



Long-Term Services and Supports Service Rate Limits

Effective July 1, 2016

Alternative Care (AC)	2
Brain Injury Waiver (BI)	6
Community Alternative Care Waiver (CAC)	14
Community Access for Disability Inclusion (CADI)	21
Developmental Disabilities Waiver (DD)	29
Elderly Waiver (EW)	36
Essential Community Supports (ECS)	41
Home Care (HC)	43
Moving Home Minnesota (MHM)	45
Essential Community Supports (ECS) Monthly Limit	48
Program Annual Income Limits: Family Support Grant (FSG)	48
Monthly Budget Limits by Need: Consumer Support Grant (CSG)	49
Monthly Budget Limits by Home Care Rating: Consumer Support Grant (CSG): Home Care Nursing (HCN) and Vent Dependent	50
Monthly Budget Limits by Home Care Rating: Home Care Nursing (HCN) and Vent Dependent	51
Alternative Care (AC) and Elderly Waiver (EW) Program Monthly Budget Caps by Case Mix	52
Alternative Care (AC) and Elderly Waiver (EW) Program Budgets by Case Mix: CDCS Service	53
Elderly Waiver (EW) Monthly and Daily Program Service Rate Limits by Case Mix: 24-Hour Customized Living (24CL)	54
Elderly Waiver (EW) Program Service Rate Limits: 24-Hour Customized Living (24CL) Component Rates	55
Elderly Waiver (EW) Monthly and Daily Program Service Rate Limits by Case Mix: Customized Living (T2030, T2031) and Residential Care (T2032)	56
Personal Care Assistance (PCA) Authorization	58

Links:

[Community-Based Services Manual](#)

[Disability Waivers Rate System](#)

[Elderly Waiver Customized Living Tools](#)

[Specialized Supplies & Equipment Authorization & Billing Responsibilities](#)

Alternative Care (AC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Adult Day Service	15 Minutes	S5100	\$3.37	\$3.37
Adult Day Service - FADS	15 Minutes	S5100 U7	\$3.37	\$3.37
Adult Day Service Bath	15 Minutes	S5100 TF	\$7.55	\$7.55
Case Management	15 Minutes	T1016 UC	\$25.46	\$25.46
Case Management - Conversion	15 Minutes	T1016	\$25.46	\$25.46
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
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	\$3.76	\$3.76
Companion Services	15 Minutes	S5135	\$2.17	\$2.17
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
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$10,000	EAA services cannot exceed \$10,000

Alternative Care (AC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$18.11	\$18.11
Family Caregiver Training and Education	15 Minutes	S5115	\$18.11	\$18.11
Family Caregiver/Family Memory Care	15 Minutes	S5115 TG	\$18.11	\$18.11
Home Care Nursing-LPN	15 Minutes	T1003	\$6.69	\$6.69
Home Care Nursing-LPN Complex	15 Minutes	T1003 TG	\$7.84	\$7.84
Home Care Nursing-LPN Shared 1:2 Ratio	15 Minutes	T1003 TT	\$5.02	\$5.02
Home Care Nursing-RN	15 Minutes	T1002	\$8.71	\$8.71
Home Care Nursing-RN Complex	15 Minutes	T1002 TG	\$10.44	\$10.44
Home Care Nursing-RN Shared 1:2 Ratio	15 Minutes	T1002 TT	\$6.53	\$6.53
Home Delivered Meals	One meal Per Day	S5170	\$6.53	\$6.53
Home Health Aide	15 Minutes	T1004	\$8.01	\$8.01
Home Health Aide	Visit	T1021	\$57.57	\$57.57
Home Health Service - Skilled Nursing	Visit	T1030	\$75.02	\$75.02

Alternative Care (AC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Home Health Service - Skilled Nursing, LPN	15 Minutes	G0300	\$9.14	\$9.14
Home Health Service - Skilled Nursing, RN	15 Minutes	G0299	\$9.14	\$9.14
Home Health Service - Telehomecare		T1030 GT	\$75.02	\$75.02
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Nutrition Services	Visit	S9470	\$80.63	\$80.63
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	\$4.27	\$4.28
Personal Care Assistance (PCA) - 1:2 Ratio	15 Minutes	T1019 TT	\$3.20	\$3.21
Personal Care Assistance (PCA) - 1:3 Ratio	15 Minutes	T1019 HQ	\$2.81	\$2.82
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.50	\$7.52
Respite Care Services, in Home	15 Minutes	S5150	\$5.42	\$5.42
Respite Care Services, in Home	Daily	S5151	\$97.63	\$97.63

