

COMP Waiver Renewal: Community Living Supports Prior Authorization Overview



**DIVISION OF DEVELOPMENTAL DISABILITIES
GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

**RONALD SINGLETON
DD BUDGET MANAGER**

Community Living Supports Services

BASIC COMMUNITY LIVING SUPPORTS
EXTENDED COMMUNITY LIVING SUPPORTS
SHARED COMMUNITY LIVING SUPPORTS

Community Living Supports: Services

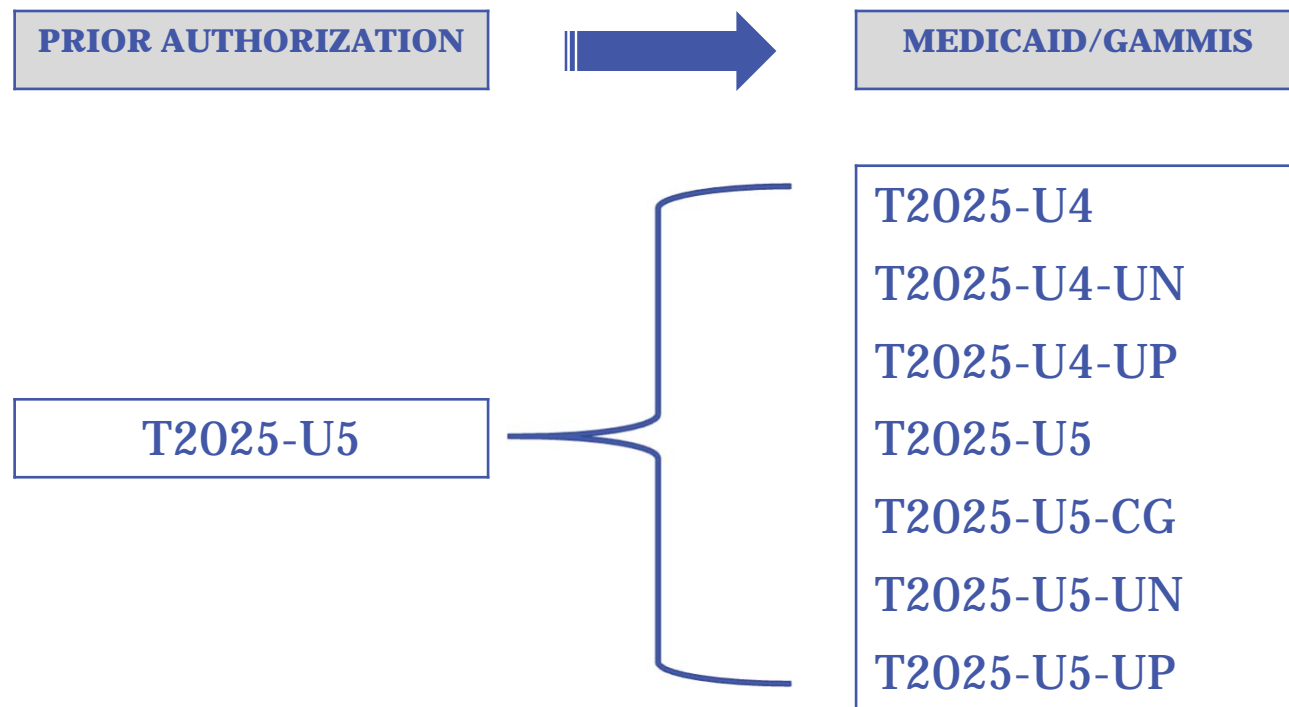
Service	Unit	Rate	Notes
Basic T2025-U5	15-Minute	\$6.35	2.75 hours or fewer/visit
Extended T2025-U4	15-Minute	\$5.74	3 hours or more/visit
2 Person - Basic T2025-U5-UN	15-Minute	\$3.49	Allows waiver participants to share one employee/staff
2 Person - Extended T2025-U4-UN	15-Minute	\$3.16	
3 Person - Basic T2025-U5-UP	15-Minute	\$2.54	
3 Person - Extended T2025-U4-UP	15-Minute	\$2.30	

Community Living Supports: Additional Information

- Community Living Supports annual maximum
 - \$51,300
- Elimination of Community Living Supports Daily
 - T2025-U6
- No daily maximum; no monthly maximum
- New procedure code for *personal assistance retainer*
 - T2025-U5-CG (\$5.74 Rate)

Prior Authorization Development: Community Living Supports

Prior authorizations for Community Living Supports submitted to Medicaid
with procedure code: T2025-U5



1 procedure code expands to 7 procedure codes

CLS Prior Authorization: Medicaid/GAMMIS State View

Procedure code, T2025-U5 expands to a total of 7 procedure codes within Medicaid/GAMMIS.

Line Item												
Line Item	WIS Line Num	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Category of Service	Rendering Provider ID	Diagnosis	ICD Version	Status	Status Date	
02	650000	8078	\$6.35	8078	\$51,293	681	000111222B	MCD		APPROVED	03/15/2017	
-Procedure Codes-												
Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC							
T2025	U4					GAMMIS WEB PORTAL PROCEDURE CODE - PROVIDER VIEW						
T2025	U4	UN				ADDITIONAL PROCEDURE CODES FOR BILLING - NOT VISIBLE IN THE WEB PORTAL						
T2025	U4	UP										
T2025	U5											
T2025	U5	CG										
T2025	U5	UN										
T2025	U5	UP										

