

	<p><b>Home and Community Based Waiver Services for the Developmentally Disabled Provider Specific Policy</b></p> <p><b>Revision Table</b></p>
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Revision Date	Sections Revised	Description
7/1/02	All	Complete manual revision to reflect changes related to the MMIS and HIPAA compliance.
7/1/02	8.0	Local code YY604 was mapped to HCPCS code G9012 incorrectly in the manual as S9012. The code and definition were corrected.
7/1/02	8.0	Changed cross walked code for local code YY563 from G9011 to G9008 and added billing codes for Non-Waiver Day Health and Rehabilitation. These additions reflect the local codes YY852 and YY853 and the codes in which they were cross walked.
3/1/03	8.0 – 8.4	To be in compliance with HIPAA, DSS mapped many local codes to HCPCS procedure codes that did not accurately describe the services provided by E&D waiver providers. Section 10.0, Appendix C, is being updated to include CMS approved HCPCS codes that better describe original service. The update, effective 3/1/03, reflects the progression of codes, description and date of service each codes is to be used.
3/1/03	8.0	Change Code H2034 to H2024 and remove "9" from all definitions of S5145 (a total of 3 definitions)
6/28/04	5.1.4	Corrected address and phone number for Division of Developmental Disabilities Services.
09/01/04	Appendix B – 8.1 – 8.5	This revision updates Appendix B. The updates include changing "G" codes to "T" codes in Sections 8.0 and 8.1 and adding codes for 2 new services (home modifications and adult day health). The instructions in Sections 8.2 through 8.4 reflect the code changes. Also, Section 8.5 is being added with information regarding the use of TU modifier.
7/1/04	6.8	Added the description for new waiver service, Environmental Modifications, Adaptations and Equipment.
9/1/04	8.1	Procedure code G9009 has been added. Code G9007 was changed to H2024 or H2024 + Mod. U2 (when applicable). The modifier U2 is being removed from code H2024. Code G9011 was changed to code T2024 + Mod. U2 and is now changed to H2024 + Mod. U2.
8/24/04	7.0, 8.0, 8.1 and 8.3	Providers no longer us local codes. Therefore, references to local codes are removed from the manual. Code H2016 (Adult Day Health) is changed to H0043.

1/12/05	8.0, 8.1, 8.3	Procedure codes T2015 and H2012 have been added.
4/15/05	2.0, 3.1.1.2, 4.3.1, 5.1.2, 6.2.1, 6.3.2, 6.4.1-6.4.2.6, 6.9, 6.10	This revision updates several sections of the manual to 1) add a qualified provider, 2) add eligibility criteria, 3) replace the acronym DMAP with DDS where applicable, 4) redefine "Clinical Support services", 5) add the definition of "Adult Day Health services", 6) revise the definition of "Residential Habilitation" and 7) add "Transportation" as a waiver service.
9/18/08	Overview	Removed obsolete numbering.
4/19/10	All	Replaced references to Mentally Retarded with Developmentally Disabled.
4/16/12	Above the Overview	Updated policy to reflect, effective 04/01/2012 additional Medicaid populations now served through a Managed Care Organization (MCO).



**Table of Contents**

- 1.0 Overview**
- 2.0 Qualified Providers**
- 3.0 Program Eligibility**
  - 3.1 Criteria
- 4.0 Program/Contractual Responsibilities**
  - 4.1 HCBS/DD Provider Responsibilities
  - 4.2 DMAP Responsibilities
  - 4.3 Responsibilities of Both Parties
- 5.0 Reimbursement**
  - 5.1 General Information
- 6.0 Content/Description of Services**
  - 6.1 Case Management Services
  - 6.2 Clinical Support
  - 6.3 Day Habilitation
  - 6.4 Residential Habilitation
  - 6.5 Respite Care
  - 6.6 Supported Employment
  - 6.7 Pre-Vocational Training
  - 6.8 Environmental Modifications, Adaptations and Equipment
  - 6.9 Transportation
  - 6.10 Medicaid Coverage
- 7.0 Reserved**
- 8.0 Appendix B – HCPCS Procedure Codes**
  - 8.1 Billing Non-Waiver Day Health and Rehabilitation
  - 8.2 Billing DD Waiver Residential Habilitation
  - 8.3 Billing DD Waiver Supported Employment/Day Habilitation/Pre-Vocational Services
  - 8.4 Billing DD Waiver Respite/DD Waiver Residential Habilitation
  - 8.5 Modifier TU (Special Payment Rate)

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## **Home And Community Based Waiver for the Developmentally Disabled Provider Specific Policy**

Health care services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). However, Home and Community-Based Services (HCBS), Developmentally Disabled (DD) waiver clients are exempt from managed care coverage. Services provided to clients eligible for the DD waiver will be reimbursed on a “fee-for-service” basis.

