

DAIL ASD & DDS Services: Medicaid Claims Codes and Reimbursement Rates

version 2/1/2016

7/09: Paid claim reduced 2%	HP Revenue Code	CFC Home-Based Setting	Unit	Max Amount Per Unit/Other	Hourly or Daily Rate	unit	Effective Date
no	070	Case Management by HHA or AAA (48 hrs/calendar year max)	1 Unit=15 Min.	\$17.35	\$69.40	hour	7/1/2015
no	072	Personal Care by HHA	1 Unit=15 Min.	\$6.92	\$27.70	hour	7/1/2015
no	077	Personal Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$3.20	\$12.80	hour	7/6/2014
no	081	Personal Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$3.20	\$12.80	hour	7/6/2014
no	073	*Respite or Companion Care by HHA	1 Unit=15 Min.	\$5.53	\$22.12	hour	7/1/2015
no	075	*Respite or Companion Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$3.06	\$12.24	hour	7/6/2014
no	080	*Respite or Companion Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$3.06	\$12.24	hour	7/6/2014
no	074	*Respite in Residential Care Home	1 Unit=1 Day	\$94.00	\$94.00	day	7/1/2015
no	084	*Respite by Adult Day Service provider	1 Unit=15 Min.	\$3.86	\$15.43	hour	7/1/2015
no	088	Companion by Senior Companion Agency	1 Unit=15 Min.	\$1.99	\$7.98	hour	7/1/2015
no	078	Home-Based Waiver Adult Day Service	Min.	\$3.86	\$15.43	hour	7/1/2015
no	076	Assistive Devices & Modifications	1 Unit=1 Service	\$777 per year	actual cost, up to \$777	episode	7/1/2015
no	082	Personal Emergency Response Systems-Installation & 1st Month	1 Unit= 1 month	One-time fee \$56.61	\$56.61 installation & first month's service	1-time	7/1/2015
no	083	Personal Emergency Response Systems-Ongoing	month	\$30.89	\$30.89	month	7/1/2015
no	089	Group Directed Attendant Care (<i>approved providers only</i>)	1 Unit=1 day	\$173.35	\$173.35	day	7/1/2015
no	097	ARIS F/EA Employer Support Services #047W070	1 Unit=1 month	\$55.00	Up to \$55.00/month	month	2/1/2015
no	220	ARIS F/EA CFC Flexible Choices Support Services #047W070	1 Unit=1 month	\$55.00	Up to \$55.00/month	month	2/1/2015
no	071	Flexible Choices Services	As billed	Pay as billed	pay as billed up to max allowance	n/a	7/1/2007
no	079	Flexible Choices Consultant Pre-admission Service	1 Unit=15 Min.	\$17.35	\$69.42	hour	7/1/2015

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

7/09: Paid claim reduced 2%	HP Revenue Code	CFC Adult Family Care (AFC)	Unit	Max Amount Per Unit/Other	Hourly or Daily Rate	unit	Effective Date
no	086	Tier 1 - Adult Family Care	1 Unit=1 day	\$77	\$77	day	7/1/2015
no	086	Tier 2 - Adult Family Care	1 Unit=1 day	\$88	\$88	day	7/1/2015
no	086	Tier 3 - Adult Family Care	1 Unit=1 day	\$94	\$94	day	7/1/2015
no	086	Tier 4 - Adult Family Care	1 Unit=1 day	\$99	\$99	day	7/1/2015
no	086	Tier 5 - Adult Family Care	1 Unit=1 day	\$104	\$104	day	7/1/2015
no	086	Tier 6 - Adult Family Care	1 Unit=1 day	\$110	\$110	day	7/1/2015
no	086	Tier 7 - Adult Family Care	1 Unit=1 day	\$116	\$116	day	7/1/2015
no	086	Tier 8 - Adult Family Care	1 Unit=1 day	\$123	\$123	day	7/1/2015
no	086	Tier 9 - Adult Family Care	1 Unit=1 day	\$135	\$135	day	7/1/2015
no	086	Tier 10 - Adult Family Care	1 Unit=1 day	\$156	\$156	day	7/1/2015
no	086	AFC In-Patient Hospital Days = 94% of applicable tier	1 Unit=1 day	94% of Tier	94% of Tier/day	day	7/1/2015

