

Bulletin

September 13, 2005

Minnesota Department of Human Services □ 444 Lafayette Rd. □ St. Paul, MN 55155

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- County Public Health Nursing Services
- Administrative Contacts: CAC, CADI, MR/RC & TBI waivers
- Tribal Directors
- CSG Administrators

ACTION

Counties should be alert to increased costs of some services, and may use new rates in negotiation for waiver services.

DUE DATE

MMIS automation of existing service agreements will take place in early September 2005. Modifications to service agreements should be completed in time for provider billing in October.

Legislature Provides Increases to Home Care and other Home and Community Based Services

TOPIC

The 2005 Legislature authorized a 5% increase to certain home care service rates, and a 2.2553% increase to these and other services and programs. New rates or rate limits, and changes to county budgets will go into effect October 1, 2005, and October 1, 2006.

PURPOSE

- Notify county and tribal agencies of the rate increases;
- Explain the MMIS automation process;
- Explain related legislative requirements

CONTACT

Disability Services Division: 651-582-1998 (1-800-747-5484)

SIGNED

LOREN COLMAN

Assistant Commissioner
Continuing Care Administration

BACKGROUND

The 2005 Minnesota legislature authorized increases to a variety of Home and Community-Based services and programs. Included are a 5% increase to certain home health agency services to go into effect on October 1, 2005, and an additional 2.2553% increase to those and other HCBS services and programs effective October 1, 2005 and October 1, 2006. In addition, county waiver budgets for CAC, CADI, MR/RC and TBI will be adjusted to reflect the increases to these programs.

HOME CARE SERVICES

The following Medical Assistance service rates will be increased by 5% over the rates in effect on September 30, 2005 for services rendered on or after October 1, 2005:

- Skilled Nursing Visits
- Physical Therapy Visits
- Occupational Therapy Visits
- Speech Therapy Visits
- Home Health Aide Visits

In addition, those services, and:

- Private Duty Nursing;
- Personal Care;
- Personal Care Supervision;
- Personal Care Assessments, and;
- Respiratory Therapy

will receive a 2.2553% increase effective October 1, 2005 and October 1, 2006.

WAIVER RATES/RATE LIMITS, AND COUNTY BUDGETS

The rates or rate limits for all services provided under the Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Mental Retardation and Related Conditions (MR/RC), and Traumatic Brain Injury (TBI) waivers will be increased by 2.2553% for the rate periods beginning October 1, 2005, and October 1, 2006. This includes the supplemental service rate for waiver enrollees living in adult corporate foster care settings.

County aggregate budgets for the CAC, CADI, MR/RC, and TBI waivers will be adjusted to accommodate the increases. In addition, MR/RC profile amounts, and resource amounts for new enrollees to the CAC, CADI, and TBI waivers will be increased commensurately.

Consumer Directed Community Supports (CDCS)

For state-set budgets:

Budget maximum resource amounts for people using CDCS with state set budgets will be increased by 2.2553% October 1st, 2005.

The Legislature directed that 75% of the increase must be used to increase wages or benefits of direct care staff. As a guideline, direct care staffing in CDCS is allocated under the U1 (Personal Assistance) and U2 (Treatment and Training) categories.

For MR/RC transition recipients with county set budgets:

Recipients whose CDCS budget exceeds the state set resource maximum are not eligible to receive the COLA within the county set resource amount. The federally approved MR/RC waiver plan capitates the county set CDCS budget at the October 1, 2004 level.

Reference File Rates and Rate Limits – Aggregate Funding for CAC/CADI/TBI

The Minnesota Medicaid Management Information System (MMIS) requires that a maximum rate or rate limit be entered on the rate file for waiver services. Counties are required to negotiate rates with providers based on the deliverables identified in the contract to meet the needs of the recipient as identified in the recipient's individual service plan. Published limits are *not* the suggested rates for services, but rather the limits under which counties may negotiate with providers. Negotiated rates are most frequently expected to be below the limits set in the MMIS rate file. While DHS will adjust the rate or rate limit in the MMIS rate files, actual provider rate increases are to be applied to the rate negotiated between the provider and the county agency.

For fiscal year 2004, counties were provided with an aggregate budget for the CAC, CADI, and TBI waivers, to be managed similarly to the county budgets for the MR/RC waiver. Aggregate management provides greater flexibility to serve people across the spectrum of service needs. Beginning October 1, 2005, and under special circumstances that must be documented in service plans and contracts, negotiated rates for all services other than home care and extended home care services, case management, homemaker, and transportation mileage reimbursement may be negotiated to exceed the rates published in the appendices for CAC, CADI, and TBI. The published rate limits reflect the 2.2553% increase applied to rates established by legislation in 2003. In some few cases, adjustments have been made to reflect more appropriate accounting methods or more appropriate anticipation of actual costs.

Please note that the limits for all home care services, extended home care services, case management, homemaker, and transportation mileage may not exceed the published rates. These rates are **bolded** in the appendices.

CONSUMER SUPPORT GRANT

Budgets for people electing to receive services under the Consumer Support Grant (CSG) will be increased by 2.2553% effective October 1, 2005 and October 1, 2006.

PROVIDER RESPONSIBILITY

Providers receiving the 2.2553% increases must dedicate at least 75% of the additional revenue to increase wages and benefits and pay associated costs for all employees, except for management fees, the administrator, and central office staffs. For public employees, the increase for wages and benefits for certain staff is available and pay rates shall be increased only to the extent that they comply with the laws governing public employees' collective bargaining.

Providers must develop and make available a copy of their distribution plan to all employees individually or by posting it in an area that is accessible to all employees.

The Commissioner of Human Services will make available a contact telephone number for people who have questions about how the wage adjustment should be applied to them. If an employee does not receive the adjustment as described in the employer's plan and is unable to resolve the problem with their employer, the employee should contact their union representative, or for employees not represented by a union, the Commissioner's number. The Commissioner's number must be provided in the employer's plan.

The telephone number is **1-888-234-2687**

In addition, an e-mail box for questions about the increases is available at:

DHS.COLA@state.mn.us

Money received by a provider under this section may be used only for increases implemented on or after the first day of the rate period in which the increase is available and must not be used for increases implemented prior to that date.

