

**Notice of Instruction**  
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West Central Florida  
Area Agency on Aging, Inc.



*Assistance. Advocacy. Answers on Aging.*

**Notice of Instruction Number: 071610 – Revised Aged and Disabled Adult Waiver Services Coverage and Limitations Handbook– Ic**

**TO:** Lead Agencies - PSA 6

**FROM:** Lauren Cury, Medicaid Waiver Specialist

**DATE:** July 16, 2010

**SUBJECT:** Revisions to the Aged and Disabled Adult Medicaid Waiver Handbook

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The primary purpose of this Notice of Instruction is to provide notification of revisions to the Aged and Disabled Adult Waiver Services Coverage and Limitations Handbook and Aged and Disabled Adult Procedure Codes and Fee Schedule. The secondary purpose of this Notice of Instruction is to describe several important changes to the handbook. The handbook was revised in May 2009, and replaces the March 2004 version of the handbook. It has been updated to include the most current policy for the Aged and Disabled Adult Medicaid Waiver Program.

Effective immediately, the revised handbook is to be used by the Lead Agency when performing all duties and tasks related to the Aged and Disabled Adult Medicaid Waiver Program in order to obtain Medicaid reimbursement. Please note, however, that specific revisions to Sections 1-4 and 3-1 will not be effective immediately. Additional training and/or technical assistance will be provided by WCFAAA staff to the Lead Agencies pending receipt of guidelines from the Department of Elder Affairs. The new services described in Sections 1-4 and 3-1 should therefore not be provided, or billed to Medicaid, until further training and/or

technical assistance is provided by WCFAAA staff, and any necessary Referral Agreement changes are made.

The most notable revisions to the Aged and Disabled Adult Medicaid Waiver Services Coverage and Limitations Handbook are described below.

- Section 1-4: Describes the new Medicaid reimbursable service called Nursing Home Transition Case Management. This case management service is for Medicaid eligible individuals who reside in a nursing facility and wish to transition into a less restrictive environment within the community.
- Section 3-1: Describes the new Medicaid reimbursable service called Aging Out Case Management—Enhanced. This case management service is for specific individuals, referred by the Department of Health’s Children’s Medicaid Services (CMS), who reach 21 years of age and meet all eligibility requirements to receive services in their home under the Aged and Disabled Medicaid Waiver Program.
- Section 2-8: Describes the case management requirement to perform a review of the care plan in a face-to-face visit every three months and, if necessary, to update the recipient’s plan of care. This requirement should be implemented immediately, however, it will not be monitored by WCFAAA and DOEA staff until after January 1, 2011.
- The Aged and Disabled Adult Procedure Codes and Fee Schedule is now a separate document from the Aged and Disabled Adult Waiver Services Coverage and Limitations Handbook. In addition to rate changes for Home Delivered Meals and Occupational and Physical Therapy, the services and corresponding procedure codes and rates for Nursing Home Transition Case Management and Aging Out Case Management—Enhanced have been added

to the fee schedule. The Aged and Disabled Adult Procedure Codes and Fee Schedule is provided as an attachment to this Notice of Instruction.

Due to the large attachment size of the revised handbook, the handbook could not be attached to this notice. The handbook is available for download on the WCFAAA website, at [http://www.agingflorida.net/resources/mw/R\\_ada\\_prov\\_handbook.pdf](http://www.agingflorida.net/resources/mw/R_ada_prov_handbook.pdf), and also on the Medicaid Web Portal, at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). Please note that all changes made to the handbook are highlighted in yellow. A summary of the handbook changes is also provided as an attachment to this Notice of Instruction.

Should you have any questions about the information provided in this Notice of Instruction, please do not hesitate to contact your Medicaid Waiver Specialist.

Thank you for your assistance and cooperation.

