



# Continuing Care Service Rate Limits Effective July 1, 2014

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[Disability Waivers Rate System](#)

# Alternative Care (AC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Adult Day Service	15 Minutes	S5100	\$3.18	\$3.34
Adult Day Service	Daily	S5102	\$42.58	\$44.71
Adult Day Service - FADS	15 Minutes	S5100 U7	\$3.18	\$3.34
Adult Day Service - FADS	Daily	S5102 U7	\$42.58	\$44.71
Adult Day Service Bath	15 Minutes	S5100 TF	\$7.12	\$7.48
Case Management	15 Minutes	T1016 UC	\$24.01	\$25.21
Case Management - Conversion	15 Minutes	T1016	\$24.01	\$25.21
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$8.86	\$9.30
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
CDCS Mandatory Case Management	15 Minutes	T2041	Up to the Required Case Management cap amount	Up to the Required Case Management cap amount
Chore Services	15 Minutes	S5120	\$3.54	\$3.72
Companion Services	15 Minutes	S5135	\$2.05	\$2.15
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount
Discretionary Services Option		X5527	Limited to 25% of the county's base allocation amount	Limited to 25% of the county's base allocation amount
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000

# Alternative Care (AC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Family Caregiver Coaching and Counseling (including assessment)	15 Minutes	S5115 TF	\$17.08	\$17.93
Family Caregiver Training and Education	15 Minutes	S5115	\$17.08	\$17.93
Home Delivered Meals	One meal Per Day	S5170	\$6.16	\$6.47
Home Health Aide	15 Minutes	T1004	\$7.55	\$7.93
Home Health Aide	Visit	T1021	\$54.29	\$57.00
Home Health Service - Skilled Nursing	15 Minutes	G0154	\$8.62	\$9.05
Home Health Service - Skilled Nursing	Visit	T1030	\$70.74	\$74.28
Home Health Service - Telehomecare		T1030 GT	\$70.74	\$74.28
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.34	\$4.56
Homemaker / Assistance with Personal Cares	Daily	S5131 TG	\$41.99	\$44.09
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.34	\$4.56
Homemaker Services / Cleaning	Daily	S5131	\$41.99	\$44.09

# Alternative Care (AC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.34	\$4.56
Homemaker Services / Home Management	Daily	S5131 TF	\$41.99	\$44.09
Nutrition Services	Visit	S9470	\$76.03	\$79.83
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00
Personal Care Assistance (PCA) - 1:1 Ratio	15 Minutes	T1019	\$3.96	\$4.16
Personal Care Assistance (PCA) - 1:2 Ratio	15 Minutes	T1019 TT	\$2.97	\$3.12
Personal Care Assistance (PCA) - 1:3 Ratio	15 Minutes	T1019 HQ	\$2.61	\$2.74
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$6.96	\$7.31
Private Duty Nursing-LPN	15 Minutes	T1003	\$6.30	\$6.62
Private Duty Nursing-LPN Complex	15 Minutes	T1003 TG	\$7.39	\$7.76
Private Duty Nursing-LPN Shared 1:2 Ratio	15 Minutes	T1003 TT	\$4.73	\$4.97
Private Duty Nursing-RN	15 Minutes	T1002	\$8.21	\$8.62
Private Duty Nursing-RN Complex	15 Minutes	T1002 TG	\$9.85	\$10.34
Private Duty Nursing-RN Shared 1:2 Ratio	15 Minutes	T1002 TT	\$6.16	\$6.47

# Alternative Care (AC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Respite Care Services, in Home	15 Minutes	S5150	\$5.11	\$5.37
Respite Care Services, in Home	Daily	S5151	\$92.06	\$96.66
Respite Care Services, out of Home	15 Minutes	S5150 UB	\$5.11	\$5.37
Respite Care Services, out of Home	Daily	H0045	\$92.06	\$96.66
Respite Certified Facility	Daily	H0045	NF's per diem for the client's case mix	NF's per diem for the client's case mix
Respite Hospital, 24 hours	Daily	H0045	\$139.42	\$146.39
Specialized Supplies & Equipment	Per Item	E1399	\$0.00	\$0.00
Transportation	One Way Trip	T2003	\$19.06	\$20.01
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.48	\$1.55
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.56	\$0.56

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
24-Hour Customized Living Services	Daily	T2031 TG	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Customized Living, Corporate Foster Care	Daily	T2031 TG U9	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
Adult Companion	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care Bath	15 Minutes	S5100 TF	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Analyst	15 Minutes	H0025	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Professional	15 Minutes	H0025 TG	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Specialist	15 Minutes	H0025 TF	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Case Management	15 Minutes	T1016 UC	\$23.08	\$24.23
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$8.86	\$9.30
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$5.81	\$6.10
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$11.55	\$12.13
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$13.21	\$13.87
Chore Services	15 Minutes	S5120	\$3.54	\$3.72
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.23	\$8.64
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Customized Living Services	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$17.08	\$17.93
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Adult Family	Daily	S5140	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Adult, Corporate	Daily	S5140 U9	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Child Corporate	Daily	S5145 U9	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	Per Meal	S5170	\$6.16	\$6.47
Home Health Aide, Extended	15 Minutes	T1004	\$5.18	\$5.44
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.34	\$4.56
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.34	\$4.56
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.34	\$4.56
Housing Access Coordination	15 Minutes	H2015	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:1	15 Minutes	H2032 TF	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:2	15 Minutes	H2032 TT	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Group Therapy	15 Minutes	H2032 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills, Individual Therapy	15 Minutes	H2032 TG	Maximum Rate Not Published	Maximum Rate Not Published