Alternative Care (AC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Respite Care Services, out of Home	15 Minutes	S5150 UB	\$5.42	\$5.42
Respite Care Services, out of Home	Daily	H0045	\$97.63	\$97.63
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	\$147.85	\$147.85
Specialized Supplies & Equipment	Per Item	E1399	\$0.00	\$0.00
Transportation	One Way Trip	T2003	\$20.21	\$20.21
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.57	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.57	\$0.54

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Case Management	15 Minutes	T1016 UC	\$24.47	\$24.47
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$6.16	\$6.16
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$12.25	\$12.25
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$14.01	\$14.01
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.73	\$8.73
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Customized Living Services	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living Services, 24-Hour	Daily	T2031 TG	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living, 24-Hour, Corporate Foster Care	Daily	T2031 TG U9	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

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$18.11	\$18.11
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	Daily	S5145	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Child Corporate	Daily	S5145 U9	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Care Training - Non-Family, MHM only	Per Session	S5116 U6	\$145.49	\$145.49
Home Delivered Meals	Per Meal	S5170	\$6.53	\$6.53
Home Health Aide, Extended	15 Minutes	T1004	\$5.49	\$5.49

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination	15 Minutes	H2015	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Follow Up	15 Minutes	H2015 TS		Maximum Rate Not Published
Housing Access Coordination - Stage 1	15 Minutes	H2015 UB		Maximum Rate Not Published
Housing Access Coordination - Stage 2	15 Minutes	H2015 UC		Maximum Rate Not Published
Housing Access Coordination - Stage 3	15 Minutes	H2015 UD		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 TF 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
LPN/LVN - Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
LPN/LVN - Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
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
Night Supervision	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	\$51.35	\$51.35
Occupational Therapy, Extended	Visit	S9129 UC	\$79.00	\$79.00
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.17	\$2.17
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	\$4.27	\$4.28
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.20	\$3.21
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.81	\$2.82

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Physical Therapy Assistant, Extended	Visit	S9131 UC TF	\$50.33	\$50.33
Physical Therapy, Extended	Visit	S9131 UC	\$77.43	\$77.43
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	\$36.38	\$36.38
Residential Care Services	Daily	T2033	Maximum Rate Not Published	Maximum Rate Not Published
Respiratory Therapy, Extended	Visit	S5181 UC	\$49.74	\$49.74
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	\$10.44	\$10.44
RN - Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
RN - Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$78.60	\$78.60
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	\$10.05	\$10.05
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	\$1.57	\$1.54

Brain Injury (BI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.57	\$0.54
Transportation, One Way Trip	One Way Trip	T2003 UC	\$20.21	\$20.21
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$160.32	\$160.32

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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 - 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	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
Case Management	15 Minutes	T1016 UC	\$24.47	\$24.47
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Specialist, MHM only	15 Minutes	H0038 U6 HQ	\$6.16	\$6.16
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$12.25	\$12.25

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$14.01	\$14.01
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.73	\$8.73
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	\$18.11	\$18.11
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

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Foster Care, Child	Daily	S5145	Maximum Rate Not Published	Maximum Rate Not Published
Foster Care, Child Corporate	Daily	S5145 U9	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Care Training - Non-Family, MHM only	Per Session	S5116 U6	\$145.49	\$145.49
Home Delivered Meals	Per Meal	S5170	\$6.53	\$6.53
Home Health Aide, Extended	15 Minutes	T1004	\$5.49	\$5.49
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination	15 Minutes	H2015	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Follow Up	15 Minutes	H2015 TS		Maximum Rate Not Published
Housing Access Coordination - Stage 1	15 Minutes	H2015 UB		Maximum Rate Not Published
Housing Access Coordination - Stage 2	15 Minutes	H2015 UC		Maximum Rate Not Published
Housing Access Coordination - Stage 3	15 Minutes	H2015 UD		Maximum Rate Not Published

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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 TF TT	Maximum Rate Not Published	Maximum Rate Not Published
LPN/LVN - Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
LPN/LVN - Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
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
Nutritional Therapy, Extended	Visit	S9470	Maximum Rate Not Published	Maximum Rate Not Published
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	\$51.35	\$51.35
Occupational Therapy, Extended	Visit	S9129 UC	\$79.00	\$79.00
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.17	\$2.17
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

