (sick time)

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Community Supports, Group Facility-based (T2021 HW, no additional modifiers, U3, U4 and U5 are for future use) Use POS codes 39: Adult Day Care 53: Community Mental Health Center for agency location	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to a group in a facility (agency operated location or adult day center) and travel time with the person. This includes time spent in the facility and the community. Data collection or progress notes while delivering direct service. Receipt of direct supervision and training while providing direct service with person present. **Service definition:** Support provided to assist individuals to develop skills and social connections. The supports may include teaching and/or assistance in daily living, support to participate in community activities, and building and sustaining healthy personal, family and community relationships. Supports must be provided in accordance with the desires of the individual and their Individual Support Agreement and take place within settings that afford opportunities for choice and inclusion that are consistent with federal Home and Community Based Services rules.	• Travel (without the person) • Paperwork/recordkeeping without person present • Receiving training without person present • Receiving supervision without person present • Completion of other employer required non-direct service tasks • attending ISA meetings • program preparations/set up/clean up, • Staff paid time off	**Not available for non-agency staff services for agency- and shared-managed to be paid through ARIS.** • Community Supports Group, Facility-based is only available to be paid through ARIS for those self/family managing for use of Adult Day programs. For those who are shared managing, the provider agency should have a sub-contract with the adult day program. **Self/Family-managed only:** • Travel to and from adult day facility.

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Communication Support (T2025)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided to an individual. Time includes consultation and training for team members and developing and writing communication plans. Encounter data may only be reported for this service when it is provided by a communication consultant/specialist. **Service definition:** Communication Support means assessment, consultation and training that cannot be accessed through State Plan Medicaid to assist a team to support a person to increase his/her ability to communicate.	• Travel time (without the person) • Paperwork/record keeping without the person present other than writing communication support plan • Providing general trainings or receiving training • Receiving supervision or providing general supervision not specific to the individual • Completion of other employer required non-direct service tasks • Attending ISA meetings • Staff paid time off • When Communication Support activities are completed by the service coordinator as part of the ISA development and monitoring.	• Travel time (without the person) • Paperwork/record keeping without the person present other than writing communication support plan • Providing General trainings or receiving training • Receiving supervision or providing general supervision not specific to the individual • Completion of other employer required non-direct service tasks • Attending ISA meetings • Employee paid time off • When Communication Support is not a specifically funded service in the individual budget and activities are completed by the service coordinator as part of the ISA development and monitoring.
Group Living (T2033)	Direct service in accordance with the limitations and service definition in the System of Care Plan (below) provided face to face with an individual. Travel time with the person. Services in and about the person's residence. Support in the community is allowable. A day of service may be reported so long as the person received any portion of support in the group home that day. **Service definition:** Group Living are supports provided in a licensed home setting for three to six people that is staffed full time by providers.	• Community Supports and employment supports cannot be reported separately if included in the group living rate. • When the person is incarcerated, in a nursing home, in a level I psychiatric bed, past the first 30 days of other hospitalization, in an ICF/DD. • When the person is absent from the home the full day.	• NA

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Camp, Overnight (T2036)	Attendance at a session of an overnight camp. Cost of the camp session should be included on the encounter claim, up to amount equal to the typical cost of daily respite for the person times the number of days of the session. A session is the full span of days, e.g., 1-2 weeks. **Service definition:** Camp, Overnight means attendance at a session of an overnight camp when it serves the same function as respite in providing an alternative caregiving arrangement for primary caregivers.	• Cost in excess of typical cost of daily respite times the number of days of the session. • Any additional costs related to attending the camp. • Time of agency direct support staff to assist with participation in camp	• Cost in excess of typical cost of daily respite times the number of days of the session. • Any additional costs related to attending the camp. • Time of direct support staff to assist with participation in camp
Camp, Day (T2037)	Attendance at a session of a day camp. Cost of the camp session should be included on the encounter claim, up to amount equal to the typical cost of respite paid by 15-minute units times the number of hours attending the session. (E.g.: 25-hour session (100 units) X $15.00/hr = $$375) A session is the full span of days, e.g., 1-2 weeks. **Service definition:** Camp, day means attendance at a session of a day camp when it serves the same function as respite in providing an alternative caregiving arrangement for primary caregivers.	• Cost in excess of typical cost of respite paid by 15-minute units times the number hours attending the session. • Any additional costs related to attending the camp. • Time of agency direct support staff to assist with participation in camp	• Cost in excess of typical cost of respite paid by 15-minute units times the number hours attending the session. • Any additional costs related to attending the camp. • Time of direct support staff to assist with participation in camp

