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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

September 21, 2017

MEMORANDUM

MEMO NO.
QI-1718

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: COMMUNITY CARE FOSTER FAMILY HOME (CCFFH) AND
EXPANDED ADULT RESIDENTIAL CARE HOME (EARCH) RATES
HOME AND COMMUNITY BASED SERVICES
EFFECTIVE JANUARY 1, 2017

Please find the Medicaid Community Care Foster Family Home (CCFFH) and Expanded Adult Residential Care Home (EARCH) reimbursement rates for all participating providers below.

OAHU AND NEIGHBOR ISLAND CCFFH/EARCH RATES

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

The QUEST Integration (QI) Home and Community Base Services (HCBS) members residing in CCFFHs/EARCHs are eligible to receive the Social Security Income (SSI) domiciliary rate.

QI HCBS members who are Micronesian and certain other immigrant populations are not eligible for SSI. They fall into the rate code groupings for "cost share, spousal and non-eligible SSI" QI HCBS members.

There is a neighbor island rate differential for all CCFFH/EARCH procedure codes.

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

Attachments

Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH) Service Rates						
Effective Date: January 1, 2017						
Event Type	Place of Service	Procedure Code	Modifier	Type of HCBS Service	Unit	Rate
AF	14	S5140		Community Care Foster Family Home (CCFFH) Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$54.63
AF	14	S5140	TG	Community Care Foster Family Home (CCFFH) Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$70.71
AF	14	S5140	TF	Community Care Foster Family Home (CCFFH) Level 1: No Cost Share	Day	\$24.98
AF	14	S5140	22	Community Care Foster Family Home (CCFFH) Level 2: No Cost Share	Day	\$41.06
AR	14	T2033	U1	Expanded Adult Residential Care Home (EARCH) Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$54.63
AR	14	T2033	U2	Expanded Adult Residential Care Home (EARCH) Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$70.71
AR	14	T2033	TF	Expanded Adult Residential Care Home (EARCH) Level 1: No Cost Share	Day	\$24.98
AR	14	T2033	22	Expanded Adult Residential Care Home (EARCH) Level 2: No Cost Share	Day	\$41.06

Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH) Service Rates CONTINUED						
Effective Date: January 1, 2017						
Event Type	Place of Service	Procedure Code	Modifier	Type of HCBS Service	Unit	Rate
Neighbor Island Rates						
AF	14	S5140		Community Care Foster Family Home (CCFFH) Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$59.63
AF	14	S5140	TG	Community Care Foster Family Home (CCFFH) Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$75.71
AF	14	S5140	TF	Community Care Foster Family Home (CCFFH), Level 1: No Cost Share	Day	\$29.98
AF	14	S5140	22	Community Care Foster Family Home (CCFFH) Level 2: No Cost Share	Day	\$46.06
AR	14	T2033	U1	Expanded Adult Residential Care Home (EARCH) Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$59.63
AR	14	T2033	U2	Expanded Adult Residential Care Home (EARCH) Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$75.71
AR	14	T2033	TF	Expanded Adult Residential Care Home (EARCH) Level 1: No Cost Share	Day	\$29.98
AR	14	T2033	22	Expanded Adult Residential Care Home (EARCH) Level 2: No Cost Share/Spousal & non-eligible SSI	Day	\$46.06
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 Level 1 members 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 Level 2 members 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						