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
LPN/LVN - Complex, Extended	15 Minutes	T1003 TG UC	\$7.39	\$7.76
LPN/LVN - Regular, Extended	15 Minutes	T1003 UC	\$6.30	\$6.62
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$4.73	\$4.97
Membership Fees (exercise classes, health club/fitness center), MHM only	Actual Costs / Year	S9970 U6 U5	\$800.00	\$800.00
MSHO/MSC+ Home Care Services		X5609	PCA, HHA, SN, PDN provided by health plan	PCA, HHA, SN, PDN provided by health plan
Night Supervision	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	\$44.03	\$46.22
Occupational Therapy, Extended	Visit	S9129 UC	\$67.72	\$71.11
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.05	\$2.15
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00
Personal Care Assistance (PCA) - 1:1 Ratio, Extended	15 Minutes	T1019 UC	\$3.96	\$4.16
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$2.97	\$3.12
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.61	\$2.74

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Physical Therapy Assistant, Extended	Visit	S9131 UC TF	\$43.14	\$45.30
Physical Therapy, Extended	Visit	S9131 UC	\$66.37	\$69.69
Post-Discharge Case Consultation and Collaboration, MHM only	Per hour	T2013 U6	\$137.19	\$144.05
Prevocational Services	Daily (6 or more hours / day)	T2014	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	Per hour	T2015	Maximum Rate Not Published	Maximum Rate Not Published
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$34.30	\$36.02
Residential Care Services	Daily	T2033	Maximum Rate Not Published	Maximum Rate Not Published
Respiratory Therapy, Extended	Visit	S5181 UC	\$46.90	\$49.25
Respite Care Services with Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
RN - Complex, Extended	15 Minutes	T1002 TG UC	\$9.85	\$10.34
RN - Regular, Extended	15 Minutes	T1002 UC	\$8.21	\$8.62
RN - Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.16	\$6.47

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
SNBC Services		X5609	HHA and SN provided by health plan	HHA and SN provided by health plan
Specialized Supplies & Equipment	Per Year	T2029	\$3,909.00	\$3,909.00
Speech Therapy, Extended	Visit	S9128 UC	\$67.38	\$70.75
Structured Day Program	15 Minutes	T2021	Maximum Rate Not Published	Maximum Rate Not Published
Structured Day Program	Daily	T2020	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment 1:1	15 Minutes	T2019	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment 1:2	15 Minutes	T2019 TT	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment 1:3	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$9.48	\$9.95
Transitional Services	Decremental	T2038	\$3,000.00	\$3,000.00
Transitional Services- Furniture	Decremental	T2038 U1	\$1,000.00	\$1,000.00
Transitional Services- Household Supplies	Decremental	T2038 U2	\$300.00	\$300.00
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.48	\$1.55
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.56	\$0.56

# Brain Injury (BI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Transportation, Extra Attendant	Extra Attendant	T2001 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, One Way Trip	One Way Trip	T2003 UC	\$19.06	\$20.01
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$151.17	\$158.73

# Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
24-Hour Emergency Assistance	15 Minutes	H2011		Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034		Maximum Rate Not Published
Adult Day Care - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Analyst	15 Minutes	H0025		Maximum Rate Not Published
Behavior Support by Professional	15 Minutes	H0025 TG		Maximum Rate Not Published
Behavior Support by Specialist	15 Minutes	H0025 TF		Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126		Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	\$23.08	\$24.23
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$8.86	\$9.30
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Specialist, MHM only	15 Minutes	H0038 U6 HQ	\$5.81	\$6.10
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$11.55	\$12.13
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$13.21	\$13.87
Chore Services	15 Minutes	S5120		\$3.72

# Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.23	\$8.64
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$17.08	\$17.93
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Adult Family	Daily	S5140	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Adult, Corporate	Daily	S5140 U9	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Child Corporate	Daily	S5145 U9	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	Per Meal	S5170	\$6.16	\$6.47
Home Health Aide, Extended	15 Minutes	T1004	\$5.18	\$5.44

# Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.34	\$4.56
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.34	\$4.56
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.34	\$4.56
Housing Access Coordination	15 Minutes	H2015		Maximum Rate Not Published
Independent Living Skills Training 1:1	15 Minutes	H2032 TF		Maximum Rate Not Published
Independent Living Skills Training 1:2	15 Minutes	H2032 TT		Maximum Rate Not Published
LPN/LVN - Complex, Extended	15 Minutes	T1003 TG UC	\$7.39	\$7.76
LPN/LVN - Regular, Extended	15 Minutes	T1003 UC	\$6.30	\$6.62
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$4.73	\$4.97
Membership Fees (exercise classes, health club/fitness center), MHM only	Actual Costs / Year	S9970 U6 U5	\$800.00	\$800.00
MSHO/MSC+ Home Care Services		X5609	PCA, HHA, SN, PDN provided by health plan	PCA, HHA, SN, PDN provided by health plan
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	\$44.03	\$46.22
Occupational Therapy, Extended	Visit	S9129 UC	\$67.72	\$71.11
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.05	\$2.15
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00

# Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00
Personal Care Assistance (PCA) - 1:1 Ratio, Extended	15 Minutes	T1019 UC	\$3.96	\$4.16
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$2.97	\$3.12
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.61	\$2.74
Physical Therapy Assistant, Extended	Visit	S9131 UC TF	\$43.14	\$45.30
Physical Therapy, Extended	Visit	S9131 UC	\$66.37	\$69.69
Post-Discharge Case Consultation and Collaboration, MHM only	Per hour	T2013 U6	\$137.19	\$144.05
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$34.30	\$36.02
Respiratory Therapy, Extended	Visit	S5181 UC	\$46.90	\$49.25
Respite Care Services with Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
RN - Complex, Extended	15 Minutes	T1002 TG UC	\$9.85	\$10.34

# Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
RN - Regular, Extended	15 Minutes	T1002 UC	\$8.21	\$8.62
RN - Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.16	\$6.47
SNBC Services		X5609	HHA and SN provided by health plan	HHA and SN provided by health plan
Specialized Supplies & Equipment	Per Year	T2029	\$3,909.00	\$3,909.00
Speech Therapy, Extended	Visit	S9128 UC	\$67.38	\$70.75
Supported Employment 1:1	15 Minutes	T2019		Maximum Rate Not Published
Supported Employment 1:2	15 Minutes	T2019 TT		Maximum Rate Not Published
Supported Employment 1:3	15 Minutes	T2019 HQ		Maximum Rate Not Published
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$9.48	\$9.95
Transitional Services	Decremental	T2038	\$3,000.00	\$3,000.00
Transitional Services- Furniture	Decremental	T2038 U1	\$1,000.00	\$1,000.00
Transitional Services- Household Supplies	Decremental	T2038 U2	\$300.00	\$300.00
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.48	\$1.55
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.56	\$0.56

# Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Transportation, Extra Attendant	Extra Attendant	T2001 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, One Way Trip	One Way Trip	T2003 UC	\$19.06	\$20.01
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$151.17	\$158.73

# Community Alternatives for Disabled Individuals (CADI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
24-Hour Customized Living Services	Daily	T2031 TG	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Customized Living, Corporate Foster Care	Daily	T2031 TG U9	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
Adult Companion	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care Bath	15 Minutes	S5100 TF	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Analyst	15 Minutes	H0025	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Professional	15 Minutes	H0025 TG	Maximum Rate Not Published	Maximum Rate Not Published
Behavior Support by Specialist	15 Minutes	H0025 TF	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published

# Community Alternatives for Disabled Individuals (CADI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Case Management	15 Minutes	T1016 UC	\$23.08	\$24.23
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$8.86	\$9.30
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Specialist, MHM only	15 Minutes	H0038 U6 HQ	\$5.81	\$6.10
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$11.55	\$12.13
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$13.21	\$13.87
Chore Services	15 Minutes	S5120	\$3.54	\$3.72
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.23	\$8.64
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Individual Budget	Individual Budget
Customized Living Services	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published

# Community Alternatives for Disabled Individuals (CADI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$17.08	\$17.93
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Adult Family	Daily	S5140	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Adult, Corporate	Daily	S5140 U9	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Child Corporate	Daily	S5145 U9	Maximum Rate Not Published	Maximum Rate Not Published
Home Delivered Meals	Per Meal	S5170	\$6.16	\$6.47
Home Health Aide, Extended	15 Minutes	T1004	\$5.18	\$5.44
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.34	\$4.56
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.34	\$4.56
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.34	\$4.56
Housing Access Coordination	15 Minutes	H2015 TF	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:1	15 Minutes	H2032 TF	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:2	15 Minutes	H2032 TT		Maximum Rate Not Published
LPN/LVN - Complex, Extended	15 Minutes	T1003 TG UC	\$7.39	\$7.76
LPN/LVN - Regular, Extended	15 Minutes	T1003 UC	\$6.30	\$6.62

# Community Alternatives for Disabled Individuals (CADI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$4.73	\$4.97
Membership Fees (exercise classes, health club/fitness center), MHM only	Actual Costs / Year	S9970 U6 U5	\$800.00	\$800.00
MSHO/MSC+ Home Care Services		X5609	PCA, HHA, SN, PDN provided by health plan	PCA, HHA, SN, PDN provided by health plan
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	\$44.03	\$46.22
Occupational Therapy, Extended	Visit	S9129 UC	\$67.72	\$71.11
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.05	\$2.15
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00
Personal Care Assistance (PCA) - 1:1 Ratio, Extended	15 Minutes	T1019 UC	\$3.96	\$4.16
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$2.97	\$3.12
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.61	\$2.74
Physical Therapy Assistant, Extended	Visit	S9131 UC TF	\$43.14	\$45.30
Physical Therapy, Extended	Visit	S9131 UC	\$66.37	\$69.69
Post-Discharge Case Consultation and Collaboration, MHM only	Per hour	T2013 U6	\$137.19	\$144.05

# Community Alternatives for Disabled Individuals (CADI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Prevocational Services	Daily (6 or more hours / day)	T2014	Maximum Rate Not Published	Maximum Rate Not Published
Prevocational Services	Per hour	T2015	Maximum Rate Not Published	Maximum Rate Not Published
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$34.30	\$36.02
Residential Care Services	Daily	T2033	Maximum Rate Not Published	Maximum Rate Not Published
Respiratory Therapy, Extended	Visit	S5181 UC	\$46.90	\$49.25
Respite Care Services with Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
RN - Complex, Extended	15 Minutes	T1002 TG UC	\$9.85	\$10.34
RN - Regular, Extended	15 Minutes	T1002 UC	\$8.21	\$8.62
RN - Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.16	\$6.47
SNBC Services		X5609	HHA and SN provided by health plan	HHA and SN provided by health plan
Specialized Supplies & Equipment	Per Year	T2029	\$3,909.00	\$3,909.00
Speech Therapy, Extended	Visit	S9128 UC	\$67.38	\$70.75

# Community Alternatives for Disabled Individuals (CADI) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Supported Employment 1:1	15 Minutes	T2019	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment 1:2	15 Minutes	T2019 TT	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment 1:3	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$9.48	\$9.95
Transitional Services	Decremental	T2038	\$3,000.00	\$3,000.00
Transitional Services- Furniture	Decremental	T2038 U1	\$1,000.00	\$1,000.00
Transitional Services- Household Supplies	Decremental	T2038 U2	\$300.00	\$300.00
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.48	\$1.55
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.56	\$0.56
Transportation, Extra Attendant	Extra Attendant	T2001 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, One Way Trip	One Way Trip	T2003 UC	\$19.06	\$20.01
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$151.17	\$158.73

# Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
24-Hour Emergency Assistance	15 Minutes	H2011	Maximum Rate Not Published	Maximum Rate Not Published
24-Hour Emergency Assistance	Daily	T2034	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Care Bath	15 Minutes	S5100 TF	Maximum Rate Not Published	Maximum Rate Not Published
Assistive Technology / Assessment	Per Assessment	T2029 UD	Maximum Rate Not Published	Maximum Rate Not Published
Assistive Technology / Equipment	Per Waiver Year	T2029	Maximum Rate Not Published	Maximum Rate Not Published
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	\$21.87	\$22.96
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$5.81	\$6.10
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$11.55	\$12.13

# Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$13.21	\$13.87
Chore Services	15 Minutes	S5120	\$3.54	\$3.72
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.23	\$8.64
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Consumer Training and Education	Per Session	S5109	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite	15 Minutes	T1005	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite	Daily	S9125	Maximum Rate Not Published	Maximum Rate Not Published
Crisis Respite, Specialized	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
DT&H (Does not include transportation time to/from)	15 Minutes	T2021	Provider Specific	Provider Specific
DT&H (Does not include transportation time to/from)	Daily (6 or more hours / day)	T2020	Provider Specific	Provider Specific
DT&H (Does not include transportation time to/from)	Partial Day	T2020 U5	Provider Specific	Provider Specific
DT&H Transportation	Transportation	T2002	Provider Specific	Provider Specific
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000

# Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Family Caregiver Training and Education	Per Session	S5116	Maximum Rate Not Published	Maximum Rate Not Published
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$17.08	\$17.93
Home Delivered Meals	Per Meal	S5170	\$6.16	\$6.47
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.34	\$4.56
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.34	\$4.56
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.34	\$4.56
Housing Access Coordination	15 Minutes	H2015	Maximum Rate Not Published	Maximum Rate Not Published
In-Home Family Support	15 Minutes	S5125	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (exercise classes, health club/fitness center), MHM only	Actual Costs / Year	S9970 U6 U5	\$800.00	\$800.00
MSHO/MSC+ Home Care Services		X5609	PCA, HHA, SN, PDN provided by health plan	PCA, HHA, SN, PDN provided by health plan
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.05	\$2.15
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00

# Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Personal Care Assistance (PCA) - 1:1 Ratio, Extended	15 Minutes	T1019 UC	\$3.96	\$4.16
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$2.97	\$3.12
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.61	\$2.74
Personal Support	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Post-Discharge Case Consultation and Collaboration, MHM only	Per Session	T2013 U6	\$137.19	\$144.05
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$34.30	\$36.02
Respite Care Services with Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	15 Minutes	S5150	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, in Home	Daily (10 or more hours / day)	S5151	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, out of Home	15 Minutes	S5150 UB	Maximum Rate Not Published	Maximum Rate Not Published
SNBC Services		X5609	HHA and SN provided by health plan	HHA and SN provided by health plan
Specialist Service	Per hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment 1:1	15 Minutes	T2019	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00

# Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$9.48	\$9.95
Supported Living Services, Adult	15 Minutes	T2017	Maximum Rate Not Published	Maximum Rate Not Published
Supported Living Services, Adult	Daily	T2016	Maximum Rate Not Published	Maximum Rate Not Published
Supported Living Services, Adult, Corporate	15 Minutes	T2017 U9	Maximum Rate Not Published	Maximum Rate Not Published
Supported Living Services, Adult, Corporate	Daily	T2016 U9	Maximum Rate Not Published	Maximum Rate Not Published
Supported Living Services, Child Corporate	15 Minutes	T2017 HA U9	Maximum Rate Not Published	Maximum Rate Not Published
Supported Living Services, Child Corporate	Daily (10 or more hours / day)	T2016 HA U9	Maximum Rate Not Published	Maximum Rate Not Published
Transitional Services	Decremental	T2038	\$3,000.00	\$3,000.00
Transitional Services- Furniture	Decremental	T2038 U1	\$1,000.00	\$1,000.00
Transitional Services- Household Supplies	Decremental	T2038 U2	\$300.00	\$300.00
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.48	\$1.55
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.56	\$0.56
Transportation, One Way Trip	One Way Trip	T2003 UC	\$19.06	\$20.01
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$151.17	\$158.73

# Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
24-Hour Customized Living Services	Per Month	T2030 TG	See 24-Hour CL service rate Limits	See 24-Hour CL service rate Limits
Adult Day Service	15 Minutes	S5100	\$3.18	\$3.34
Adult Day Service	Daily	S5102	\$42.58	\$44.71
Adult Day Service - FADS	15 Minutes	S5100 U7	\$3.18	\$3.34
Adult Day Service - FADS	Daily	S5102 U7	\$42.58	\$44.71
Adult Day Service Bath	15 Minutes	S5100 TF	\$7.12	\$7.48
Case Management	15 Minutes	T1016 UC	\$24.01	\$25.21
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$8.86	\$9.30
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
CDCS Mandatory Case Management	15 Minutes	T2041	Up to the Required Case Management cap amount	Up to the Required Case Management cap amount
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$5.81	\$6.10
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$11.55	\$12.13
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$13.21	\$13.87
Chore Services	15 Minutes	S5120	\$3.54	\$3.72
Companion Services	15 Minutes	S5135	\$2.05	\$2.15

# Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.23	\$8.64
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount
Customized Living Services	Per Month	T2030	See EW Customized Living (T2030) Limits	See EW Customized Living (T2030) Limits
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000
Family Caregiver Coaching and Counseling (including assessment)	15 Minutes	S5115 TF	\$17.08	\$17.93
Family Caregiver Training and Education	15 Minutes	S5115	\$17.08	\$17.93
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$17.08	\$17.93
Foster Care, Adult Family	Per Month	S5141	Up to the case mix budget cap	Up to the case mix budget cap
Foster Care, Adult, Corporate	Per Month	S5141 HQ	Up to the case mix budget cap	Up to the case mix budget cap
Home Delivered Meals	One meal Per Day	S5170	\$6.16	\$6.47
Home Health Aide, Extended	15 Minutes	T1004	\$7.55	\$7.93

# Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.34	\$4.56
Homemaker / Assistance with Personal Cares	Daily	S5131 TG	\$41.99	\$44.09
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.34	\$4.56
Homemaker Services / Cleaning	Daily	S5131	\$41.99	\$44.09
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.34	\$4.56
Homemaker Services / Home Management	Daily	S5131 TF	\$41.99	\$44.09
LPN Complex, Extended	15 Minutes	T1003 TG UC	\$7.39	\$7.76
LPN Regular, Extended	15 Minutes	T1003 UC	\$6.30	\$6.62
LPN Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$4.73	\$4.97
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66
MSHO/MSC+ Home Care Services		X5609	PCA, HHA, SN, PDN provided by health plan	PCA, HHA, SN, PDN provided by health plan
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.05	\$2.15
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00
Personal Care Assistance (PCA) - 1:1 Ratio, Extended	15 Minutes	T1019 UC	\$3.96	\$4.16

# Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$2.97	\$3.12
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.61	\$2.74
Post-Discharge Case Consultation and Collaboration, MHM only	Per Session	T2013 U6	\$137.19	\$144.05
Residential Care Services	Per Month	T2032	See EW Residential Living (T2032) Limits	See EW Residential Living (T2032) Limits
Respite Care Services, in Home	15 Minutes	S5150	\$5.11	\$5.37
Respite Care Services, in Home	Daily	S5151	\$92.06	\$96.66
Respite Care Services, out of Home	15 Minutes	S5150 UB	\$5.11	\$5.37
Respite Care Services, out of Home	Daily	H0045	\$92.06	\$96.66
Respite Certified Facility	Daily	H0045	NF's per diem for the client's case mix	NF's per diem for the client's case mix
Respite Hospital, 24 hours	Daily	H0045	\$139.42	\$146.39
RN - Complex, Extended	15 Minutes	T1002 TG UC	\$9.85	\$10.34
RN Regular Extended 1:1 Ratio	15 Minutes	T1002 UC	\$8.21	\$8.62
RN Shared Extended 1:2 Ratio	15 Minutes	T1002 TT UC	\$6.16	\$6.47
Specialized Supplies & Equipment	Per Item	T2029	\$0.00	\$0.00
Transitional Services	Per Occurrence	T2038	Up to the case mix budget cap	Up to the case mix budget cap

# Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Transportation	One Way Trip	T2003 UC	\$19.06	\$20.01
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.48	\$1.55
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.56	\$0.56

**Family Support Grant (FSG) Program Annual Income Limits Effective 07/01/2014**

Service Name	Service Unit	Procedure Code and Modifiers	Limit 1/1/14	Limit 1/1/14
Family Support Grant Annual Adjusted Gross Income Limit		T2025 UD	\$98,564.00	\$98,564.00

# Home Care (HC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Home Health Aide	Visit	T1021	\$54.29	\$57.00
LPN/LVN - Complex, Private Duty	15 Minutes	T1003 TG	\$7.39	\$7.76
LPN/LVN - Regular, Private Duty	15 Minutes	T1003	\$6.30	\$6.62
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT	\$4.73	\$4.97
Occupational Therapy	Visit	S9129	\$67.72	\$71.11
Occupational Therapy Assistant	Visit	S9129 TF	\$44.03	\$46.22
Personal Care Assistance (PCA) - 1:1 Ratio (PCPO)	15 Minutes	T1019	\$3.96	\$4.16
Personal Care Assistance (PCA) - 1:2 Ratio (PCPO)	15 Minutes	T1019 TT	\$2.97	\$3.12
Personal Care Assistance (PCA) - 1:3 Ratio (PCPO)	15 Minutes	T1019 HQ	\$2.61	\$2.74
Personal Care Assistance (PCA) - Temporary 45 Day Increase	15 Minutes	T1019 U6	\$3.96	\$4.16
PHN Face to Face Assessment for PCA	Visit	T1001	\$260.87	\$273.91
PHN Service Update for PCA	Visit	T1001 TS	\$130.43	\$136.95
PHN Temporary Service Increase for PCA	Visit	T1001 U6	\$130.43	\$136.95
Physical Therapy	Visit	S9131	\$66.37	\$69.69
Physical Therapy Assistant	Visit	S9131 TF	\$43.14	\$45.30
Respiratory Therapy	Visit	S5181	\$46.90	\$49.25

# Home Care (HC) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
RN Complex, 1:1 Ratio	15 Minutes	T1002 TG	\$9.85	\$10.34
RN Regular 1:1 Ratio, Private Duty	15 Minutes	T1002	\$8.21	\$8.62
RN Shared 1:2 Ratio, Private Duty	15 Minutes	T1002 TT	\$6.16	\$6.47
Skilled Nurse Visit	Visit	T1030	\$70.74	\$74.28
Skilled Nurse Visit - Telehomecare	Visit	T1030 GT	\$70.74	\$74.28
Speech Therapy	Visit	S9128	\$67.38	\$70.75
Supervision of PCA (PCPO)	15 Minutes	T1019 UA	\$6.96	\$7.31

# Moving Home Minnesota (MHM) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Case Management - Demonstration	15 Minutes	T1016 U6	\$23.08	\$24.23
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$5.81	\$6.10
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$11.55	\$12.13
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$13.21	\$13.87
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.23	\$8.64
Cost for Finding Housing/Employment (Case Worker)	Per Mile	A0160 U6	\$0.56	\$0.56
Cost for Finding Housing/Employment (Escort Lodging)	Actual Cost-Daily Maximum	A0200 U6	\$125.00	\$125.00
Cost for Finding Housing/Employment (Escort Meals)	Actual Cost-Daily Maximum	A0210 U6	\$37.00	\$37.00
Cost for Finding Housing/Employment (parking fees, tolls, etc.)	Actual Cost-Daily Maximum	A0170 U6	\$20.00	\$20.00
Cost for Finding Housing/Employment (Recipient Meals)	Actual Cost-Daily Maximum	A0190 U6	\$37.00	\$37.00
Cost for Finding Housing/Employment-Ancillary (Recipient Lodging)	Actual Cost-Daily Maximum	A0180 U6	\$125.00	\$125.00
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028 U6	2 MHM EAA services cannot exceed \$3,000	2 MHM EAA services cannot exceed \$3,000
Environmental Accessibility Adaptations / Home Install	Per Year	S5165 U6	2 MHM EAA services cannot exceed \$3,000	2 MHM EAA services cannot exceed \$3,000
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$17.08	\$17.93