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Personal Care Assistance (PCA) - 1:1 Ratio, Extended	15 Minutes	T1019 UC	\$4.27	\$4.28
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.20	\$3.21
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.81	\$2.82
Physical Therapy Assistant, Extended	Visit	S9131 UC TF	\$50.33	\$50.33
Physical Therapy, Extended	Visit	S9131 UC	\$77.43	\$77.43
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$36.38	\$36.38
Respiratory Therapy, Extended	Visit	S5181 UC	\$49.74	\$49.74
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	\$10.44	\$10.44
RN - Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
RN - Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$78.60	\$78.60
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	\$10.05	\$10.05
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	\$1.57	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.57	\$0.54
Transportation, One Way Trip	One Way Trip	T2003 UC	\$20.21	\$20.21

Community Alternative Care (CAC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$160.32	\$160.32

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Caregiver Living Expenses	Daily	S5126	Maximum Rate Not Published	Maximum Rate Not Published
Case Management	15 Minutes	T1016 UC	\$24.47	\$24.47
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Certified Peer Specialist (CPS) - Group Specialist, MHM only	15 Minutes	H0038 U6 HQ	\$6.16	\$6.16
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$12.25	\$12.25
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$14.01	\$14.01
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.73	\$8.73
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
Crisis Respite	15 Minutes	T1005		Maximum Rate Not Published
Crisis Respite	Daily	S9125		Maximum Rate Not Published
Customized Living Services	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Customized Living Services, 24-Hour	Daily	T2031 TG	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living, 24-Hour, Corporate Foster Care	Daily	T2031 TG U9	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
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$18.11	\$18.11
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	Daily	S5145	Maximum Rate Not Published	Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Foster Care, Child Corporate	Daily	S5145 U9	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Care Training - Non-Family, MHM only	Per Session	S5116 U6	\$145.49	\$145.49
Home Delivered Meals	Per Meal	S5170	\$6.53	\$6.53
Home Health Aide, Extended	15 Minutes	T1004	\$5.49	\$5.49
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination	15 Minutes	H2015	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Follow Up	15 Minutes	H2015 TS		Maximum Rate Not Published
Housing Access Coordination - Stage 1	15 Minutes	H2015 UB		Maximum Rate Not Published
Housing Access Coordination - Stage 2	15 Minutes	H2015 UC		Maximum Rate Not Published
Housing Access Coordination - Stage 3	15 Minutes	H2015 UD		Maximum Rate Not Published

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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 TF TT	Maximum Rate Not Published	Maximum Rate Not Published
LPN/LVN - Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
LPN/LVN - Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
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
Occupational Therapy Assistant, Extended	Visit	S9129 TF UC	\$51.35	\$51.35
Occupational Therapy, Extended	Visit	S9129 UC	\$79.00	\$79.00
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.17	\$2.17
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	\$4.27	\$4.28

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.20	\$3.21
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.81	\$2.82
Physical Therapy Assistant, Extended	Visit	S9131 UC TF	\$50.33	\$50.33
Physical Therapy, Extended	Visit	S9131 UC	\$77.43	\$77.43
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	\$36.38	\$36.38
Residential Care Services	Daily	T2033	Maximum Rate Not Published	Maximum Rate Not Published
Respiratory Therapy, Extended	Visit	S5181 UC	\$49.74	\$49.74
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

Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$10.44	\$10.44
RN - Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
RN - Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53
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	\$78.60	\$78.60
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	\$10.05	\$10.05
Transitional Services	Decremental	T2038	\$3,000.00	\$3,000.00

**Community Access for Disability Inclusion (CADI) Program Service Rate Limits Effective
07/01/2016**

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$1.57	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.57	\$0.54
Transportation, One Way Trip	One Way Trip	T2003 UC	\$20.21	\$20.21
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$160.32	\$160.32

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$23.19	\$23.19
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$6.16	\$6.16
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$12.25	\$12.25
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$14.01	\$14.01
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.73	\$8.73
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget
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)	Partial Day	T2020 U5	Provider Specific	Provider Specific
DT&H (Includes transportation time to/from)	Daily (6 or more hours / day)	T2020	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

