



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

April 14, 2021

MEMORANDUM

MEMO NO.
QI-2104A
(Addendum to QI-2104)

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: COMMUNITY CARE FOSTER FAMILY HOME (CCFFH) AND EXPANDED ADULT RESIDENTIAL CARE HOME (EARCH) RATES FOR HOME AND COMMUNITY BASED SERVICES (HCBS) EFFECTIVE JANUARY 1, 2021

This memorandum is an addendum to QI-2104 that was issued on March 1, 2021, to correct the Place of Service (POS) Code from POS 35 to POS 14 on the attached CCFFH/EARCH 2021 Service Rates grid. This correction reflects the current POS on claims for this provider type.

Please find the Medicaid CCFFH/EARCH reimbursement rates for all participating providers below.

The QI HCBS members residing in CCFFHs/EARCHs are eligible to receive the Social Security Income (SSI) domiciliary rate. QI HCBS members who are citizens of the Republic of the Marshall Islands, the Republic of Palau, the Federated States of Micronesia, and certain other immigrant populations who are not eligible for SSI will fall into the rate code grouping for "cost share, spousal and non-eligible SSI" QI HCBS members. Finally, there is a neighbor island rate differential for all CCFFH/EARCH procedure codes.

Should you have any questions, please contact Ms. Madi Silverman by email msilverman@dhs.hawaii.gov.

Attachment

**Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH)
Service Rates Effective Date: January 1, 2021**

Event Type	Place of Service	Procedure Code	Modifier	Type of HCBS Service	Unit	Rate
Oahu Rates						
AF	14	S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$56.50
AF	14	S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$72.58
AF	14	S5140	TF	CCFFH Level 1: No Cost Share	Day	\$24.98
AF	14	S5140	22	CCFFH Level 2: No Cost Share	Day	\$41.06
AR	14	T2033	U1	EARCH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$56.50
AR	14	T2033	U2	EARCH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$72.58
AR	14	T2033	TF	EARCH Level 1: No Cost Share	Day	\$24.98
AR	14	T2033	22	EARCH Level 2: No Cost Share	Day	\$41.06
Neighbor Island Rates						
AF	14	S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$61.50
AF	14	S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$77.58
AF	14	S5140	TF	CCFFH Level 1: No Cost Share	Day	\$29.98
AF	14	S5140	22	CCFFH Level 2: No Cost Share	Day	\$46.06
AR	14	T2033	U1	EARCH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$61.50
AR	14	T2033	U2	EARCH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$77.58
AR	14	T2033	TF	EARCH Level 1: No Cost Share	Day	\$29.98
AR	14	T2033	22	EARCH Level 2: No Cost Share	Day	\$46.06

Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH)

(continued)

Service Rates Effective Date: January 1, 2021

RATE INSTRUCTIONS:

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 HCBS suspensions. COVID-19 related billing exceptions can be found in QI-2037A.
3. Total CCFFH/EARCH 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 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. CCFFH/EARCH: Cost share service rates must be adjusted annually.
6. Assisted Living Facility (ALF) service rates: (both)
 - >Cost Share rate: Adjusted annually based on annual Federal Poverty Level (FPL) increase.
 - >Non-Cost Share rate: Adjusted annually based on SSI increase for Individual Living Independently.
7. Personal Needs Allowance (PNA): \$50/month for all CCFFH and EARCH residents

ABBREVIATIONS:

CCFFH:	Community Care Foster Family home
CG:	Caregiver
EARCH:	Expanded Adult Residential Care Home
FPL:	Federal Poverty Level
PNA:	\$50 Personal Needs Allowance
SSI:	Social Security Income