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## PROVIDER BULLETIN

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### Group Home Services Residential Monthly Nursing Service Procedure Codes with “HQ” modifier CORRECTED AUGUST 1, 2018

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- Use of specific procedure codes and modifier to identify nursing services in Group Home services

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As people with medical conditions are living in group homes are aging, there is a growing need for the additional nursing support as their medical conditions become more complex. The Division desires to meet the needs of individuals and to have the same flexibility to increase nursing support to people receiving group home residential services as afforded to people receiving support through the ISL residential services. To remain true to the Division’s commitment that people with I/DD should have the opportunity to age in place DD has implemented the following:

- Per Residential Habilitation Requirements, Group Home providers are required to provide up to 1.25 hours/month of Registered Nursing services as needed by the individual.
- Payment for 1.25 nursing hours is covered in the group home daily rate. Individuals who have health care needs that exceed 1.25 hours/month can request additional hours through the Utilization Review process and would bill through the proposed codes below.

- This allows for MMAC to track the additional nursing hours with the appropriate authorizations in the individual support plan.

<b>Waiver Service</b>	<b>Code(s)</b>	<b>Service Unit</b>	<b>Rate</b>	<b>Maximum Units of Service</b>
Residential Monthly Registered Nurse Oversight	T1002HQHI	15 minutes	\$13.08	48 units per day (12 hours)
Residential Licensed Practical Nurse (with Registered Nurse Oversight)	T1003HQHI	15 minutes	\$6.26	48 units per day (12 hours)

### **Billing/Authorization Requirements**

Current authorizations coded as T2016TG or T1002 will be converted to Residential Monthly Registered Nurse Oversight, Residential LPN (with Registered Nurse Oversight). Additional nursing hours above 1.25 need to go through Utilization Review. The Division will add these service procedure codes to provider contracts and work with providers to schedule a conversion to existing authorizations.

### **Documentation Requirements**

Group Home providers must maintain service documentation per 13 CSR 70 – 3.030 as described in the DD provider waiver manual, including detailed progress notes per date of service and monthly progress notes associated with objectives listed in the ISP. Written data shall be submitted to DMH staff as requested.