

Community Alternatives Program For Consumer-Directed Services (CAP-CD) [formerly CAP Choice]

FEE SCHEDULE
Last Updated July 15-2022

P-Code	Program	Program Description	Billing Unit	NON-COVID-19 Effective 11/01/2019 03/09/2020	COVID-19 Non-Outbreak Effective 03/10/2020 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 12/31/2021 (a)	PCS CF RATE Effective 11/01/2021 11/30/2021	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	RATES Effective 04/01/2022 06/30/2022	RATES Effective 07/01/2022 07/15/2022	RATES Effective 07/16/2022 12/31/2022				
A0090	CAP-CD	Goods and Services (Non-medical Transportation Services)																	
H0045	CAP-CD	Respite Care - Institutional	Per Diem	\$206.98	\$217.33	\$217.33	\$217.33		(a)	\$217.33	**	\$218.50	*****	\$218.50	*****	\$218.50	*****	\$218.50	*****
H2010	CAP-CD	Goods and Services (Nutritional Services)																	
S5102	CAP-CD	Adult Day Health Services	Per Diem	\$38.53	\$40.46	\$40.46	\$40.46		(a)	\$40.46	**	\$41.99	*****	\$41.99	*****	\$41.99	*****	\$41.99	*****
S5111	CAP-CD	Training/Education and Consultative Services																	
S5125	CAP-CD	In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51	\$4.96	\$4.96	*	\$6.70	**	\$5.21	****	\$5.96	*****	\$5.96	*****	\$5.96	*****
S5125 CR	CAP-CD	In-Home Aide (CATASTROPHE / DISASTER RELATED)	15 Min		\$4.10	\$4.51	\$4.51		*	\$6.25	**	\$4.76	****	\$5.51	*****	\$5.51	*****	\$5.51	*****
S5125 UN	CAP-CD	In-Home Aide Congregate Services	15 Min	\$3.49	\$3.66	\$4.03	\$4.43	\$4.43	*	\$6.17	**	\$4.68	****	\$5.43	*****	\$5.43	*****	\$5.43	*****
S5135	CAP-CD	Personal Assistance Services	15 Min	\$3.90	\$4.10	\$4.51	\$4.96	\$4.96	*	\$6.70	**	\$5.21	****	\$5.96	*****	\$5.96	*****	\$5.96	*****
S5135 CR	CAP-CD	Personal Assistance Services (CATASTROPHE / DISASTER RELATED)	15 Min		\$4.10	\$4.51	\$4.51		*	\$6.25	**	\$4.76	****	\$5.51	*****	\$5.51	*****	\$5.51	*****
S5135 UN	CAP-CD	Personal Assistance Congregate Services	15 Min	\$3.49	\$3.66	\$4.03	\$4.43	\$4.43	*	\$6.17	**	\$4.68	****	\$5.43	*****	\$5.43	*****	\$5.43	*****
S5150	CAP-CD	Respite - In-Home Aide	15 Min	\$3.90	\$4.10	\$4.51	\$4.96	\$4.96	*	\$6.70	**	\$5.21	****	\$5.96	*****	\$5.96	*****	\$5.96	*****
S5161	CAP-CD	Personal Emergency Response System (PERS)	Month	\$29.70	\$31.19	\$31.19	\$31.19		(a)	\$31.19	**	\$29.70	(b)	\$29.70	(b)	\$29.70	(b)	\$29.70	(b)
S5165	CAP-CD	Equipment, modification and technology - home modification																	
S5170	CAP-CD	Meal Preparation and Delivery	Each	\$4.87	\$5.11	\$5.11	\$5.11		(a)	\$7.70	**	Meals \$7.70	(b)	\$7.70	(b)	\$7.70	(b)	\$7.70	(b)
T1020	CAP-CD	Goods and Services (Chore Service - Declutter/Garbage Disposal Services)																	
T2025	CAP-CD	Goods and Services (Participant and Individual-directed Goods and Services)																	
T2028	CAP-CD	Specialized Medical Supplies (medication dispensing boxes)	Each	\$10.89	\$11.43	\$11.43	\$11.43		(a)	\$11.43	**	\$10.89	(b)	\$10.89	(b)	\$10.89	(b)	\$10.89	(b)
T2029	CAP-CD	Equipment, modification and technology - assistive technology for home or vehicle																	
T2033	CAP-CD	Community Integration Services																	
T2038	CAP-CD	Community Transition Services																	
T2040	CAP-CD	Financial Management Services (CAPCD Only)	Month	\$93.00	\$97.65	\$97.65	\$107.42	\$107.42	(a)	\$107.42	**	\$102.30	(b)	\$102.30	(b)	\$102.30	(b)	\$102.30	(b)
T2041	CAP-CD	Care Advisement (Maximum Fac 05)	Month	\$377.07	\$395.85	\$395.85	\$395.85	\$395.85	(a)	\$395.85	**	\$377.07	(b)	\$377.07	(b)	\$377.07	(b)	\$377.07	(b)