MMIS AUTOMATION PROCESS

In order to assist counties with implementing the rate increases for home and community-based services agreements, MMIS service agreement line item increases will be automated to the extent possible. Attachment I outlines the steps for this process. The automation process used to implement this increase will be similar to the process that was used to implement the 2002 increase.

Please note that when line items for some services are added to service agreements, MMIS will automatically post a rate from the rate file. **COUNTIES SHOULD INSURE THAT THE CORRECT RATE IS ENTERED BEFORE APPROVING THE DOCUMENT.**

ADDITIONAL RESOURCES

For all home care and waiver policy, please refer to the Disability Services Programs Manual (DSPM) available at:

http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/DHS_id_000402.hcsp

or through links on the CountyLink and DHS websites.

ATTACHMENTS:

Attachment A – 2005 Legislation

Rates/Rate Limits effective October 1, 2005

Attachment B – Medical Assistance Home Care Services

Attachment C – Medical Assistance Home Care rating limits and decision trees for PDN, PCA

Attachment D – Community Alternative Care Waiver Services

Attachment E – Community Alternatives for Disabled Individuals Waiver Services

Attachment F – Services Under the Waiver for Persons with Mental Retardation or Related Conditions

Attachment G – Traumatic Brain Injury Waiver Services

Attachment H – Consumer Support Grant Budgets

Attachment I – 2005 MMIS Automation Process

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ALTERNATIVE FORMATS

This information is available in other forms to people with special needs by contacting us at 651 296-2770 or 1-800-882-6262; or through the Minnesota Relay Service at 7-1-1 or 1-800-627-3529 (TDD) or 1-877-627-3848 (speech-to-speech relay service).

Sec. 47. [256B.762] [REIMBURSEMENT FOR HEALTH CARE SERVICES.] Effective for services provided on or after October 1, 2005, payment rates for the following services shall be increased by five percent over the rates in effect on September 30, 2005, when these services are provided as home health services under section 256B.0625, subdivision 6a: (1) skilled nursing visit; (2) physical therapy visit; (3) occupational therapy visit; (4) speech therapy visit; and (5) home health aide visit.

Sec. 50. [CONSUMER-DIRECTED COMMUNITY SUPPORTS METHODOLOGY.] (a) Effective upon federal approval, for persons using the home and community-based waiver for persons with developmental disabilities whose consumer-directed community supports budgets were reduced by the October 2004, state-set budget methodology, the commissioner of human services must allow exceptions to exceed the state-set budget formula up to the daily average cost during calendar year 2004 or for persons who graduated from school during 2004, the average daily cost during July through December 2004, less one-half of case management and home modifications over \$5,000 when the individual's county of financial responsibility determines that: (1) necessary alternative services will cost the same or more than the person's current budget; and (2) administrative expenses or provider rates will result in fewer hours of needed staffing for the person than under the consumer-directed community supports option. Any exceptions the county grants must be within the county's allowable aggregate amount for the home and community-based waiver for persons with developmental disabilities. (b) This section expires on the date the commissioner of human services implements a new consumer-directed community supports budget methodology that is based on information about the services and supports intensity needs of persons using the option and that adequately accounts for the increased costs of adults who graduate from school and need services funded by the waiver during the day.

Sec. 51. [COSTS ASSOCIATED WITH PHYSICAL ACTIVITIES.] Effective upon federal approval, the expenses allowed for adults under the consumer-directed community supports option shall include the costs at the lowest rate available considering daily, monthly, semi-annual, annual, or membership rates, including transportation, associated with physical exercise or other physical activities to maintain or improve the person's health and functioning.

Sec. 52. [WAIVER AMENDMENT.] The commissioner of human services shall submit an amendment to the Centers for Medicare and Medicaid Services consistent with sections 50 and 51 by October 1, 2005. [EFFECTIVE DATE.] This section is effective the day following final enactment.

Sec. 53. [INDEPENDENT EVALUATION AND REVIEW OF UNALLOWABLE ITEMS.] The commissioner of human services shall include in the independent evaluation of the consumer-directed community supports option provided through the home and community-based services waivers for persons with disabilities under 65 years of age: (1) provision for ongoing, regular participation by stakeholder representatives through June 30, 2007; (2) recommendations on whether changes to the unallowable items should be made to meet the health, safety, or welfare needs of participants in the consumer-directed community supports option within the allowed budget amounts. The recommendations on allowable items shall be provided to the senate and house of representatives committees with jurisdiction over human services policy and finance issues by January 15, 2006; and (3) a review of the statewide caseload changes for the disability waiver programs for persons under 65 years of age that occurred since the state-set budget methodology implementation on October 1, 2004, and recommendations on the fiscal impact of the budget methodology on use of the consumer-directed community supports option. [EFFECTIVE DATE.] This section is effective the day following final enactment.