### **1.0 Overview**

The waiver to provide home and community based services to developmentally disabled adults was developed by the Divisions of Developmental Disabilities Services (DDDS) and Division of Social Services (DSS) in 1982 and received approval from the Center for Medicare and Medicaid Services (CMS) and became effective on July 1, 1983. The waiver includes support services necessary to maintain individuals in the community as an alternative to institutionalization. The cost of the Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS/DD) shall not exceed the cost of care of the Intermediate Care Facility for the Developmentally Disabled (ICF/DD).

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## **2.0 Qualified Providers**

DDDS is the agency that has primary responsibility for administering the HCBS/DD waiver as well as providing, or contracting for the provision of, most of the services. Providers of Prevocational Training, Supported Employment and Residential Habilitation services are certified by DDDS and contract directly with the Delaware Medical Assistance Program.

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## **3.0 Program Eligibility**

### **3.1 Criteria**

- 3.1.1 An individual must meet the following criteria before being approved for the Waiver program:
  - 3.1.1.1 Must require an intermediate level of care as provided in an IC/DD nursing facility and as defined by the DMAP.
  - 3.1.1.2 Must be eligible for DDDS services as defined in the DHSS/DDDS Eligibility Policy and the Individual Eligibility for Home and Community Based Services Policy.
  - 3.1.1.3 Have resources less than the limit established by Delaware Health and Social Services for individuals receiving Supplemental Security Income (SSI) benefits pursuant to State statute.
  - 3.1.1.4 Have a Waiver Service Plan of Care that does not exceed the cost of institutional care.
  - 3.1.1.5 Be able to be maintained safely in the community with the provision of Waiver services.
  - 3.1.1.6 Meet one of the following eligibility criteria:
    - 3.1.1.6.1 Be a client of Federal SSI for the aged, blind or disabled.
    - 3.1.1.6.2 Be eligible for Medicaid under 42 CFR 435 with the income limit established for institutional eligibility in accordance with the Medicaid State Plan and 42 CFR 435.

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## **4.0 Program/Contractual Responsibilities**

### **4.1 HCBS/DD Provider Responsibilities**

- 4.1.1 It is DDDS's responsibility to notify the DMAP of rate changes and new procedure codes.
- 4.1.2 The HCBS/DD providers acknowledge, and are bound to and responsible for all terms and conditions of the signed contract with the DMAP and the policies and procedures addressed in this provider specific manual.
- 4.1.3 The HCBS/DD provider agrees to be responsible for full, current, and detailed knowledge of published federal and state laws, regulations, and guidelines pertinent to discharging HCBS/DD duties and responsibilities and to request any necessary interpretation of specific provisions.
- 4.1.4 The HCBS/DD provider agrees that services will be rendered by employees of the HCBS/DD provider. Personnel policies, employee benefits, travel, purchasing policies, and other similar administrative procedures applicable to the services rendered must be those of the HCBS/DD provider. The DMAP will not have control or supervision of the details of tasks to be performed, but will have authority to exercise general direction.
- 4.1.5 The HCBS provider certifies that the federal funds used do not replace or supplant, in any way, State or local funds for already existing services. The HCBS provider guarantees that any costs incurred will not be allocated to or included as a cost of any other federally financed program in either the current, a prior, or a subsequent period. The HCBS provider further certifies that the services to be provided are not already available without cost to persons eligible for social services under the Public Assistance Titles of the Social Security Act.
- 4.1.6 The HCBS/DD provider agrees to obtain all supplies and materials used to provide services at the lowest practicable cost and to contain total costs by competitive bidding.
- 4.1.7 The HCBS/DD provider agrees to establish a system through which clients may present grievances about the operation of the service program. The HCBS/DD provider also agrees to advise clients of this right and will advise applicants and clients of their right to appeal denial or exclusion from the HCBS/DD program or failure to recognize a client's choice of a service and of their rights to a fair hearing procedures.
- 4.1.8 If the contract for HCBS/DD services is terminated for any reason, the DMAP will retain, without cost, ownership of all case records maintained by the HCBS/DD provider, in the execution of its duties. Upon written request from the DMAP, the

HCBS/DD provider agrees to provide copies of all case records within fifteen (15) days of receipt of the termination notice.

