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

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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2024</td>
<td>Case Management Services Agency Option</td>
<td>$8.81 per day, per participant.</td>
</tr>
<tr>
<td>T1019</td>
<td>Personal Care Attendant Services</td>
<td>$28.24 per hour</td>
</tr>
</tbody>
</table>
**Respite Care Services, in home:**
$25.12 per hour $6.28 per 15 minute unit.

**Home Delivered Meals:**
Limited to $5.25 per meal, not to exceed two meals per day.

**Lifeline Installation:**
$70 per installation, not to exceed one installation per lifetime.

**Lifeline Monthly Service Charge:**
Limited to $45 per month.

**Non-Medical Transportation:**
Limited to $5.40 per one way trip, limited to $80.00 per calendar month.
($80.00 = 14 one way trips)

**Adult Day Care:**
Limited to $8.40 per hour, $2.10 per 15 minute unit.

**Skilled Nursing:**
$66.61 per hour

**PARTICIPANT-DIRECTED SERVICES:**

**Case Management:**
$6.00 per day, per participant

**Direct Service Worker (DSW) Assistant:**
$10.00 - $12.00 per hour (participant choice)

**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:**

**Case Management:**
$4.00 per day, per participant

**ALF Level I:**
$42.00 per day

**ALF Level II:**
$50.93 per day

**ALF Level III:**
$61.25 per day
COMMUNITY CHOICES WAIVER PROGRAM RATE SCHEDULE FOR PLANS
SUBMITTED ON OR AFTER JULY 1, 2019:

S5100  Adult Day Care:
        Limited to $8.40 per hour, $2.10 per 15 minute unit.

T2031 U1  Assisted Living Facility (Level I):
          $42.00 per day

T2031 U2  Assisted Living Facility (Level II):
          $50.93 per day

T2031 U3  Assisted Living Facility (Level III):
          $61.25 per day

T2024 U1  Case Management Services (Agency Option):
          $8.81 per day, per participant.

T2024 U2  Case Management (Assisted Living Option):
          $4.00 per day, per participant

T2024 U3  Case Management (Participant-Directed Option):
          $6.00 per day, per participant

T2041  Direct Service Worker (DSW):
        $10.00 - $12.00 per hour (participant choice)

T2040  Financial Management Services:
        $80.00 per month

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)

G0156  Personal Care Attendant Services:
        $28.24 per hour  $7.06 per 15 minute unit.

S5150  Respite Care Services:
        $25.12 per hour  $6.28 per 15 minute unit.

S9123  Skilled Nursing:
        $66.61 per hour

T1001  Skilled Nursing Assessment:
        $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.