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Date: July 12, 2018

Re: Public comments received for GCR 18-010: ADAP Case Management.

Comments were received for GCR 18-010: ADAP Case Management from Vermont Care Partners and the Clara Martin Center. Responses to questions are provided here.

Comment 1:

How many units can be billed in one day and does the service need to be continuous or can services from one clinician be rolled up?

Response 1:

A max of 8 units can be billed in one day per client. Services can be “rolled up” for a single clinician in a single day to the total number of units provided to a client. Services do not need to be continuous.

Comment 2:

Can the start date [for this change] be 8/1/2018 due to concerns about the time it takes to make system changes and concerns about DXC readiness?

Response 2:

The change is effective 7/1/2018. Providers have up to 6 months under the timely filing rules to submit their claims.

Comment 3:

Can more than one clinician bill for case management at two separate times during the day?

Response 3:

Individuals may only have one provider agency billing for case management services.

Comment 4:

Who can provide this service?

Response 4:

This change does not impact the staff qualifications. This is a Medicaid reimbursable service and the staff qualifications for case management are consistent with those for other ADAP Medicaid reimbursable services.

Comment 5:

Where can case management be provided?

Response 5:

This change does not impact the existing allowable places of service for case management. Providers can continue to provide and be reimbursed for case management services in locations previously allowable.

Comment 6:

Does the 2-hour time limit on case management match mental health regulations on maximum time for case management? If not, we advocate for this, since we provide co-occurring treatment and train our staff to provide care coordination no matter the diagnosis.

Response 6:

The maximum units aligns with the previous case management limits for ADAP Preferred Providers.

Comment 7:

Our billing managers note that it will be important to make DXC aware that the 77 and 76 modifiers are allowed (these are modifiers that allow more than one service in a day) or the second service will deny for duplicate.

Response 7:

Per DXC (the Medicaid Management Information System contractor), the claim will not hit for duplicate when a modifier 76 or 77 is used but the units on the claim will be included in total daily limit count.