# Moving Home Minnesota (MHM) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Membership Fees (exercise classes, health club/fitness center), MHM only	Actual Costs / Year	S9970 U6 U5	\$800.00	\$800.00
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.05	\$2.15
PERS Installation and Testing	Each Time	S5160 U6	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161 U6	\$110.00	\$110.00
PERS Purchase	Each Time	S5162 U6	\$1,500.00	\$1,500.00
Post-Discharge Case Consultation and Collaboration, MHM only	Per Session	T2013 U6	\$137.19	\$144.05
Pre-Discharge Case Consultation and Collaboration	Per Session	H2000 U6	\$137.19	\$144.05
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$34.30	\$36.02
Respite Care Services, in Home	15 Minutes	S5150 U6	\$5.16	\$5.42
Respite Care Services, in Home	Daily	S5151 U6	\$328.54	\$344.97
Respite Care Services, out of Home	15 Minutes	S5150 U6 UB	\$5.16	\$5.42
Respite Care Services, out of Home	Daily	H0045 U6	\$342.47	\$359.59
Specialized Supplies & Equipment	Per Item	T2029 U6	\$0.00	\$0.00
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$9.48	\$9.95

# Moving Home Minnesota (MHM) Program Service Rate Limits Effective 07/01/2014

Service Name	Service Unit	Procedure Code and Modifiers	Rate 4/1/14	Rate 7/1/14
Tools, Clothing and Equipment - necessary for employment	Per Service	T1999 U6	\$500.00	\$500.00
Transition Coordination	15 Minutes	T2038 U6 UD	\$15.69	\$16.47
Transition Coordination - Furnishings	Decremental	T2038 U6 U1	\$1,000.00	\$1,000.00
Transition Coordination - Moving Costs (Deposits, application fees, movers, transition coordination services on day of discharge, etc. )	Decremental	T2038 U6 UA	\$1,700.00	\$1,700.00
Transition Coordination - Supplies	Decremental	T2038 U6 U2	\$300.00	\$300.00
Transition Planning	Decremental	T2038 U6	\$1,500.00	\$1,500.00
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$151.17	\$158.73

# Consumer Support Grant (CSG) Monthly Budget Limits Effective 07/01/2014

**Step 1:** Person has one dependency in an Activity of Living (ADL) and/or Level I Behavior. Use the home care rating LT and corresponding monthly amount for the monthly CSG budget. Steps 2-3 do not apply to this home care rating. No additional time is given for critical ADLs, behaviors or complex health needs.

**Step 2:** Person has two or more dependencies in ADLs. Use steps 2 and 3 below to determine the home care rating and total time.

**NOTE:** Each additional critical ADL, complex health or behavioral need would add another \$97.00 to the monthly grant amount.

**Step 3: Determination of Total Time:** If the PCA assessment shows a person has one or more of the following descriptions, an additional 2 units or \$97.00 per month is added to the CSG monthly base amount for the Critical ADLs, Behavior, and Complex Health needs listed below:

**Critical ADLs**

- Eating
- Transferring
- Mobility
- Toileting

**Behavior**

- Increased vulnerability due to **cognitive** deficits or socially inappropriate behaviors
- **Resistive** to care including verbally aggressive
- Physical **aggression** towards self, others or destruction of property

**Complex Health**

- Tube Feeding
- Wounds
- Parenteral/IV Therapy
- Respiratory Interventions
- Catheter
- Bowel Program
- Neurological Intervention
- Other Congenital or Acquired Diseases

**Potential Maximum Total**  
8 units

**Potential Maximum Total**  
6 units

**Potential Maximum Total**  
16 units

**CSG Monthly Amounts based on number of  
Critical ADLs/Behavior Descriptions/Complex Health Needs**

Depend- encies	Level 1 Behavior?	Complex Needs?	HC Rating	Monthly Base	1	2	3	4	5	6	7	8
0	Yes	No	LT	\$97								
1	Yes or No	No	LT	\$97								
2-3	No	No	P	\$242	\$339	\$436	\$533	\$630	\$727	\$824	\$921	\$1,018
	Yes	No	Q	\$291	\$388	\$485	\$582	\$679	\$776	\$873	\$970	\$1,067
	Yes or No	Yes	R	\$339	\$436	\$533	\$630	\$727	\$824	\$921	\$1,018	\$1,115
4-6	No	No	S	\$484	\$581	\$678	\$775	\$872	\$969	\$1,066	\$1,163	\$1,260
	Yes	No	T	\$533	\$630	\$727	\$824	\$921	\$1,018	\$1,115	\$1,212	\$1,309
	Yes or No	Yes	U	\$678	\$775	\$872	\$969	\$1,066	\$1,163	\$1,260	\$1,357	\$1,454
7-8	No	No	V	\$823	\$920	\$1,017	\$1,114	\$1,211	\$1,308	\$1,405	\$1,502	\$1,599
	Yes	No	W	\$969	\$1,066	\$1,163	\$1,260	\$1,357	\$1,454	\$1,551	\$1,648	\$1,745
	Yes or No	Yes	Z	\$1,453	\$1,550	\$1,647	\$1,744	\$1,841	\$1,938	\$2,035	\$2,132	\$2,229

# Consumer Support Grant (CSG) Monthly Limits Private Duty Nursing (PDN) and Vent Dependent Effective 07/01/2014

MA Home Care Rating		CSG Monthly Budget
CA	PDN Transfer to CAC Waiver	\$2,107
EN	Vent Dependent	\$7,012
HL	PDN Hospital Level	\$5,783
PD	PDN Nursing Facility Level	\$2,842

