



MEMORANDUM

TO: **NH Medicaid and Healthy Kids Gold (Title XIX) HCBC-ECI Providers, HCBC-ECI Case Managers, HCBC-ECI Nurses, Family Services Specialists**

FROM: **EDS and DHHS**

DATE: **August 2005**

SUBJECT: **Rate Changes for Certain HCBC-ECI Services**

Effective with dates of service on or after August 1, 2005, rates for certain services provided under the Home and Community Based Care Waiver for the Elderly and Chronically Ill (HCBC-ECI) have been modified based upon provisions in the 2006-2007 State Operating Budget. Please note that **services provided to people who are eligible for HCBC-ECI by providers enrolled as HCBC-ECI providers** are the **only services** affected by these changes.

The specific services impacted by this change are as follows:

SERVICE/PROCEDURE	PROCEDURE CODE	MODIFIERS	PREVIOUS RATE	NEW RATE
Skilled Nursing (home setting, 15 minutes)	G0154	HB & HC	\$18.95	\$19.82
Home Health Aide (15 minutes)	G0156	HB & HC, U1	\$5.25	\$5.49
In-home Day Care (15 minutes)	G0156	HB & HC, U2	\$3.15	\$3.29
Adult Day (per diem)	S5102	HB & HC, U2	\$45.00	\$47.07
Homemaker (15 minutes)	S5130	HB & HC	\$4.00	\$4.18
Home Delivered Meals (per meal)	S5170		\$6.25	\$6.54
Respite Care (up to 15 minutes)	T1005	HB & HC	\$1.50	\$1.57
Personal Care - Agency Directed (15 minutes)	T1019	HB & HC, U1	\$4.00	\$4.18
Personal Care - Consumer Directed (15 minutes)	T1019	HB & HC, U2	\$4.00	\$4.18
Non-emergency transport (per encounter)	T2003		\$10.00	\$10.46
Residential Care (Maximum allowed per month)**	T2033	HB & HC, U1	\$1500.00	\$1800.00

**The HCBC resident continues to be entitled to keep \$50 per month as a personal needs allowance. Please note that the personal needs allowance is anticipated to increase, effective November 1, 2005, to \$56.00 per month. The individual must pay the remainder of his or her monthly income to the residential care facility. The facility will then bill the difference between what the individual contributes to the cost of care and the \$1800 monthly maximum amount allowed, by the same method used to calculate the billable amount based on the \$1500 rate. Providers are reminded that they may only bill for the days on which the individual is residing at the facility.

EXAMPLE:

Mary Jones has a monthly income of \$1,550.00. The calculation would look like this:

\$1550.00 Total income per month

-50.00 The amount that Ms. Jones keeps as her personal needs allowance.

\$1500.00 This is the amount that Ms. Jones would pay to the residential care facility.

\$1800.00 The maximum reimbursement allowed for residential care facility services

-1500.00 Deduct the amount that will be paid by Ms. Jones

\$ 300.00 This is the monthly amount to be billed to, and paid by, the Medicaid Program

To calculate the daily rate for Ms. Jones, the facility would calculate:

\$300 x 12 months = \$3,600.00 (yearly amount)

\$3,600 ÷ 365 days = \$9.86 (per diem billing rate) This is the amount that may be billed for Ms. Jones' care, for each day that she is present at the facility.

Due to fluctuations in residents' incomes, it is necessary to individually calculate the amount to bill for each resident.

Rates for the following HCBC-ECI services remain unchanged: Supported Housing (congregate, alternative, and housing care management), Emergency Response, Case Management, and Assisted Living.

Questions regarding specific rate increases should be directed to Susan Lombard, BEAS Director of Operations, at 1-800-852-3345, ext. 3452, (in-state only) or (603)271-3452. Billing questions should be directed to the Communications Unit at 1-800-423-8303 (NH and VT only) or (603) 224-1747.