

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

version 07/01/2014

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.	\$17.32	\$69.28	hour	11/1/2013
no	072	Personal Care by HHA	1 Unit=15 Min.	\$6.91	\$27.64	hour	11/1/2013
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.	\$5.52	\$22.07	hour	11/1/2013
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	\$93.81	\$93.81	day	11/1/2013
no	084	*Respite by Adult Day Service provider	1 Unit=15 Min.	\$3.85	\$15.40	hour	11/1/2013
no	088	Companion by Senior Companion Agency	1 Unit=15 Min.	\$1.99	\$7.96	hour	11/1/2013
no	078	Home-Based Waiver Adult Day Service	1 Unit=15 Min.	\$3.85	\$15.40	hour	11/1/2013
no	076	Assistive Devices & Modifications	1 Unit=1 Service	\$775.00 per year	actual cost, up to \$775.00	episode	11/1/2013
no	082	Personal Emergency Response Systems-Installation & 1st Month	1 Unit= 1 month	One-time fee \$56.50	\$56.50 installation & first month's service	1-time	11/1/2013
no	083	Personal Emergency Response Systems-Ongoing	1 Unit= 1 month	\$30.83	\$30.83	month	11/1/2013
no	089	Group Directed Attendant Care (<i>approved providers only</i>)	1 Unit=1 day	\$173.00	\$173.00	day	7/1/2012
no	097	ARIS ISO Employer Support Services #047W070	1 Unit=1 month	\$51.00	Up to \$51/month	month	2/1/2014
no	220	ARIS ISO CFC Flexible Choices Support Services #047W070	1 Unit=1 month	\$51.00	Up to \$51/month	month	2/1/2014
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.	\$17.32	\$69.28	hour	11/1/2013

* 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	11/1/2013
no	086	Tier 2 - Adult Family Care	1 Unit=1 day	\$87	\$87	day	11/1/2013
no	086	Tier 3 - Adult Family Care	1 Unit=1 day	\$94	\$94	day	11/1/2013
no	086	Tier 4 - Adult Family Care	1 Unit=1 day	\$99	\$99	day	11/1/2013
no	086	Tier 5 - Adult Family Care	1 Unit=1 day	\$104	\$104	day	11/1/2013
no	086	Tier 6 - Adult Family Care	1 Unit=1 day	\$110	\$110	day	11/1/2013
no	086	Tier 7 - Adult Family Care	1 Unit=1 day	\$116	\$116	day	11/1/2013
no	086	Tier 8 - Adult Family Care	1 Unit=1 day	\$122	\$122	day	11/1/2013
no	086	Tier 9 - Adult Family Care	1 Unit=1 day	\$135	\$135	day	11/1/2013
no	086	Tier 10 - Adult Family Care	1 Unit=1 day	\$156	\$156	day	11/1/2013
no	086	AFC In-Patient Hospital Days = 94% of applicable tier	1 Unit=1 day	94% of Tier	94% of Tier/day	day	11/1/2013

*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	070	ERC Case Management by HHA or AAA (48 hrs/calendar yr max)	1 Unit=15 Min.	\$17.32	\$69.28	hour	11.1.2013
no	092	ERC-tier 1	1 Unit=1 Day	\$50.10	\$50.10	day	11/1/2013
no				\$55.43	\$55.43	day	11/1/2013
no	093	ERC-tier 2	1 Unit=1 Day	\$57.04	\$57.04	day	11/1/2013
no				\$62.36	\$62.36	day	11/1/2013
no	094	ERC-tier 3	1 Unit=1 Day	\$63.96	\$63.96	day	11/1/2013
no				\$69.30	\$69.30	day	11/1/2013
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 Required)	\$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.	\$17.32	\$69.28	hour	11/1/2013
no	095	Homemaker (Max of 6 hours per week)	1 Unit=15 Min	\$4.96	\$19.84	hour	11/1/2013
no	096	*Adult Day (Max of 50 hours per week)	Unit=15 Min.	\$3.85	\$15.40	hour	11/1/2013
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 ISO Employer Support Services #1008601	1 Unit=1 month	\$51.00	n/a	month	2/1/2014
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 Disabilities Services	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
		DDS Home and Community Based Services					
no	H2022	Home and Community Based Services - Bundled Rates	1 unit=1 Day	Pay as Billed	Pay as Billed	day	varies
n/a	n/a	Service Coordination	1 unit = 1 hour	\$50.00	\$50.00	hour	11/1/2013
n/a	n/a	Accessible Vehicle – max per person	1 unit = 1 year	\$6,475	n/a	year	7/1/2008
		DDS Clinic Services					
no	T2022	DDS Case Management - Bridge 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 - <i>court ordered (DAIL use only)</i>	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	\$36.00	n/a	month	2/2/2014

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 Unit=Lifetime	\$4,000.00	\$4000/Lifetime	lifetime	
no	T2025 HI	Mental Health Funded	1 Unit=Lifetime	\$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.