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$18.11	\$18.11
Family Training	15 Minutes	S5110	Maximum Rate Not Published	Maximum Rate Not Published
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Care Training - Non-Family, MHM only	Per Session	S5116 U6	\$145.49	\$145.49
Home Delivered Meals	Per Meal	S5170	\$6.53	\$6.53
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination	15 Minutes	H2015	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Follow Up	15 Minutes	H2015 TS		Maximum Rate Not Published

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Housing Access Coordination - Stage 1	15 Minutes	H2015 UB		Maximum Rate Not Published
Housing Access Coordination - Stage 2	15 Minutes	H2015 UC		Maximum Rate Not Published
Housing Access Coordination - Stage 3	15 Minutes	H2015 UD		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	Per Month	S9970 U6 U5	\$66.66	\$66.66
MSHO/MSO+ 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	\$2.17	\$2.17
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	\$4.27	\$4.28
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.20	\$3.21
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.81	\$2.82

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Personal Support	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$36.38	\$36.38
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
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$10.05	\$10.05

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	15 Minutes	T2017 HA	Maximum Rate Not Published	Maximum Rate Not Published
Supported Living Services, Child	Daily	T2016 HA	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	\$1.57	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.57	\$0.54

Developmental Disabilities (DD) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Transportation, One Way Trip	One Way Trip	T2003 UC	\$20.21	\$20.21
Youth Assertive Community Treatment, MHM only	Daily	H0040 U6	\$160.32	\$160.32

Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Adult Day Service	15 Minutes	S5100	\$3.37	\$3.37
Adult Day Service - FADS	15 Minutes	S5100 U7	\$3.37	\$3.37
Adult Day Service Bath	15 Minutes	S5100 TF	\$7.55	\$7.55
Case Management	15 Minutes	T1016 UC	\$25.46	\$25.46
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
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	\$6.16	\$6.16
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$12.25	\$12.25
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$14.01	\$14.01
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Companion Services	15 Minutes	S5135	\$2.17	\$2.17
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.73	\$8.73
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount

Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Customized Living Services	Daily	T2031	See EW Customized Living (T2030, T2031) Limits	See EW Customized Living (T2030, T2031) Limits
Customized Living Services	Per Month	T2030	See EW Customized Living (T2030, T2031) Limits	See EW Customized Living (T2030, T2031) Limits
Customized Living Services, 24-Hour	Daily	T2031 TG		See 24-Hour CL service rate Limits
Customized Living Services, 24-Hour	Per Month	T2030 TG	See 24-Hour CL service rate 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	\$18.11	\$18.11
Family Caregiver Training and Education	15 Minutes	S5115	\$18.11	\$18.11
Family Caregiver/Family Memory Care	15 Minutes	S5115 TG	\$18.11	\$18.11

Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Foster Care, Adult Family	Daily	S5140		Up to the case mix budget cap
Foster Care, Adult Family	Per Month	S5141	Up to the case mix budget cap	
Foster Care, Adult, Corporate	Daily	S5140 U9		Up to the case mix budget cap
Foster Care, Adult, Corporate	Per Month	S5141 HQ	Up to the case mix budget cap	
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Care Training - Non-Family, MHM only	Per Session	S5116 U6	\$145.49	\$145.49
Home Delivered Meals	One meal Per Day	S5170	\$6.53	\$6.53
Home Health Aide, Extended	15 Minutes	T1004	\$8.01	\$8.01
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
LPN Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
LPN Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
LPN Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02

Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66
MSHO/MSH+ 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	\$2.17	\$2.17
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	\$4.27	\$4.28
Personal Care Assistance (PCA) - Shared 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.20	\$3.21
Personal Care Assistance (PCA) - Shared 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.81	\$2.82
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	\$5.42	\$5.42
Respite Care Services, in Home	Daily	S5151	\$97.63	\$97.63
Respite Care Services, out of Home	15 Minutes	S5150 UB	\$5.42	\$5.42
Respite Care Services, out of Home	Daily	H0045	\$97.63	\$97.63

Elderly Waiver (EW) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
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	\$147.85	\$147.85
RN - Complex, Extended	15 Minutes	T1002 TG UC	\$10.44	\$10.44
RN Regular Extended 1:1 Ratio	15 Minutes	T1002 UC	\$8.71	\$8.71
RN Shared Extended 1:2 Ratio	15 Minutes	T1002 TT UC	\$6.53	\$6.53
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
Transportation	One Way Trip	T2003 UC	\$20.21	\$20.21
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.57	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.57	\$0.54