Attachment- The Aged and Disabled Adult Procedure Codes and Fee Schedule

Attachment- Handbook Summary of Changes

## AGED AND DISABLED ADULT WAIVER PROCEDURE CODES AND FEE SCHEDULE

| Code         | Mod. 1*   | Mod. 2* | Service                                   | Maximum Reimbursement Per Unit             | Maximum Limit  |
|--------------|-----------|---------|---|--|--|
| S5135        | U2        |         | ADULT COMPANION SERVICES                  | \$5.25 per 15-minute unit                  | 32 units (8 hours) per day   |
| S5100        | U2        |         | ADULT DAY HEALTH CARE                     | \$2.50 per 15-minute unit                  | 40 units (10 hours) per day  |
| S5125        | U2        |         | ATTENDANT CARE SERVICES                   | \$10.00 per 15-minute unit                 | 40 units (10 hours) per day  |
| 97537        | U2        |         | CAREGIVER TRAINING/<br>SUPPORT—INDIVIDUAL | \$9.25 per 15-minute unit                  | 16 units (4 hours) per day with maximum monthly total of 80 units (20 hours) per month |
| S5110        | U2        |         | CAREGIVER TRAINING/<br>SUPPORT—GROUP      | \$2.00 per 15-minute unit                  | 16 units (4 hours) per day with maximum monthly total of 80 units (20 hours) per month |
| G9002        | U2        |         | CASE AIDE                                 | \$5.25 per 15-minute unit                  | 16 units (4 hours) per day   |
| G9002        | U2        | TS      | CASE MANAGEMENT                           | \$11.25 per 15-minute unit                 | 32 units (8 hours) per day   |
| <b>T2022</b> | <b>U2</b> |         | <b>CASE MANAGEMENT AGING OUT—ENHANCED</b> | <b>\$145.00 per month</b>                  | <b>Flat fee per client per month.</b>  |
| <b>T2024</b> | <b>U2</b> |         | <b>TRANSITION CASE MANAGEMENT</b>         | <b>\$11.25 per 15-minute unit</b>          | <b>80 units (20 hours) per six (6) month transition period (\$900 maximum)</b>         |
| S5120        | U2        |         | CHORE                                     | \$4.50 per 15-minute unit                  | 32 units (8 hours) per day   |
| S5120        | TS        | U2      | CHORE—ENHANCED                            | \$6.50 per 15-minute unit                  | 32 units (8 hours) per day   |
| S5199        | U2        |         | CONSUMABLE MEDICAL SUPPLIES               | \$500.00 in total purchases per month      | No limit on number of purchases up to dollar amount                                    |
| S5199        | TS        | U2      | CONSUMABLE MEDICAL SUPPLIES—ENHANCED      | \$5,000.00 in total purchases per month    | No limit on number of purchases up to dollar amount                                    |
| H0004        | U2        |         | COUNSELING                                | \$15.00 per 15-minute unit                 | 32 units (8 hours) per day with maximum monthly total of 80 units (20 hours) per month |
| S5160        | U2        |         | EMERGENCY ALERT RESPONSE INSTALLATION     | \$95.00 per installation                   | 3 installations per lifetime   |
| S5161        | U2        |         | EMERGENCY ALERT RESPONSE MAINTENANCE      | \$1.30 per day                             | 31 days per month  |
| T2001        | U2        |         | ESCORT                                    | \$5.25 per 15-minute unit                  | 32 units (8 hours) per day   |
| H2011        | U2        |         | FINANCIAL ASSESSMENT/<br>RISK REDUCTION   | \$8.75 per 15-minute unit                  | 16 units (4 hours) per day with maximum monthly total of 32 units (8 hours) per month  |
| H2011        | U2        | TS      | FINANCIAL MAINTENANCE/<br>RISK REDUCTION  | \$5.00 per 15-minute unit                  | 16 units (4 hours) per day with maximum monthly total of 64 units (16 hours) per month |
| <b>S5170</b> | <b>U2</b> |         | <b>HOME DELIVERED MEALS</b>               | <b>\$7.00 per Home Delivered Meal unit</b> | <b>2 meals per day</b>   |
| S5165        | U2        |         | HOME MODIFICATIONS                        | \$1,000.00 per job                         | 5 jobs per year  |