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

7/09: Paid claim reduced 2%	HP Revenue Code	CFC Enhanced Residential Care Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
no	092	ERC-tier 1	1 Unit=1 Day	\$50.20	\$50.20	day	7/1/2015
no				\$55.54	\$55.54	day	7/1/2015
no	093	ERC-tier 2	1 Unit=1 Day	\$57.15	\$57.15	day	7/1/2015
no				\$62.48	\$62.48	day	7/1/2015
no	094	ERC-tier 3	1 Unit=1 Day	\$64.09	\$64.09	day	7/1/2015
no				\$69.44	\$69.44	day	7/1/2015
no	090	ERC Special Rate	1 Unit=1 Day	Varies by provider	Provider Rate by individual	day	7/1/2007
no		(rate set for individual by prior approval)				day	

7/09: Paid claim reduced 2%	HP Revenue Code	MFP Demonstration Grant	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
no	087	MFP Transition Funds (Prior Authorization Required)	1 Unit=1 Service (PA)	\$2,500 per person One-time	actual cost, up to \$2,500	episode	4/1/2012

7/09: Paid claim reduced 2%	HP Revenue Code	CFC Home-Based Setting, Moderate Needs	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
no	070	Case Management (max of 12 hrs per calendar year)	1 Unit=15 Min.	\$17.35	\$69.42	hour	7/1/2015
no	095	Homemaker (Max of 6 hours per week)	1 Unit=15 Min	\$4.97	\$19.88	hour	7/1/2015
no	096	*Adult Day (Max of 50 hours per week)	Unit=15 Min.	\$3.86	\$15.43	hour	7/1/2015
no	071	Flexible Funding	As billed	Pay as billed	max allowance	n/a	4/1/2014

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

7/09: Paid claim reduced 2%	HP Revenue Code	CFC Nursing Home Setting	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
no	120	Room and Board, 2 Bed Semiprivate, General Classification	1 unit = 1Day	Set per Provider	Daily	day	varies
no	128	Room and Board, 2 Bed Semi-private, Rehabilitation	1 unit = 1Day	Set per Provider	Daily	day	varies
no	130	Room and Board, 3-4 Bed Semiprivate, General	1 unit = 1Day	Set per Provider	Daily	day	varies
no	169	Level 2/Swing Bed	1 unit = 1Day	Set per Provider	Daily	day	varies
no	182	Nursing Home Leave of Absence Day	1 unit = 1 day	Set per Provider	Daily	day	varies
no	185	Nursing Home Bed Hold	1 unit = 1 day	Set per Provider	Daily	day	varies

7/09: Paid claim reduced 2%	HP HCPCS Code	Attendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
no	S5126	*ARIS F/EA Employer Support Services #1008601	1 Unit=1 month	\$55.00	n/a	month	2/1/2015
no	s5125	Medicaid 1st 6 Months	1 Unit=15 Min	\$3.05	\$12.20	hour	7/6/2014
no	s5199	Medicaid after 6 Months	1 Unit=15 Min	\$3.05	\$12.20	hour	7/6/2014
n/a	n/a	General Fund 1st 6 Months	1 Unit=1 Hour	\$11.64	\$10.52	hour	7/6/2014
n/a	n/a	General Fund after 6 Months	1 Unit=1 Hour	\$11.64	\$11.08	hour	7/6/2014
n/a	n/a	ARIS ISO Support Services - General Funds	1 Unit=1 month	\$26.00	n/a	month	2/1/2014