Essential Community Supports (ECS) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Adult Day Service	15 Minutes	S5100	\$3.37	\$3.37
Adult Day Service - FADS	15 Minutes	S5100 U7	\$3.37	\$3.37
Case Management	15 Minutes	T1016 UC	\$25.46	\$25.46
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Community Living Assistance in person and remote	15 Minutes	H2015	\$4.55	\$4.55
Community Living Assistance remote only	Daily	H2016	\$6.06	\$6.06
Family Caregiver Coaching and Counseling (including assessment)	15 Minutes	S5115 TF	\$18.11	\$18.11
Family Caregiver Training and Education	15 Minutes	S5115	\$18.11	\$18.11
Home Delivered Meals	One meal Per Day	S5170	\$6.53	\$6.53
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker Services / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker Services / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
PERS Installation and Testing	Each Time	S5160	\$500.00	\$500.00
PERS Monthly Service Fee	Per Month	S5161	\$110.00	\$110.00

Essential Community Supports (ECS) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00

Home Care (HC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Home Health Aide	Visit	T1021	\$57.57	\$57.57
LPN/LVN - Complex, Private Duty	15 Minutes	T1003 TG	\$7.84	\$7.84
LPN/LVN - Regular, Private Duty	15 Minutes	T1003	\$6.69	\$6.69
LPN/LVN - Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT	\$5.02	\$5.02
Occupational Therapy	Visit	S9129	\$79.00	\$79.00
Occupational Therapy Assistant	Visit	S9129 TF	\$51.35	\$51.35
Personal Care Assistance (PCA) - 1:1 Ratio (PCPO)	15 Minutes	T1019	\$4.27	\$4.28
Personal Care Assistance (PCA) - 1:2 Ratio (PCPO)	15 Minutes	T1019 TT	\$3.20	\$3.21
Personal Care Assistance (PCA) - 1:3 Ratio (PCPO)	15 Minutes	T1019 HQ	\$2.81	\$2.82
Personal Care Assistance (PCA) - Temporary 45 Day Increase	15 Minutes	T1019 U6	\$4.27	\$4.28
PHN Face to Face Assessment for PCA	Visit	T1001	\$276.65	\$276.65
PHN Service Update for PCA	Visit	T1001 TS	\$138.32	\$138.32
PHN Temporary Service Increase for PCA	Visit	T1001 U6	\$138.32	\$138.32
Physical Therapy	Visit	S9131	\$77.43	\$77.43
Physical Therapy Assistant	Visit	S9131 TF	\$50.33	\$50.33
Respiratory Therapy	Visit	S5181	\$49.74	\$49.74

Home Care (HC) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
RN Complex, 1:1 Ratio	15 Minutes	T1002 TG	\$10.44	\$10.44
RN Regular 1:1 Ratio, Private Duty	15 Minutes	T1002	\$8.71	\$8.71
RN Shared 1:2 Ratio, Private Duty	15 Minutes	T1002 TT	\$6.53	\$6.53
Skilled Nurse Visit	Visit	T1030	\$75.02	\$75.02
Skilled Nurse Visit - Telehomecare	Visit	T1030 GT	\$75.02	\$75.02
Speech Therapy	Visit	S9128	\$78.60	\$78.60
Supervision of PCA (PCPO)	15 Minutes	T1019 UA	\$7.50	\$7.52

Moving Home Minnesota (MHM) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Case Management - Demonstration	15 Minutes	T1016 U6	\$24.47	\$24.47
Certified Peer Specialist (CPS) - Group Setting, MHM only	15 Minutes	H0038 U6 HQ	\$6.16	\$6.16
Certified Peer Specialist (CPS) - Level I, MHM only	15 Minutes	H0038 U6	\$12.25	\$12.25
Certified Peer Specialist (CPS) - Level II, MHM only	15 Minutes	H0038 U6 U5	\$14.01	\$14.01
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$8.73	\$8.73
Cost for Finding Housing/Employment (Case Worker)	Per Mile	A0160 U6	\$0.57	\$0.57
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 and T2029 U6 cannot exceed \$3,000	2 MHM EAA services and T2029 U6 cannot exceed \$3,000

