

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Med-QUEST Division
Health Care Services Branch
Quality and Member Relations Improvement Section
P. O. Box 700190
Kapolei, Hawaii 96709-0190

December 30, 2022

MEMORANDUM

MEMO NO.
QI-2229

TO: QUEST Integration Health Plans
Case Management Agencies
Community Care Foster Family Homes
Expanded Adult Residential Care Homes

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, 2023

Please find below the Medicaid 2023 CCFFH/EARCH provider reimbursement rates.

Quest Integration (QI) HCBS members residing in CCFFHs/EARCHs shall be reimbursed at the Social Security Income (SSI) domiciliary rate. These SSI members fall into the rate code grouping "No Cost Share". 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 shall be reimbursed at the "Cost Share, Spousal and non-eligible SSI" rate. 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 Home (CCFFH)/ Expanded Adult Residential Care Home(EARCH)						
Service Rates Effective Date: January 1, 2023						
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	\$61.92
AF	14	S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$79.55
AF	14	S5140	TF	CCFFH Level 1: No Cost Share	Day	\$26.54
AF	14	S5140	22	CCFFH Level 2: No Cost Share	Day	\$44.16
AR	14	T2033	U1	EARCH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$61.92
AR	14	T2033	U2	EARCH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$79.55
AR	14	T2033	TF	EARCH Level 1: No Cost Share	Day	\$26.54
AR	14	T2033	22	EARCH Level 2: No Cost Share	Day	\$44.16
Neighbor Island Rates						
AF	14	S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$66.92
AF	14	S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$84.55
AF	14	S5140	TF	CCFFH Level 1: No Cost Share	Day	\$31.54
AF	14	S5140	22	CCFFH Level 2: No Cost Share	Day	\$49.16
AR	14	T2033	U1	EARCH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$66.92
AR	14	T2033	U2	EARCH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$84.55
AR	14	T2033	TF	EARCH Level 1: No Cost Share	Day	\$31.54
AR	14	T2033	22	EARCH Level 2: No Cost Share	Day	\$49.16

Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH)	
Service Rates Effective Date: January 1, 2023	
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 <u>for all Level 1 members is the same</u> regardless of whether the member receives SSI or not. (R&B + Medicaid service payment)	
4. Total CCFFH/EARCH caregiver payment <u>for all Level 2 members is the same</u> 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	

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

Service Rates Effective Date: January 1, 2023

(continued)

RATE INSTRUCTIONS:

7. Personal Needs Allowance (PNA): \$50/month for all CCFFH and EARCH residents

8. R&B for Cost Share/Spousal and Non-eligible SSI Members: \$419/Month (\$469-\$50 (PNA))=\$419

9. R&B for SSI Members: \$1,515.90 /Month (\$1,565.90-\$50 (PNA) = \$1,515.90)

ABBREVIATIONS:

CCFFH:	Community Care Foster Family home
CG:	Caregiver
EARCH:	Expanded Adult Residential Care Home
FPL:	Federal Poverty Level
PNA:	Personal Needs Allowance
R&B:	Room & Board
SSI:	Social Security Income