

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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September 18, 2006

CLTC-PCI

06-08

## MEDICAID BULLETIN

**TO: Medicaid Providers of Personal Care I and Companion Services**

**SUBJECT: Community Long Term Care (CLTC) Reimbursement Changes for Personal Care I and Companion Services**

Effective with dates of service on or after September 1, 2006, the rate of reimbursement for Personal Care I and Companion services will increase by \$1.00 per hour.

Claims for participants in the Community Choices, Mechanical Ventilation, and HIV/AIDS waivers will continue to be filed through the Care Call system. **Claims may not be filed outside the Care Call system for these participants.** Claims for participants in the Mental Retardation/Related Disabilities waiver should be billed using either hard copy claim forms or the South Carolina Medicaid Web-Based Claims Submission Tool. The following table lists the current procedure code utilized in each waiver and the rate effective with dates of service on and after September 1, 2006:

<b>Program</b>	<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Reimbursement Rate</b>
<b>Community Choices</b>	S5130	Personal Care I	\$11.10 hour
<b>HIV/AIDS</b>	S5130	Personal Care I	\$11.10 hour
<b>Mechanical Ventilation</b>	S5130	Personal Care I	\$11.10 hour
<b>Mental Retardation/Related Disabilities</b>	S5130	Personal Care I	\$2.77 - 15 min
<b>Community Choices</b>	X0273	Companion	\$8.00 hour
<b>HIV/AIDS</b>	X0274	Companion	\$8.00/hour

The rate increase will be included in the contract amendment. 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/swsk

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