7/09: Paid claim reduced 2%	HP Procedure Code	Developmental Services	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
		DS Waiver					
no	H2022	Community Base Wrap Around Service: Waiver Services	1 unit=1 Day	Pay as Billed	Pay as Billed	day	varies
		DS Clinic Services					
no	T2022	DS Case Management - Bridges Program for Children	1 unit = 1 month	Pay as Billed	Pay as Billed	month	?
no	90801	Clinical Assessment Services	1 unit=15 Min	\$26.07	\$104.28	hour	11/1/2013
no	90862	Medication Mgmt & Consultation Svcs, Chemotherapy	1 unit=1 Session	\$33.34	\$33.34	session	11/1/2013
no	H2011	Crisis Intervention Services	1 unit=15 Min	\$18.50	\$74.00	hour	11/1/2013
no	H2019	Therapeutic Behavioral Services	1 unit=15 Min	\$18.03	\$72.12	hour	11/1/2013
no	H2032	Group Therapy	1 unit=15 Min	\$8.37	\$33.48	hour	11/1/2013
no	T2003	Transportation/Mileage	1 unit=1 Trip	Pay as Billed	Pay as Billed	trip	7/1/2008
no	T2011	Nursing Facility Day Rehabilitation Services	1 unit=15 Min	Pay as Billed	Pay as Billed	hour	7/1/2008
no	T1017	Targeted Case Management	1 unit=15 Min	\$12.50	\$50.00	hour	11/1/2013
no	T1017	Targeted Case Management - court ordered (DAIL use only)	1 unit=1 Month	\$216.67	n/a	month	7/1/2008
no	n/a	ARIS ISO Support Services - DA Administered Service	1 unit = 1 month	\$35.00	n/a	month	2/1/2013

7/09: Paid claim reduced 2%	HP Procedure Code	Traumatic Brain Injury (TBI) Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
		Community Supports					
no	T2038 U8	Rehab/Long Term	1 Unit=1 Day	\$77.06	\$77.06	day	11/1/2013
no	T2038 HI	Mental Health Funded	1 Unit=1 Day	\$77.06	\$77.06	day	11/1/2013
		Respite					
no	S9125 U8	Rehab/Long Term	1 Unit=1 Day	\$77.06	\$77.06	day	11/1/2013
no	S9125 HI	Mental Health Funded	1 Unit=1 Day	\$77.06	\$77.06	day	11/1/2013
		Case Management					
no	T1016 U8	Rehab/Long Term	1 Unit=15 Min	\$12.50	\$50.00	hour	11/1/2013
no	T1016 HI	Mental Health Funded	1 Unit=15 Min	\$12.50	\$50.00	hour	11/1/2013
		Rehabilitation					
no	T2017 U8	Rehab/Long Term	1 Unit=15 Min.	\$5.27	\$21.08	hour	11/1/2013
no	T2017 HI	Mental Health Funded	1 Unit=15 Min.	\$5.27	\$21.08	hour	11/1/2013
		Environmental and Assistive Technology					
no	T2025 U8	Rehab/Long Term	1	\$4,000.00	\$4000/Lifetime	lifetime	
no	T2025 HI	Mental Health Funded	1	\$4,000.00	\$4000/Lifetime	lifetime	
		Crisis Support					
no	T2034 U8	Rehab/Long Term	1 Unit=1 Day	\$513.75	\$513.75	day	11/1/2013
no	T2034 HI	Mental Health Funded	1 Unit=1 Day	\$513.75	\$513.75	day	11/1/2013
		Psychology and Counseling Supports					
no	H0036 U8	Rehab/Long Term	1 Unit=15 Min.	\$16.70	\$66.80	hour	11/1/2013
no	H0036 HI	Mental Health Funded	1 Unit=15 Min.	\$16.70	\$66.80	hour	11/1/2013
		Employment Supports					
no	T2019 U8	Rehab/Long Term	1 Unit=15 Min.	\$5.27	\$21.08	hour	11/1/2013
no	T2019 HI	Mental Health Funded	1 Unit=15 Min.	\$5.27	\$21.08	hour	11/1/2013
		TBI Personal Care Daily Rate					

no	T1020 U8	Rehab/Long Term	1 Unit=1 Day	\$303.11	individual rates	day	11/1/2013
no	T1020 UD	Mental Health Funded	1 Unit=1 Day	\$303.11	individual rates	day	11/1/2013
		Pre-Admission Planning					
no	T2024 U8	Rehab/Long Term	1 Unit=15 Min	\$12.50	\$50.00	hour	11/1/2013
no	T2024 HI	Mental Health Funded	1 Unit=15 Min	\$12.50	\$50.00	hour	11/1/2013

