

Appendix B: MFP Services and Rate Table Revised 052715

| Transition Service Name | Procedure Code | Modifiers | MFP 3 Digit Service Code | Rate | Description (for full description, see MFP Policy & Procedures Manual Chapter 603) | Maximum Cost Per Service |
|--|----------------|-----------|--------------------------|--|--|--------------------------|
| Peer Community Support | T2038 | Q2, U1 | PES | Based on goals as set in the ITP/ISP. 1 unit = one quarter hour contact, billable in quarter-hour increments, at \$12.50 per unit; used during the MFP period of participation. Rate includes all costs associated with delivery of service. | This service provides for face-to-face visits before, during and after transition, from a qualified and where available, a certified peer supporter for the purpose of discussing transition experiences, problem solving and building connections to individuals and associations in the community. A case note is required to document each contact. *** | \$2,000 |
| Trial Visit- Personal Support Services (PCH/CRA) | T2038 | Q2, U2 | PSS | Based on goals as set in the ITP/ISP. 1 unit of personal support = the current rate provided by the appropriate wavier. 1 unit of residential services = 1 day at \$65 per day. In NOW/COMP, 1 unit of CLSS/CRA = 1 day at \$156, used during the MFP period of participation. | This service provides a brief period of personal support services or residential services during a trial visit to the community before transitioning. The purpose of this service is to give the participant an opportunity to manage and direct Personal Support Services (PSS) staff; interact with staff in the personal care home or community residential alternative and/or assist the owner/vendor to identify, develop and improve the PSS staff skills necessary to accommodate the needs of the participant. On a case-by-case basis, this service can be used post-discharge by a participant who's PSS services are arranged but delayed. *** | \$1,044 |
| Household Furnishing | T2038 | Q2, U3 | HHF | Based on goals as set in the ITP/ISP. This service is used during the MFP period of participation. | This service provides assistance to participants requiring basic household furnishings to help them transition back into the community. This service provides initial set-up assistance with a qualified residence. *** | \$1,500 |
| Household Goods and Supplies | T2038 | Q2, U4 | HGS | Based on goals as set in the ITP/ISP. This service is used during the MFP period of participation. \$200 of the amount authorized can be used for a one-time purchase of groceries. | This service provides assistance to participants requiring basic household goods (see Appendix P). This service is intended to help the participant with the initial set-up of their qualified residence. *** | \$750 |
| Moving Expenses | T2038 | Q2, U5 | MVE | Based on goals as set in the ITP/ISP. Service is to be used during the MFP period of participation. | This service may include rental of a moving van/truck or trailer and staff or the use of a moving or delivery service to move a participant's household goods and furniture to a qualified residence. Although this service is intended as a one-time set-up service to help establish a qualified residence, under certain circumstances it may be used throughout a participant's period of participation. *** | \$850 |
| Utility Deposits | T2038 | Q2, U6 | UTD | Based on goals as set in the ITP/ISP. Service is to be used during the MFP period of participation. | This service is used to assist participants with required utility deposits for a qualified residence. On a case-by-case basis, this service can be used to pay past-due utility bills in order to re-connect utilities to a qualified residence. *** | \$500 |
| Security Deposits | T2038 | Q2, U7 | SCD | Based on goals as set in the ITP/ISP. Service is used during the MFP period of participation. | This service is used to assist participants with housing application fees and required security deposits for a qualified residence. *** | \$1,000 |
| Transition Support | T2038 | Q2, U8 | TSS | Based on goals as set in the ITP/ISP. Limited to use during the participant's 365 days of MFP. | This service provides assistance to help participants with unique transition expenses (obtaining documentation, accessing paid roommate match services, etc.). This service provides funding for needs that are unique to each participant, but necessary for a successful transition. *** | \$600 |
| Transportation | T2038 | Q2, U9 | TRN | Based on goals as set in the ITP/ISP. 1 unit = a one-way trip. Service is designed to supplement existing public and private transportation with one-way or round trips. Service is used during the MFP period of participation and is limited to \$500 per participant. | This service assists participants with transportation needed to gain access to community services and resources (i.e. housing). This service is used when other forms of transportation are not otherwise available. This service does not replace the Medicaid non-emergency transportation (for medical appointments) or emergency ambulance services. *** | \$500 |
