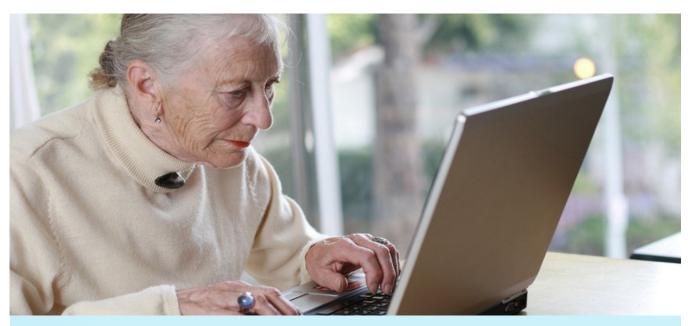
IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT201355 NOVEMBER 26, 2013



Reimbursement rate increases for HCBS waivers

The Family and Social Services Administration (FSSA) announces rate increases for certain Indiana Health Coverage Programs (IHCP) Home and Community Based Services (HCBS) waivers, effective January 1, 2014.

Community Integration and Habilitation Waiver and Family Supports Waiver

The increased rates for the Community Integration and Habilitation (CIH) Waiver and Family Supports Waiver (FSW) services are listed in Table 1.

Table 1 - CIH Waiver and FSW increased rates effective January 1, 2014

CIH 145	FSW 147	Procedure Code	Modifier 1	Modifier 2	Modifier 3	INsite Service Definition	Rate effective 1/1/14
Х		T2016	U7	U5		Residential Habilitation Services (35 hours or less/week)	\$23.70
Х		T2016	U7	U5		Residential Habilitation Services (more than 35 hours/week)	\$19.91
X	Х	T2020	U7	U5		Community Habilitation (Individual)	\$22.53
X	Х	T2020	U7	U5	UA	Facility Habilitation (Individual)	\$22.53
Х	Х	S5151	U7	U5		Respite Care Services	\$23.70

Aged & Disabled Waiver and Money Follows the Person - Aged and Disabled Grant

The increased rates for the Aged & Disabled (A&D) Waiver and Money Follows the Person - Aged and Disabled (MFP-AD) Grant services are listed in Table 2.

Table 2 - A&D Waiver and MFP-AD Grant increased rates effective January 1, 2014

A&D 127	MFP- AD 194 1M	Procedure Code	Modifier 1	Modifier 2	Modifier 3	INsite Service Definition	Rate effective 1/1/14
Х	Х	S5100	U7	U1		Adult Day Services 1/4 hour - Level 1	\$3.06
Х	Х	S5100	U7	U2		Adult Day Services 1/4 hour - Level 2	\$3.06
Х	Х	S5100	U7	U3		Adult Day Services 1/4 hour - Level 3	\$3.06
Х	Х	S5125	U7			Attendant Care	\$2.91
X	Х	S5125	U7	U1		Attendant Care	\$2.75
Х	Х	S5125	U7	UA		Attendant Care	\$4.79
Х	Х	S5130	U7			Homemaker	\$2.75
X	Х	S5130	U7	UA		Homemaker	\$3.78
Х	Х	S5141	U7	U1		Adult Family Care - Level 1 - Day	\$58.63
Х	Х	S5141	U7	U2		Adult Family Care - Level 2 - Day	\$69.29
Х	Х	S5141	U7	U3		Adult Family Care - Level 3 - Day	\$79.95
Х	Х	S5150	U7	UA	U9	Respite - Home Health Aide	\$5.12
Х	Х	S5170	U7			Home Delivered Meals	\$5.43
Х	Х	T1005	U7	UA	TD	Respite Nursing	\$9.93
Х	Х	T1005	U7	UA	TE	Respite Nursing	\$6.83
X	Х	T2003	U7			Transportation - Adult Day Services	\$18.19
Х	Х	T2031	U7	U1		Assisted Living - Level 1	\$67.88
X	Х	T2031	U7	U2		Assisted Living - Level 2	\$74.80
X	Х	T2031	U7	U3		Assisted Living - Level 3	\$82.55

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please download them from indianamedicaid.com. To receive email notices of future IHCP publications, subscribe to IHCP Email Notifications.

TO PRINT

A <u>printer-friendly version</u> of this publication, in black and white and without graphics, is available for your convenience.