HCBS Service	Reportable Actions	Non-Reportable Actions (for agency- staffed or contracted services paid through the agency)	Non-Reportable Actions (for services paid through ARIS)
Transportation Services – Vehicle Modifications (T2039)	Cost of providing accessible transportation according to the limitations specified in the System of Care Plan and the service definition below. Add up all costs for the dates of service on an individual encounter. **Service definition:** Transportation Services means all costs related to the acquisition and maintenance of accessible transportation for an individual living with a home provider or family member.	• More than one encounter for dates of service. • Accessible transportation for people not living in shared living or family home.	• More than one encounter for dates of service. • Accessible transportation for people not living in shared living or family home.

APPENDIX D: INCLUSIVE LIST OF CODE/MODIFIER COMBINATIONS

Procedure Code	Procedure Code Modifier #1	Procedure Code Modifier #2	Procedure Code Modifier #3	Procedure Code Modifier #4	Effective date
90791	HW	U1			10.1.19
90791	HW	U1	XE		1.1.23
90791	HW	U1	XP		1.1.23
90791	HW	U1	XE	93	1.1.23
90791	HW	U1	XP	93	1.1.23
90792	HW	U1			10.1.19
90792	HW	U1	XE		1.1.23
90792	HW	U1	XP		1.1.23
90792	HW	U1	XE	93	1.1.23
90792	HW	U1	XP	93	1.1.23
90832	HW	U1			10.1.19
90832	HW	U1	XE		1.1.23
90832	HW	U1	XP		1.1.23
90832	HW	U1	XE	93	1.1.23
90832	HW	U1	XP	93	1.1.23
90834	HW	U1			10.1.19

90834	**HW**	**U1**	**XE**		**1.1.23**
90834	**HW**	**U1**	**XP**		**1.1.23**
90834	**HW**	**U1**	**XE**	**93**	**1.1.23**
90834	**HW**	**U1**	**XP**	**93**	**1.1.23**
90837	**HW**	**U1**			**10.1.19**
90837	**HW**	**U1**	**XE**		**1.1.23**
90837	**HW**	**U1**	**XP**		**1.1.23**
90837	**HW**	**U1**	**XE**	**93**	**1.1.23**
90837	**HW**	**U1**	**XP**	**93**	**1.1.23**
90846	**HW**	**U1**			**10.1.19**
90846	**HW**	**U1**	**XE**		**1.1.23**
90846	**HW**	**U1**	**XP**		**1.1.23**
90846	**HW**	**U1**	**XE**	**93**	**1.1.23**
90846	**HW**	**U1**	**XP**	**93**	**1.1.23**
90847	**HW**	**U1**			**10.1.19**
90847	**HW**	**U1**	**XE**		**1.1.23**
90847	**HW**	**U1**	**XP**		**1.1.23**
90847	**HW**	**U1**	**XE**	**93**	**1.1.23**
90847	**HW**	**U1**	**XP**	**93**	**1.1.23**
90853	**HW**	**U1**			**10.1.19**

90853	**HW**	**U1**	**XE**		**1.1.23**
90853	**HW**	**U1**	**XP**		**1.1.23**
90853	**HW**	**U1**	**XE**	**93**	**1.1.23**
90853	**HW**	**U1**	**XP**	**93**	**1.1.23**
96130	**HW**				**3.1.21**
96130	**HW**	**U1**			**3.1.21**
96131	**HW**				**3.1.21**
96131	**HW**	**U1**			**3.1.21**
96136	**HW**				**3.1.21**
96136	**HW**	**U1**			**3.1.21**
96137	**HW**				**3.1.21**
96137	**HW**	**U1**			**3.1.21**
99211	**HW**				**10.1.19**
99211	**HW**	**U1**			**10.1.19**
99211	**HW**	**U1**	**93**		**1.1.23**
99212	**HW**				**10.1.19**
99212	**HW**	**U1**			**10.1.19**
99212	**HW**	**U1**	**93**		**1.1.23**
99213	**HW**				**10.1.19**
99213	**HW**	**U1**			**10.1.19**
99213	**HW**	**U1**	**93**		**1.1.23**

