

**SECTION
ADMINISTRATIVE REQUIREMENTS**

**SUBJECT
Payment Requirements**

PAYMENT FOR SERVICES

Payment for SDMI HCBS services is contingent on the following factors:

1. The individual is financially eligible for Medicaid during the month in which the service is rendered;
2. The individual meets Level of Care requirements;
3. The provider is eligible for Medicaid participation on the day the service is rendered and has agreed to accept the individual and bill Medicaid;
4. The service is covered by Medicaid;
5. The individual has not exceeded the limitations for a specific service without prior authorization from the Community Program Officer;
6. A third party source has not already paid in full for the service;
7. Services are prescribed in the individual's Person-Centered Recovery Plan;
8. The SDMI case management team has prior authorized the service;
9. A clean claim is received by Xerox within 365 days of the date of service; and
10. Payment is not available for any days an individual is hospitalized or in a nursing facility unless retainer days are authorized by the CMT. Refer to SDMI HCBS 410 for policy on retainer days. Payment is available on the date of admission and the date of discharge for hospital and nursing facility placement.
11. Payment may be authorized for individuals in hospitals, nursing facilities or community settings who have not been admitted to the SDMI HCBS waiver, but these services are necessary in order to transition the individual into the SDMI HCBS waiver. The date of service, for billing purposes, cannot be prior to the date of admission to the waiver. The individual must be admitted to the SDMI HCBS waiver in order to bill.

