WAC 182-539-0350 HIV/AIDS case management reimbursement information. (1) The medicaid agency pays HIV/AIDS case management providers for the following three services:

(a) Comprehensive assessment. The assessment must cover the areas outlined in WAC 182-539-0300 (1) and (5).

(i) The agency pays for only one comprehensive assessment unless the client's situation changes as follows:

(A) There is a fifty percent change in need from the initial assessment; or

(B) The client transfers to a new case management provider.

(ii) If a comprehensive assessment is completed during a month the client is medicaid eligible and ongoing case management has been provided, the agency pays for the assessment and the monthly case management charge (either full-month or partial-month).

(b) HIV/AIDS case management, full-month. Providers may request the full-month payment for any month when the requirements of WAC 182-539-0300 have been met and the case manager has an individual service plan (ISP) in place for twenty or more days in that month. The agency pays only one full-month case management fee per client in any one month.

(c) HIV/AIDS case management, partial-month. Providers may request the partial-month payment for any month when the requirements of WAC 182-539-0300 have been met and the case manager has an ISP in place for fewer than twenty days in that month. Using the partial-month reimbursement, the agency may pay two different case management providers for services to a client who changes from one provider to a new provider during that month.

(2) The agency limits payments to HIV/AIDS case managers when a client becomes stabilized and no longer needs an ISP with active service elements. The agency limits payment for monitoring to ninety days after the last active service element of the ISP is completed. To bill the agency for a maximum of ninety days of monitoring, a provider must:

(a) Document the client's history of recurring need;

(b) Assess the client for possible future instability; and

(c) Provide monthly monitoring contacts.

(3) The agency reinstates payment for ongoing case management if a client shifts from monitoring status to active case management status due to documented need or needs. Providers must meet the requirements in WAC 182-539-0300 when a client is reinstated to active case management.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 15-17-054, § 182-539-0350, filed 8/13/15, effective 9/13/15. WSR 11-14-075, recodified as § 182-539-0350, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090. WSR 10-19-057, § 388-539-0350, filed 9/14/10, effective 10/15/10. Statutory Authority: RCW 74.08.090, 74.09.755, 74.09.800, 42 U.S.C. Section 1915(g). WSR 00-23-070, § 388-539-0350, filed 11/16/00, effective 12/17/00.]