Community Alternatives Program Fee Schedule for Children (CAP-C)

FEE SCHEDULE

Last Updatec July 15-2022

Procedure Code	Program	Program Description	Billing Unit	NON-COVID-19 Effective till 02/29/2020	COVID-19 Non-Outbreak Effective 03/01/2020 03/31/2020	COVID-19 Non-Outbreak Effective 04/01/2020 12/31/2020	COVID-19 Non-Outbreak Effective 01/01/2021 10/31/2021* 12/31/2021 (a)	PCS EVV 10% Effective 01/01/2021 10/31/2021* 12/31/2021 (a)	E1	PC CF RATE ffective /01/2021 /30/2021	PCS CF RATE Effective 12/01/2021 12/31/2021	RATES Effective 01/01/2022 02/28/2022		RATES Effective 03/01/2022 03/31/2022 12/31/9999 (b)		RATES Effective 04/01/2022 06/30/2022 12/31/9999 (b)		RATES Effective 07/01/2022 07/15/2022 12/31/9999 (b)		RATES Effective 07/16/2022 12/31/2022 12/31/9999 (b)	
E0700	CAP-CH	Safety Equipment, Devices or Accessory - Vehicular Vest & Adaptive Car Seats																			
H0045	CAP-CH	Respite Care Institutional	Per Diem	\$206.98	\$217.33	\$217.33	\$217.33		(a)			\$217.33	**	\$218.50	****	\$218.50	****	\$218.50	*****	\$218.50	*****
S5111	CAP-CH	Training/Education/Consultative Services																			
S5125	CAP-CH	In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51		\$4.96	*	\$6.70	\$5.21	\$5.96	** ***	\$5.46	****	\$5.96	****	\$5.96	*****	\$5.96	*****
S5125 CR	CAP-CH	In-Home Aide (CATASTROPHE / DISASTER RELATED)	15 Min		\$4.10	\$4.51	\$4.51		*	\$6.25	\$4.76	\$5.51	** ***	\$5.01	****	\$5.51	****	\$5.51	*****	\$5.51	*****
S5150	CAP-CH	Respite Care In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51		\$4.96	*	\$6.70	\$5.21	\$5.96	** ***	\$5.46	****	\$5.96	****	\$5.96	*****	\$5.96	*****
S5165	CAP-CH	Home Accessibility and Adaptation													-						4
S9122 TG	CAP-CH	Congregate CAP/C Pediatric Nurse Aide Services	15 Min	\$3.49	\$3.66	\$4.03		\$4.43	*	\$5.77	\$4.28	\$5.43	** ***	\$4.93	****	\$5.43	****	\$5.43	*****	\$5.43	*****
S9122 TF	CAP-CH	Congregate CAP/C Personal Care Services	15 Min	\$2.60	\$2.73	\$3.00		\$3.30	*	\$5.04	\$3.55	\$4.30	** ***	\$3.80	****	\$4.30	****	\$4.30	*****	\$4.30	*****
T1004	CAP-CH	Pediatric Personal Care Respite	15 Min	\$4.65	\$4.88	\$5.37		\$5.91	*	\$7.65	\$6.16	\$6.91	** ***	\$6.41	****	\$6.91	****	\$6.91	*****	\$6.91	*****
T1005	CAP-CH	Respite Care In-Home Nurse - RN or LPN level	15 Min	\$9.90	\$10.40	\$10.40	\$10.40		* \$	\$12.14	\$10.65	\$11.40	** ***	\$10.90	****	\$11.40	****	\$11.40	*****	\$11.40	*****
T1016	CAP-CH	Case Management CAP Lim / Fac 05	Month	\$377.00	\$395.85	\$395.85	\$395.85		(a)			\$395.85	**	\$377.00	-	\$377.00		\$377.00	*****	\$377.00	*****
T1019		Pediatric Personal Care	15 Min	\$4.65	\$4.88	\$5.37		\$5.91	*	\$7.65	\$6.16	\$6.91	** ***	\$6.41	****	\$6.91	****	\$6.91	*****	\$6.91	*****
T1019 CR		Pediatric Personal Care (CATASTROPHE / DISASTER RELATED)	15 Min		\$4.88	\$5.37	\$5.37		*	\$7.11	\$5.62	\$6.37	** ***	\$5.87	****	\$6.37	****	\$6.37	*****	\$6.37	*****
T2025	CAP-CH	Participant Goods and Services					· · · ·			·				- ·		- ·	****	- ·			
T2027	CAP-CH	Personal Care Assistance Services	15 Min	\$3.90	\$4.10	\$4.51		\$4.96	*	\$6.70	\$5.21	\$5.96	** ***	\$5.46	****	\$5.96	****	\$5.96	*****	\$5.96	*****
T2027 CR	CAP-CH	Personal Care Assistance Services (CATASTROPHE / DISA	15 Min	\$3.66	\$4.10	\$4.03	\$4.03		*	\$5.77	\$4.28	\$5.03	** ***	\$4.53	****	\$5.03	****	\$5.03	*****	\$5.03	*****
T2027 TF	CAP-CH	Personal Care Assistance Congregate Services	15 Min	\$2.60	\$2.73	\$4.03		\$4.43	*	\$6.17	\$4.68	\$5.43	** ***	\$4.93	****	\$5.43	****	\$5.43	*****	\$5.43	*****
T2027 TG	CAP-CH	Congregate CAP/C Pediatric Nurse Aide Services	15 Min	\$3.49	\$3.66	\$4.03	\$4.03		*	\$5.77	\$4.28	\$5.43	** ***	\$4.53	****	\$5.43	****	\$5.43	*****	\$5.43	*****
T2029	CAP-CH	Assistive Technology and Adaptive Tricycles																			1
T2038	CAP-CH	Community Transition																			1
T2039	CAP-CH	Vehicle Modifications																			4
T2040	CAP-CH	Financial Management Services	Month	\$93.00	\$97.65	\$97.65		\$107.42	(a)			\$107.42	**	\$102.30	(b)	\$102.30	(b)	\$102.30	(b)	\$102.30	(b)
T2041	CAP-CH	Care Advisor (Consumer-Direction) (Fac Code 5)	Month	\$377.00	\$396.00	\$395.85	\$395.85		(a)			\$395.85	**	\$377.00	(b)	\$377.00	(b)	\$377.00	(b)	\$377.00	(b)