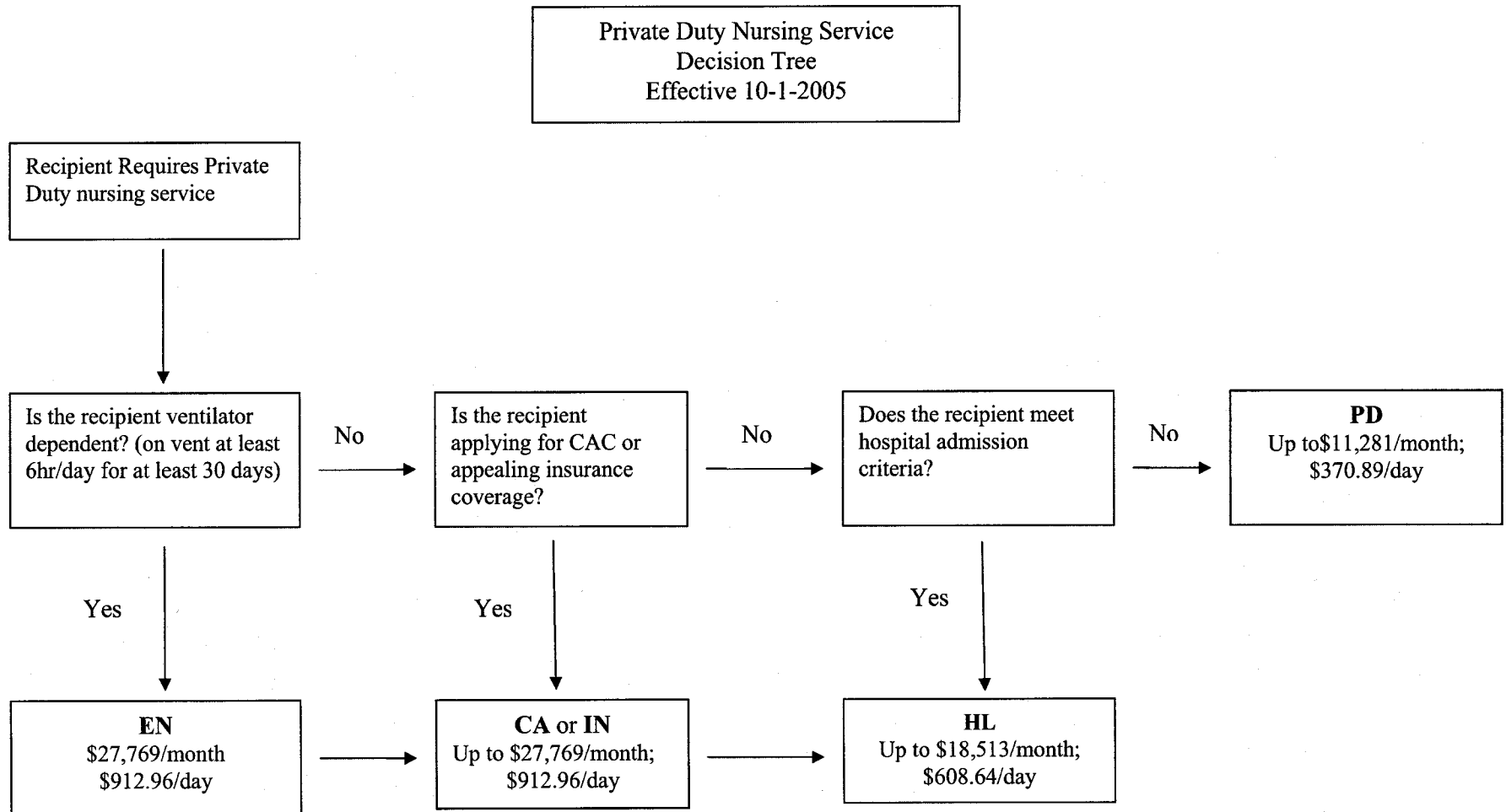
Sec. 55. [COMMUNITY SERVICES PROVIDER RATE INCREASES.] (a) The commissioner of human services shall increase reimbursement rates or rate limits, as applicable, by 2.2553 percent for the rate period beginning October 1, 2005, and the rate period beginning October 1, 2006, effective for services rendered on or after those dates. (b) The 2.2553 percent annual rate increase described in this section must be provided to: (1) home and community-based waived services for persons with mental retardation or related conditions under Minnesota Statutes, section 256B.501; (2) home and community-based waived services for the elderly under Minnesota Statutes, section 256B.0915; (3) waived services under community alternatives for disabled individuals under Minnesota Statutes, section 256B.49; (4) community alternative care waived services under Minnesota Statutes, section 256B.49; (5) traumatic brain injury waived services under Minnesota Statutes, section 256B.49; (6) nursing services and home health services under Minnesota Statutes, section 256B.0625, subdivision 6a; (7) personal care services and nursing supervision of personal care services under Minnesota Statutes, section 256B.0625, subdivision 19a; (8) private duty nursing services under Minnesota Statutes, section 256B.0625, subdivision 7; (9) day training and habilitation services for adults with mental retardation or related conditions under Minnesota Statutes, sections 252.40 to 252.46; (10) alternative care services under Minnesota Statutes, section 256B.0913; (11) adult residential program grants under Minnesota Rules, parts 9535.2000 to 9535.3000; (12) adult and family community support grants under Minnesota Rules, parts 9535.1700 to 9535.1760; (13) the group residential housing supplementary service rate under Minnesota Statutes, section 256I.05, subdivision 1a; (14) adult mental health integrated fund grants under Minnesota Statutes, section 245.4661; (15) semi-independent living services under Minnesota Statutes, section 252.275, including SILS funding under county social services grants formerly funded under Minnesota Statutes, chapter 256I; (16) community support services for deaf and hard-of-hearing adults with mental illness who use or wish to use sign language as their primary means of communication; (17) living skills training programs for persons with intractable epilepsy who need assistance in the transition to independent living; (18) physical therapy services under sections 256B.0625, subdivision 8, and 256D.03, subdivision 4; (19) occupational therapy services under sections 256B.0625, subdivision 8a, and 256D.03, subdivision 4; (20) speech-language therapy services under section 256D.03, subdivision 4, and Minnesota Rules, part 9505.0390; and (21) respiratory therapy services under section 256D.03, subdivision 4, and Minnesota Rules, part 9505.0295. (c) Providers that receive a rate increase under this section shall use 75 percent of the additional revenue to increase wages and benefits and pay associated costs for all employees, except for management fees, the administrator, and central office staffs. (d) For public employees, the increase for wages and benefits for certain staff is available and pay rates shall be increased only to the extent that they comply with laws governing public employees collective bargaining. Money received by a provider for pay increases under this section may be used only for increases implemented on or after the first day of the rate period in which the increase is available and must not be used for increases implemented prior to that date. (e) A copy of the provider's plan for complying with paragraph (c) must be made available to all employees by giving each employee a copy or by posting a copy in an area of the provider's operation to which all employees have access. If an employee does not receive the adjustment, if any, described in the plan and is unable to resolve the problem with the provider, the employee may contact the employee's union representative. If the employee is not covered by a collective bargaining agreement, the employee may contact the commissioner at a telephone number provided by the commissioner and included in the provider's plan.