- 4.1.9 DDDS is responsible for providing backup documentation for the annual CMS-372 report. They are also responsible for maintaining detailed records on each eligible client for review by DMAP nursing teams as well as by CMS.

## **4.2 DMAP Responsibilities**

- 4.2.1 The DMAP agrees to furnish the HCBS/DD provider with administrative and program guidance.
- 4.2.2 The DMAP agrees to identify a Program Manager who will be the primary program liaison. In addition, the DMAP may appoint a liaison for fiscal matters.
- 4.2.3 If an applicant or client requests a fair hearing, the DMAP agrees to make arrangements to provide such a hearing through its normal fair hearing procedures.

## **4.3 Responsibilities of Both Parties**

- 4.3.1 Formal communication concerning the Contract, program activities, treatment methods, reports, etc., will be made via written correspondence between the HCBS waiver provider and the DDDS.

## 5.0 Reimbursement

### 5.1 General Information

- 5.1.1 The DMAP reimburses HCBS/DD providers in accordance with the federally approved Home and Community-Based Waiver.
- 5.1.2 The HCBS provider will not be reimbursed for extra-contractual services unless specifically authorized in writing by the DDDS. If the HCBS/DD provider furnishes such services without prior written authorization from the DDDS, these services will be deemed to be gratuitous and not subject to any financial reimbursement except as provided for by separate agreements.
- 5.1.3 It is agreed that adjustments to the per diem and monthly rates will be negotiated on a yearly basis. There will be no adjustments to the rates during the year.
- 5.1.4 All HCBS/DD providers should contact DDDS at the following address for negotiated rates:

Division of Developmental Disabilities Services  
Woodbrook Professional Center  
1056 S. Governors Avenue  
Suite 102  
Dover, DE 19904  
Phone #: (302) 744-9610

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## **6.0 Content/Description of Services**

Services provided under the HCBS/DD waiver include:

### **6.1 Case Management Services**

- 6.1.1 Case management services include responsibility for locating, managing, coordinating and monitoring:
  - 6.1.1.1 All proposed waiver services.
  - 6.1.1.2 Other State Plan services.
  - 6.1.1.3 Needed medical, social, educational and other publicly-funded services (regardless of funding source).
  - 6.1.1.4 Informal community supports needed by eligible persons.
- 6.1.2 The intent of case management services is to enable waiver participants to receive a full range of appropriate services in a planned, coordinated, efficient and effective manner.
- 6.1.3 Case management services consist of the following activities:
  - 6.1.3.1 Arranging for the provision of services
  - 6.1.3.2 Initiation and oversight of the process of assessment and reassessment of program participant level of care and yearly review of plans of care
  - 6.1.3.3 Determination and monitoring the cost-effectiveness of the provision of home and community services
  - 6.1.3.4 Monitoring and review of waiver participant's services
  - 6.1.3.5 Service coordination
  - 6.1.3.6 Crisis intervention
  - 6.1.3.7 Case planning
  - 6.1.3.8 Assessment and referral

- 6.1.3.9 Follow-along to ensure quality of care and case reviews when focus on the individual's progress in meeting goals and objectives established through the care plan.
- 6.1.4 Case Management is administered by qualified professional staff who meet the minimum requirements for job specifications as set forth by the State of Delaware Personnel Commission and outlined in the Merit System Procedure Manual.

## **6.2 Clinical Support**

- 6.2.1 Clinical Support Services are defined as psychological/behavioral and/or nursing services and supports provided to consumers to maintain, remediate or enhance functioning. Clinical support services may include evaluation and assessment, clinical observations, clinical monitoring, data collection, data analysis, program services and treatment planning, staff training, direct treatment, monitoring staff intervention of services, treatments and supports, as well as writing progress notes and reports. Clinical support services are documented in the Essential Lifestyle Plan (ELP).
- 6.2.2 Clinical evaluation and consultation is administered by staff meeting the minimum requirements for job specifications as set forth by the State of Delaware Personnel Commission and outlined in the Merit System Procedure Manual.

