

## PROVIDER BULLETIN

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### **ADULT DAY CARE WAIVER, AGED AND DISABLED WAIVER, AIDS WAIVER, INDEPENDENT LIVING WAIVER, MEDICALLY FRAGILE ADULT WAIVER AND PERSONAL CARE**

#### **CONTENTS**

- **RATE UPDATE FOR HOME AND COMMUNITY BASED SERVICES (HCBS)**

#### **MAXIMUM ALLOWABLE RATE INCREASE**

Effective for dates of services on or after July 1, 2016, the MO HealthNet fee-for-service maximum allowable rates for Personal Care and HCBS services listed below are increased by approximately 2%. This is the remainder of the 3% increase from the 2015 reimbursement rate approved for the state fiscal year beginning July 1, 2015, for which 1% was applied on January 1, 2016. The MO HealthNet Division will reimburse the lower of the provider's billed charge or the maximum allowable amount for the date of service billed. Providers may not bill MO HealthNet at a higher rate than they charge their private pay patients. Providers must bill MO HealthNet their usual and customary rate.

The affected procedure codes and amounts are as follows:

<b>PROCEDURE CODE</b>	<b>DESCRIPTION</b>	<b>Maximum Allowable through December 31, 2015</b>	<b>Maximum Allowable through June 30, 2016</b>	<b>Maximum Allowable July 1, 2016</b>
S5100HB	Adult Day Care--ADC Waiver (15-min unit)	\$2.26	\$2.28	\$2.33
S5100HC	Adult Day Care--ADW (15-min unit)	\$2.26	\$2.28	\$2.33
S5120	Chore (15-min unit)	\$4.47	\$4.51	\$4.60
S5125U5	Attendant Care--PD (15-min unit)	\$4.47	\$4.51	\$4.60
S5126U4	Attendant Care--AIDS (per day)	\$201.00	\$201.00	\$201.00
S5130	Homemaker (15-min unit)	\$4.47	\$4.51	\$4.60
S5150	Basic In-Home Respite (15-min)	\$3.98	\$4.02	\$4.10

	unit)			
S5150TF	Advanced Respite (15-min unit)	\$4.77	\$4.82	\$4.91
S515152	Basic Block Respite (9-12 hours)	\$81.07	\$81.88	\$83.50
S515152TF	Advanced Block Respite (6-8 hours)	\$106.66	\$107.73	\$109.86
S5151TF	Advanced Respite Daily (17-24 hours)	\$263.84	\$266.48	\$271.76
S5165U6	Environmental Accessibility Adaptions-IL Waiver	\$100.00	\$100.00	\$100.00
S5170	Home Delivered Meals (per meal)	\$5.74	\$5.80	\$5.91
T1000	Private Duty Nursing, HCY (15-min unit)	\$7.89	\$8.13	\$8.36
T1000SC	Private Duty Nursing--Exception (15-min unit)	\$7.44	\$7.66	\$7.89
T1000U4	Private Duty Nursing, AIDS (15-min unit)	\$7.44	\$7.66	\$7.89
T1000U5	Private Duty Nursing--PD (15-min unit)	\$7.44	\$7.66	\$7.89
T1001	Authorized Nurse Visit (per visit)	\$43.06	\$43.49	\$44.35
T1001EP	Authorized Nurse Visit - HCY (per visit)	\$43.06	\$43.49	\$44.35
T1001TDEP	RN evaluation visit for PC - HCY (per visit)	\$43.06	\$43.49	\$44.35
T1001U3	Authorized Nurse Visit--ALF/RCF (per visit)	\$32.75	\$33.08	\$33.73
T1005	Nurse Respite (15-min unit)	\$5.97	\$6.03	\$6.15
T1019	Personal Care (15-min unit)	\$4.47	\$4.51	\$4.60
T1019EP	Personal Care--HCY (15-min unit)	\$4.47	\$4.51	\$4.60
T1019TF	Advanced Personal Care (15-min unit)	\$5.53	\$5.59	\$5.70
T1019TFEP	Advanced Personal Care-HCY (15-min unit)	\$5.53	\$5.59	\$5.70
T1019U2	CDS Personal Care (15-min unit)	\$3.89	\$3.93	\$4.01
T1019U3	Personal Care--ALF/RCF (15-min unit)	\$4.32	\$4.36	\$4.45
T1019U3TF	Advanced Personal Care--ALF/RCF (15-min unit)	\$4.86	\$4.91	\$5.01
T1019U4	Personal Care--AIDS (15-min unit)	\$4.47	\$4.51	\$4.60
T2040U6	Financial Management Services-ILW (per month)	\$110.00	\$110.00	\$110.00
T1019U6	CDS Personal Care-ILW (15-min unit)	\$3.57	\$3.61	\$3.68
T1028TS	Medicaid Provider Reassessment	\$75.00	\$75.00	\$75.00

T2024U6	Case Management--IL Waiver	\$100.00	\$100.00	\$100.00
T2028U4	Specialized Medical Supplies-- AIDS Waiver	Prior Authorized		
T2028U5	Specialized Medical Supplies-- PD Waiver			
T2028U6	Specialized Medical Supplies--IL Waiver			
T2029U5	Specialized Medical Equipment- -PD Waiver			
T2029U6	Specialized Medical Equipment- -IL Waiver			

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**