MA/MinnesotaCare Home Care Services

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|---|--------------|-------|-------|-------|-----------------------|--------------------|---------------------------|
| Home Health Aide | Visit | T1021 | | | | Y | \$52.38 |
| LPN/LVN - Regular, Private Duty | 15 Minutes | T1003 | | | | Y | \$6.08 |
| LPN/LVN - Private Duty, Shared 1:2 Ratio | 15 Minutes | T1003 | TT | | Y | Y | \$4.57 |
| LPN/LVN - Complex, Private Duty | 15 Minutes | T1003 | TG | | | Y | \$7.13 |
| Occupational Therapy | Visit | S9129 | | | | Y | \$65.35 |
| Occupational Therapy Assistant | Visit | S9129 | TF | | | Y | \$42.49 |
| Personal Care Services (PCA) - 1:1 Ratio (PCPO) | 15 Minutes | T1019 | | | | Y | \$3.81 |
| Personal Care Services (PCA) - Shared 1:2 Ratio (PCPO) ¹ | 15 Minutes | T1019 | TT | | Y | Y | \$2.86 |
| Personal Care Services (PCA) - Shared 1:3 Ratio (PCPO) ¹ | 15 Minutes | T1019 | HQ | | Y | Y | \$2.53 |
| Supervision of PCA (PCPO) | 15 Minutes | X4037 | | | | Y | \$6.71 |
| PHN Face to Face Assessment for PCA | Visit | T1001 | | | | Y | \$251.74 |
| PHN Service Update for PCA | Visit | T1001 | TS | | | Y | \$125.88 |
| PHN Temporary Service Increase for PCA | Visit | T1001 | U6 | | | Y | \$125.88 |
| Physical Therapy | Visit | S9131 | | | | Y | \$64.05 |
| Physical Therapy Assistant | Visit | S9131 | TF | | | Y | \$41.63 |
| Respiratory Therapy | Visit | S5181 | | | | Y | \$45.26 |
| RN - Regular, Private Duty | 15 Minutes | T1002 | | | | Y | \$7.92 |
| RN - Shared 1:2 Ratio, Private Duty | 15 Minutes | T1002 | TT | | Y | Y | \$5.94 |
| RN - Complex, Private Duty | 15 Minutes | T1002 | TG | | | Y | \$9.51 |
| Skilled Nurse Visit | Visit | T1030 | | | | Y | \$68.26 |
| Skilled Nurse Visit - Telehomecare | Visit | T1030 | GT | | | Y | \$68.26 |
| Speech Therapy | Visit | S9128 | | | | Y | \$65.01 |

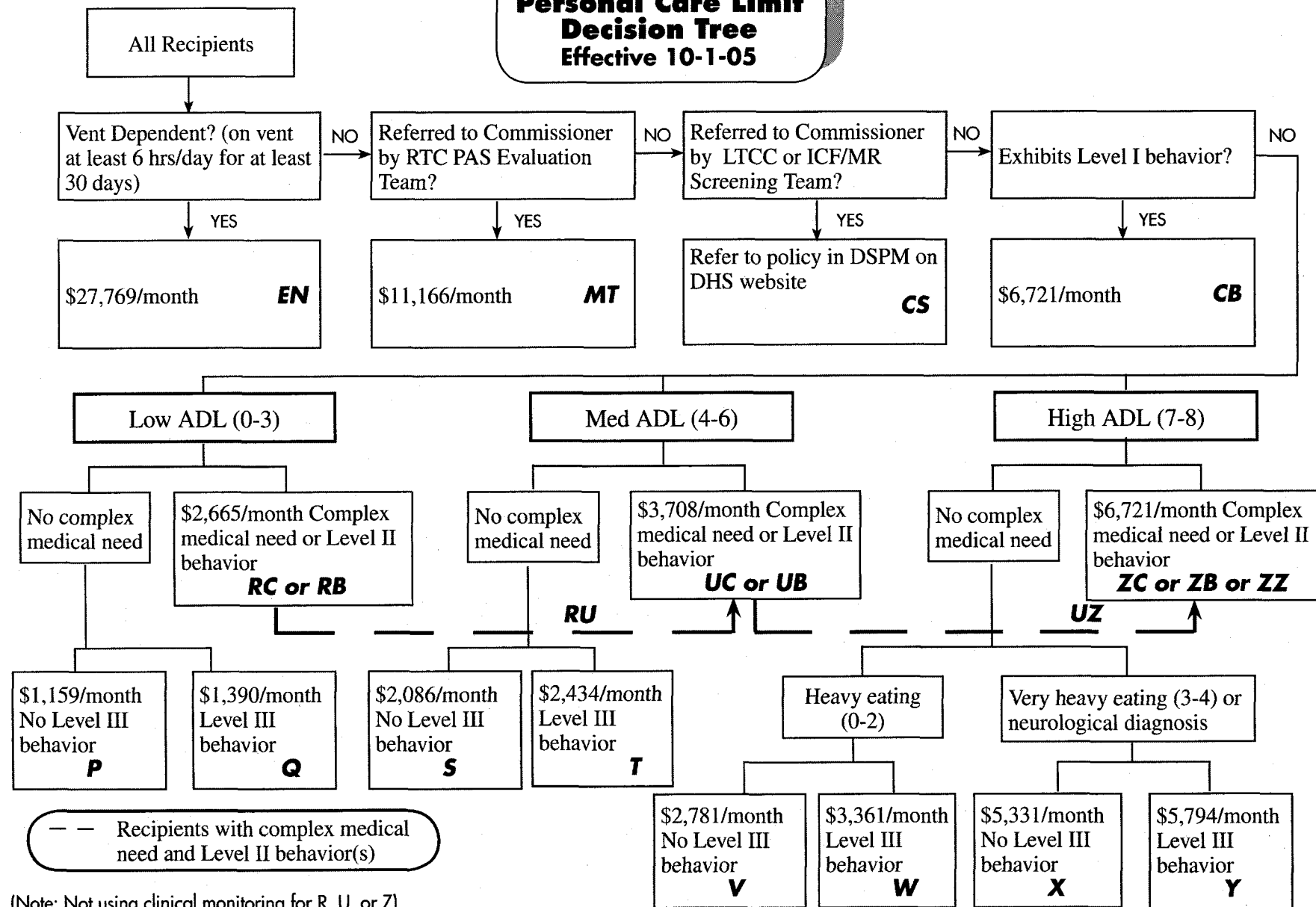
Home Care rates may not exceed published limits.

¹For shared PCA services (1:2 and 1:3), enter T1019 with a "Y" in the shared care indicator field on the service agreement. T1019 with modifiers TT and HQ are used for billing purposes only.



Note: If recipient requires private duty nursing services plus personal care, skilled nurse visits, and/or home health aide visits, use the appropriate limit as specified on Private Duty Nursing Services decision tree. The cap amount should be re-calculated and applied to the time period of the entire service agreement. The cap must cover any combination of services, even if the added service is only temporary. The cap is exceeded only when total services authorized on the service agreement are greater than the cap calculated over the time period of the entire service agreement.