Moving Home Minnesota (MHM) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Environmental Accessibility Adaptations / Home Install	Per Year	S5165 U6	2 MHM EAA services and T2029 U6 cannot exceed \$3,000	2 MHM EAA services and T2029 U6 cannot exceed \$3,000
Family Memory Care Intervention, MHM only	15 Minutes	S5115 U6	\$18.11	\$18.11
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Care Training - Non-Family, MHM only	Per Session	S5116 U6	\$145.49	\$145.49
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66
Overnight Assistance, MHM Only	15 Minutes	S5135 U6 UA	\$2.17	\$2.17
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
Pre-Discharge Case Consultation and Collaboration	Per Session	H2000 U6	\$145.49	\$145.49
Psychoeducation Services, MHM only	15 Minutes	H2027 U6	\$36.38	\$36.38
Respite Care Services, in Home	15 Minutes	S5150 U6	\$5.47	\$5.47
Respite Care Services, in Home	Daily	S5151 U6	\$348.42	\$348.42
Respite Care Services, out of Home	15 Minutes	S5150 U6 UB	\$5.47	\$5.47
Respite Care Services, out of Home	Daily	H0045 U6	\$363.19	\$363.19

Moving Home Minnesota (MHM) Program Service Rate Limits Effective 07/01/2016

Service Name	Service Unit	Procedure Code and Modifiers	Rate 7/1/15	Rate 7/1/16
Specialized Supplies & Equipment	Per Item	T2029 U6	2 MHM EAA services and T2029 U6 cannot exceed \$3,000	2 MHM EAA services and T2029 U6 cannot exceed \$3,000
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Supported Employment Services, MHM only	15 Minutes	T2019 U6	\$10.05	\$10.05
Tools, Clothing and Equipment - necessary for employment	Per Service	T1999 U6	\$500.00	\$500.00
Transition Coordination	15 Minutes	T1017 U6	\$16.63	\$16.63
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	\$160.32	\$160.32

ECS and FSG Program Limits Effective 07/01/2016

Program	Limit	Applied	Amount
Essential Community Supports	Annual Service Coordination Limit	7/1/2016	\$600.00
Essential Community Supports	Monthly	7/1/2014	\$424.00
Essential Community Supports	Monthly	7/1/2015	\$428.00
Family Support Grant	Annual Adjusted Gross Income	1/1/2016	\$99,932.00
Family Support Grant	Grant Amount	1/1/2016	\$3,113.99

Consumer Support Grant (CSG) (T2025) Monthly Budget Limits Effective 07/01/2016

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 \$100.00 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 \$100.00 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	\$100								
1	Yes or No	No	LT	\$100								
2-3	No	No	P	\$249	\$349	\$449	\$549	\$649	\$749	\$849	\$949	\$1,049
	Yes	No	Q	\$299	\$399	\$499	\$599	\$699	\$799	\$899	\$999	\$1,099
	Yes or No	Yes	R	\$349	\$449	\$549	\$649	\$749	\$849	\$949	\$1,049	\$1,149
4-6	No	No	S	\$498	\$598	\$698	\$798	\$898	\$998	\$1,098	\$1,198	\$1,298
	Yes	No	T	\$548	\$648	\$748	\$848	\$948	\$1,048	\$1,148	\$1,248	\$1,348
	Yes or No	Yes	U	\$698	\$798	\$898	\$998	\$1,098	\$1,198	\$1,298	\$1,398	\$1,498
7-8	No	No	V	\$847	\$947	\$1,047	\$1,147	\$1,247	\$1,347	\$1,447	\$1,547	\$1,647
	Yes	No	W	\$997	\$1,097	\$1,197	\$1,297	\$1,397	\$1,497	\$1,597	\$1,697	\$1,797
	Yes or No	Yes	Z	\$1,495	\$1,595	\$1,695	\$1,795	\$1,895	\$1,995	\$2,095	\$2,195	\$2,295

**Consumer Support Grant (CSG) (T2025) Monthly Limits Home Care Nursing (HCN) and Vent
Dependent Effective 07/01/2016**

MA Home Care Rating		CSG Monthly Budget
CA	PDN Transfer to CAC Waiver	\$2,165
EN	Vent Dependent	\$7,204
HL	PDN Hospital Level	\$5,942
PD	PDN Nursing Facility Level	\$2,920

Monthly Limits for Home Care Nursing (HCN) and Vent Dependent Effective 07/01/2016

