



## COMMUNITY CHOICES WAIVER PROGRAM PROGRAM BULLETIN

**Bulletin Ref:** CCW-2019-03

**To:** All Community Choices Waiver Program Stakeholders

**From:** Tyler Deines, Community-Based Services Administrator

**Date:** August 2, 2019

**Subject:** Changes to Billing Procedure Codes

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**Purpose:**

To notify Community Choices Waiver (CCW) providers and case managers of changes to the billing procedure codes for certain CCW services.

**Background:**

Beginning July 1, 2019, the Medicaid Management Information System (MMIS) and Electronic Medicaid Waiver System (EMWS) began utilizing an updated fee schedule and procedure codes for the prior authorization and payment of CCW services. The updated procedure codes ensure compliance with the National Correct Coding Initiative (NCCI) and will allow the Division to better track and report on CCW service utilization. Prior authorizations issued by the MMIS include the updated procedure codes for all new and renewal plans of care submitted on or after July 1, 2019.

Plans of care that were submitted prior to July 1, 2019, and subsequent modifications to those plans, will continue to utilize the old procedure codes throughout the 12-month plan period.

There were no changes to reimbursement rates with this update.

**Policy Change:**

The following revisions to the CCW Policy and Procedures Manual (rev. 03/2018) are effective immediately upon release of this bulletin.

On Page 60, modify the CCW Program Rate Schedule as follows:

❖ **COMMUNITY CHOICES WAIVER PROGRAM RATE SCHEDULE FOR PLANS  
SUBMITTED PRIOR TO JULY 1, 2019:**

<b><u>T2024</u></b>	<b>Case Management Services Agency Option:</b> \$8.81 per day, per participant.
<b><u>T1019</u></b>	<b>Personal Care Attendant Services:</b> \$28.24 per hour                      \$7.06 per 15 minute unit.

- S5150**      **Respite Care Services, in home:**  
 \$25.12 per hour      \$6.28 per 15 minute unit.
- S5170**      **Home Delivered Meals:**  
 Limited to \$5.25 per meal, not to exceed two meals per day.
- S5160**      **Lifeline Installation:**  
 \$70 per installation, not to exceed one installation per lifetime.
- S5161**      **Lifeline Monthly Service Charge:**  
 Limited to \$45 per month.
- T2003**      **Non-Medical Transportation:**  
 Limited to \$5.40 per one way trip, limited to \$80.00 per calendar month.  
 (\$80.00 = 14 one way trips)
- S5100**      **Adult Day Care:**  
 Limited to \$8.40 per hour, \$2.10 per 15 minute unit.
- S9123**      **Skilled Nursing:**  
 \$66.61 per hour
- T1001**      **Nursing Assessment:**  
 \$84.50 per assessment

❖ **PARTICIPANT-DIRECTED SERVICES:**

- T2024 TF**      **Case Management:**  
 \$6.00 per day, per participant
- T2041**      **Direct Service Worker (DSW) Assistant:**  
 \$10.00 - \$12.00 per hour (participant choice)
- T2040**      **Fiscal Management:**  
 Unit Cost \$80.00 per month

Total aggregate services may not to exceed \$1,800.00 per calendar month per participant without prior verbal authorization by Home Care Services Program Manager or designee.

❖ **ASSISTED LIVING FACILITY WAIVER RATE SCHEDULE:**

- T2024**      **Case Management:**  
 \$4.00 per day, per participant
- T2031 U1**      **ALF Level I:**  
 \$42.00 per day
- T2031 TF**      **ALF Level II:**  
 \$50.93 per day
- T2031 TG**      **ALF Level III:**  
 \$61.25 per day

**❖ COMMUNITY CHOICES WAIVER PROGRAM RATE SCHEDULE FOR PLANS  
SUBMITTED ON OR AFTER JULY 1, 2019:**

<b><u>S5100</u></b>	<b>Adult Day Care:</b> Limited to \$8.40 per hour, \$2.10 per 15 minute unit.
<b><u>T2031 U1</u></b>	<b>Assisted Living Facility (Level I):</b> \$42.00 per day
<b><u>T2031 U2</u></b>	<b>Assisted Living Facility (Level II):</b> \$50.93 per day
<b><u>T2031 U3</u></b>	<b>Assisted Living Facility (Level III):</b> \$61.25 per day
<b><u>T2024 U1</u></b>	<b>Case Management Services (Agency Option):</b> \$8.81 per day, per participant.
<b><u>T2024 U2</u></b>	<b>Case Management (Assisted Living Option):</b> \$4.00 per day, per participant
<b><u>T2024 U3</u></b>	<b>Case Management (Participant-Directed Option):</b> \$6.00 per day, per participant
<b><u>T2041</u></b>	<b>Direct Service Worker (DSW):</b> \$10.00 - \$12.00 per hour (participant choice)
<b><u>T2040</u></b>	<b>Financial Management Services:</b> \$80.00 per month
<b><u>S5170</u></b>	<b>Home Delivered Meals:</b> Limited to \$5.25 per meal, not to exceed two meals per day.
<b><u>S5160</u></b>	<b>Lifeline Installation:</b> \$70 per installation, not to exceed one installation per lifetime.
<b><u>S5161</u></b>	<b>Lifeline Monthly Service Charge:</b> Limited to \$45 per month.
<b><u>T2003</u></b>	<b>Non-Medical Transportation:</b> Limited to \$5.40 per one way trip, limited to \$80.00 per calendar month. (\$80.00 = 14 one way trips)
<b><u>G0156</u></b>	<b>Personal Care Attendant Services:</b> \$28.24 per hour            \$7.06 per 15 minute unit.
<b><u>S5150</u></b>	<b>Respite Care Services:</b> \$25.12 per hour            \$6.28 per 15 minute unit.
<b><u>S9123</u></b>	<b>Skilled Nursing:</b> \$66.61 per hour
<b><u>T1001</u></b>	<b>Skilled Nursing Assessment:</b> \$84.50 per assessment

Total aggregate services may not to exceed \$1,800.00 per calendar month per participant  
without prior authorization by the Program Manager or designee.

**Procedure or information:**

CCW case managers and service providers will receive prior authorizations with the updated procedure codes. In order to be reimbursed, claims for services rendered must be submitted using the procedure codes included on the prior authorization.