SFY2014 & SFY15 Combined: CFC Moderate Needs Group- Flex Funds Caps			
CFC Provider Number	Provider	SFY14 & SFY15 payment cap	effective date (updated 07/01/2014)
047W014	Central VT Council on Aging	\$81,298	7/1/2013-6/30/2015
047W013	Champlain Valley Agency on Aging	\$128,130	7/1/2013-6/30/2015
047W003	Northeastern VT Area Agency on Aging	\$62,433	7/1/2013-6/30/2015
047W015	Senior Solutions	\$71,064	7/1/2013-6/30/2015
047W024	Southwestern VT Council on Aging	\$74,526	7/1/2013-6/30/2015
		Total:	\$417,451

SFY2014 & SFY15 Combined: CFC Moderate Needs Group- Homemaker Funding Allocations			
CFC Provider Number	Provider	SFY14 & SFY15 payment cap	effective date (updated 7/1/14)
047W005	Addison County Home Health and Hospice	\$350,815	7/1/2013-6/30/2015
047W266	Bayada Nurses	\$48,618	7/1/2013-6/30/2015
047W016	Central VT Home Health and Hospice	\$538,160	7/1/2013-6/30/2015
047W001	Franklin County Home Health Agency	\$539,098	7/1/2013-6/30/2015
047W019	Lamoille Home Health	\$307,218	7/1/2013-6/30/2015
047W257	Manchester Health Services	\$88,211	7/1/2013-6/30/2015
047W004	Northern Counties Health Care Inc.,	\$492,237	7/1/2013-6/30/2015
047W023	Orleans-Essex VNA & Hospice, Inc.	\$475,334	7/1/2013-6/30/2015
047W012	Rutland Area Visiting Nurse Association and Hospice	\$776,520	7/1/2013-6/30/2015
047W011	VNA and Hospice of Southwestern Vermont Health Care	\$363,024	7/1/2013-6/30/2015
047W017	VNA and Hospice of VT/NH	\$1,400,506	7/1/2013-6/30/2015
047W192	*VNA of Chittenden and Grand Isle Counties	\$1,283,327	7/1/2013-6/30/2015
		Total:	\$6,663,068

SFY2013: CFC Moderate Needs Group- Adult Day Funding Allocations			
CFC Provider Number	Provider	SFY14 & SFY15 payment cap	effective date (updated 7/1/14)
047W030	Bennington Project Independence	\$319,237	7/1/2013-6/30/2015
047W032	Brattleboro Area Adult Day Services	\$302,166	7/1/2013-6/30/2015
047W164	CarePartners	\$292,316	7/1/2013-6/30/2015
047W031	Elderly Services, Inc.	\$614,079	7/1/2013-6/30/2015
047W081	Gifford Medical Center	\$88,989	7/1/2013-6/30/2015
047W063	Green Mountain Adult Day Services	\$73,200	7/1/2013-6/30/2015
047W272	Meeting Place	\$109,100	7/1/2013-6/30/2015
047W021	Out & About	\$350,432	7/1/2013-6/30/2015
047W028	Oxbow Senior Independence Program, Inc.	\$110,327	7/1/2013-6/30/2015
047W022	Project Independence	\$510,070	7/1/2013-6/30/2015
047W026	Riverside Life Enrichment Center	\$341,456	7/1/2013-6/30/2015
047W033	Rutland Community Programs, Inc.	\$101,740	7/1/2013-6/30/2015
047W069	Springfield Hospital	\$389,304	7/1/2013-6/30/2015
047W192	*VNA of Chittenden and Grand Isle Counties	\$600,855	7/1/2013-6/30/2015

Total: \$4,203,271

**NOTE: VNA of Chittenden and Grand Isle Counties Combined Homemaker & Adult Day Allocation = \$1,884,182*

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.