**ALLOWABLE ENTITLEMENT CODES**

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| **DESCRIPTION** | **CODE** | **SPECIFIC SERVICE REQUIREMENTS** |
| Initial Family Assessment for all parents and first child | **511-29e** | * **$850.00** * Compiling, Gathering, assembling all Information needed for a Complete CCFA * Must be Completed within 25 calendar days of receipt of the service authorization/referral from DFCS. **If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.** * Rate included cost of attending Family Team Meetings * Rate includes cost of facilitating Multi-Disciplinary Team (MDT) meeting. * Rate includes cost of mileage and missed appointments. * **Fully Licensed/Provisional Licensure or Master’s under supervision for licensure** * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. |
| Additional Family Members-CCFA | **511-29f** | * **$200.00** * Fee for each additional child/family member * Must be Completed within 25 calendar days of receipt of the service authorization/referral from DFCS. **If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.** * Rate includes cost of mileage and missed appointments. * **Fully Licensed/Provisional Licensure or Master’s under supervision for licensure** * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. |
| Relative/Non-Relative Assessment-Home Evaluation | **511-29j** | * **$500.00** Per family * Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. **If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.** * Rate includes cost of mileage and missed appointments. * Family member or non-family member has been identified as a placement resource for children * This Assessment is completed to determine the appropriateness of placement resources for children * **Master’s Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services.** |
| Update Expired CCFA for first family member  (Used if Initial CCFA is over 12 months old) | **511-29m** | * **$300.00** * Current CCFA is more than one year old * Reviewing original CCFA and making any family updates * Coordination of Compiling the family assessment * Compiling, Gathering, assembling all Information needed for a Complete CCFA * Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. **If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.** * Rate includes cost of mileage and missed appointments. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. |
| Update Current/Expired CCFA - Additional family members  Update a current CCFA-After submitting initial CCFA during the first 12 months child is in care  Update an Expired CCFA – Needed after 12 months of the initial CCFA | **511-29n** | * **$75.00** per child/family member * Each additional child for example if mom has a new baby after initial CCFA has been completed. * Or if initial CCFA is more than one year old. Fee can be used for each additional child needed to complete the updated CCFA. * Must be completed within 25 calendar days of receipt of the service authorization/referral from DFCS. **If the report cannot be completed within 25 calendar days, the provider must add a case note in the invoice packet that explains why the report was not timely. The case note will be forwarded to case manager to be placed in the file.** * Rate includes cost of mileage and missed appointments. * Assessment must be signed by a fully licensed professional if completed by a provisional licensed or under supervision for licensure individual. |
| Incomplete CCFA Family Assessment | **511-29o** | * **$300** * Justification Must be Provided * Rate includes cost of mileage and missed appointments. * Code should only be used if family assessment was initiated and DFCS cancelled the referral before full completion of the CCFA. Provider must submit all completed sections within 10 days of DFCS canceling the assessment. |
| **Transportation/Escorting Services** for Children/Family for medical-dental components needed to complete CCFA ONLY | **511-56a** | * **$25.00 per hour** * This code is used solely when transporting children to and from medical, dental and trauma assessment appointments to meet CCFA requirements. (All assessments should be coordinated and completed by Amerigroup providers) * Hourly rate begins from the provider’s residence or official business address or current location, whichever is nearer to the destination point. * Please Note: Crisis Intervention Services are PROHIBITED during transportation * **HS Diploma & 1-year human services experience or a Bachelor’s Degree in Human Services (does not require human services experience) & transporters must take Child Safety Seat training annually.** * **If time is billed for wait times it must be either listed in the justification/comment section on the SA or in writing from a DFCS staff member.** |
| CCFA Mileage    **(Does not have to be on the service authorization for payment purposes)** | **511-56b** | * Mileage Reimbursable at the state approved Rate * Mileage is reimbursable for transporting child(ren) only for the medical & dental components of the CCFA * Travel begins from the provider’s residence or official business address or current location whichever is nearer to the destination point. (full address required) * NOTE: A physical address for mileage must be logged for every origin (start point) and destination (end point). * **The specific purpose for each trip must be listed on the mileage log.** |
| Children’s  Meals During Transportation | **511-56c** | * **Meals for children when in transportation status** * **Original detailed receipts are required** * **Clearly mark child’s portion of expenditures** * **Meal limits may not exceed $28 a day ($6 Breakfast, $7 Lunch and $15 Dinner)** |
| Court Appearance and/or Testimony | **511-88a** | * **$80/HR/Day May not Exceed $640/Day** * CCFA Assessment-Invoice and a copy of subpoena   must be attached for payment   * **Master’s/Doctoral – fully licensed only** * **Includes Mileage** |
| Court Appearance and/or Testimony | **511-88b** | * **$45/HR/Day May not Exceed $360** * CCFA Assessment-Invoice and a copy of subpoena must be attached for payment * **Master’s Degree in Human Services with 1-year experience in human services or Bachelor’s Degree in Human Services with 3 years’ experience in human services.** * **Includes Mileage** |
| Court Appearance and/or Testimony | **511-88c** | * **$65/HR/Day May not Exceed $520/Day** * CCFA Assessment-Invoice and a copy of subpoena   must be attached for payment   * **Provisional Licensure or Master’s Under Supervision for Licensure** * **Includes Mileage** |