## **6.3 Day Habilitation**

- 6.3.1 Day habilitations includes assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the client resides. Services shall normally be furnished four (4) or more hours per day on a regularly scheduled basis for one (1) or more days per week, unless provided as an adjunct to other day activities included in the client's plan of care. Day habilitation services shall focus on enabling the individual to attain his or her maximum functional level, and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.
- 6.3.2 Adult Day Health Services are services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.

## **6.4 Residential Habilitation**

- 6.4.1 Residential Habilitation (State definition) is defined as assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payments will not be made for the routine care and supervision which would be expected to be provided by a family, foster care or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

## **6.5 Respite Care**

- 6.5.1 Respite care are services given to individuals unable to care for themselves and provided on a short-term basis because of the absence or need for relief of those persons normally providing the care. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.

## **6.6 Supported Employment**

- 6.6.1 Supported employment services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive on-going support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment activities includes activities needed to sustain paid work by waiver clients, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by waiver clients as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.
- 6.6.2 Supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or Public Law (P.L.) 94-142. Documentation will be maintained in the file of each individual receiving this service that the service is NOT otherwise available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142

## **6.7 Pre-Vocational Training**

- 6.7.1 Pre-Vocational services are services aimed at preparing an individual for paid or unpaid employment, but which are NOT job task oriented and are NOT available under a program funded under Section 110 of the Rehabilitation Act of 1973 or

Sections 602(16) and (17) of the Education of the Handicapped Act. Pre-Vocational services include teaching such concepts as compliance, attending, task completion, problem solving and safety. They are provided to persons not expected to be able to join the general workforce or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Pre-Vocational services are available only to individuals who have previously been discharged from a Skilled Nursing Facility (SNF), Intermediate Nursing Care Facility (ICF), Nursing Facility (NF) or Intermediate Nursing Care Facility for the Developmentally Disabled (ICF/DD).

## **6.8 Environmental Modifications, Adaptations and Equipment**

6.8.1 An environmental adaptation or modification consists of equipment and/or physical adaptations to the client's home to enable the individual to have greater independence, functional access and use of living spaces within the residence and ensures the health and safety of the individual.

6.8.2 Necessary modifications and equipment are identified in each client's Essential Lifestyles Plan (ELP) and is to specifically benefit the recipient. Environmental modifications shall exclude those adaptations or improvements to the home that are not of direct and specific benefit to the client or which are of a general utility nature such as roof repair, plumbing, kitchen and laundry appliances, swimming pools, etc.

6.8.3 Environmental modifications and adaptations include but are not limited to:

- Installation of external and internal ramps, grab-bars, handrails, lever handles, fixtures;
- Widening of doorways/passageways for accessibility;
- Opening living space areas for maneuverability, transferring, equipment usage;
- Modification of bathroom facilities including modified toilet, shower/tub modifications, curbless showers;
- Bedroom modifications to accommodate hospital beds, equipment and/or wheelchairs;
- Modification of kitchen facilities including counters, fixtures, electrical outlets, light switches, thermostats, shelves, closets, sinks, counters and cabinets;
- Shatterproof windows;
- Lighting modifications;
- Floor covering modifications;
- Vertical platform lifts;
- Modifications to meet egress regulations;
- Environmental control devices and systems;
- Specially designed appliances;

- Alarm systems/alert systems including auditory, vibratory, and visual to ensure the health, safety, and welfare of the individual (includes, signaling devices for persons with hearing and vision loss);
- Stair mobility devices;
- Barrier-free lift/pulley/tracking/mobility devices;
- Stationary/built-in therapeutic table;
- Weather protective modifications for entrances/exits.

6.8.4 Environmental modifications, adaptations and equipment will only be provided as a waiver service when it is recommended through an appropriate therapist evaluation, prescribed by a physician, documented/authorized in the ELP, and payment is not available as a part of a Medicaid State Plan option.

6.8.5 Environmental modifications, adaptations and equipment may only be authorized as a waiver funded service when the modification, adaptation, or equipment is necessary to provide functional access of living spaces within the environment or necessary to ensure health and safety of the individual.