## Monthly Limits for Private Duty Nursing (PDN) and Vent Dependent Effective 07/01/2014

MA Home Care Rating		Max Rate	Max Units	Max Daily	Max Monthly Budget
CA	PDN Transfer to CAC Waiver	\$10.34	96	\$993	\$30,792
EN	Vent Dependent	\$10.34	96	\$993	\$30,792
HL	PDN Hospital Level	\$10.34	64	\$662	\$20,507
PD	PDN Nursing Facility Level	\$10.34	39	\$403	\$12,499

## Program Monthly Budget Caps by Case Mix Effective 07/01/2014

	Case Mix	4/1/2014	7/1/2014
<b>Alternative Care</b>	<b>A</b>	\$1,703	\$1,788
	<b>B</b>	\$1,938	\$2,035
	<b>C</b>	\$2,274	\$2,388
	<b>D</b>	\$2,350	\$2,468
	<b>E</b>	\$2,590	\$2,720
	<b>F</b>	\$2,670	\$2,804
	<b>G</b>	\$2,755	\$2,893
	<b>H</b>	\$3,108	\$3,263
	<b>I</b>	\$3,190	\$3,350
	<b>J</b>	\$3,400	\$3,570
	<b>K</b>	\$3,963	\$4,161
	<b>L</b>	\$593	\$623
<b>Elderly Waiver</b>	<b>A</b>	\$2,272	\$2,386
	<b>B</b>	\$2,584	\$2,713
	<b>C</b>	\$3,032	\$3,184
	<b>D</b>	\$3,131	\$3,288
	<b>E</b>	\$3,454	\$3,627
	<b>F</b>	\$3,560	\$3,738
	<b>G</b>	\$3,672	\$3,856
	<b>H</b>	\$4,143	\$4,350
	<b>I</b>	\$4,252	\$4,465
	<b>J</b>	\$4,533	\$4,760
	<b>K</b>	\$5,283	\$5,547
	<b>L</b>	\$1,750	\$1,837
	<b>V</b>	\$19,217	\$20,178

# CDCS Budget Caps Effective 07/01/2014

## Alternative Care

Case Mix	Monthly Amount	Annual Maximum CDCS Service Budget Amount	Required Case Management for 8 units amount	Required Case Management Annual Maximum Amount	Total: CDCS Service Cap + Required Case Management Maximum	Background Checks Maximum Payment
A	\$788	\$9,456	\$201.68	\$2,420	\$11,870	\$25.00/check
B	\$1,066	\$12,792	\$201.68	\$2,420	\$15,209	\$25.00/check
C	\$1,241	\$14,892	\$201.68	\$2,420	\$17,313	\$25.00/check
D	\$1,418	\$17,016	\$201.68	\$2,420	\$19,430	\$25.00/check
E	\$1,668	\$20,016	\$201.68	\$2,420	\$22,441	\$25.00/check
F	\$1,772	\$21,264	\$201.68	\$2,420	\$23,689	\$25.00/check
G	\$1,874	\$22,488	\$201.68	\$2,420	\$24,911	\$25.00/check
H	\$2,310	\$27,720	\$201.68	\$2,420	\$30,140	\$25.00/check
I	\$2,435	\$29,220	\$201.68	\$2,420	\$31,639	\$25.00/check
J	\$2,560	\$30,720	\$201.68	\$2,420	\$33,139	\$25.00/check
K	\$2,911	\$34,932	\$201.68	\$2,420	\$37,347	\$25.00/check
L	\$788	\$9,456	\$201.68	\$2,420	\$11,870	\$25.00/check

## Elderly Waiver

Case Mix	Monthly Amount	Annual Maximum CDCS Service Budget Amount	Required Case Management for 8 units amount	Required Case Management Annual Maximum Amount	Total: CDCS Service Cap + Required Case Management Maximum	Background Checks Maximum Payment
A	\$800	\$9,600	\$201.68	\$2,420	\$12,021	\$25.00/check
B	\$1,196	\$14,352	\$201.68	\$2,420	\$16,771	\$25.00/check
C	\$1,421	\$17,052	\$201.68	\$2,420	\$19,468	\$25.00/check
D	\$1,546	\$18,552	\$201.68	\$2,420	\$20,967	\$25.00/check
E	\$1,997	\$23,964	\$201.68	\$2,420	\$26,385	\$25.00/check
F	\$2,051	\$24,612	\$201.68	\$2,420	\$27,028	\$25.00/check
G	\$2,065	\$24,780	\$201.68	\$2,420	\$27,204	\$25.00/check
H	\$2,706	\$32,472	\$201.68	\$2,420	\$34,890	\$25.00/check
I	\$3,175	\$38,100	\$201.68	\$2,420	\$40,522	\$25.00/check
J	\$3,253	\$39,036	\$201.68	\$2,420	\$41,455	\$25.00/check
K	\$3,351	\$40,212	\$201.68	\$2,420	\$42,627	\$25.00/check
L	\$800	\$9,600	\$201.68	\$2,420	\$12,021	\$25.00/check
V	\$14,125	\$169,500	\$201.68	\$2,420	\$171,915	\$25.00/check

## Elderly Waiver (EW) 24-Hour Customized Living (24CL) Service Rate Limits Effective 07/01/2014

Case Mix	Rate Limit
A	\$1,993
B	\$2,300
C	\$2,705
D	\$2,825
E	\$3,143
F	\$3,259
G	\$3,389
H	\$3,808
I	\$3,915
J	\$4,186
K	\$4,889
V	\$17,783

