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EDMUND G. BROWN JR.
Governor

OFFICE OF AIDS
Medi-Cal Waiver Program (MCWP) Section

ALL PROJECT DIRECTORS' LETTER
Letter Number: MCWP 17-02

DATE: May 5, 2017

SUBJECT: INCREASE IN MCWP ANNUAL INDIVIDUAL CLIENT COST LIMIT AMOUNT

Effective January 1, 2017, the annual cost limit for each individual client has been increased to \$25,727. This cost limit ensures the health and welfare of the target population for the AIDS Medi-Cal Waiver Program (MCWP) while continuing to provide in-home services at costs far below costly institutional care.

Background

Pursuant to the 2017-2021 1915(c) Home and Community-Based Services AIDS Waiver approved on March 27, 2017 by the Centers for Medicare and Medicaid Services, the annual individual client cost limit for MCWP services is increased to \$25,727 per year effective January 1, 2017. The yearly limit applies to the combination of procedure codes and services listed in the attached table.

Current Status

The annual cap amount increase will be applied retroactively to all services claims submitted by MCWP agencies with a date of service on or after January 1, 2017.

The AIDS Waiver Program Billing Codes and Rates in the AIDS Waiver Program Provider Manual will be updated by the Department of Health Care Services.

If you have questions or concerns regarding this notice, please contact Drew Young, Health Program Specialist I at (916) 449-5881 or via email at drew.young@cdph.ca.gov.

Sincerely,

Majel Arnold, MS-HSA
Chief, HIV Care Branch - Office of AIDS
California Department of Public Health

Attachment



MCWP Procedure Codes/Rate Schedule

<u>Code</u>	<u>Description</u>	<u>Maximum Rate</u>
90837	Psychotherapy	\$ 51.00/hr
90846	Family Psychotherapy	51.00/hr
90847	Family Psychotherapy with Patient Present	51.00/hr
G0156	Attendant Care	5.01/15 min.
G0299	Skilled Nursing (RN)	10.15/15 min.
G0300	Skilled Nursing (LVN/LPN)	7.36/15 min.
S5130	Homemaker Services	3.72/15 min.
S5165	Minor Physical Adaptations to the Home	1,000.00/client/yr.
T2028	Specialized Medical Supplies	By Report
T2029	Specialized Medical Equipment	By Report
S5170	Nutritional Supplements/ Home-Delivered Meals	150.00/client/mo.
S9470	Nutritional Counseling	33.48/hr.
T2003	Non-Emergency Medical Transportation	40.00/client/mo.
T2022	Case Management	229.17/client/mo.
T2026	Medi-Cal Supplement for Infants and Children in Foster Care	338.00/client/mo.

The maximum allowable for each waiver client is **\$25,727** per calendar year. This maximum allowable includes all MCWP service procedure codes with the exception of administrative expenses (HCPCS code T2025).