| Life Skills Coaching | T2038 | Q2, U10 | LSC | Based on goals as set in the ITP/ISP. 1 unit = one half- hour of contact training/coaching or group/individual training activities, billable at \$25 per half-hour. Service is used during the MFP period of participation. Rate includes all costs associated with the delivery of service. | This service provides for life skills coaching and independent living skills training. Participants must be assisted to: 1) complete an individualized training needs assessment (ITNA), 2) complete the necessary hours of customized training focused on skill development, lead by a qualified trainer/coach 3) participate in individual and group activities designed to reinforce skill development, and 4) evaluate the impact of the training. This service requires structured, instructor-lead, customized training/coaching based on the results of the ITNA. The trainer/coach documents training/coaching with a case note and reports the results of the evaluation. *** | \$1,500 |
| Not to Exceed Per Participant | | | | | | \$10,244 |

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|---|----------------|-----------|--------------------------|--|---|--------------------------|
| Skilled Out-of-Home Respite | T2038 | Q2, U11 | SOR | Based on goals as set in the ITP/ISP. 1 unit = \$134.17 per day. Limited to use during the MFP period of participation. | This service provides a brief period of support or relief for caregivers or family members caring for an elderly or disabled individual. This service is used during the participant's 365 days of MFP. The respite is done at a GA qualified nursing facility or community respite provider approved through a Georgia waiver program. On a case-by-case basis this service can be used by a participant who is waiting for environmental modifications to be completed to their qualified residence. *** | \$1,880 |
| Caregiver Outreach & Education | S5110 | Q2, U12 | COE | Based on goals as set in the ITP/ISP. 1 unit = one half-hour of contact caregiver training, billable at \$25 per half-hour, delivered by a qualified caregiver specialist, used during the MFP period of participation. Rate includes all costs associated with delivery of service. | This service provides outreach, information, referral and education to caregivers who support MFP participants. This service includes; 1) an assessment that identifies sources of a caregiver's stress, 2) consultation and education with a qualified, trained caregiver specialist to develop a Caregiver Support Plan with strategies to reduce caregiver stress and 3) assistance to identify and obtain local services and resources to meet the caregiver's needs. The qualified caregiver specialist documents activities with case notes. This service is not provided in order to educate paid caregivers. *** | \$1,000 |
| Home Care Ombudsman | T2038 | Q2, U13 | HCO | Based on goals as set in the ITP/ISP. 1 unit = one quarter-hour contact at \$37.50, billable in quarter-hour increments, used during the MFP period of participation. Rate includes all costs associated with delivery of service. | This service provides regular monthly contacts made by a qualified home care ombudsman who is not a state employee, for review of a transitioned participant's health, welfare and safety; provides advocacy for participants to respond to and resolve complaints related to MFP and waiver services and how these services are provided. Service is limited to participants who transition into a qualified residence (see Appendix A for details). Three face-to-face contacts are required, the first F2F contact must be completed within 30 days of discharge; additional monthly contracts (F2F or phone contacts) can be arranged as needed. A case note is required to document each contact. *** | \$1,800 |
| Equipment, Vision, Dental and Hearing Services | T2038 | Q2, U14 | EQS | Based on goals as set in the ITP/ISP. Service is used during the MFP period of participation. Except for items listed in PPM 603.17, DME covered by the participant's DME benefit and obtained using MFP funds must have either a GAMMIS claim denial or a Prior Authorization denial. | Service provides equipment, vision, dental, hearing aids and related services and certain types of assistive technology and services that are not otherwise covered by Medicaid or Medicare. Except for items listed in PPM 603.17, all DME obtained using MFP funds must have either a GAMMIS claim denial or a Prior Authorization denial. Items and services obtained must be justified in the ITP/ISP and be necessary to enable participants to interact more independently and/or reduce dependence on physical supports and enhance quality of life. Covers normal charges associated with one vision examination and one pair of basic prescription glasses. Covers normal charges for one dental exam, xrays, cleaning and/or minor restoration. Covers normal charges for hearing aids and related services. Two quotes are required for purchase of a single piece of equipment or a service costing \$1000 or more. *** | \$4,000 |