\*Modifiers are part of the procedure code and must be entered in the modifier fields when billing for the service.

| Code  | Mod. 1* | Mod. 2* | Service  | Reimbursement Per Unit        | Maximum Limit   |
|-------|---------|---------|--|-------------------------------|---|
| S5130 | U2      |         | HOMEMANAGER/<br>HOMEMAKER                        | \$4.50 per 15-minute unit     | 32 units (8 hours) per day  |
| 97802 | U2      |         | NUTRITIONAL RISK<br>REDUCTION                    | \$12.00 per 15-minute<br>unit | 16 units (4 hours) per day<br>with maximum monthly<br>total of 64 units (16 hours)<br>per month                             |
| 97530 | U2      |         | OCCUPATIONAL<br>THERAPY                          | \$16.69 per 15-minute<br>unit | 8 units (2 hours) per day   |
| T1019 | U2      |         | PERSONAL CARE                                    | \$5.00 per 15-minute unit     | 48 units (12 hours) per<br>day  |
| G9004 | U2      |         | PEST CONTROL–INITIAL<br>VISIT                    | \$65.00                       | 1 initial visit per client  |
| G9005 | U2      |         | PEST CONTROL–<br>MAINTENANCE                     | \$50.00 per month             | 1 service per month   |
| 99412 | U2      |         | PHYSICAL RISK<br>REDUCTION                       | \$6.25 per 15-minute unit     | 16 units (4 hours) per day<br>with maximum total of 64<br>units (40 hours) per year   |
| 97110 | U2      |         | PHYSICAL THERAPY                                 | \$16.69 per 15-minute<br>unit | 16 units (4 hours) per day  |
| T1028 | U2      |         | REHABILITATION<br>ENGINEERING<br>EVALUATION      | \$85.00 per evaluation        | Number of evaluations will<br>coincide with limits set for<br>the assistive technologies/<br>adaptive equipment<br>services |
| S5180 | U2      |         | RESPIRATORY THERAPY–<br>EVALUATION               | \$45.00 per evaluation        | 1 per day   |
| 99503 | U2      |         | RESPIRATORY THERAPY–<br>TREATMENT                | \$20.00 per 15-minute<br>unit | 1 per day   |
| S5150 | U2      |         | RESPIRE–IN-HOME                                  | \$4.50 per 15-minute unit     | 96 units per day (24<br>hours) with maximum 60<br>full days per year  |
| T1005 | U2      |         | RESPIRE–FACILITY-<br>BASED                       | \$2.50 per 15-minute unit     | 96 units per day (24<br>hours) with maximum 60<br>full days per year  |
| T1001 | U2      | HM      | SKILLED NURSING–RN,<br>LPN                       | \$25.00 per visit.            | 2 visits per day  |
| T1001 | U2      | HN      | SKILLED NURSING–BSN                              | \$35.00 per visit             | 2 visits per day  |
| E1399 | U2      |         | SPECIALIZED MEDICAL<br>EQUIPMENT AND<br>SUPPLIES | \$1,000.00 per purchase       | 1 purchase per month  |
| 92507 | U2      |         | SPEECH-LANGUAGE<br>PATHOLOGY THERAPY             | \$10.00 per 15-minute<br>unit | 16 units (4 hours) per day  |

\*Modifiers are part of the procedure code and must be entered in the modifier fields when billing for the service.

