

June 23, 2006

MEDICAID BULLETIN

CLTC-ADHC 06-05

TO: Medicaid Providers of Adult Day Health Care

SUBJECT: I. CLTC: Reimbursement Changes for Adult Day Health Care
II. Changes in Scopes of Service for Adult Day Health Care and Adult Day Health Care Nursing Services

I. CLTC: Reimbursement Changes for Adult Day Health Care

We are aware that the cost to transport beneficiaries has increased for Adult Day Health Services providers because of the drastic increase in the fuel prices. Our analysis of transportation costs supports a rate adjustment to the Adult Day Health Care Services rate. Therefore, the South Carolina Department of Health and Human Services (SCDHHS) will increase the rate of reimbursement for Adult Day Health Care services beginning with dates of service **on or after July 1, 2006**. The current rate for Adult Day Health Care will be increased from \$40 per day to \$42 per day.

Claims for participants receiving Adult Day Health Care and Adult Day Health Care Nursing services in the Community Choices waiver will continue to be filed through the Care Call system. **Claims may not be filed outside of the Care Call system for these participants.** The following table lists the current procedure code utilized in the waivers that have Adult Day Health Care as a service and the new rate effective with dates of service on and after July 1, 2006:

Program	Procedure Code	Procedure Description	Reimbursement Effective July 1, 2006
Community Choices	LTC10	Adult Day Health Care	\$42.00/day
Mental Retardation/ Related Disabilities	X6987	Adult Day Health Care	\$42.00/day

II. Changes in Scopes of Service for Adult Day Health Care Nursing Services

CLTC will be sending amended contracts to all providers to sign. The most recent contract amendment for Adult Day Health Care and Adult Day Health Care Nursing services include:

1. The addition of Nebulizer treatments to Adult Day Health Care Nursing services when the nebulizer treatment requires medication. As with all nursing services, a physician's order is required for this service.
2. The unit of Service for Adult Day Health Care services will be a minimum of four (4) hours when the participant has a medical appointment requiring him or her to leave early or arrive late. The case manager must be notified within three (3) days when a participant arrived late or left early due to a medical appointment. Otherwise, the unit of service is a minimum of five (5) hours at the center.

If you have any questions concerning the above information, please contact your Program Manager at (803) 898-2590. Thank you for your continued participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr
Director

RMK/bwsk

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<http://www.scdhhs.gov/dhhsnew/QLEbulletins.asp>