6.8.6 Environmental modifications, adaptations or equipment must be approved by the Case Manager and must meet the waiver program qualification standards and limitations.

## **6.9 Transportation**

6.9.1 Transportation (State definition) is a service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge will be utilized.

## **6.10 Medicaid Coverage**

6.10.1 Waiver clients are also eligible for all services normally covered by Medicaid.



**7.0**

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	<h2 style="color: #800000; margin: 0;">HCPCS Procedure Codes for DD Waiver</h2>
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### 8.0 Appendix B – HCPCS Procedure Codes

The following procedure codes are to be used for billing services under the Home and Community-Based Waiver for the Developmentally Disabled. To assure that the correct procedure code is used when billing the DMAP, the provider should check the heading at the top of each column.

Code/Description		Code/Description		Code/Description	
(To be used for dates of service 7/1/02 through 2/28/03)		(To be used for dates of service 3/1/03 through 8/31/04)		(To be used for dates of services on and after 9/1/04)	
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present. (Previously local code YY605-defined as Clinical support services, daily rate).	G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present
G9002	Coordinated care fee, maintenance rate (Previously local code YY581-defined as Residential habilitation-neighborhood group homes, daily rate).	G9002	Coordinated care fee, maintenance rate	T2025	Waiver services; not otherwise specified (NOS)

<b>Code/Description</b>  <b>(To be used for dates of service 7/1/02 through 2/28/03)</b>		<b>Code/Description</b>  <b>(To be used for dates of service 3/1/03 through 8/31/04)</b>		<b>Code/Description</b>  <b>(To be used for dates of services on and after 9/1/04)</b>	
	Previously local code YY587-defined as Residential habilitation for dually diagnosed, daily rate.	G9002	Coordinated care fee, maintenance rate	T2025+ Modifier U2	Waiver services; not otherwise, specified (NOS)
G9003	Coordinated care fee, risk adjusted high, initial. (Previously local code YY583-defined as Foster training homes, Level III, daily rate).	*S5140+ Modifier U4	Foster care, adult; per diem (use for clients age 21 and over)	**S5140+ Modifier U3	Foster care, adult; per diem (use for clients age 21 and over)
	Previously local code YY584-defined as Residential habilitation-foster training homes, Level IV, daily rate	*S5140+ Modifier U5	Foster care, adult; per diem (use for clients age 21 and over)	**S5140+ Modifier U4	Foster care, adult; per diem (use for clients age 21 and over)
	Previously local code YY583-defined as Foster training homes, Level III, daily rate	*S5145+ Modifier U4	Foster care, therapeutic, child; per diem (use for clients ages 20 years and under)	**S5145+ Modifier U3	Foster care, therapeutic, child; per diem (use for clients ages 20 years and under)
	Previously local code YY584-defined as Residential habilitation-foster training home, Level IV, daily rate	*S5145+ Modifier U5	Foster care, therapeutic, child; per diem (use for clients ages 20 years and under)	**S5145+ Modifier U4	Foster care, therapeutic, child; per diem (use for clients ages 20 years and under)
G9004	Coordinated care fee, risk adjusted low, initial. (Previously local code YY582-defined as Residential habilitation-foster training homes-Level II, daily rate)	S5140	Foster care, adult; per diem (use for clients age 21 and over)	**S5140+ Modifier U2	Foster care, adult; per diem (use for clients age 21 and over)

Code/Description  (To be used for dates of service 7/1/02 through 2/28/03)		Code/Description  (To be used for dates of service 3/1/03 through 8/31/04)		Code/Description  (To be used for dates of services on and after 9/1/04)	
	Coordinated care fee, risk adjusted low, initial. (Previously local code YY582 defined as Residential habilitation-foster training homes-Level II, daily rate)	S5145	Foster care, therapeutic, child; per diem (use for clients ages 20 years and under)	**S5145+ Modifier U2	Foster care, therapeutic, child; per diem (use for clients ages 20 years and under)
G9005	Coordinated care fee, risk adjusted maintenance (Previously local code YY578- defined as Post 21-supervised apartments, daily rate)	G9005	Coordinated care fee, risk adjusted maintenance	**G9005+ Modifier U1	Coordinated care fee, risk adjusted maintenance
	Previously local code 580- defined as Post 21-staffed apartments, daily rate	G9005	Coordinated care fee, risk adjusted maintenance	**T2016+ Modifier U1	Habilitation, residential, waiver; per diem
	Previously local code YY585- defined as Residential habilitation-Post 21 group home-Prader-Willi Syndrome, daily rate	G9005	Coordinated care fee, risk adjusted maintenance	*T2033+ Modifier U2	Residential care, not otherwise specified (NOS), waiver; per diem
	Coordinated care fee, risk adjusted maintenance (Previously local code YY586- defined as Residential habilitation-Post 21 group home-behavior, daily rate).	G9005	Coordinated care fee, risk adjusted maintenance	T2033	Residential care, not otherwise specified (NOS), waiver; per diem

