

DAIL Long-Term Services & Supports: Medicaid Claims Codes and Reimbursement Rates

version 07/01/2013

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 (as of 7/1/12)	70	*Case Management by HHA or AAA	1 Unit=15 Min.	\$16.86	\$67.44	hour	7/1/2007
no	72	Personal Care by HHA	1 Unit=15 Min.	\$6.72	\$26.88/hr	hour	7/1/2011
no	77	Personal Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$3.03	\$12.12	hour	1/6/2013
no	81	Personal Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$3.03	\$12.12	hour	1/6/2013
no (as of 7/1/12)	73	**Respite or Companion Care by HHA	1 Unit=15 Min.	\$5.37	\$21.48/hr	hour	7/1/2011
no	75	**Respite or Companion Care by Consumer-Directed Personnel	1 Unit=15 Min.	\$2.59	\$10.36	hour	1/6/2013
no	80	**Respite or Companion Care by Surrogate-Directed Personnel	1 Unit=15 Min.	\$2.59	\$10.36	hour	1/6/2013
no (as of 7/1/12)	74	**Respite in Residential Care Home	1 Unit=1 Day	\$91.30	\$91.30/day	day	7/1/2007
no (as of 7/1/12)	84	**Respite by Adult Day Service provider	1 Unit=15 Min.	\$3.75	\$15.00/hour	hour	7/1/2008
no (as of 7/1/12)	88	**Companion by Senior Companion Agency	1 Unit=15 Min.	\$1.94	\$7.76/hr	hour	7/1/2007
no (as of 7/1/12)	78	Home-Based Waiver Adult Day Service	1 Unit=15 Min.	\$3.75	\$15.00/hour	hour	7/1/2008
no	76	Assistive Devices & Modifications	1 Unit=1 Service	\$750.00 per year	actual cost, up to \$750.00	episode	10/1/2005
no (as of 7/1/12)	82	Personal Emergency Response Systems-Installation	1 Unit= 1 month	\$55.00	Up to \$55 (actual cost of installation)	1-time	10/1/2005
no (as of 7/1/12)	83	Personal Emergency Response Systems-Ongoing	1 Unit= 1 month	\$30.00	Up to \$30	month	10/1/2005
no (as of 7/1/12)	89	Group Directed Attendant Care (<i>approved providers only</i>)	1 Unit=1 day	\$161.00	\$161/day	day	7/1/2011
no	97	ARIS ISO Employer Support Services #047W070	1 Unit=1 month	\$50.00	Up to \$50/month	month	2/1/2013
no (as of 7/1/12)	86	Personal Care Daily Rate (<i>approved providers only</i>)	1 Unit=1 day	Varies by provider	Provider Rate by individual	day	10/1/2006
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	71	Flexible Choices Services	As billed	Pay as billed	pay as billed up to individual maximum allowance	n/a	7/1/2007
no (as of 7/1/12)	79	Flexible Choices Consultant Pre-admission Service	1 Unit=15 Min.	\$16.52	\$66.08	hour	7/1/2009

*Standard maximum = 48 hours per calendar year

**Max for all Respite and Companion = 720 hours per calendar year.

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 (as of 7/1/12)	70	*ERC Case Management by HHA or AAA	1 Unit=15 Min.	\$16.86	\$67.44	15 min	7/1/2007
no (as of 7/1/12)	92	ERC-tier 1**	1 Unit=1 Day	\$48.76 RCH	\$48.76 RCH/day	rch day	7/1/2007
				\$53.95 ALR	\$53.95 ALR /day	alr day	
no (as of 7/1/12)	93	ERC-tier 2**	1 Unit=1 Day	\$55.51 RCH	\$55.51 RCH/day	rch day	7/1/2007
				\$60.69 ALR	\$60.69 ALR/day	alr day	
no (as of 7/1/12)	94	ERC-tier 3**	1 Unit=1 Day	\$62.25 RCH	\$62.25 RCH/day	rch day	7/1/2007
				\$67.44 ALR	\$67.44 ALR/day	alr day	
no (as of 7/1/12)	90	ERC Special Rate (rate set for individual by prior approval)	1 Unit=1 Day	Varies by provider	Provider Rate by individual	rch day alr day	7/1/2007

