REIMBURSEMENT

Reimbursement for Community Choices Waiver services vary based on the type of service being provided. The following services shall be a prospective flat rate for each approved unit of service provided to the recipient. One quarter hour (15 minutes) is the standard unit of service which covers both the service provision and administrative costs for the following:

- Personal assistance services (not including the "a.m. and p.m." service delivery model),
- In-home caregiver temporary support services when provided by a personal care services or home health agency,
- Caregiver temporary support services when provided by an adult day health care center,
- Adult day health care services,
- Housing transition or crisis intervention services, and
- Housing stabilization services.

The following services shall be reimbursed at the authorized rate or approved amount of the assessment, inspection, installation/fitting, maintenance, repairs, adaptation, device, equipment, or supply item and when the service has been prior authorized by the Plan of Care:

- Environmental accessibility adaptations.
- Assistive devices and medical supplies,
- Home delivered meals (not to exceed the maximum limit set by the Office for Aging and Adult Services (OAAS),
- Transition expenses up to a lifetime maximum of $1500, and
- The assessment performed by the monitored in-home caregiving provider.

The following services shall be reimbursed at a per diem rate:

- Caregiver temporary support services when rendered by the following providers:
    - Assisted living providers,

  - Nursing facility providers, or
  - Respite center providers,

- Monitored in-home caregiving services (excludes payment for room and board).

The following services shall be reimbursed at an established monthly rate:

- Support coordination,

- Transition intensive support coordination, and

- Monthly monitoring/maintenance for certain assistive devices/technology and medical supplies procedures.

Non-medical transportation is reimbursed per one-way trip at a fee established by OAAS.

Certain nursing and skilled maintenance therapy procedures as well as personal assistance services furnished via the "a.m. and p.m." delivery method will be reimbursed on a per-visit basis.

Certain environmental accessibility adaptations, nursing, and skilled maintenance therapy procedures will be reimbursed on a per-service basis.

Reimbursement shall not be made for Community Choices Waiver services provided prior to approval of the Plan of Care and release of prior authorization for the services.

Providers must utilize the Health Insurance Portability and Accountability Act compliant billing procedure code and modifier, when applicable. (Refer to Appendix C for information about procedure code, unit of service and current reimbursement rate)

The Community Choices Waiver is the payer of last resort in accordance with federal regulation 42 CFR-433.139. Failure by the provider to exhaust all third party payer sources may subject the enrolled agency to recoupment of funds previously paid by Medicaid. Third parties include, but are not limited to, private health insurance, casualty insurance, worker's compensation, estates, trusts, tort proceeds and Medicare.

The claim submission date cannot precede the date the service was rendered.

All claims for Community Choices Waiver services, except the Adult Day Health Care (ADHC) service, shall be filed by electronic claims submission 837P or on the CMS 1500 claim form. Claims for ADHC service shall be filed by electronic claims submission 837I or on the UB 04 claim form. (Refer to Appendix D for information about claims filing)

Span Date Billing

Specific services can/cannot be billed as span-dated. Each line on the claim form must represent billing for a single date of service for those services that cannot be span-dated. The following table identifies which services can/cannot be span-dated:

Services that CANNOT be Span-Dated	Services that CAN be Span-Dated
Environmental Accessibility Adaptation	Support Coordination
Caregiver Temporary Support	Personal Assistance Service (PAS)
Personal Emergency Response System, Installation	Personal Emergency Response System, Monthly Service
Telecare Installation	Telecare Monthly Service
Nursing	Monitored In-Home Caregiving Services
Skilled Maintenance Therapy	Home Delivered Meals
Housing Transition or Crisis Intervention Services	
Housing Stabilization Services	
Adult Day Health Care	

Details about when claims can be filed for individual Community Choices Waiver services can be found in Section 7.5 – Service Access and Authorization of this manual chapter.