




STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
Quality and Member Relations Improvement Section
P.O. Box 700190
Kapolei, Hawaii 96709-0190

August 22, 2017

MEMORANDUM

MEMO NO.
QI-1709

TO: QUEST Integration (QI) Health Plans

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: ASSISTED LIVING FACILITY RATES
HOME AND COMMUNITY BASED SERVICES
EFFECTIVE JANUARY 1, 2017

Please find the Medicaid Assisted Living Facility (ALF) reimbursement rates for all participating providers below.

OAHU AND NEIGHBOR ISLAND ASSISTED LIVING FACILITY (ALF) RATES

The rates are effective for service dates starting January 1, 2017.

QI Home and Community Base Services members residing in ALFs are not eligible to receive the Social Security Income (SSI) domiciliary rate.

Should you have any questions, please contact Ms. Madi Silverman at (808) 692-8166 or by email msilverman@dhs.hawaii.gov.

Attachment

Assisted Living Facility (ALF) Services Rates						
Effective Date: January 1, 2017						
Event Type	Place of Service	Procedure Code	Modifier	Type of HCBS Service	Unit	Rate
OC	13	T2031	U1	Assisted Living Facility, Level 1: Cost Share	Day	\$32.46
OC	13	T2031	U2	Assisted Living Facility, Level 2: Cost Share	Day	\$48.54
OC	13	T2031	TF	Assisted Living Facility, Level 1: No Cost Share	Day	\$46.01
OC	13	T2031	22	Assisted Living Facility, Level 2: No Cost Share	Day	\$62.09
Neighbor Island Rates						
OC	13	T2031	U1	Assisted Living Facility, Level 1: Cost Share	Day	\$37.46
OC	13	T2031	U2	Assisted Living Facility, Level 2: Cost Share	Day	\$53.54
OC	13	T2031	TF	Assisted Living Facility, Level 1: No Cost Share	Day	\$51.01
OC	13	T2031	22	Assisted Living Facility, Level 2: No Cost Share	Day	\$67.09
1. Rates are inclusive of all applicable taxes.						
2. Medicaid HCBS services are not billable during periods of member hospitalization, long-term institutionalization, or periods of suspension of HCBS						
3. Total CCFFH/ EARCH/ALF caregiver payment for all <u>Level 1 members</u> is the same regardless of whether the member receives SSI or not. (R&B + Medicaid service payment)						
4. Total CCFFH/ EARCH/ALF caregiver payment for all <u>Level 2 members</u> is the same regardless of whether the member receives SSI or not. (R&B + Medicaid service payment)						
5. Daily Rate Calculation: Based on 31 days						
6. Neighbor Island Rates: Additional \$5.00/per day						
7. Personal Needs Allowance: \$50/month for all CCFFH, EARCH and ALF residents						

2017 ALF ROOM and BOARD (R&B)

ALF QI Member with Cost Share: \$1105 R&B is based on 100% of 2017 FPL (\$1155-\$50=**\$1105**)

ALF QI Member with no Cost Share: \$685 R&B is based on 2017 SSI Independent Living rate (\$735-\$50=**\$685**)