99214	HW				10.1.19
99214	HW	U1			10.1.19
99214	HW	U1	93		1.1.23
99215	HW				10.1.19
99215	HW	U1			10.1.19
99215	HW	U1	93		1.1.23
H0046	HW	U1			10.1.19
H0046	HW	U2			10.1.19
H2011	HW	U1			10.1.19
H2011	HW	U1	XE		1.1.23
H2011	HW	U1	XP		1.1.23
H2011	HW	U2			10.1.19
H2011	HW	U2	XE		1.1.23
H2011	HW	U2	XP		1.1.23
H2011	HW	U1	XE	93	1.1.23
H2011	HW	U2	XE	93	1.1.23
H2011	HW	U1	XP	93	1.1.23
H2011	HW	U2	XP	93	1.1.23
H2019	HW	U1			10.1.19
H2019	HW	U1	XE		1.1.23

H2019	**HW**	**U1**	**XP**		**1.1.23**
H2019	**HW**	**U1**	**XE**	**93**	**1.1.23**
H2019	**HW**	**U1**	**XP**	**93**	**1.1.23**
H2023	**HW**	**U1**			**3.1.21**
H2023	**HW**	**U1**	**XE**		**1.1.23**
H2023	**HW**	**U1**	**XP**		**1.1.23**
H2023	**HW**	**UN**			**3.1.21**
H2023	**HW**	**UN**	**XE**		**1.1.23**
H2023	**HW**	**UN**	**XP**		**1.1.23**
H2023	**HW**	**UP**			**3.1.21**
H2023	**HW**	**UP**	**XE**		**1.1.23**
H2023	**HW**	**UP**	**XP**		**1.1.23**
H2024	**HW**	**U1**			**3.1.21**
H2024	**HW**	**U1**			**7.1.21****
H2025	**HW**	**U1**			**10.1.19**
H2025	**HW**	**U1**	**XE**		**1.1.23**
H2025	**HW**	**U1**	**XP**		**1.1.23**
H2025	**HW**	**U2**			**10.1.19**
H2025	**HW**	**U2**	**XE**		**1.1.23**
H2025	**HW**	**U2**	**XP**		**1.1.23**

H2025	**HW**	**UN**			**10.1.19**
H2025	**HW**	**UN**	**XE**		**1.1.23**
H2025	**HW**	**UN**	**XP**		**1.1.23**
H2025	**HW**	**UP**			**10.1.19**
H2025	**HW**	**UP**	**XE**		**1.1.23**
H2025	**HW**	**UP**	**XP**		**1.1.23**
H2032	**HW**				**3.1.21**
H2032	**HW**	**XE**			**3.1.21**
H2032	**HW**	**XP**			**3.1.21**
H2032	**HW**	**U1**			**10.1.19**
H2032	**HW**	**U1**	**XE**		**1.1.23**
H2032	**HW**	**U1**	**XP**		**1.1.23**
S0215	**HW**				
S0215	**HW**	**U1**			**3.1.21**
S0215	**HW**	**UN**			**1.1.23**
S0215	**HW**	**UP**			**1.1.23**
S5135	**HW**				**3.1.21**
S5135	**HW**	**XE**			**3.1.21**
S5135	**HW**	**XP**			**3.1.21**
S5135	**HW**	**U1**			**3.1.21**

S5135	HW	U1	XE		1.1.23
S5135	HW	U1	XP		1.1.23
S5135	HW	U2			3.1.21
S5135	HW	U2	XE		1.1.23
S5135	HW	U2	XP		1.1.23
S5135	HW	UN			3.1.21
S5135	HW	UN	XE		1.1.23
S5135	HW	UN	XP		1.1.23
S5135	HW	U1	XE	KX	1.1.23
S5135	HW	U2	XE	KX	1.1.23
S5135	HW	UN	XE	KX	1.1.23
S5135	HW	U1	XE	CG	1.1.23
S5135	HW	U2	XE	CG	1.1.23
S5135	HW	UN	XE	CG	1.1.23
S5135	HW	U1	XP	KX	1.1.23
S5135	HW	U2	XP	KX	1.1.23
S5135	HW	UN	XP	KX	1.1.23
S5135	HW	U1	XP	CG	1.1.23
S5135	HW	U2	XP	CG	1.1.23
S5135	HW	UN	XP	CG	1.1.23