Personal Care Limit Decision Tree Effective 10-1-05



(Note: Not using clinical monitoring for R, U, or Z)

The cap amount is calculated over and applied to the time period of the entire service agreement. The cap must cover any combination services, except PDN, even if the added service is only temporary. The cap is exceeded ONLY when total services authorized on the service agreement are greater than the cap calculated over the time period of the entire service agreement.

Community Alternative Care (CAC) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|--------------|-------|----------------------------|-------|-----------------------|--------------------|---------------------------|
| Case Management | 15 Minutes | X5476 | | | | N | \$22.28 |
| Case Management Aide (Paraprofessional) | 15 Minutes | X5491 | | | | N | \$8.55 |
| CDCS Background Check | Print | T2040 | | | | N | \$25.00 |
| Consumer Directed Community Supports (CDCS) ¹ | Decremental | T2028 | U1 U2 U3 U4 U8 | | | Y | Individual Budget |
| Family Counseling | 15 Minutes | S5110 | | | | N | \$23.90 |
| Family Training | 15 Minutes | X5677 | | | | N | \$9.98 |
| Foster Care, Adult | Daily | S5140 | | | | Y | \$715.79 |
| Foster Care, Adult, Corporate | Daily | S5140 | U9 | | | Y | \$736.24 |
| Foster Care, Adult | Monthly | S5141 | | | | Y | \$21,772 |
| Foster Care, Adult, Corporate | Monthly | S5141 | U9 | | | Y | \$22,394 |
| Foster Care, Child | Daily | S5145 | | | | Y | \$818.04 |
| Foster Care, Child | Monthly | S5146 | | | | Y | \$24,882 |
| Home Health Aide, Extended | 15 Minutes | G0156 | | | | Y | \$5.00 |
| Homemaker Services | 15 Minutes | S5130 | | | | N | \$4.19 |
| LPN/LVN - Regular, Extended | 15 Minutes | T1003 | UC | | | Y | \$6.08 |
| LPN/LVN - Shared 1:2 Ratio, Extended | 15 Minutes | T1003 | TT | UC | Y | Y | \$4.57 |
| LPN/LVN - Complex, Extended | 15 Minutes | T1003 | TG | UC | | Y | \$7.13 |
| Modifications | Item | S5165 | | | | N | \$11,926 |
| Nutritional Therapy, Extended | Visit | S9470 | | | | Y | \$73.38 |
| Occupational Therapy, Extended | Visit | S9129 | UC | | | Y | \$65.35 |
| Occupational Therapy Assistant, Extended | Visit | S9129 | TF | UC | | Y | \$42.49 |
| Personal Care Services (PCA) - 1:1 Ratio, Extended | 15 Minutes | T1019 | UC | | | Y | \$3.81 |
| Personal Care Services (PCA) - Shared 1:2 Ratio, Extended ² | 15 Minutes | T1019 | TT | UC | Y | Y | \$2.86 |
| Personal Care Services (PCA) - Shared 1:3 Ratio, Extended ² | 15 Minutes | T1019 | HQ | UC | Y | Y | \$2.53 |

Community Alternative Care (CAC) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|---|-------------------|--------------|-------|-------|-----------------------|--------------------|---------------------------|
| Physical Therapy Extended | Visit | S9131 | UC | | | Y | \$64.05 |
| Physical Therapy Assistant, Extended | Visit | S9131 | TF | UC | | Y | \$41.63 |
| Prescription Drugs, Extended | Per Item | X5431 | | | | N | \$62.81 |
| Respiratory Therapy, Extended | Visit | S5181 | UC | | | Y | \$45.26 |
| Respite Care Services, in Home | 15 Minutes | S5150 | | | | Y | \$4.94 |
| Respite Care Services, in Home | Daily | S5151 | | | | Y | \$499.27 |
| Respite Care Services, out of Home | 30 Minutes | X5484 | | | | N | \$9.87 |
| Respite Care Services, out of Home | Daily | H0045 | | | | Y | \$816.76 |
| RN - Regular, Extended | 15 Minutes | T1002 | UC | | | Y | \$7.92 |
| RN - Shared 1:2 Ratio, Extended | 15 Minutes | T1002 | TT | UC | Y | Y | \$5.94 |
| RN - Complex, Extended | 15 Minutes | T1002 | TG | UC | | Y | \$9.51 |
| Speech Therapy, Extended | Visit | S9128 | UC | | | Y | \$65.01 |
| Supplies/Equipment | Item | X5467 | | | | N | \$3,757.00 |
| Transportation, One Way Trip | Trip | X5601 | | | | N | \$18.41 |
| Transportation, Mileage (Commercial Vehicle) ³ | Per Mile | X5602 | | | | N | \$1.43 |
| Transportation, Mileage (Noncommercial Vehicle) | Per Mile | X5602 | | | | N | \$0.41 |
| Transportation, Extra Attendant | Extra Attendant | X5603 | | | | N | \$11.98 |

Bolded Rates may not exceed the published limit

¹**CDCS:** Five modifiers for Consumer Directed Community Supports (CDCS), T2028, are used for billing purposes only: U1, Personal Assistance; U2, Treatment and Training; U3, Environmental Modifications and Provisions; U4, Self Direction Support Activities; and U8, Flexible Case Management.

²**PCA:** For extended shared PCA services (1:2 and 1:3), enter T1019 UC with a "Y" in the shared care indicator field on the service agreement. T1019 UC with modifiers TT and HQ are used for billing purposes only.

³Transportation provided in commercial vehicles (taxis, buses) is limited to the actual cost. Use the mileage procedure code for non-commercial vehicles.