CLS Prior Authorization: Medicaid/GAMMIS

Provider View

Line Items						
PA Line Item	01	Status	APPROVED	Rendering Provider	CASE MANAGEMENT, INC	
		COS Code	681	Category of Service	CHSS/COMP	
From DOS	03/01/2017			Tooth		
Through DOS	02/28/2018			Quadrant		
Most Recent DOS Paid	04/01/2017			Surface		
Units Allowed	12	Amount Allowed	\$1,834.56			
Units Used	1	Amount Used	\$152.88			
Max Monthly Units	1	Max Monthly Amount	\$0.00			
Max Daily Units	0	Authorized Rate	\$152.88			
PA Line Item	02	Status	APPROVED	Rendering Provider	HOME CARE SPECIALISTS	
		COS Code	681	Category of Service	CHSS/COMP	
From DOS	03/01/2017			Tooth		
Through DOS	02/28/2018			Quadrant		
Most Recent DOS Paid				Surface		
Units Allowed	8078	Amount Allowed	\$51,293.30			
Units Used	1	Amount Used	\$0.00			
Max Monthly Units	1	Max Monthly Amount	\$0.00			
Max Daily Units	0	Authorized Rate	\$6.35			

COMMUNITY LIVING SUPPORT

COMMUNITY LIVING SUPPORT

Medicaid/GAMMIS Web Portal: Extended Services Billing Example

Item	1	Emergency	<input type="text"/>
From DOS*	<input type="text"/>	EPSDT/Fam Plan	<input type="text"/>
To DOS	<input type="text"/>	PA/Precert Number	<input type="text"/>
POS*	<input type="text"/> [Search]	Mammogram Certification Number	<input type="text"/>
Procedure*	T2025 [Search]	DME Serial Number	<input type="text"/>
Procedure Description			
Modifier 1	U4 [Search]		
Modifier 2	<input type="text"/> [Search]		
Modifier 3	<input type="text"/> [Search]		
Modifier 4	<input type="text"/> [Search]		
Diagnosis Pointer*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drug Name	<input type="text"/>
Units*	<input type="text"/> 0	Drug Unit Count	<input type="text"/>
Charges*	<input type="text"/> \$0.00	Drug Unit of Measure	<input type="text"/>
Rendering Provider ID	<input type="text"/>		

T2025-U4

Community Living Support (Extended)

Billed for visits of more than 12 units (3.00 hours) per visit.

Adjudication Information

Medicaid/GAMMIS Web Portal: Basic Services Billing Example

Item	1	Emergency	<input type="text"/>
From DOS*	<input type="text"/>	EPSDT/Fam Plan	<input type="text"/>
To DOS	<input type="text"/>	PA/Precert Number	<input type="text"/>
POS*	<input type="text"/> [Search]	Mammogram Certification Number	<input type="text"/>
Procedure*	T2025 [Search]	DME Serial Number	<input type="text"/>
Procedure Description			
Modifier 1	U5 [Search]		
Modifier 2	<input type="text"/> [Search]		
Modifier 3	<input type="text"/> [Search]		
Modifier 4	<input type="text"/> [Search]		
Diagnosis Pointer*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drug Name	<input type="text"/>
Units*	<input type="text"/> 0	Drug Unit Count	<input type="text"/>
Charges*	<input type="text"/> \$0.00	Drug Unit of Measure	<input type="text"/>
Rendering Provider ID	<input type="text"/>	<u>Adjudication Information</u>	

T2025-U5

Community Living Support (Basic)

Billed for visits of 11 or fewer units (2.75 hours) per visit.

Medicaid/GAMMIS Web Portal: Extended – 2 Person Services Billing Example

Item	1	Emergency	<input type="text"/>
From DOS*	<input type="text"/>	EPSDT/Fam Plan	<input type="text"/>
To DOS	<input type="text"/>	PA/Precert Number	<input type="text"/>
POS*	<input type="text"/> [Search]	Mammogram Certification Number	<input type="text"/>
Procedure*	T2025 [Search]	DME Serial Number	<input type="text"/>
Procedure Description			
Modifier 1	U4 [Search]		
Modifier 2	UN [Search]		
Modifier 3	<input type="text"/> [Search]		
Modifier 4	<input type="text"/> [Search]		
Diagnosis Pointer*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drug Name	<input type="text"/>
Units*	<input type="text"/> 0	Drug Unit Count	<input type="text"/>
Charges*	<input type="text"/> \$0.00	Drug Unit of Measure	<input type="text"/>
Rendering Provider ID	<input type="text"/>		

T2025-U4-UN

Community Living Support (Extended – 2 Person)

Billed for visits of more than 12 units (3.00 hours) per visit to two waiver participants sharing one staff person.

Adjudication Information

Medicaid/GAMMIS Web Portal: Personal Assistance Retainer Services Billing Example

Item	1	Emergency	<input type="text"/>
From DOS*	<input type="text"/>	EPSDT/Fam Plan	<input type="text"/>
To DOS	<input type="text"/>	PA/Precert Number	<input type="text"/>
POS*	<input type="text"/> [Search]	Mammogram Certification Number	<input type="text"/>
Procedure*	T2025 [Search]		
Procedure Description			
Modifier 1	U5 [Search]		
Modifier 2	CG [Search]		
Modifier 3	<input type="text"/> [Search]		
Modifier 4	<input type="text"/> [Search]		
Diagnosis Pointer*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Units*	<input type="text"/> 0	Drug Unit Count	<input type="text"/>
Charges*	<input type="text"/> \$0.00	Drug Unit of Measure	<input type="text"/>
Rendering Provider ID	<input type="text"/>		

T2025-U5-CG

Community Living Support (Personal Assistance Retainer)

Designed to allow continued payment for Community Living Support services while a participant is hospitalized or otherwise away from the home.

Adjudication Information

Questions

Ronald.Singleton@dbhdd.ga.gov