S5140	**HW**	**U1**			**10.1.19**
S5140	**HW**	**U1**	**U3**		**10.1.19**
S5140	**HW**	**U1**	**U4**		**10.1.19**
S5140	**HW**	**U1**	**U5**		**10.1.19**
S5140	**HW**	**U2**			**10.1.19**
S5140	**HW**	**U2**	**U3**		**10.1.19**
S5140	**HW**	**U2**	**U4**		**10.1.19**
S5140	**HW**	**U2**	**U5**		**10.1.19**
S5140	**HW**	**UN**			**10.1.19***
S5140	**HW**	**UN**	**U3**		**10.1.19**
S5140	**HW**	**UN**	**U4**		**10.1.19**
S5140	**HW**	**UN**	**U5**		**10.1.19**
S5140	**HW**	**UP**			**10.1.19***
S5140	**HW**	**UP**	**U3**		**10.1.19***
S5140	**HW**	**UP**	**U4**		**10.1.19***
S5140	**HW**	**UP**	**U5**		**10.1.19***
S5145	**HW**	**U1**			**10.1.19**
S5145	**HW**	**U1**	**U3**		**10.1.19**
S5145	**HW**	**U1**	**U4**		**10.1.19**
S5145	**HW**	**U1**	**U5**		**10.1.19**

S5145	**HW**	**U2**			**10.1.19**
S5145	**HW**	**U2**	**U3**		**10.1.19**
S5145	**HW**	**U2**	**U4**		**10.1.19**
S5145	**HW**	**U2**	**U5**		**10.1.19**
S5145	**HW**	**UN**			**10.1.19***
S5145	**HW**	**UN**	**U3**		**10.1.19**
S5145	**HW**	**UN**	**U4**		**10.1.19**
S5145	**HW**	**UN**	**U5**		**10.1.19**
S5145	**HW**	**UP**			**10.1.19***
S5145	**HW**	**UP**	**U3**		**10.1.19***
S5145	**HW**	**UP**	**U4**		**10.1.19***
S5145	**HW**	**UP**	**U5**		**10.1.19***
S5150	**HW**	**U1**			**10.1.19**
S5150	**HW**	**U1**	**XE**		**1.1.23**
S5150	**HW**	**U1**	**XP**		**1.1.23**
S5150	**HW**	**U2**			**10.1.19**
S5150	**HW**	**U2**	**XE**		**1.1.23**
S5150	**HW**	**U2**	**XP**		**1.1.23**
S5150	**HW**	**UN**			**10.1.19**
S5150	**HW**	**UN**	**XE**		**1.1.23**

S5150	HW	UN	XP		1.1.23
S5150	HW	UP			10.1.19
S5150	HW	UP	XE		1.1.23
S5150	HW	UP	XP		1.1.23
S5150	HW	U1	XE	KX	1.1.23
S5150	HW	U2	XE	KX	1.1.23
S5150	HW	UN	XE	KX	1.1.23
S5150	HW	UP	XE	KX	1.1.23
S5150	HW	U1	XP	KX	1.1.23
S5150	HW	U2	XP	KX	1.1.23
S5150	HW	UN	XP	KX	1.1.23
S5150	HW	UP	XP	KX	1.1.23
S5150	HW	U1	XE	CG	1.1.23
S5150	HW	U2	XE	CG	1.1.23
S5150	HW	UN	XE	CG	1.1.23
S5150	HW	UP	XE	CG	1.1.23
S5150	HW	U1	XP	CG	1.1.23
S5150	HW	U2	XP	CG	1.1.23
S5150	HW	UN	XP	CG	1.1.23
S5150	HW	UP	XP	CG	1.1.23

