

North Carolina Medicaid Special Bulletin



An Information Service of the
Division of Medical Assistance

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April 1, 2013

Attention:

**Group Homes licensed under 122C and
Special Care Units Licensed under 131D and 131E**

House Bill 5 Temporary Funding for Group Homes and Special Care Units

*Providers are responsible for informing their billing agency of information in this bulletin.
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The General Assembly of North Carolina approved House Bill 5 Session Law 2013-4 as an act requiring the Department of Health and Human Services to provide temporary, short-term financial assistance to (1) Group Homes serving residents determined not to be eligible for Medicaid-Covered Personal Care Services as a result of changes to eligibility criteria that became effective on January 1, 2013, and (2) Special Care Units Serving Residents who qualify for Medicaid-Covered Personal Care Services on or after January 1, 2013.

Temporary Funding for Group Homes

As described, “group home” means any facility that (i) is licensed under Chapter 122C of the General Statutes, (ii) meets the definition of a supervised living facility under 10A NCAC 27G .5601, and (iii) serves adults whose primary diagnosis is mental illness or a developmental disability but may also have other diagnoses.

The amount of the monthly payments authorized by this section shall not exceed six hundred ninety-four dollars (**\$694.00**) per month for each resident who becomes ineligible for Medicaid-covered PCS on or after January 1, 2013 due to Medicaid State Plan Changes in PCS eligibility criteria, for a period not to exceed three (3) months for each resident. At this expiration of this 3 month period, the monthly payment for each resident shall be reduced by twenty-five percent (25%) and shall not exceed five hundred twenty dollars and fifty cents (**\$520.50**) per month per resident.

The Department shall make monthly payments authorized by House Bill 5 to a group home on behalf of a resident only for the period commencing February 1, 2013 and ending June 30, 2013. If the group home is currently awaiting the pendency of an appeal by or on behalf of the resident under G. S. 108A-70.9A payments shall not be made to the group home. When the appeal process is completed, group homes may access financial assistance.

Temporary Funding for Special Care Units

The Department of Health and Human Services shall provide temporary, short-term financial assistance in the form of a supplemental monthly payment to a special care unit licensed under Chapter 131D or Chapter 131E of the General Statutes, on behalf of a resident who was eligible for PCS prior to January 1, 2013, and is determined to be eligible for PCS on or after January 1, 2013 based on the eligibility criteria. The Department will make supplemental monthly payments authorized by House Bill 5 not to exceed two hundred sixty eight dollars (**\$268.00**) per month per resident. Special Care Units shall use these supplemental monthly payments only for the continued provision of special care services for which the resident does not otherwise receive Medicaid Coverage.

The Department shall make supplemental monthly payments authorized by House Bill 5 to a special care unit on behalf of a resident only for a period commencing March 1, 2013, and ending June 30, 2013. The Department shall not make supplemental monthly payments to a

special care unit resident during the pendency of an appeal by or on behalf of the resident under G. S. 108A-70.9A

Procedure for Accessing House Bill 5 Temporary Funds

Group Home and Special Care Unit Providers will submit an excel spreadsheet to the Division of Medical Assistance (DMA) of eligible residents via secure email (zix-mail or other secure email) for review. The spreadsheet is posted on the Personal Care Services (PCS) webpage under “Important Links” titled **HB5 Payment Authorization**. Spreadsheets are to be emailed to PCS_Program_Questions@dhhs.nc.gov with the subject line HB5 Payment Authorization. Providers should include in the email their provider name and contact information. DMA will prior approve residents for access to the funds and submit the spreadsheet to Hewlett Packard (HP) for processing. HP will enter prior approval files into the system for billing. The Division of Medical Assistance will notify providers within 5 business days of the submission of spreadsheets to HP. Once the provider is notified by DMA; providers may place claims for reimbursement with HP.

Billing claims for Group Homes and Special Care Units are submitted utilizing the CMS 1500 electronic web tool. Group Homes will use the HCPCS code S 5126 (Attendant Care services; per diem) and one of the following modifiers:

- SE modifier for dates of services up to the 90th day or 06/30/2013 whichever is earlier or
- TS modifier for dates of service from 91st day to the 180th day or until 06/30/2013 whichever is earlier.

Special Care Units will use the HCPCS code S 5126 (Attendant Care services; per diem) and the following modifier:

- HC modifier to access \$268 monthly funds

Payments for House Bill 5 are made every check write and are calculated on a per diem basis. **The SE modifier is a daily rate of \$23.13, TS modifier is a daily rate of \$17.35, and HC modifier is a daily rate \$8.93.**

House Bill 5 Session Law 2013-4 is available in its entirety at
<http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H5v5.pdf>

To access HB5 Payment Authorization Spreadsheet please visit the PCS webpage at
<http://www.ncdhhs.gov/dma/pcs/pas.html>

For additional questions regarding House Bill 5 funding and claims processing please contact The Home and Community Care Section of DMA at 919-855-4340.