



PRIOR AUTHORIZATIONS

PROCESS

PA TEAM CONTACT INFO:

JOY MIYAT

PA Supervisor

Direct Line: (808) 380-8205

Fax: (808) 536-7225

JERSIELINE MACOSI

PA Coordinator

Direct Line: (808) 380-8204

Fax: (808) 536-7225

EMAIL THE PA TEAM AT:

pa@allisland-cmc.com

SERVICES

- ♥ OHANA: 1-888-866-4262
- ♥ UNITED HEALTHCARE:
1-888-980-8728
- ♥ HMSA: 1-808-948-6372
- ♥ KAISER: 1-808-432-5330
- ♥ ALOHA CARE: 1-808-973-0712

REQUESTING INCONTINENT SUPPLIES

DOCUMENTS REQUIRED:

- ♥ MD Order
- ♥ Clinical Justification/Progress Notes (must be current)

DELIVERY: Please contact VENDOR directly for delivery status (Contact Information is listed in CLIENT PROFILE). If you need further assistance, you may contact JOY or JERSIELINE.

MEDLINE CLIENTS: You must contact Medline directly every month to confirm supplies, otherwise supplies will NOT be delivered. **MEDLINE PHONE #:**
UHC: 1-877-816-5587 **OHANA: 1-833-660-0905**

VA CLIENTS: You must contact VA directly for supplies and delivery information.

REQUESTING ENTERAL SUPPLIES

DOCUMENTS REQUIRED WHEN REQUESTING GLUCERNA/ENSURE/NEPRO/BOOST:

- ♥ MD Order
- ♥ Clinical Justification/Progress Notes (must be current)
- ♥ Blood/Lab Test Results (Albumin level – must be current)
- ♥ Weight Records

DOCUMENTS REQUIRED WHEN REQUESTING THICKENER (THICK-IT):

- ♥ MD Order
- ♥ Clinical Justification/Progress Notes (must be current)
- ♥ Swallowing Evaluation

DURABLE MEDICAL EQUIPMENT (DME)

DOCUMENTS REQUIRED WHEN REQUESTING:

- ♥ Detailed Prescription
- ♥ Medical necessity notes
- ♥ Certificate of Medical Necessity form (Completed & Signed)
- ♥ Clinical Justification/ Progress Notes
- ♥ Height & Weight.

IF DME NEEDS REPAIR/ADDITIONAL: Please contact the vendor directly.

REQUESTING FOR TRANSPORTATION – SEE ATTACHED

DOCUMENTS REQUIRED (GURNEY/ STRETCHER):

- ♥ Prescription/ Script
- ♥ Clinical notes.

DOCUMENTS REQUIRED (ON WHEELCHAIR):

- ♥ Must be using a non-collapsible wheelchair
- ♥ Need at least one-person assist
- ♥ Uses Hoyer lift (optional).

Caregiver to call for scheduling. *REQUEST ONLY IF APPLICABLE*
Per HAR, it is the caregiver's responsibility to provide transportation for the client

AICMC WEBSITE

Visit Us Online: www.ai-cmc.com

Password to access FORMS: Aicmc808



SOCIAL MEDIA

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DEPARTMENT EMAILS

Admissions:

info@allisland-cmc.com

Accounting:

accounting@allisland-cmc.com

Medication/MAR:

gianne@allisland-cmc.com

or

info@allisland-cmc.com

Prior Authorizations:

pa@allisland-cmc.com

Community Care Foster Home (CCFFH)/ Expanded Adult Residential Care Home(EARCH)						
Service Rates Effective Date: January 1, 2023						
Event Type	Place of Service	Procedure Code	Modifier	Type of HCBS Service	Unit	Rate
Oahu Rates						
AF	14	S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$61.92
AF	14	S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$79.55
AF	14	S5140	TF	CCFFH Level 1: No Cost Share	Day	\$26.54
AF	14	S5140	22	CCFFH Level 2: No Cost Share	Day	\$44.16
AR	14	T2033	U1	EARCH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$61.92
AR	14	T2033	U2	EARCH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$79.55
AR	14	T2033	TF	EARCH Level 1: No Cost Share	Day	\$26.54
AR	14	T2033	22	EARCH Level 2: No Cost Share	Day	\$44.16
Neighbor Island Rates						
AF	14	S5140		CCFFH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$66.92
AF	14	S5140	TG	CCFFH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$84.55
AF	14	S5140	TF	CCFFH Level 1: No Cost Share	Day	\$31.54
AF	14	S5140	22	CCFFH Level 2: No Cost Share	Day	\$49.16
AR	14	T2033	U1	EARCH Level 1: Cost Share/Spousal & non-eligible SSI	Day	\$66.92
AR	14	T2033	U2	EARCH Level 2: Cost Share/Spousal & non-eligible SSI	Day	\$84.55
AR	14	T2033	TF	EARCH Level 1: No Cost Share	Day	\$31.54
AR	14	T2033	22	EARCH Level 2: No Cost Share	Day	\$49.16

Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH)	
Service Rates Effective Date: January 1, 2023	
RATE INSTRUCTIONS:	
1. Rates are inclusive of all applicable taxes.	
2. Medicaid HCBS services are not billable during periods of member hospitalization, long-term institutionalization, or periods of HCBS suspensions. COVID-19 related billing exceptions can be found in QI-2037A.	
3. Total CCFFH/EARCH caregiver payment <u>for all Level 1 members is the same</u> regardless of whether the member receives SSI or not. (R&B + Medicaid service payment)	
4. Total CCFFH/EARCH caregiver payment <u>for all Level 2 members is the same</u> regardless of whether the member receives SSI or not. (R&B + Medicaid service payment)	
5. Daily Rate Calculation: Based on 31 days	
6. Neighbor Island Rates: Additional \$5.00/per day	

Community Care Foster Family Home (CCFFH)/Expanded Adult Residential Care Home (EARCH)

Service Rates Effective Date: January 1, 2023

(continued)

RATE INSTRUCTIONS:

7. Personal Needs Allowance (PNA): \$50/month for all CCFFH and EARCH residents

8. R&B for Cost Share/Spousal and Non-eligible SSI Members: \$419/Month (\$469-\$50 (PNA))=\$419

9. R&B for SSI Members: \$1,515.90 /Month (\$1,565.90-\$50 (PNA) = \$1,515.90)

ABBREVIATIONS:

CCFFH:	Community Care Foster Family home
CG:	Caregiver
EARCH:	Expanded Adult Residential Care Home
FPL:	Federal Poverty Level
PNA:	Personal Needs Allowance
R&B:	Room & Board
SSI:	Social Security Income