| Specialized Medical Supplies | T2038 | Q2, U15 | SMS | Based on goals as set in the ITP/ISP. Used during the MFP period of participation. Except for items listed in PPM 603.18, specialized medical supplies covered by the participant's DME benefit and obtained using MFP funds must have either a GAMMIS claim denial or a Prior Authorization denial. | Service includes various specialized medical supplies that enable MFP participants to maintain or improve independence, health, welfare and safety and reduce dependence on the physical support needed from others. The service includes incontinence items, diapers/adult briefs, special clothing, disposable liners/pads, food supplements, diabetic supplies and other supplies that are identified in the approved in the ITP/ISP and that are not otherwise covered by Medicaid or Medicare (see 603.18 for more information). Ancillary supplies necessary for the proper functioning of approved supplies are also included in this service. Two quotes are required for the single purchase of specialized medical supplies costing \$1000 or more. *** | \$1,000 |
| Vehicle Adaptations | T2038 | Q2, U16 | VAD | Based on goals as set in the ITP/ISP. Price of the lowest quote, used during the MFP period of participation. | This service enables individuals to interact more independently, enhancing their quality of life and reducing their dependence. Limited to participant's or the family's privately owned vehicle and includes such things as driving controls, mobility device carry racks, lifts, vehicle ramps, wheelchair tie-downs and occupant restraint systems, special seats and other interior modifications for access into and out of the vehicle as well as to improve safety while moving. Two quotes are required for adaptations costing \$1000 or more. *** | \$6,240 |
| Environmental Modification | T2038 | Q2, U17 | EMD | Based on goals as set in the ITP/ISP. Price of the lowest quote (with exceptions), used during the MFP period of participation. | This service provides assistance to participants requiring physical adaptations to a qualified residence, including qualified residences under the Housing Choice Voucher or Other Housing Subsidy program or a community home on a case-by-case basis. This service covers basic modifications needed by a participant to ensure health, welfare and safety and/or to improve independence in ADLs. Two scope/bids are required. Total scope/bids of \$2,500 or more, require building permits. The MFP Home Inspection Service must be completed prior to beginning the environmental modifications and after modifications are completed to ensure participant health, welfare and safety and quality work. *** | \$8,000 |
| Home Inspection | T2039 | Q2, U18 | HIS | Based on goals as set in the ITP/ISP. 1 unit = one inspection with relevant report from a qualified inspector, billable at \$250 per inspection. Used during the MFP period of participation. | This service provides for home/building inspections, required before and after MFP Environmental Modifications (MFP-EMD) are undertaken. This service is used to identify and report on needed structural repairs to a qualified residence that must be addressed prior to beginning environmental modifications and to identify and make recommendations for appropriate and cost-effective environmental modifications before they are started. This service also provides for post-inspections after modifications are complete, in order to ensure quality work and compliance with relevant building codes and standards. The inspector providing the service is not affiliated with the contractors providing the environmental modifications. *** | \$1,000 |
| Supported Employment Evaluation | S5110 | Q2, U19 | SEE | Based on goals as set in the ITP/ISP. 1 unit = one complete Vocational Discovery Process with Vocational Profile and referrals to a minimum of three community resources, used during the MFP period of participation. | This service provides assistance to participants seeking career planning and supportive, customized and/or competitive employment. Participants engage in a guided/facilitated Vocational Discovery Process. Based on the Discovery Process, a Vocational Profile is completed. The Vocational Profile identifies a path to employment. These services may be procured from a qualified vocational/employment service provider. The provider is required to assist the participant to make connections to a minimum of three unique community resources necessary to support choices for supportive, customized and/or competitive employment. *** | \$1,500 |
| Maximum Post-transition Cost per Participant | | | | | | \$26,420 |

***MFP services are approved in the participant's transition service plan and authorized by MFP field personnel. **Q2-demonstration procedures/service; U-Medicaid Level of Care (1 thru 20), as Defined by Georgia Medicaid (DCH)