S5150	**UJ**	**U1**	**XE**	**KX**	**1.1.23**
S5150	**UJ**	**U2**	**XE**	**KX**	**1.1.23**
S5150	**UJ**	**UN**	**XE**	**KX**	**1.1.23**
S5150	**UJ**	**UP**	**XE**	**KX**	**1.1.23**
S5150	**UJ**	**U1**	**XP**	**KX**	**1.1.23**
S5150	**UJ**	**U2**	**XP**	**KX**	**1.1.23**
S5150	**UJ**	**UN**	**XP**	**KX**	**1.1.23**
S5150	**UJ**	**UP**	**XP**	**KX**	**1.1.23**
S5150	**UJ**	**U1**	**XE**	**CG**	**1.1.23**
S5150	**UJ**	**U2**	**XE**	**CG**	**1.1.23**
S5150	**UJ**	**UN**	**XE**	**CG**	**1.1.23**
S5150	**UJ**	**UP**	**XE**	**CG**	**1.1.23**
S5150	**UJ**	**U1**	**XP**	**CG**	**1.1.23**
S5150	**UJ**	**U2**	**XP**	**CG**	**1.1.23**
S5150	**UJ**	**UN**	**XP**	**CG**	**1.1.23**
S5150	**UJ**	**UP**	**XP**	**CG**	**1.1.23**
S5151	**HW**	**U1**			**10.1.19**
S5151	**HW**	**U1**			**7.1.21****
S5151	**HW**	**U2**			**10.1.19**
S5151	**HW**	**U2**			**7.1.21****

S5151	**HW**	**UN**			**10.1.19**
S5151	**HW**	**UN**			**7.1.21****
S5151	**HW**	**U1**	**KX**		**1.1.23**
S5151	**HW**	**U1**	**CG**		**1.1.23**
S5151	**HW**	**U2**	**KX**		**1.1.23**
S5151	**HW**	**U2**	**CG**		**1.1.23**
S5151	**HW**	**UN**	**KX**		**1.1.23**
S5151	**HW**	**UN**	**CG**		**1.1.23**
S5160	**HW**				**3.1.21**
S5160	**HW**	**U1**			**3.1.21**
S5160	**HW**	**UN**			**3.1.21**
S5161	**HW**				**3.1.21**
S5161	**HW**	**U1**			**3.1.21**
S5161	**HW**	**UN**			**3.1.21**
S5165	**HW**				**3.1.21**
S5165	**HW**	**U1**			**3.1.21**
S5165	**HW**	**UN**			**3.1.21**
T1016	**HW**	**U1**			**10.1.19**
T1016	**HW**	**U1**	**XE**		**1.1.23**
T1016	**HW**	**U1**	**XP**		**1.1.23**

T1016	**HW**	**UN**			**10.1.19**
T1016	**HW**	**UN**	**XE**		**1.1.23**
T1016	**HW**	**UN**	**XP**		**1.1.23**
T1016	**HW**	**U1**	**XE**	**93**	**1.1.23**
T1016	**HW**	**U1**	**XP**	**93**	**1.1.23**
T1016	**HW**	**UN**	**XE**	**93**	**1.1.23**
T1016	**HW**	**UN**	**XP**	**93**	**1.1.23**
T2012	**HW**				**3.1.21**
T2012	**HW**	**U1**			**3.1.21**
T2016	**HW**	**U1**			**10.1.19***
T2016	**HW**	**U2**			**10.1.19***
T2016	**HW**	**UN**			**10.1.19**
T2017	**HW**	**U1**			**10.1.19***
T2017	**HW**	**U1**	**XE**		**1.1.23**
T2017	**HW**	**U1**	**XP**		**1.1.23**
T2017	**HW**	**U2**			**10.1.19***
T2017	**HW**	**U2**	**XE**		**1.1.23**
T2017	**HW**	**U2**	**XP**		**1.1.23**
T2017	**HW**	**UN**			**10.1.19**
T2017	**HW**	**UN**	**XE**		**1.1.23**