Notes: Last Updated 07/15/2022

Billing procedures are in the Community Alternatives Program for Adults, 3K-1 Clinical Coverage Policy in Appendix B.

** NC Medicaid will continue the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043) through 02/28/2022.

*** NC Medicaid will continue the temporary COVID-19 rate increases for the month of January and February 2022 for certain services related to HCBS in accordance with Section 9817 of the American Rescue Plan.

*** The corrected two-month rate add-on across November and December 2021 provided an additional \$1.00 for January 2022 per 15-minute increment for CAP programs and will continue to apply through February 2022.

New Meals and Delivery rate has been increased to \$7.70 as of 01-01-2022. The Temp COVID-19 5% increased will not apply to this service.

**** For the month of March 2022, NC Medicaid will apply \$0.50 as the COVID-19 temporary add-on factor for certain services related to HCBS in accordance with Section 9817 of the American Rescue Plan.

***** Extension onf NC State of Emergency Temporary Flexibilitis from April 2022 through June 30, 2022. See NC Medicaid Bulletin #237 - #240.

The North Carolina Department of Health and Human Services (NCDHHS) collaborated with our contracted actuary, Mercer Government Human Services Consulting (Mercer), to perform an analysis to assess NCDHHS' available State Plan, 1915 (c) waivers and managed care contract services to determine which meet the definition of HCBS direct care worker within the Senate Bill and calculate equitable rate increases at the procedure code level to fully allocate the available funds (\$210 million). These rate increases, which are based on a uniform dollar amount per 15-minute unit, adjusted for amount of service delivered by a direct care worker in each service category, are intended to be permanent. The April - June 2022 rates reflect the legislative permanent HCBS DCW increase.

****** Rates are extended from 07/01/2022 through 07/15/2022. See Special Medicaid Bulletin COVID-19 #252.

******* Rates are extended from 07/16/2022 through 12/31/2022. See Special Medicaid Bulletin REVISED COVID-19 #252.

Please note: Colored coded text changes (if any) in bold - Additions (BLUE), End Dated (RED) for this period