7/09: Paid claim reduced 2%	HP Procedure Code	High Tech Services	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
yes	G0154 UF	Skilled Nurse-Weekday Morning	1 Unit=15 Min.	\$8.52	\$34.08	hour	7/1/2006
yes	G0154 UG	Skilled Nurse-Weekday Afternoon	1 Unit=15 Min.	\$9.16	\$36.64	hour	7/1/2006
yes	G0154 UH	Skilled Nurse-Weekday Evening	1 Unit=15 Min.	\$10.32	\$41.28	hour	7/1/2006
yes	S9123	Skilled Nurse, RN- Weekday Day - Self Directed	1 Unit=30 Min.	\$13.93	\$27.86	hour	7/1/2006
yes	S9123	Skilled Nurse, RN- Weekday Night - Self Directed	1 Unit=30 Min.	\$16.61	\$33.22	hour	7/1/2006
yes	G0154 UF	Skilled Nurse-Weekend Morning	1 Unit=15 Min.	\$9.51	\$38.04	hour	7/1/2006
yes	G0154 UG	Skilled Nurse-Weekend Afternoon	1 Unit=15 Min.	\$10.09	\$40.36	hour	7/1/2006
yes	G0154 UH	Skilled Nurse-Weekend Evening	1 Unit=15 Min.	\$12.87	\$51.48	hour	7/1/2006
yes	S9123	Skilled Nurse, RN- Weekend Day - Self Directed	1 Unit=30 Min.	\$14.47	\$28.94	hour	7/1/2006
yes	S9123	Skilled Nurse, RN- Weekend Night - Self Directed	1 Unit=30 Min.	\$18.83	\$37.66	hour	7/1/2006
yes	G0156 UF	Home Health Aide- Weekday Morning	1 Unit=15 Min.	\$5.50	\$22.00	hour	1/1/2001
yes	G0156 UG	Home Health Aide- Weekday Afternoon	1 Unit=15 Min.	\$5.70	\$22.80	hour	1/1/2001
yes	G0156 UH	Home Health Aide- Weekday Evening	1 Unit=15 Min.	\$6.10	\$24.40	hour	1/1/2001
yes	S9124	Skilled Nurse, LPN-Weekday Day - Self Directed	1 Unit=30 Min.	\$11.77	\$23.54	hour	7/1/2006
yes	S9124	Skilled Nurse, LPN-Weekday Night - Self Directed	1 Unit=30 Min.	\$13.93	\$27.86	hour	7/1/2006
yes	G0156 UF	Home Health Aide- Weekend Morning	1 Unit=15 Min.	\$5.90	\$23.60	hour	1/1/2001
yes	G0156 UG	Home Health Aide- Weekend Afternoon	1 Unit=15 Min.	\$6.20	\$24.80	hour	1/1/2001
yes	G0156 UH	Home Health Aide- Weekend Evening	1 Unit=15 Min.	\$6.60	\$26.40	hour	1/1/2001
yes	S9124	Skilled Nurse, LPN- Weekend Day - Self Directed	1 Unit=30 Min.	\$12.31	\$24.62	hour	7/1/2006
yes	S9124	Skilled Nurse, LPN - Weekend Night - Self Directed	1 Unit=30 Min.	\$15.32	\$30.64	hour	7/1/2006
yes	T1001	Case Management	1 Unit=1 Visit. Max. 1 unit/month	\$65.60, max, 1 Unit/month	\$67.37	hour	7/1/2006
yes	S9122	Nurse Case Manager- Weekday - Self Directed	1 Unit=30 Min.	\$17.11	\$34.22	hour	7/1/2006
yes	S9122	Nurse Case Manager- Weekend - Self Directed	1 Unit=30 Min.	\$17.11	\$34.22	hour	7/1/2006
yes	T1016	Discharge Planning/Blood Draw	1 Unit=15 Min.	\$14.38	\$57.50	hour	1/1/2001

7/09: Paid claim reduced 2%	HP Revenue Code	Global Commitment Services: ACCS and DHRS	Unit	Max Amount Per Unit	Hourly or Daily Rate	unit	Effective Date
yes	98	Assistive Community Care Services (ACCS)	1 Unit = 1 day	\$37.25	\$37.25	day	7/01/2012
no	99	*Day Health Rehabilitation Services (DHRS)	1 Unit = 15 min	\$3.85	\$15.40	hour	11/1/2013