Community Alternatives For Disabled Individuals (CADI) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|-------------------|--------------|----------------------------|-------|-----------------------|--------------------|---------------------------|
| Adult Day Care Services | 15 Minutes | S5100 | | | | Y | \$3.07 |
| Adult Day Care Services | Daily | S5102 | | | | Y | \$60.64 |
| Adult Day Care Services, Bath | 15 Minutes | S5100 | TF | | | Y | \$4.71 |
| Assisted Living Services | Daily | X5604 | | | | N | \$181.71 |
| Assisted Living Services | Monthly | X5292 | | | | N | \$5,527.00 |
| Assisted Living Plus | Monthly | X5362 | | | | N | \$5,527.00 |
| Assisted Living Plus, Corporate | Monthly | X5362 | U9 | | | N | \$6,138.00 |
| Case Management | 15 Minutes | X5476 | | | | N | \$22.28 |
| Case Management Aide (Paraprofessional) | 15 Minutes | X5491 | | | | N | \$8.55 |
| CDCS Background Check | One Print | T2040 | | | | N | \$25.00 |
| Consumer Directed Community Supports (CDCS) ¹ | Decremental | T2028 | U1 U2 U3 U4 U8 | | | Y | Individual Budget |
| Family Counseling & Training | 15 Minutes | S5110 | | | | N | \$19.91 |
| Foster Care, Adult | Daily | S5140 | | | | Y | \$527.55 |
| Foster Care, Adult, Corporate | Daily | S5140 | U9 | | | Y | \$548.00 |
| Foster Care, Adult | Monthly | S5141 | | | | Y | \$16,046 |
| Foster Care, Adult, Corporate | Monthly | S5141 | U9 | | | Y | \$16,668 |
| Foster Care, Child | Daily | S5145 | | | | Y | \$527.55 |
| Foster Care, Child | Monthly | S5146 | | | | Y | \$16,046 |
| Home Delivered Meals | Per Meal | S5170 | | | | N | \$5.94 |
| Home Health Aide, Extended | 15 Minutes | G0156 | | | | Y | \$5.00 |
| Homemaker Services | 15 Minutes | S5130 | | | | N | \$4.19 |
| Independent Living Skills Counseling | 30 Minutes | X5590 | | | | N | \$28.31 |
| LPN/LVN - Regular, Extended | 15 Minutes | T1003 | UC | | | Y | \$6.08 |
| LPN/LVN - Shared 1:2 Ratio, Extended | 15 Minutes | T1003 | TT | UC | Y | Y | \$4.57 |
| LPN/LVN - Complex, Extended | 15 Minutes | T1003 | TG | UC | | Y | \$7.13 |
| Modifications | Item | S5165 | | | | N | \$11,926 |
| Occupational Therapy, Extended | Visit | S9129 | UC | | | Y | \$65.35 |
| Occupational Therapy Assistant, Extended | Visit | S9129 | TF | UC | | Y | \$42.49 |

Community Alternatives For Disabled Individuals (CADI) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|-------------------|--------------|-----------|-----------|-----------------------|--------------------|---------------------------|
| Personal Care Services (PCA) - 1:1 Ratio, Extended | 15 Minutes | T1019 | UC | | | Y | \$3.81 |
| Personal Care Services (PCA) - Shared 1:2 Ratio, Extended² | 15 Minutes | T1019 | TT | UC | Y | Y | \$2.86 |
| Personal Care Services (PCA) - Shared 1:3 Ratio, Extended² | 15 Minutes | T1019 | HQ | UC | Y | Y | \$2.53 |
| Physical Therapy, Extended | Visit | S9131 | UC | | | Y | \$64.05 |
| Physical Therapy Assistant, Extended | Visit | S9131 | TF | UC | | Y | \$41.63 |
| Prevocational Services ³ | 30 Minutes | X5507 | | | | N | \$6.14 |
| Prevocational Services ³ | Daily | X5508 | | | | N | \$60.64 |
| Residential Care Services | Daily | X5605 | | | | N | \$181.71 |
| Residential Care Services | Monthly | X5291 | | | | N | \$5,527 |
| Respiratory Therapy, Extended | Visit | S5181 | UC | | | Y | \$45.26 |
| Respite Care Services, in Home | 15 Minutes | S5150 | | | | Y | \$4.94 |
| Respite Care Services, in Home | Daily | S5151 | | | | Y | \$327.22 |
| Respite Care Services, out of Home | 30 Minutes | X5484 | | | | N | \$9.87 |
| Respite Care Services, out of Home | Daily | H0045 | | | | Y | \$314.02 |
| RN - Regular, Extended | 15 Minutes | T1002 | UC | | | Y | \$7.92 |
| RN - Shared 1:2 Ratio, Extended | 15 Minutes | T1002 | TT | UC | Y | Y | \$5.94 |
| RN - Complex, Extended | 15 Minutes | T1002 | TG | UC | | Y | \$9.51 |
| Speech Therapy, Extended | Visit | S9128 | UC | | | Y | \$65.01 |
| Supplies/Equipment | Item | X5467 | | | | N | \$3,757 |
| Supported Employment ³ | 30 Minutes | X5410 | | | | N | \$18.29 |
| Supported Employment ³ | Daily | X5412 | | | | N | \$106.08 |
| Transportation, One Way Trip | One Way Trip | X5601 | | | | N | \$18.41 |
| Transportation, Mileage (Commercial Vehicle) ⁴ | Per Mile | X5602 | | | | N | \$1.43 |
| Transportation, Mileage (Noncommercial Vehicle) | Per Mile | X5602 | | | | N | \$0.41 |
| Transportation, Extra Attendant | Extra Attendant | X5603 | | | | N | \$11.98 |

Bolded rates may not exceed published limits

¹CDCS: Five modifiers for Consumer Directed Community Supports (CDCS), T2028, are used for billing purposes only: U1, Personal Assistance; U2, Treatment and Training; U3, Environmental Modifications and Provisions; U4, Self Direction Support Activities; and U8, Flexible Case Management

Community Alternatives For Disabled Individuals (CADI) Waiver

²PCA: For extended shared PCA services (1:2 and 1:3), enter T1019 UC with a "Y" in the shared care indicator field on the service agreement. T1019 UC with modifiers TT and HQ are used for billing purposes only.

³Prevocational Services, 30 Minutes, and Supported Employment, 30 Minutes: The total number of units provided during one calendar day may not exceed the full day rate for the service. A full day is equivalent to six or more hours of service provided during one calendar day.

⁴Transportation, mileage, commercial vehicle (taxis, buses) is limited to the actual cost. Use the mileage procedure code for non-commercial vehicles.