RCH = Residential Care Home, ALR= Assisted Living Residence

*Standard maximum = 48 hours per calendar year

**Reimbursement tiers for individuals must be determined by DAIL, based on the ERC Provider's assessment.

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	87	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 (as of 7/1/12)	70	Case Management (max of 12 hrs per calendar year)	1 Unit=15 Min.	\$16.86	\$67.44/hour	hour	7/1/2007
no (as of 7/1/12)	95	Homemaker (Max of 6 hours per week)	1 Unit=15 Min	\$4.83	\$19.32/hour	hour	7/1/2011
no (as of 7/1/12)	96	*Adult Day (Max of 50 hours per week)	Unit=15 Min.	\$3.75	\$15.00/hour	hour	7/1/2008

*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 Revenue Code	CFC PACE	Unit	Max Amount Per Unit	Monthly Rate	unit	Effective Date
no	n/a	PACE- dual eligibles	1 month	\$4,214.00	\$4,214.00	month	11/1/2008
no	n/a	PACE- Medicaid only	1 month	\$4,996.00	\$4,996.00	month	11/1/2008

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	\$2.63	\$10.52	hour	1/6/2013
no	s5199	Medicaid after 6 Months	1 Unit=15 Min	\$2.77	\$11.08	hour	1/6/2013
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
		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	\$25.37	\$81.20	hour	?
no	90862	Medication Mgmt & Consultation Svcs, Chemotherapy	1 unit=1 Session	\$32.45	\$32.45	session	7/1/2008
no	H2011	Crisis Intervention Services	1 unit=15 Min	\$18.00	\$72.00	hour	7/1/2008

no	H2019	Therapeutic Behavioral Services	1 unit=15 Min	\$17.55	\$70.20	hour	7/1/2008
no	H2032	Group Therapy	1 unit=15 Min	\$8.15	\$32.60	hour	7/1/2008
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	\$12.17	\$48.68	hour	7/1/2008
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	\$75.00	\$75.00	day	7/1/2008
no	T2038 HI	Mental Health Funded	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
		Respite					
no	S9125 U8	Rehab/Long Term	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
no	S9125 HI	Mental Health Funded	1 Unit=1 Day	\$75.00	\$75.00	day	7/1/2008
		Case Management					
no	T1016 U8	Rehab/Long Term	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
no	T1016 HI	Mental Health Funded	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
		Rehabilitation					
no	T2017 U8	Rehab/Long Term	1 Unit=15 Min.	\$5.13	\$20.52/Hour	hour	1/1/2010
no	T2017 HI	Mental Health Funded	1 Unit=15 Min.	\$5.13	\$20.52/Hour	hour	1/1/2010
		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	\$500.00	\$500.00/Day	day	
no	T2034 HI	Mental Health Funded	1 Unit=1 Day	\$500.00	\$500.00/Day	day	
		Psychology and Counseling Supports					
no	H0036 U8	Rehab/Long Term	1 Unit=15 Min.	\$16.25	\$65.00/Hour	hour	1/1/2010
no	H0036 HI	Mental Health Funded	1 Unit=15 Min.	\$16.25	\$65.00/Hour	hour	1/1/2010
		Employment Supports					
no	T2019 U8	Rehab/Long Term	1 Unit=15 Min.	\$5.13	\$20.52/Hour	hour	1/1/2010
no	T2019 HI	Mental Health Funded	1 Unit=15 Min.	\$5.13	\$20.52/Hour	hour	1/1/2010
		TBI Personal Care Daily Rate					
no	T1020 U8	Rehab/Long Term	1 Unit=1 Day	\$295.00	individual rates	day	1/1/2010
no	T1020 UD	Mental Health Funded	1 Unit=1 Day	\$295.00	individual rates	day	1/1/2010
		Pre-Admission Planning					
no	T2024 U8	Rehab/Long Term	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	
no	T2024 HI	Mental Health Funded	1 Unit=15 Min	\$12.17	\$48.68/Hour	hour	