## Elderly Waiver (EW) 24-Hour Customized Living (24CL) Component Service Rates Effective 07/01/2014

Service Component	Component Rate	Service Unit
Home Management / Support Services	\$16.6711	Per hour
Home Care Aide	\$22.7901	Per hour
Home Health Aide	\$26.0141	Per hour
Medication setups by licensed Nurse	\$31.4438	Per hour
Summoning device	\$28.7173	Per Month
Breakfast	\$3.4254	Per Meal
Lunch	\$4.2738	Per Meal
Supper	\$4.2738	Per Meal
Snack	\$0.4242	Per Snack
Socialization 1 staff: 1 resident ratio	\$16.6711	Per hour
Socialization 1 staff: 2-5 resident ratio	\$4.7616	Per hour
Socialization 1 staff: 6-12 resident ratio	\$1.8559	Per hour
Socialization 1 staff: 13-20 resident ratio	\$1.0181	Per hour
Socialization 1 staff: 21+ resident ratio	\$0.5515	Per hour
Individual transportation (1 rider)	\$16.6711	Per hour
Group transportation-mileage (2 riders)	\$8.3355	Per hour
Group transportation-mileage (3-5 riders)	\$4.1678	Per hour
Group transportation-mileage (6-10 riders)	\$2.0892	Per hour
Group transportation-mileage (11+ riders)	\$1.1135	Per hour
Mileage Rate - Individual	\$0.5196	Per Mile
Group transportation-driver (2 riders)	\$0.2651	Per Mile
Group transportation-driver (3-5 riders)	\$0.1273	Per Mile
Group transportation-driver (6-10 riders)	\$0.0742	Per Mile
Group transportation-driver (11+ riders)	\$0.0424	Per Mile

## Elderly Waiver (EW) Service Rate Limits for Customized Living (T2030) and Residential Care (T2032) Effective 07/01/2014

Case Mix	Statewide EW Monthly Limits	Group 1 Limits for EW Clients	Group 2 Limits for EW Clients	Group 3 Limits for EW Clients
A	\$1,071	\$979	\$1,003	\$1,168
B	\$1,218	\$1,085	\$1,119	\$1,284
C	\$1,429	\$1,236	\$1,294	\$1,542
D	\$1,569	\$1,332	\$1,364	\$1,629
E	\$1,629	\$1,446	\$1,472	\$1,781
F	\$1,679	\$1,505	\$1,505	\$1,809
G	\$1,733	\$1,561	\$1,600	\$1,905
H	\$1,953	\$1,751	\$1,784	\$2,152
I	\$2,015	\$1,801	\$1,849	\$2,210
J	\$2,137	\$1,897	\$1,947	\$2,367
K	\$2,493	\$2,197	\$2,220	\$2,699
L	\$804	\$734	\$753	\$876
V	\$9,627	\$8,281	\$8,487	\$10,036

# EW Nursing Home Geographic Groups

## Group 1

Beltrami  
Big Stone  
Cass  
Chippewa  
Clearwater  
Cottonwood  
Crow Wing  
Hubbard  
Jackson  
Kandiyohi  
Lac Qui Parle  
Lake of the Woods  
Lincoln  
Lyon  
Mahnommen  
Meeker  
Morrison  
Murray  
Nobles  
Pipestone  
Redwood  
Renville  
Rock  
Swift  
Todd  
Wadena  
Yellow Medicine

## Group 2

Becker  
Benton  
Blue Earth  
Brown  
Chisago  
Clay  
Dodge  
Douglas  
Faribault  
Fillmore  
Freeborn  
Goodhue  
Grant  
Houston  
Isanti  
Kanabec  
Kittson  
Le Sueur  
Marshall  
Martin  
McLeod  
Mille Lacs  
Mower  
Nicollet  
Norman  
Olmsted  
Otter Tail  
Pennington  
Pine  
Polk  
Pope  
Red Lake  
Rice  
Roseau  
Sherburne  
Sibley  
Stearns  
Steele  
Stevens  
Traverse  
Wabasha  
Waseca  
Watsonwan  
Wilkin  
Winona  
Wright

## Group 3

Aitkin  
Anoka  
Carlton  
Carver  
Cook  
Dakota  
Hennepin  
Itasca  
Koochiching  
Lake  
Ramsey  
Scott  
St. Louis  
Washington

## Personal Care Assistance (PCA) Authorization

**Step 1:** Person has one dependency in an Activity of Daily Living (ADL) and/or Level 1 Behavior. Use the home care rating LT with two units of PCA services (30 minutes) per day. Steps 2-3 do not apply to this home care rating.

**Step 2:** Person has two or more dependencies in ADLs. Use steps 2 and 3 below to determine the home care rating and total time.

**Step 3: Determination of Total Time:** If the PCA assessment shows a person has one or more of the following descriptions, add an additional 2 units or 30 minutes to base time per day for each:

- Dependency in critical Activity of Daily Living (ADL)
- Behavior issue as defined
- Complex health-related need

Critical ADLs	Behavior	Complex Health
<ul style="list-style-type: none"> <li>• Eating</li> <li>• Transferring</li> <li>• Mobility</li> <li>• Toileting</li> </ul>	<ul style="list-style-type: none"> <li>• Increased vulnerability due to <b>cognitive</b> deficits or socially inappropriate behaviors</li> <li>• <b>Resistive</b> to care including verbally aggressive</li> <li>• Physical <b>aggression</b> towards self, others or destruction of property</li> </ul>	<ul style="list-style-type: none"> <li>• Tube Feeding</li> <li>• Wounds</li> <li>• Parenteral/IV Therapy</li> <li>• Respiratory Interventions</li> <li>• Catheter</li> <li>• Bowel Program</li> <li>• Neurological Intervention</li> <li>• Other Congenital or Acquired Diseases</li> </ul>
<b>Potential Maximum Total</b>	<b>Potential Maximum Total</b>	<b>Potential Maximum Total</b>
8 units-120 minutes	6 units-90 minutes	16 units-240 minutes

# Dependencies in ADLs	Level I Behavior	Complex Health Needs	Home Care Rating	Base Units	Minutes
0	Yes	No	LT	2	30
1	Yes or No	No	LT	2	30
2-3	No	No	P	5	75
2-3	Yes	No	Q	6	90
2-3	Yes or No	Yes	R	7	105
4-6	No	No	S	10	150
4-6	Yes	No	T	11	165
4-6	Yes or No	Yes	U	14	210
7-8	No	No	V	17	255
7-8	Yes	No	W	20	300
7-8	Yes or No	Yes	Z	30	450