## *Changes in Aged/Disabled Adult Waiver Services Coverage and Limitations Handbook*

### General:

- Clarified language;
- revised forms to ensure SSN is removed;
- language stressing client choice especially in the right to see all assessments and plans of care;
- new references on where to find provider information on the new Medicaid fiscal agency's Web Portal;
- Changed Adult Services to Adult Protective Services;
- Reorganized how information is presented in Handbook i.e. keeping subjects together, etc.
- Adding in information on waiver funding and agency's spending authority (much based on the TBI/SCI lawsuit and their revised handbook);
- Revised some statute numbers that were incorrect;
- Added designation for Aging Resource Center or Aging & Disability Resource Centers

### **CHAPTER 1**

Added information on Aging Out, including a new Chapter in handbook

Added information for MWSs to develop policies and procedures for monitoring and auditing CM agencies and service providers including procedures for provider termination and referral of offenders to Medicaid Program Integrity (p. 1-4)

Added language on services which cannot be provided by family members under A/DA (p. 1-8)

Added language that allows nurse registries to provide Companion services and Attendant Care services (p. 1-8) and homemaker service (p. 1-12)

Added language to Consumable Medical Supply providers that they must now be enrolled as a Medicaid Durable Medical Equipment provider (p. 1-10) and HMEs must be accredited

Added language to Emergency Alert Response System providers that independent EARS vendors are exempted from licensure under Chapter 489 (burglar/fire alarms) and meeting definition in Section 489.505(26), F.S.

Added language under Respite Providers that homemaker or companion agencies that were registered under section 400.509(1), F.S., on January 1, 1999 and were authorized to provide personal services as a Florida Medicaid DD waiver provider may provide Respite Services. (p. 1-14)

Added language <sup>regarding</sup> on the form for the provider Enrollment Application - AHCA Form 2200-003 and where to go for this information on the new Medicaid fiscal agency Web Portal (p.1-15)

Added language that the effective date of Medicaid waiver provider enrollment is the date that AHCA/Medicaid fiscal agent receives the provider application (p. 1-15)

Added new HIPAA language to replace old version (p. 1-19)

## **CHAPTER 2**

New language regarding determination of Medicaid eligibility (p. 2-3)

New language added to "Who Can Receive Services" (p.2-3)

Level of Care Determination rewritten (p. 2-5)

New language on Freedom of Choice and Informed Choice and Applicant's Copy of Forms (p. 2-6)

New language on "Availability of Other Coverage Sources & Services" (p. 2-8)

New language was added to the section on "Case Management Requirements" i.e. Choice of Case Manager; Targeted Case Management; CM Responsibilities; Visit Requirements; Limitations; Case Records. (p. 2-9 through 2-13) NHT Case Management language added.

New language added to "Plan of Care Development" to clarify and strengthen (p. 2-16)

New language added to "Service Providers' Authorization for Services" to include language requested by Medicaid Program Integrity (p.2-17)

New language added to "Recipient's Approval and Signature" to include procedure if a recipient cannot sign name (2-18)

Clarified language for "Termination of Enrollment" (p. 2-21)

New procedure added for uncooperative/abusive recipients called "Agreement of Expectations." Agreement is made to correct behavior; signed by recipient; provider; case manager; CM supervisor. If agreement not abided by; recipient may be terminated from waiver with the usual timelines and fair hearing information. (p. 2-22)

New language added to the descriptions of the covered services to reflect Centers for Medicare & Medicaid Services own terminology/description for waiver services.

New and clarified language under Consumable Medical Supplies (p. 2-32) to ensure all other services accessed before waiver.

New language to Home Delivered Meals to reflect the Dietary Reference Intake criteria and adds that the recipient two choices may be a hot or cold meal (p.2-41)

Addition to the fair hearing information is that a copy of all written notices regarding the process must be placed in the recipient's case file. (p.2-66)

### ***Chapter 3***

New chapter regarding Aging Out processes.

### ***Chapter 4***

New language regarding the current Medicaid fiscal intermediary's provider website (p. 4-1)

New language regarding the Hierarchy of Reimbursement (p. 4-2)

New language regarding the need to use the CMS-1500 claim form. (p. 4-3)