



June 15, 2016

Changes to the Elderly Waiver program effective July 1, 2016

This bulletin outlines the following changes to the Elderly Waiver program that are effective July 1, 2016.

Customized Living Services and Adult Foster Care Monthly to Daily Rate and Billing Code Transition

The Minnesota Department of Human Services (DHS) Aging and Adult Services Division is changing the authorization and billing codes for some Elderly Waiver (EW) services in order to simplify authorization and billing procedures. This includes a change from monthly to daily authorization and billing codes. The changes outlined below are applicable to services provided to individuals enrolled in managed care organizations, including UCare.

These changes will apply to customized living services (CLS) and adult foster care provided on or after July 1, 2016 under the Elderly Waiver (EW) program.

The code changes are:

- Convert the CLS monthly code T2030 to daily code T2031
- Convert the CLS 24 hour monthly code T2030 TG to daily code T2031 TG
- Convert the Adult Foster Care (Family) monthly code S5141 to daily code S5140
- Convert the Adult Foster Care (Corporate) monthly code S5141 HQ to daily code S5140 U9

Lead agencies and Minnesota Health Care Programs (MHCP) enrolled providers who serve EW individuals must begin using the daily codes and calculated daily rates for dates of service effective July 1, 2016, and discontinue the monthly codes and rates effective June 30, 2016.

UCare case managers will begin including a daily rate rather than a monthly rate on authorizations for CL and Adult Foster care services. Providers will submit claims using the approved service authorization which will reflect one unit per day for the authorized time period(s) and the daily authorized rate.

For example:

- Your authorization is approved for 31 units for dates July 1, 2016 through July 31, 2016.

- You provided services for all 31 days.
- On the claim, you bill one line for dates of service July 1, 2016, to July 31, 2016, for 31 units.

Background Information

Currently, providers can experience difficulty when they are authorized to provide customized living or adult foster care services, and the recipient is absent from the facility in the middle of the month. Using a daily rate rather than a monthly rate will simplify both the authorization and billing procedures and improve overall authorization and billing integrity. Specifically, this change will:

- Increase transparency and eliminate the need to split service agreements into multiple lines for a month. The provider will simply bill for the actual dates of service provided.
- Decrease the risk of the provider's claims being recouped. If billed as a daily rate, UCare claims processing staff can see the exact dates of service and then determine if the dates of services overlap with inpatient hospital or nursing facility claims.
- Create consistency in the unit that authorizes services across waivers.

Increases to Elderly Waiver Budgets and Rates

The Department of Human Services increased the monthly case-mix budget caps for members who are receiving Elderly Waiver (EW) services as of July 1, 2016.

The following increases will be made:

- 0.2% rate increase for Consumer Directed Community Supports (CDCS), Consumer Support Grant (CSG), and Personal Care Assistance services (PCA).
- 21.3% increase to EW and Alternative Care (AC) Individual case-mix caps, EW Customized Living and 24-hour Customized Living service limits, and CDCS monthly case-mix limits in EW and AC.
- Mileage rate adjustment.

UCare has an established process to apply mid-year rate changes to existing authorizations. Case managers or providers do not need to take additional steps to adjust existing authorizations to reflect July 1st rate changes.

For more detailed information please reference the DHS Bulletin #[16-25-01](#).

Questions or inquiries regarding this change can be directed to the UCare Provider Assistance Center at 612-676-3300 or 1-888-531-1493 toll free.