Mental Retardation or Related Conditions Waiver (MR/RC)

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|----------------------|--------------|----------------------------|-------|-----------------------|--------------------|---------------------------|
| Adult Day Care Services | 15 Minutes | S5100 | | | | Y | \$2.83 |
| Adult Day Care Services | Daily | S5102 | | | | Y | \$67.08 |
| Assistive Technology | Item | X5671 | | | | N | \$2,385 |
| Caregiver Training and Education ¹ | Per Session | S5116 | | | | N | \$2,730 |
| Case Management | 15 Minutes | X5476 | | | | N | \$21.11 |
| Chore Services | 15 Minutes | S5120 | | | | N | \$3.39 |
| CDCS Background Check | Print | T2040 | | | | N | \$25.00 |
| Consumer Directed Community Supports (CDCS) ² | Decremental | T2028 | U1 U2 U3 U4 U8 | | | Y | Individual Budget |
| Consumer Training and Education ¹ | Per Session | X5502 | | | | N | \$2,730 |
| Crisis Respite | 15 Minutes | T1005 | | | | Y | \$30.49 |
| Crisis Respite, Specialized | 15 Minutes | T1005 | TG | | | Y | \$85.36 |
| Crisis Respite | Daily | S9125 | | | | Y | \$853.63 |
| DD Screening | Per Screening | X5400 | | | | N | \$1,219.00 |
| DT&H Waiver, Non-Pilot | Partial Day | X5679 | | | | N | Provider Specific |
| DT&H Waiver, Non-Pilot | Daily | X5680 | | | | N | Provider Specific |
| DT&H Transportation | Daily | X5681 | | | | N | Provider Specific |
| DT&H Pilot, Rate A | 60 Minutes | X5296 | | | | N | Provider Specific |
| DT&H Pilot, Rate B | 60 Minutes | X5297 | | | | N | Provider Specific |
| DT&H Pilot, Rate C | 60 Minutes | X5298 | | | | N | Provider Specific |
| DT&H Pilot, Rate D | 60 Minutes | X5299 | | | | N | Provider Specific |
| Homemaker Services | 15 Minutes | S5130 | | | | N | \$4.54 |
| Housing Access Coordination | Hourly | X5666 | | | | N | \$24.39 |
| Housing Access Coordination | Occurrence | X5667 | | | | N | \$1,147 |
| In-Home Family Support | 15 Minutes | S5125 | | | | Y | \$15.25 |
| In-Home Family Support | Daily | S5126 | TG | | | Y | \$487.79 |
| Live In Personal Caregiver Expenses | Daily | S5126 | | | | Y | \$41.43 |
| Modifications | Item | S5165 | | | | N | \$11,926 |

Mental Retardation or Related Conditions Waiver (MR/RC)

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|-------------------|--------------|-----------|-----------|-----------------------|--------------------|---------------------------|
| Personal Care Services (PCA) - 1:1 Ratio, Extended | 15 Minutes | T1019 | UC | | | Y | \$3.81 |
| Personal Care Services (PCA) - Shared 1:2 Ratio, Extended³ | 15 Minutes | T1019 | TT | UC | Y | Y | \$2.86 |
| Personal Care Services (PCA) - Shared 1:3 Ratio, Extended³ | 15 Minutes | T1019 | HQ | UC | Y | Y | \$2.53 |
| Personal Support | 15 Minutes | S5135 | | | | Y | \$7.63 |
| Personal Support | Daily | S5136 | | | | Y | \$121.96 |
| Respite Care Services, in Home | 15 Minutes | S5150 | | | | Y | \$15.25 |
| Respite Care Services, in Home | Daily | S5151 | | | | Y | \$304.87 |
| Respite Care Services, out of Home | 30 Minutes | X5484 | | | | N | \$12.19 |
| Respite Care Services, out of Home | Daily | H0045 | | | | Y | \$304.87 |
| Specialist Service | Hourly | X5674 | | | | N | \$121.96 |
| Supported Employment | 30 Minutes | X5410 | | | | N | \$18.29 |
| Supported Employment | Partial Day | X5411 | | | | N | \$85.36 |
| Supported Employment | Daily | X5412 | | | | N | \$106.08 |
| Supported Living Services, Adult | 30 Minutes | X5415 | | | | N | \$121.96 |
| Supported Living Services, Adult, Corporate | 30 Minutes | X5415 | U9 | | | N | \$121.96 |
| Supported Living Services, Adult | Daily | X5416 | | | | N | \$317.78 |
| Supported Living Services, Adult, Corporate | Daily | X5416 | U9 | | | N | \$327.09 |
| Supported Living Services, Adult | Semi-Monthly | X5398 | | | | N | \$4,975 |
| Supported Living Services, Adult | Monthly | X5398 | | | | N | \$9,666 |
| Supported Living Services, Adult | Monthly | X5398 | U9 | | | N | \$9,949 |
| Supported Living Services, Child | 30 Minutes | X5413 | | | | N | \$21.94 |
| Supported Living Services, Child | Daily | X5414 | | | | N | \$327.09 |
| Supported Living Services, Child | Semi-Monthly | X5399 | | | | N | \$4,975 |
| Supported Living Services, Child | Monthly | X5399 | | | | N | \$9,949 |
| Transportation | Roundtrip | X5601 | | | | N | \$35.87 |
| Transportation, Mileage Non-commercial Vehicle | Mileage | X5602 | | | | N | \$0.41 |
| 24-Hour Emergency Assistance | 15 Minutes | S5135 | UB | | | Y | \$6.10 |
| 24-Hour Emergency Assistance | Daily | S5136 | UB | | | Y | \$54.87 |

Bolded rates may not exceed published limits

Mental Retardation or Related Conditions Waiver (MR/RC)

¹Caregiver Training, Consumer Training, and Transportation: The unit of service is defined by the Individual Service Plan or contract.

²CDCS: Five modifiers for Consumer Directed Community Supports (CDCS), T2028, are used for billing purposes only: U1, Personal Assistance; U2, Treatment and Training; U3, Environmental Modifications and Provisions; U4, Self Direction Support Activities; and U8, Flexible Case Management.

³PCA: For extended, shared PCA services (1:2 and 1:3), enter T1019 UC with a "Y" in the shared care indicator field on the service agreement. T1019 UC with modifiers TT and HQ are used for billing purposes only.

