



December 5, 2024

## Update on HCBS Minimum Fee Schedule for Supportive Visits

Dear Supportive Visits Provider:

The Wisconsin Department for Health Services (DHS) recently set a [minimum fee schedule](#) for Residential, Supportive Home Care, and SDS – Supportive Home Care services, that began on October 1, 2024. My Choice Wisconsin by Molina Healthcare, Inc. is writing to notify you of the expected changes to your Supportive Visit agreement.

### What this means for you

- **Supportive Visit Service Levels**
  - The current supportive visit levels remain in place as listed in the current scope of service.

#### Members requiring personal care support:

<i>Level/Unit</i>	<i>Weekly Ranges</i>
15-minute service	Member requires intermittent assistance averaging less than 12 hours per week
Level 1	Member requires intermittent assistance averaging 12-14.98 hours per week
Level 2	Member requires intermittent assistance averaging 15-29.98 hours per week
Level 3	Member requires intermittent assistance averaging 30-44.98 hours per week
Level 4	Member requires intermittent assistance averaging 45-59.98 hours per week
Level 5	Member requires intermittent assistance averaging 60+ hours per week
Member-Specific	Member requires intermittent assistance for tasks that fall within the scope of service and that exceed what an SV provider would typically be expected to provide under another contracted level.

#### Members requiring NO personal care support:

<i>Level/Unit</i>	<i>Weekly Ranges</i>
15-minute service	Member requires intermittent assistance averaging less than 10 hours per week
Level 1	Member requires intermittent assistance averaging 10-19.98 hours per week
Level 2	Member requires intermittent assistance averaging 20-29.98 hours per week
Level 3	Member requires intermittent assistance averaging 30-39.98 hours per week
Member-Specific	Member requires intermittent assistance for tasks that fall within the scope of service and that exceed what an SV provider would typically be expected to provide under another contracted level.

- Care Management staff worked with providers and members to complete assessments in the months of September and October of 2024 to gather necessary data on the member's needs.
- You will be reimbursed at least \$6.38 per 15-minutes for the total hours of care and active supervision a member requires per day, as documented in the member-centered plan.

- For Supportive Visit (SV) codes S5126 and S5136, members at or **above** the new minimum required rate of \$6.38 per 15-minutes will remain at their current rate by way of their current authorization and level. The care teams have completed assessments and have reviewed those assessments for all needed care and active supervision with SV providers to ensure we have captured active services. The member's current level and associated rate either meets or exceeds minimum fee schedule requirements. It is important to note that there have been no service level decreases related to the minimum fee schedule. Any changes that would have occurred to reduce the level of support would have only occurred due to a change of condition.
- Members with pre-October 2024 rates **below** the new minimum required rate will receive a Member Specific Rate (MSR) via a Single Case Agreement to capture any rate difference at the per 15-minute rate. This will result in a new authorization that captures all needed care and active supervision and will be backdated to 10/1. Below you will find information on how to bill.

### **What to do if you receive a Single Case Agreement (SCA)**

We are in the process of sending Single Case Agreements to providers whose members are below the new minimum rate. Once you receive the SCA for a member, please review, sign, and return within 7 days of receipt of the SCA. If we don't hear from you within 7 days, we will consider your contract to be active and in effect at the new rate.

### **What to do if you do not receive a Single Case Agreement (SCA)**

If you do not receive a new SCA for a member, **you do not have to do anything**. This means your contracted rate is at or above the new minimum rate and MCW will not be changing your existing contracted rate.

### **Claim Submission and Reimbursement Guidelines**

- If you **did not** receive an SCA for a member, you should bill as normal. You will not experience a change in current authorizations or reimbursement.
- If you receive an SCA for a member you will receive a new authorization with the correct code and reimbursement.
  - If you have already billed on the member's current authorization for October 1 dates of service and forward, these claims will be recouped and repaid under the new authorization and reimbursement amount no later than 12/31/24. **You do not need to do anything.**
  - If you have not already billed on the member's current authorization for October 1 dates of service or after, please submit your claim with the new authorization and with the new reimbursement amount on the members SCA.
- Once a SCA and new authorization, where applicable, are received, providers are expected to bill using the correct rate and authorization number. If a member is billed on a closed authorization the claim may be denied, and a new claim will need to be submitted by the provider.

MCW will not be able to provide an estimated timeline for reprocessing specific claims by phone or e-mail.

Thank you for all you do on behalf of our members and communities!

## Questions?

- If you have any questions or concerns, please email us at [hcbsminimumfeeschedule@molinahealthcare.com](mailto:hcbsminimumfeeschedule@molinahealthcare.com). Please include your organization name, Tax ID, and NPI.
- Visit our dedicated webpage at [HCBS - My Choice Wisconsin](https://mychoicewi.org/providers/hcbs).  
(<https://mychoicewi.org/providers/hcbs>)