



## HCBS Application for Shift Differential and Client Acuity Payment October 1, 2024

### **Overview**

Prior to 10/1/2024, EOHHS offered a series of HCBS enhancements and modifiers. Enhancements increase the base rates paid to a provider for all claims. Modifiers add funding for billed services that meet certain criteria. The SFY 25 Enacted Budget included the Office of the Health Insurance Commissioner's recommendation which eliminated the additional payment for HCBS enhancements, and instead built the cost for providers to participate in these programs into the new base rates. The behavioral health enhancement remains in current law ([RIGL 40-8.9-9\(g\)\(2\)](#)), and requires that \$0.39 cents be passed through to direct care workers. The table below details the enhancement and modifiers in effect on 10/1/2024. The values of all enhancements and modifiers are listed in the current rate sheet available on the EOHHS Home Health and Personal Care Assistant [webpage](#).

<b>Enhancements</b>	<b>Eligible HCPCS Codes</b>
Behavioral Health Training [1]	S5125, S5125 U1, S5130
<b>Modifiers</b>	
Shift Differential (0.95 per 15 minutes)	S5125, S5125 U1
Client Acuity Reimbursements	S5125, S5125 U1

[1] To apply for the Behavioral Health Training Enhancement, please visit this EOHHS website: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-12/hha-bh-rate-enhancement-policy-and-procedures-and-reporting-template-2021.pdf>

Please see the [RI Medicaid State Plan](#) (Attachment 4.19-B 1 to Attachment 4.19-C Pg. 3) for authorizing language.

Prior to the receipt of payment for modifiers, facilities must complete and submit the application on the next page via email to [OHHS.MedicaidFinance@ohhs.ri.gov](mailto:OHHS.MedicaidFinance@ohhs.ri.gov). Questions related to the enhancement and modifier program may also be directed to this email address.



## HCBS Application for Shift Differential and Client Acuity Payment

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

Contact Person's Telephone Number: \_\_\_\_\_

Medical Assistance Provider Number(s): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

The agency wishes to apply for the following modifiers:

1. Shift Differential (See Appendix A) \_\_\_\_\_
2. Client Acuity Reimbursements (See Appendix B) \_\_\_\_\_

Please submit this page to [OHHS.MedicaidFinance@ohhs.ri.gov](mailto:OHHS.MedicaidFinance@ohhs.ri.gov).

## Appendix A: Shift Differential

### Modifier Value

- \$0.95 per 15 minutes of Personal Care and Personal Care/Homemaker Combination services provided during qualified times. **\$0.19 of the \$0.95 must be passed through to direct care workers and agencies must submit an annual attestation to EOHHS.** More information on the required attestation is available on the [Home Health Agencies Shift Differential Increase webpage](#)

### Qualifications

Only services provided between 3:00PM and 7:00AM on weekdays, or services on weekends or State holidays qualify for this enhanced reimbursement.

### How to Receive Enhancement

1. Submit claims in the correct amount (base amount plus any other) to Gainwell Technologies, the State's MMIS vendor. The following modifiers must be used with the Personal Care and Combination services:

<b>Time of Services</b>	<b>Modifier</b>
Evenings	UH
Nights	UJ
Weekends	TV
State Holidays	TV

If a client receiving services during these qualified times is also assessed as a high acuity individual, both the shift differential modifier (see above) and acuity modifier (U9) should be added to the procedure code billed. The shift differential modifier **must precede** the acuity modifier, or the claim will not pay if both are present.

## Appendix B: Client Acuity

### **Modifier Value**

\$0.42 per 15 minutes of Personal Care and Combination Personal Care and Homemaker Service provided to a client assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.

### **Qualifications**

A client is considered high acuity if they receive the following minimum score by an agency Registered Nurse in **one** area:

- a. “5” on Section B, Items 1, 2, and 3, OR
- b. “16” on Section E, Item 1, OR
- c. “8” on Section E, Items 2 and 3, OR
- d. “36” on Section H, Items 1, 2, and 3

Or, if they receive the following minimum scores in **two** or more areas:

- a. “3” on Section B, Items 1, 2, and 3
- b. “8” on Section E, Item 1
- c. “4” on Section E, Item 2 and 3
- d. “18” on Section H, Items 1, 2, and 3

The agency must collect and submit this data to Gainwell Technologies on **all** Medical Assistance clients in order to receive the enhancement for those with high acuity.

### **How to Receive Enhancement**

1. Submit the adapted MDS on **all** Medical Assistance clients directly to Gainwell Technologies. All adapted MDS will be scanned and kept on file. For the clients who meet the minimum criteria described above, a six-month authorization will be entered into the system upon receipt of the completed adapted MDS form. The MDS MOD Home Care Agency Form is also available online at <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-08/mdsform.pdf>. All MDS forms must be signed by an RN, dated, and totaled for each section.
2. Claims submitted for clients meeting the acuity standard should be billed at the correct amount with the modifier “U9”. Note: some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.