Code/Description  (To be used for dates of service 7/1/02 through 2/28/03)		Code/Description  (To be used for dates of service 3/1/03 through 8/31/04)		Code/Description  (To be used for dates of services on and after 9/1/04)	
G9006	Coordinated care fee, home monitoring (Previously local code YY577-defined as Residential habilitation-supervised apartments, daily rate).	G9006	Coordinated care fee, home monitoring	**T2016+ Modifier U2	Habilitation, residential, waiver; per diem
	Previously local code YY579-defined as Residential habilitation, staffed apartments, daily rate	G9006	Coordinated care fee, home monitoring	T2016	Habilitation, residential, waiver; per diem
G9007	Coordinated care fee, schedule team conference (Previously local code YY560-defined as: Supported employment-Level I, daily rate).	G9007	Coordinated care fee, schedule team conference	**T2018+ Modifier U1	Habilitation, supported employment, waiver; per diem
G9008	Coordinated care fee, physician coordinated care oversight service (This code can be used by providers who provide TOTAL CARE) Previously local code YY563-defined as Post 21-Pre-vocational training, daily rate	G9008	Coordinated care fee, physician coordinated care oversight service (This code can be used by providers who provide TOTAL CARE)	T2014	Habilitation, prevocational, waiver; per diem

<b>Code/Description</b>  <b>(To be used for dates of service 7/1/02 through 2/28/03)</b>		<b>Code/Description</b>  <b>(To be used for dates of service 3/1/03 through 8/31/04)</b>		<b>Code/Description</b>  <b>(To be used for dates of services on and after 9/1/04)</b>	
G9009	Coordinated care fee, risk adjusted maintenance, Level 3 (Previously local code YY564-defined as Day habilitation services, daily rate)	G9009	Coordinated care fee, risk adjusted maintenance, Level 3	T2020	Day habilitation, waiver; per diem
	Previously local code YY566-defined as Day habilitation-Autism, daily rate	G9009	Coordinated care fee, risk adjusted maintenance, Level 3	T2020	Day habilitation, waiver; per diem
G9010	Coordinated care fee, risk adjustment maintenance, Level 4 (Previously local code YY565-defined as Supported employment-Post 21, daily rate).	H2024	Supported employment; per diem	T2018	Habilitation, supported employment, waiver, per diem.
G9011	Coordinated care fee, risk adjusted maintenance, Level 5 (Previously local code YY562-defined as Pre-vocational training, daily rate)	G9011	Coordinated care fee, risk adjusted maintenance, Level 5	T2014	Habilitation, prevocational, waiver; per diem
G9012	Coordinated care fee, risk adjusted maintenance, other specified care management (Previously local code YY604-defined as Case management, daily rate).	G9012	Coordinated care fee, risk adjusted maintenance, other specified care management	T2022	Case management, per month

Code/Description  (To be used for dates of service 7/1/02 through 2/28/03)		Code/Description  (To be used for dates of service 3/1/03 through 8/31/04)		Code/Description  (To be used for dates of services on and after 9/1/04)	
Does not apply	Does not apply	H0043	Supported housing, per diem	H0043	Supported housing, per diem
Does not apply	Does not apply	S5165	Home modification; per service (effective 7/1/04)	S5165	Home modification; per service
S9125	Respite care in the home, per diem. (Previously defined as Respite services, daily rate).	S9125	Respite care in the home, per diem. (Previously defined as Respite services, daily rate).	S9125	Respite care in the home, per diem. (Previously defined as Respite services, daily rate).
Does not apply	Does not apply	Does not apply	Does not apply	T2015	Habilitation, prevocational, waiver: per hour

**\*Modifier definitions (for dates of service 3/1/03 through 8/31/04):**

U4 – Foster training homes Level III                      U5 – Foster training homes Level IV

**\*\*Modifier definitions (for dates of services on and after 9/1/04):**

U1-Level I; U2-Level II; U3-Level III; U4-Level IV.