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	\$3.75	\$15.00	hour	7/1/2013

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

SFY2014: CFC Moderate Needs Group- Homemaker Funding Allocations

CFC Provider Number	Provider	Also known as (AKA)	sfy2014 MNG payment cap	effective date 7/1/13
047W005	Addison County Home Health and Hospice		\$149,937	7/1/2012-6/30/2013
047W266	Bayada Nurses	Professional Nurses Services	\$23,818	7/1/2012-6/30/2013
047W016	Central VT Home Health and Hospice		\$239,368	7/1/2012-6/30/2013
047W001	Franklin County Home Health Agency		\$157,168	7/1/2012-6/30/2013
047W019	Lamoille Home Health		\$101,002	7/1/2012-6/30/2013
047W257	Manchester Health Services		\$37,364	7/1/2012-6/30/2013
047W004	Northern Counties Health Care Inc.,	D/B/A Caledonia Home Health Care	\$162,472	7/1/2012-6/30/2013
047W023	Orleans-Essex VNA & Hospice, Inc.		\$209,236	7/1/2012-6/30/2013
047W012	Rutland Area Visiting Nurse Association and Hospice		\$320,363	7/1/2012-6/30/2013
047W011	VNA and Hospice of Southwestern Vermont Health Care	Bennington Home Health	\$127,036	7/1/2012-6/30/2013
047W017	VNA and Hospice of VT/NH		\$541,170	7/1/2012-6/30/2013
047W192	*VNA of Chittenden and Grand Isle Counties		\$341,623	7/1/2012-6/30/2013

Total: \$2,410,557

SFY2014: CFC Moderate Needs Group- Adult Day Funding Allocations				
CFC Provider Number	Provider	Also known as (AKA)	sfy2014 MNG payment cap	effective date 7/1/13
047W030	Bennington Project Independence		\$138,519	7/1/2012-6/30/2013
047W032	Brattleboro Area Adult Day Services	The Gathering Place	\$131,100	7/1/2012-6/30/2013
047W164	CarePartners	Club Respite, Inc.	\$126,819	7/1/2012-6/30/2013
047W031	Elderly Services, Inc.		\$266,656	7/1/2012-6/30/2013
047W081	Gifford Medical Center	Randolph Area Adult Day Services	\$19,753	7/1/2012-6/30/2013
047W063	Green Mountain Adult Day Services		\$10,372	7/1/2012-6/30/2013
047W272	Meeting Place		\$47,195	7/1/2012-6/30/2013
047W021	Out & About		\$152,076	7/1/2012-6/30/2013
047W028	Oxbow Senior Independence Program, Inc.	OSIP	\$24,798	7/1/2012-6/30/2013
047W022	Project Independence	Barre Project Independence	\$166,329	7/1/2012-6/30/2013
047W026	Riverside Life Enrichment Center		\$119,162	7/1/2012-6/30/2013
047W033	Rutland Community Programs, Inc.	Interage	\$38,193	7/1/2012-6/30/2013
047W069	Springfield Hospital	Springfield Area Adult Day Service	\$168,970	7/1/2012-6/30/2013
047W192	*VNA of Chittenden and Grand Isle Counties		\$237,698	7/1/2012-6/30/2013

Total: \$1,647,640

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

\$579,321

Caregiver Wages Established by DAIL, by Service

Service	hourly wage	Date
CFC Personal Care by Consumer-Directed Personnel	\$10.68	1/6/2013
CFC Personal Care by Surrogate-Directed Personnel	\$10.68	1/6/2013
CFC Respite Care or Companion by Consumer-Directed Personnel	\$9.12	1/6/2013
CFC Respite Care or Companion by Surrogate-Directed Personnel	\$9.12	1/6/2013
Attendant Services Program- Medicaid 1st 6 Months	\$9.30	1/6/2013
Attendant Services Program- Medicaid after 6 Months	\$9.80	1/6/2013
Attendant Services Program-General Fund 1st 6 Months	\$9.30	1/6/2013
Attendant Services Program-General Fund after 6 Months	\$9.80	1/6/2013
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	