T4535	CAP-CD	Specialized Medical Supplies (Disposable liner/shield for incontinence)	Each	\$0.34	\$0.36	\$0.36	\$0.36		(a)	\$0.36	**	\$0.34	(b)	\$0.34	(b)	\$0.34	(b)	\$0.34	(b)
T4539	CAP-CD	Specialized Medical Supplies (reusable incontinence undergarments)	Each	\$20.80	\$21.84	\$21.84	\$21.84		(a)	\$21.84	**	\$20.80	(b)	\$20.80	(b)	\$20.80	(b)	\$20.80	(b)
T5999	CAP-CD	Goods and Services (Pest Eradication Services)							(a)										
B4150 BO	CAP-CD	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$0.69	\$0.72	\$0.72	\$0.72		(a)	\$0.72	**	\$0.69	(b)	\$0.69	(b)	\$0.69	(b)	\$0.69	(b)
B4152 BO	CAP-CD	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber administered through an enteral feeding tube, 100 cal	100 CAL	\$0.57	\$0.60	\$0.60	\$0.60		(a)	\$0.60	**	\$0.57	(b)	\$0.57	(b)	\$0.57	(b)	\$0.57	(b)
B4153 BO	CAP-CD	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins, and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$1.97	\$2.07	\$2.07	\$2.07		(a)	\$2.07	**	\$1.97	(b)	\$1.97	(b)	\$1.97	(b)	\$1.97	(b)
B4154 BO	CAP-CD	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism includes altered composition proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feed	100 CAL	\$1.42	\$1.49	\$1.49	\$1.49		(a)	\$1.49	**	\$1.42	(b)	\$1.42	(b)	\$1.42	(b)	\$1.42	(b)
B4155 BO	CAP-CD	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (E.G. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	100 CAL	\$2.55	\$2.68	\$2.68	\$2.68		(a)	\$2.68	**	\$2.55	(b)	\$2.55	(b)	\$2.55	(b)	\$2.55	(b)
B4157 BO	CAP-CD	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$3.73	\$3.92	\$3.92	\$3.92		(a)	\$3.92	**	\$3.73	(b)	\$3.73	(b)	\$3.73	(b)	\$3.73	(b)
B4158 BO	CAP-CD	Enteral formula, for pediatric, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$0.64	\$0.67	\$0.67	\$0.67		(a)	\$0.67	**	\$0.64	(b)	\$0.64	(b)	\$0.64	(b)	\$0.64	(b)
B4159 BO	CAP-CD	Enteral formula, for pediatric, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins & minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$0.64	\$0.67	\$0.67	\$0.67		(a)	\$0.67	**	\$0.64	(b)	\$0.64	(b)	\$0.64	(b)	\$0.64	(b)
B4160 BO	CAP-CD	Enteral formula, for pediatric, nutritionally complete calorically dense (equal to or greater than 0.7 KCAL/ML) with intact nutrients, includes proteins, fats carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories - 1 unit	100 CAL	\$0.55	\$0.58	\$0.58	\$0.58		(a)	\$0.58	**	\$0.55	(b)	\$0.55	(b)	\$0.55	(b)	\$0.55	(b)
B4161 BO	CAP-CD	Enteral formula, for pediatric, hydrolyzed/amino acids & peptide chain proteins, includes fats, carbohydrates, vitamins & minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$1.86	\$1.95	\$1.95	\$1.95		(a)	\$1.95	**	\$1.86	(b)	\$1.86	(b)	\$1.86	(b)	\$1.86	(b)
B4162 BO	CAP-CD	Enteral formula, for pediatric, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	100 CAL	\$3.86	\$4.05	\$4.05	\$4.05		(a)	\$4.05	**	\$3.86	(b)	\$3.86	(b)	\$3.86	(b)	\$3.86	(b)

Notes:

* Last Updated 07/15/2022

Billing procedures are in the Community Alternatives Program, 3K Clinical Coverage Policy in Appendix B. Providers must bill their usual and customary charges.

** 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.

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 of NC State of Emergency Temporary Flexibilities 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. 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