### 8.1 Billing Non-Waiver Day Health and Rehabilitation

These codes are used when billing for clients who are case managed by DDDS, but who are not currently enrolled in the HCBS/DD waiver.

Code/Description (To be used for dates of service 7/1/02 through 2/28/03)		Code/Description (To be used for dates of service 3/1/03 through 8/31/04)		Code/Description (To be used for dates of services on and after 9/1/04)	
G9007	Coordinated care fee, schedule team conference (Previously local code YY852-defined as Day health and rehabilitation for non-waiver DD and DD clients, daily rate).	G9007	Coordinated care fee, schedule team conference	H2024	Supported employment; per diem
G9008	Coordinated care fee, physician coordinated care oversight service (This code can be used by providers who provide TOTAL CARE) Previously local code YY852-defined as Day health and rehabilitation for non-waiver DD and DD clients, daily rate.	G9008	Coordinated care fee, physician coordinated care oversight service (This code can be used by providers who provide TOTAL CARE)	H2024+ Modifier U1	Supported employment, per diem (This code can be used by providers who provide TOTAL CARE)
Does not apply	Does not apply	G9009	Coordinated care fee, risk adjusted maintenance, Level 3 (Previously local code YY564 defined as Day Habilitation services, daily rate)-Effective 7/1/03	H2024+ Modifier U3	Supported employment; per diem
G9011	Coordinated care fee, risk adjusted maintenance, Level 5 (Previously local code YY853-defined as Day health and rehabilitation for non-waiver DD and DD clients, Level 2, daily	G9011	Coordinated care fee, risk adjusted maintenance, Level 5	H2024 +ModifierU2	Supported employment; per diem

	rate)				
Does not apply	Does not apply	H0043	Supported housing, per diem	H0043	Supported housing, per diem
Does not Apply	Does not apply	Does not apply	Does not apply	H2012	Behavioral health day treatment, per hour

**8.2 Billing DD Waiver Residential Habilitation**

The HCBS/DD waiver provider may only bill ONE DD waiver residential habilitation per day per client. The following codes are used to bill the DMAP for DD waiver residential habilitation services according to dates of service.

- 7/1/02 through 2/28//03: G9002-G9006
- 3/1/03 through 8/31/04: G9002, G9005-G9006, S5140 (with modifier U4/U5 as appropriate), and S5145 (with modifier U4/U5 as appropriate)
- 9/1/04 and after: G9005+U1, S5140 (with modifier U2,U3 or U4 as appropriate), S5145 (with modifier U2,U3 or U4 as appropriate), T2016, T2016+U2, T2025, T2025+U2, T2033 and T2033+U2.

**8.3 Billing DD Waiver Supported Employment/Day Habilitation/Pre-Vocational Services**

The HCBS/DD waiver provider may only bill ONE supported employment, day habilitation, pre-vocational or adult day health service per day per client. The following codes are used to bill the DMAP for DD waiver supported employment, day habilitation, or pre-vocational services according to dates of service.

- 7/1/02 through 2/28/03: G9007-G9011.
- 3/1/03 through 8/31/04: G9007-G9009, G9011, H2024 and H0043 (eff. 7/1/04) and H2024 (eff. 7/1/04).
- 9/1/04 and after: H0043, H2012, T2014, T2015, T2018, T2018+U1 and T2020.

#### **8.4 Billing DD Waiver Respite/DD Waiver Residential Habilitation**

The HCBS/DD waiver provider may bill for EITHER DD waiver respite (S9125) OR DD waiver residential habilitation, as defined under Billing DD Waiver Residential Habilitation section above, per day per client.

#### **8.5 Modifier TU (Special Payment Rate)**

Modifier TU is used by new sites when authorized by DDDS for start-up rates. Start-up rates are temporary, and recognize additional costs associated with opening new sites.