T2017	HW	UN	XP		1.1.23
T2017	HW	UP			10.1.19
T2017	HW	UP	XE		1.1.23
T2017	HW	UP	XP		1.1.23
T2017	HW	U1	XE	KX	1.1.23
T2017	HW	U2	XE	KX	1.1.23
T2017	HW	UN	XE	KX	1.1.23
T2017	HW	UP	XE	KX	1.1.23
T2017	HW	U1	XP	KX	1.1.23
T2017	HW	U2	XP	KX	1.1.23
T2017	HW	UN	XP	KX	1.1.23
T2017	HW	UP	XP	KX	1.1.23
T2017	HW	U1	XE	CG	1.1.23
T2017	HW	U2	XE	CG	1.1.23
T2017	HW	UN	XE	CG	1.1.23
T2017	HW	UP	XE	CG	1.1.23
T2017	HW	U1	XP	CG	1.1.23
T2017	HW	U2	XP	CG	1.1.23
T2017	HW	UN	XP	CG	1.1.23
T2017	HW	UP	XP	CG	1.1.23

T2019	HW	U1			10.1.19
T2019	HW	U1	XE		1.1.23
T2019	HW	U1	XP		1.1.23
T2019	HW	U2			10.1.19
T2019	HW	U2	XE		1.1.23
T2019	HW	U2	XP		1.1.23
T2019	HW	U1	XE	93	1.1.23
T2019	HW	U2	XE	93	1.1.23
T2019	HW	U1	XP	93	1.1.23
T2019	HW	U2	XP	93	1.1.23
T2021	HW				3.1.21
T2021	HW	U1			10.1.19
T2021	HW	U1	XE		1.1.23
T2021	HW	U1	XP		1.1.23
T2021	HW	U2			10.1.19
T2021	HW	U2	XE		1.1.23
T2021	HW	U2	XP		1.1.23
T2021	HW	U3			3.1.21
T2021	HW	U3	XE		1.1.23
T2021	HW	U3	XP		1.1.23

T2021	HW	U4			3.1.21
T2021	HW	U4	XE		1.1.23
T2021	HW	U4	XP		1.1.23
T2021	HW	U5			3.1.21
T2021	HW	U5	XE		1.1.23
T2021	HW	U5	XP		1.1.23
T2021	HW	UN			10.1.19
T2021	HW	UN	XE		1.1.23
T2021	HW	UN	XP		1.1.23
T2021	HW	UP			10.1.19
T2021	HW	UP	XE		1.1.23
T2021	HW	UP	XP		1.1.23
T2025	HW				10.1.19
T2025	HW	U1			3.1.21
T2033	HW	UP			10.1.19
T2033	HW	UQ			10.1.19
T2033	HW	UR			10.1.19
T2033	HW	US			10.1.19
T2036	HW				3.1.21
T2036	HW	U1			3.1.21

T2037	**HW**				**3.1.21**
T2037	**HW**	**U1**			**3.1.21**
T2039	**HW**	**U1**			**10.1.19**
T2039	**HW**	**UN**			**10.1.19**
T2039	**HW**	**UP**			**10.1.19**

***Not part of original list of codes/modifiers set up for 10.1.19 but backdated to that date in January 2021.**

**** Not part of original list of codes/modifiers set up for 10.1.19 but backdated to that date in July 2021**

APPENDIX E: Gainwell Provider Representative Contact Information

For questions regarding claims submission, denials, and general claim processing, please contact the Gainwell Provider Representative listed at this link: http://www.vtmedicaid.com/assets/resources/ProviderRepMap.pdf

APPENDIX F: Helpful Links to General Claim Submission Guidance

CMS 1500 Claim Form Presentation http://www.vtmedicaid.com/assets/resources/CMS1500Presentation.pdf

DDSD ISA Guidelines https://ddsd.vermont.gov/sites/ddsd/files/documents/ISA_Guidelines.pdf

Provider Representative Map http://www.vtmedicaid.com/assets/resources/ProviderRepMap.pdf

State System of Care Plan https://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan.pdf

Vermont Medicaid General Billing Guidance http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf

Vermont Medicaid Manual for Developmental Disabilities Services https://ddsd.vermont.gov/sites/ddsd/files/documents/dds-medicaid-procedures.pdf

Vermont Medicaid General Provider Manual http://www.vtmedicaid.com/assets/manuals/GeneralProviderManual.pdf