MA Home Care Rating		Max Rate	Max Units	Max Daily	Max Monthly Budget
CA	PDN Transfer to CAC Waiver	\$10.44	96	\$1,002	\$31,638
EN	Vent Dependent	\$10.44	96	\$1,002	\$31,638
HL	PDN Hospital Level	\$10.44	64	\$668	\$21,069
PD	PDN Nursing Facility Level	\$10.44	39	\$407	\$12,842

Program Monthly Budget Caps by Case Mix Effective 07/01/2016

	Case Mix	7/1/2015	7/1/2016
Alternative Care	A	\$1,815	\$2,202
	B	\$2,066	\$2,506
	C	\$2,424	\$2,940
	D	\$2,505	\$3,039
	E	\$2,761	\$3,349
	F	\$2,846	\$3,453
	G	\$2,937	\$3,563
	H	\$3,312	\$4,017
	I	\$3,400	\$4,125
	J	\$3,624	\$4,396
	K	\$4,224	\$5,123
		L	\$632
Elderly Waiver	A	\$2,422	\$2,938
	B	\$2,754	\$3,341
	C	\$3,232	\$3,920
	D	\$3,337	\$4,048
	E	\$3,682	\$4,466
	F	\$3,794	\$4,602
	G	\$3,914	\$4,748
	H	\$4,415	\$5,355
	I	\$4,532	\$5,497
	J	\$4,832	\$5,861
	K	\$5,630	\$6,829
	L	\$1,865	\$2,262
	V	\$20,482	\$24,845

CDCS Budget Caps Effective 07/01/2016

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	\$979	\$11,748	\$206.80	\$2,482	\$14,230	\$25.00/check
B	\$1,326	\$15,912	\$206.80	\$2,482	\$18,394	\$25.00/check
C	\$1,544	\$18,528	\$206.80	\$2,482	\$21,010	\$25.00/check
D	\$1,763	\$21,156	\$206.80	\$2,482	\$23,638	\$25.00/check
E	\$2,075	\$24,900	\$206.80	\$2,482	\$27,382	\$25.00/check
F	\$2,205	\$26,460	\$206.80	\$2,482	\$28,942	\$25.00/check
G	\$2,331	\$27,972	\$206.80	\$2,482	\$30,454	\$25.00/check
H	\$2,873	\$34,476	\$206.80	\$2,482	\$36,958	\$25.00/check
I	\$3,029	\$36,348	\$206.80	\$2,482	\$38,830	\$25.00/check
J	\$3,184	\$38,208	\$206.80	\$2,482	\$40,690	\$25.00/check
K	\$3,620	\$43,440	\$206.80	\$2,482	\$45,922	\$25.00/check
L	\$979	\$11,748	\$206.80	\$2,482	\$14,230	\$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	\$995	\$11,940	\$206.80	\$2,482	\$14,422	\$25.00/check
B	\$1,488	\$17,856	\$206.80	\$2,482	\$20,338	\$25.00/check
C	\$1,767	\$21,204	\$206.80	\$2,482	\$23,686	\$25.00/check
D	\$1,922	\$23,064	\$206.80	\$2,482	\$25,546	\$25.00/check
E	\$2,484	\$29,808	\$206.80	\$2,482	\$32,290	\$25.00/check
F	\$2,551	\$30,612	\$206.80	\$2,482	\$33,094	\$25.00/check
G	\$2,569	\$30,828	\$206.80	\$2,482	\$33,310	\$25.00/check
H	\$3,366	\$40,392	\$206.80	\$2,482	\$42,874	\$25.00/check
I	\$3,949	\$47,388	\$206.80	\$2,482	\$49,870	\$25.00/check
J	\$4,046	\$48,552	\$206.80	\$2,482	\$51,034	\$25.00/check
K	\$4,167	\$50,004	\$206.80	\$2,482	\$52,486	\$25.00/check
L	\$995	\$11,940	\$206.80	\$2,482	\$14,422	\$25.00/check
V	\$17,568	\$210,816	\$206.80	\$2,482	\$213,298	\$25.00/check

Elderly Waiver (EW) 24-Hour Customized Living (24CL) Service Rate Limits Effective 07/01/2016

Case Mix	Monthly Rate Limit	Daily Rate Limit
A	\$2,442	\$80.23
B	\$2,818	\$92.58
C	\$3,314	\$108.88
D	\$3,461	\$113.71
E	\$3,850	\$126.49
F	\$3,993	\$131.19
G	\$4,152	\$136.41
H	\$4,665	\$153.26
I	\$4,796	\$157.57
J	\$5,129	\$168.51
K	\$5,990	\$196.80
V	\$21,787	\$715.79