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

SFY16 Caps: CFC Moderate Needs Group- Flex Funds Caps

CFC Provider Number	Provider	SFY16 payment cap	effective date (updated 07/01/2015)
047W014	Central VT Council on Aging	\$44,145	7/1/2015-6/30/2016
047W013	Champlain Valley Agency on Aging	\$57,046	7/1/2015-6/30/2016
047W003	Northeast Kingdom Council on Aging	\$39,621	7/1/2015-6/30/2016
047W015	Senior Solutions	\$32,035	7/1/2015-6/30/2016
047W024	Southwestern VT Council on Aging	\$31,892	7/1/2015-6/30/2016
		<i>Total:</i>	\$204,739

SFY16 Caps: CFC Moderate Needs Group- Homemaker Funding Allocations			
CFC Provider Number	Provider	SFY16 payment cap	effective date (updated 7/1/15)
047W005	Addison County Home Health and Hospice	\$134,297	7/1/2015-6/30/2016
047W266	Bayada Nurses	\$24,358	7/1/2015-6/30/2016
047W016	Central VT Home Health and Hospice	\$331,568	7/1/2015-6/30/2016
047W001	Franklin County Home Health Agency	\$423,551	7/1/2015-6/30/2016
047W019	Lamoille Home Health	\$126,192	7/1/2015-6/30/2016
047W257	Manchester Health Services	\$38,211	7/1/2015-6/30/2016
047W004	Northern Counties Health Care Inc.,	\$378,540	7/1/2015-6/30/2016
047W023	Orleans-Essex VNA & Hospice, Inc.	\$215,063	7/1/2015-6/30/2016
047W012	Rutland Area Visiting Nurse Association and Hospice	\$497,972	7/1/2015-6/30/2016
047W017	VNA and Hospice of VT/NH	\$556,368	7/1/2015-6/30/2016
047W192	*VNA of Chittenden and Grand Isle Counties	\$520,443	7/1/2015-6/30/2016
		<i>Total:</i>	\$3,246,563

SFY16 Caps: CFC Moderate Needs Group- Adult Day Funding Allocations			
CFC Provider Number	Provider	SFY16 payment cap	effective date (updated 7/1/15)
047W030	Bennington Project Independence	\$157,511	7/1/2015-6/30/2016
047W032	Brattleboro Area Adult Day Services	\$134,072	7/1/2015-6/30/2016
047W164	CarePartners	\$200,015	7/1/2015-6/30/2016
047W031	Elderly Services, Inc.	\$348,245	7/1/2015-6/30/2016
047W081	Gifford Medical Center (Includes Barre PI)	\$190,300	7/1/2015-6/30/2016
047W063	Green Mountain Adult Day Services	\$10,607	7/1/2015-6/30/2016
047W272	Meeting Place	\$54,134	7/1/2015-6/30/2016
047W021	Out & About	\$155,523	7/1/2015-6/30/2016
047W028	Oxbow Senior Independence Program, Inc.	\$36,521	7/1/2015-6/30/2016
047W026	Riverside Life Enrichment Center	\$121,863	7/1/2015-6/30/2016
047W033	Rutland Community Programs, Inc.	\$39,059	7/1/2015-6/30/2016
047W069	Springfield Hospital	\$172,800	7/1/2015-6/30/2016
047W192	*VNA of Chittenden and Grand Isle Counties	\$320,436	7/1/2015-6/30/2016
		<i>Total:</i>	\$1,941,086

*NOTE: VNA of Chittenden and Grand Isle Counties Combined Homemaker & Adult Day Allocation = \$840,879

Caregiver Wages (Established through AFSCME Collective Bargaining Agreement)		
Service	hourly wage	Date
CFC Personal Care by Consumer-Directed Personnel	\$11.28	7/6/2014
CFC Personal Care by Surrogate-Directed Personnel	\$11.28	7/6/2014
CFC Respite Care or Companion by Consumer-Directed Personnel	\$10.80	7/6/2014
CFC Respite Care or Companion by Surrogate-Directed Personnel	\$10.80	7/6/2014
Attendant Services Program- Medicaid 1st 6 Months	\$10.80	7/6/2014
Attendant Services Program- Medicaid after 6 Months	\$10.80	7/6/2014
Attendant Services Program-General Fund 1st 6 Months	\$10.80	7/6/2014
Attendant Services Program-General Fund after 6 Months	\$10.80	7/6/2014

NOTE: Minimum hourly wage for Flexible Funding is \$10.80 hour and minimum daily wage for Flexible Funding respite is \$150/day effective 7/1/14.