

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

version 11/01/13

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.	\$3.12	\$12.48	hour	11/10/2013
no	081	Personal Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$3.12	\$12.48	hour	11/10/2013
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.	\$2.66	\$10.64	hour	11/10/2013
no	080	*Respite or Companion Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$2.66	\$10.64	hour	11/10/2013
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	\$165.43	\$165.43	day	11/1/2013
no	097	ARIS ISO Employer Support Services #047W070	1 Unit=1 month	\$50.00	Up to \$50/month	month	2/1/2013
no	220	ARIS ISO CFC Flexible Choices Support Services #047W070	1 Unit=1 month	\$50.00	Up to \$50/month	month	2/1/2013
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

\*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	Atendant Services Program	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
no	S5126	*ARIS ISO Employer Support Services #1008601	1 Unit=1 month	\$50.00	n/a	month	2/1/2013
no	s5125	Medicaid 1st 6 Months	1 Unit=15 Min	\$2.70	\$10.80	hour	11/10/2013
no	s5199	Medicaid after 6 Months	1 Unit=15 Min	\$2.86	\$11.44	hour	11/10/2013
n/a	n/a	General Fund 1st 6 Months	1 Unit=1 Hour	\$10.52	\$10.52	hour	1/6/2013
n/a	n/a	General Fund after 6 Months	1 Unit=1 Hour	\$11.08	\$11.08	hour	1/6/2013
n/a	n/a	ARIS ISO Support Services - General Funds	1 Unit=1 month	\$25.00	n/a	month	2/1/2013

7/09: Paid claim reduced 2%	HP Procedure Code	Developmental Services	Unit	Max Amount Per Unit	Hourly Rate	unit	Effective Date
		<b>DS Waiver</b>					
no	H2022	Community Base Wrap Around Service: Waiver Services	1 unit=1 Day	Pay as Billed	Pay as Billed	day	varies
		<b>DS Clinic Services</b>					
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
		<b>Community Supports</b>					
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
		<b>Respite</b>					
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
		<b>Case Management</b>					
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
		<b>Rehabilitation</b>					
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
		<b>Environmental and Assistive Technology</b>					
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	
		<b>Crisis Support</b>					
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
		<b>Psychology and Counseling Supports</b>					
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
		<b>Employment Supports</b>					
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
		<b>TBI Personal Care Daily Rate</b>					
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
		<b>Pre-Admission Planning</b>					
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.

**SFY2013: CFC Moderate Needs Group- Homemaker Funding Allocations**

<b>CFC Provider Number</b>	<b>Provider</b>	<b>Also known as (AKA)</b>	<b>sfy2013 MNG payment cap</b>	<b>effective date (11/01/2013)</b>
047W005	Addison County Home Health and Hospice		\$153,029	7/1/2013-6/30/2014
047W266	Bayada Nurses	Professional Nurses Services	\$24,309	7/1/2013-6/30/2014
047W016	Central VT Home Health and Hospice		\$244,305	7/1/2013-6/30/2014
047W001	Franklin County Home Health Agency		\$160,410	7/1/2013-6/30/2014
047W019	Lamoille Home Health		\$103,085	7/1/2013-6/30/2014
047W257	Manchester Health Services		\$38,135	7/1/2013-6/30/2014
047W004	Northern Counties Health Care Inc.,	D/B/A Caledonia Home Health Care	\$165,823	7/1/2013-6/30/2014
047W023	Orleans-Essex VNA & Hospice, Inc.		\$213,551	7/1/2013-6/30/2014
047W012	Rutland Area Visiting Nurse Association and Hospice		\$326,970	7/1/2013-6/30/2014
047W011	VNA and Hospice of Southwestern Vermont Health Care	Bennington Home Health	\$129,656	7/1/2013-6/30/2014
047W017	VNA and Hospice of VT/NH		\$552,332	7/1/2013-6/30/2014
047W192	*VNA of Chittenden and Grand Isle Counties		\$348,669	7/1/2013-6/30/2014

**Total: \$2,460,274**

<b>SFY2013: CFC Moderate Needs Group- Adult Day Funding Allocations</b>				
<b>CFC Provider Number</b>	<b>Provider</b>	<b>Also known as (AKA)</b>	<b>sfy2013 MNG payment cap</b>	<b>effective date (11/01/2013)</b>
047W030	Bennington Project Independence		\$141,376	7/1/2013-6/30/2014
047W032	Brattleboro Area Adult Day Services	The Gathering Place	\$133,804	7/1/2013-6/30/2014
047W164	CarePartners	Club Respite, Inc.	\$129,435	7/1/2013-6/30/2014
047W031	Elderly Services, Inc.		\$272,156	7/1/2013-6/30/2014
047W081	Gifford Medical Center	Randolph Area Adult Day Services	\$20,160	7/1/2013-6/30/2014
047W063	Green Mountain Adult Day Services		\$10,586	7/1/2013-6/30/2014
047W272	Meeting Place		\$48,168	7/1/2013-6/30/2014
047W021	Out & About		\$155,213	7/1/2013-6/30/2014
047W028	Oxbow Senior Independence Program, Inc.	OSIP	\$25,309	7/1/2013-6/30/2014
047W022	Project Independence	Barre Project Independence	\$169,760	7/1/2013-6/30/2014
047W026	Riverside Life Enrichment Center		\$121,620	7/1/2013-6/30/2014
047W033	Rutland Community Programs, Inc.	Interage	\$38,981	7/1/2013-6/30/2014
047W069	Springfield Hospital	Springfield Area Adult Day Service	\$172,455	7/1/2013-6/30/2014
047W192	*VNA of Chittenden and Grand Isle Counties		\$242,601	7/1/2013-6/30/2014

**Total: \$1,681,624**

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

\$591,270

<b>Caregiver Wages Established by DAIL, by Service</b>		
<b>Service</b>	<b>hourly wage</b>	<b>Date</b>
CFC Personal Care by Consumer-Directed Personnel	\$11.00	11/10/2013
CFC Personal Care by Surrogate-Directed Personnel	\$11.00	11/10/2013
CFC Respite Care or Companion by Consumer-Directed Personnel	\$9.40	11/10/2013
CFC Respite Care or Companion by Surrogate-Directed Personnel	\$9.40	11/10/2013
Attendant Services Program- Medicaid 1st 6 Months	\$9.56	11/10/2013
Attendant Services Program- Medicaid after 6 Months	\$10.12	11/10/2013
Attendant Services Program-General Fund 1st 6 Months	\$9.56	11/10/2013
Attendant Services Program-General Fund after 6 Months	\$10.12	11/10/2013
Hi Tech RN - Family Directed - Weekday - Day	\$27.30	
Hi Tech RN - Family Directed - Weekday - Night	\$32.56	
Hi Tech RN - Family Directed - Weekend - Day	\$28.36	
Hi Tech RN - Family Directed - Weekend - Night	\$37.66	
Hi Tech LPN - Family Directed - Weekday - Day	\$23.06	
Hi Tech LPN - Family Directed - Weekday - Night	\$27.30	
Hi Tech LPN - Family Directed - Weekend - Day	\$24.12	
Hi Tech LPN - Family Directed - Weekend - Night	\$33.54	
Hi Tech Nurse Case Manager - Weekday	\$33.54	
Hi Tech Nurse Case Manager - Weekend	\$33.54	