Elderly Waiver (EW) 24-Hour Customized Living (24CL) Component Service Rates Effective 07/01/2016

Service Component	Component Rate	Service Unit
Home Management / Support Services	\$16.8378	Per hour
Home Care Aide	\$23.0180	Per hour
Home Health Aide	\$26.2742	Per hour
Medication setups by licensed Nurse	\$31.7583	Per hour
Summoning device	\$29.0045	Per Month
Breakfast	\$3.4597	Per Meal
Lunch	\$4.3166	Per Meal
Supper	\$4.3166	Per Meal
Snack	\$0.4284	Per Snack
Socialization 1 staff: 1 resident ratio	\$16.8378	Per hour
Socialization 1 staff: 2-5 resident ratio	\$4.8093	Per hour
Socialization 1 staff: 6-12 resident ratio	\$1.8744	Per hour
Socialization 1 staff: 13-20 resident ratio	\$1.0283	Per hour
Socialization 1 staff: 21+ resident ratio	\$0.5570	Per hour
Individual transportation (1 rider)	\$16.8378	Per hour
Group transportation-mileage (2 riders)	\$8.4189	Per hour
Group transportation-mileage (3-5 riders)	\$4.2094	Per hour
Group transportation-mileage (6-10 riders)	\$2.1101	Per hour
Group transportation-mileage (11+ riders)	\$1.1247	Per hour
Mileage Rate - Individual	\$0.5248	Per Mile
Group transportation-driver (2 riders)	\$0.2678	Per Mile
Group transportation-driver (3-5 riders)	\$0.1285	Per Mile
Group transportation-driver (6-10 riders)	\$0.0750	Per Mile
Group transportation-driver (11+ riders)	\$0.0428	Per Mile

Elderly Waiver (EW) Monthly and Daily Service Rate Limits for Customized Living (T2030, T2031) and Residential Care (T2032) Effective 07/01/2016

Monthly Limits

Daily Limits

Case Mix	Statewide	Group 1	Group 2	Group 3	Case Mix	Statewide	Group 1	Group 2	Group 3
A	\$1,312	\$1,200	\$1,229	\$1,431	A	\$43.10	\$39.43	\$40.38	\$47.01
B	\$1,492	\$1,329	\$1,371	\$1,573	B	\$49.02	\$43.66	\$45.04	\$51.68
C	\$1,750	\$1,514	\$1,585	\$1,889	C	\$57.49	\$49.74	\$52.07	\$62.06
D	\$1,923	\$1,631	\$1,672	\$1,995	D	\$63.18	\$53.59	\$54.93	\$65.54
E	\$1,995	\$1,771	\$1,804	\$2,182	E	\$65.54	\$58.18	\$59.27	\$71.69
F	\$2,057	\$1,844	\$1,844	\$2,216	F	\$67.58	\$60.58	\$60.58	\$72.80
G	\$2,123	\$1,913	\$1,960	\$2,334	G	\$69.75	\$62.85	\$64.39	\$76.68
H	\$2,393	\$2,146	\$2,186	\$2,636	H	\$78.62	\$70.51	\$71.82	\$86.60
I	\$2,468	\$2,206	\$2,265	\$2,707	I	\$81.08	\$72.48	\$74.41	\$88.94
J	\$2,618	\$2,324	\$2,385	\$2,900	J	\$86.01	\$76.35	\$78.36	\$95.28
K	\$3,054	\$2,692	\$2,720	\$3,307	K	\$100.34	\$88.44	\$89.36	\$108.65
L	\$985	\$899	\$923	\$1,074	L	\$32.36	\$29.54	\$30.32	\$35.29
V	\$11,794	\$10,146	\$10,398	\$12,295	V	\$387.48	\$333.34	\$341.62	\$403.94

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
Watonwan
Wilkin
Winona
Wright

Group 3

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

Personal Care Assistance (PCA) (T1019) 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"> • Eating • Transferring • Mobility • Toileting 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Tube Feeding • Wounds • Parenteral/IV Therapy • Respiratory Interventions • Catheter • Bowel Program • Neurological Intervention • Other Congenital or Acquired Diseases
Potential Maximum Total 8 units-120 minutes	Potential Maximum Total 6 units-90 minutes	Potential Maximum Total 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