Traumatic Brain Injury (TBI) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|-------------------|--------------|----------------------------|-------|-----------------------|--------------------|---------------------------|
| Adult Day Care Services | 15 Minutes | S5100 | | | | Y | \$3.07 |
| Adult Day Care Services | Daily | S5102 | | | | Y | \$60.64 |
| Adult Day Care Services, Bath | 15 Minutes | S5100 | TF | | | Y | \$4.71 |
| Assisted Living Services | Daily | X5604 | | | | N | \$395.65 |
| Assisted Living Services | Monthly | X5292 | | | | N | \$12,034 |
| Assisted Living Services Plus | Monthly | X5362 | | | | N | \$12,034 |
| Assisted Living Services Plus, Corporate | Monthly | X5362 | U9 | | | N | \$12,648 |
| Behavior Programming by Professional ¹ | 30 Minutes | X5583 | | | | N | \$41.15 |
| Behavior Programming by Analyst | 30 Minutes | X5570 | | | | N | \$21.69 |
| Behavior Programming by Specialist | 15 Minutes | X5582 | | | | N | \$5.42 |
| Behavior Programming by Aide | 15 Minutes | S5135 | U9 | | | Y | \$3.72 |
| Case Management | 15 Minutes | X5476 | | | | N | \$22.28 |
| Case Management Aide (Paraprofessional) | 15 Minutes | X5491 | | | | N | \$8.55 |
| Chore Services | 15 Minutes | S5120 | | | | N | \$3.29 |
| Cognitive Therapy by Professional, Extended | 30 Minutes | X5584 | | | | N | \$41.15 |
| Cognitive Therapy by BA/BS Personnel, Extended | 15 Minutes | X5574 | | | | N | \$10.84 |
| Companion Care | 15 Minutes | S5135 | | | | Y | \$1.97 |
| CDCS Background Check | Per Print | T2040 | | | | N | \$25.00 |
| Consumer Directed Community Supports (CDCS) ² | Decremental | T2028 | U1 U2 U3 U4 U8 | | | Y | Individual Budget |
| Family Counseling & Training | 15 Minutes | S5110 | | | | N | \$19.91 |
| Foster Care, Adult | Daily | S5140 | | | | Y | \$527.55 |
| Foster Care, Adult, Corporate | Daily | S5140 | U9 | | | Y | \$548.00 |
| Foster Care, Adult | Monthly | S5141 | | | | Y | \$16,046 |
| Foster Care, Adult, Corporate | Monthly | S5141 | U9 | | | Y | \$16,668 |
| Foster Care, Child | Daily | S5145 | | | | Y | \$527.55 |
| Foster Care, Child | Monthly | S5146 | | | | Y | \$16,046 |
| Home Delivered Meals | Each Meal | S5170 | | | | N | \$5.94 |
| Home Health Aide, Extended | 15 Minutes | G0156 | | | | Y | \$5.00 |
| Homemaker Services | 15 Minutes | S5130 | | | | N | \$4.19 |

Traumatic Brain Injury (TBI) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|--|-------------------|--------------|-----------|-----------|-----------------------|--------------------|---------------------------|
| Independent Living Skills, Counseling | 30 Minutes | X5590 | | | | N | \$28.31 |
| Independent Living Skills, Maintenance | 30 Minutes | X5591 | | | | N | \$14.16 |
| Independent Living Skills, Individual Therapy | 30 Minutes | X5592 | | | | N | \$33.84 |
| Independent Living Skills, Group Therapy | 30 Minutes | X5593 | | | | N | \$16.90 |
| LPN/LVN - Regular, Extended | 15 Minutes | T1003 | UC | | | Y | \$6.08 |
| LPN/LVN - Shared 1:2 Ratio, Extended | 15 Minutes | T1003 | TT | UC | Y | Y | \$4.57 |
| LPN/LVN - Complex, Extended | 15 Minutes | T1003 | TG | UC | | Y | \$7.13 |
| Modifications | Item | S5165 | | | | N | \$11,926 |
| Night Supervision | 15 Minutes | S5135 | UA | | | Y | \$3.14 |
| Occupational Therapy, Extended | Visit | S9129 | UC | | | Y | \$65.35 |
| Occupational Therapy Assistant, Extended | Visit | S9129 | TF | UC | | Y | \$42.49 |
| Personal Care Services (PCA) – 1:1 Ratio, Extended | 15 Minutes | T1019 | UC | | | Y | \$3.81 |
| Personal Care Services (PCA) - Shared 1:2 Ratio, Extended³ | 15 Minutes | T1019 | TT | UC | Y | Y | \$2.86 |
| Personal Care Services (PCA) - Shared 1:3 Ratio, Extended³ | 15 Minutes | T1019 | HQ | UC | Y | Y | \$2.53 |
| Physical Therapy, Extended | Visit | S9131 | UC | | | Y | \$64.05 |
| Physical Therapy Assistant, Extended | Visit | S9131 | TF | UC | | Y | \$41.63 |
| Prevocational Services ⁴ | 30 Minutes | X5507 | | | | N | \$6.14 |
| Prevocational Services ⁴ | Daily | X5508 | | | | N | \$60.64 |
| Residential Care Services | Daily | X5605 | | | | N | \$395.65 |
| Residential Care Services | Monthly | X5291 | | | | N | \$12,034 |
| Respiratory Therapy, Extended | Visit | S5181 | UC | | | Y | \$45.26 |
| Respite Care Services, in Home | 15 Minutes | S5150 | | | | Y | \$4.70 |
| Respite Care Services, in Home | Daily | S5151 | | | | Y | \$327.22 |
| Respite Care Services, out of Home | 30 Minutes | X5484 | | | | N | \$9.41 |
| Respite Care Services, out of Home | Daily | H0045 | | | | Y | \$309.93 |
| RN - Regular, Extended | 15 Minutes | T1002 | UC | | | Y | \$7.92 |
| RN - Shared 1:2 Ratio, Extended | 15 Minutes | T1002 | TT | UC | Y | Y | \$5.94 |
| RN - Complex, Extended | 15 Minutes | T1002 | TG | UC | | Y | \$9.51 |
| Speech Therapy, Extended | Visit | S9128 | UC | | | Y | \$65.01 |

Traumatic Brain Injury (TBI) Waiver

| Procedure Code Description | Service Unit | Code | Mod 1 | Mod 2 | Shared Care Indicator | Diagnosis Required | Reference File Rate Limit |
|---|-----------------|-------|-------|-------|-----------------------|--------------------|---------------------------|
| Structured Day Program | 30 Minutes | X5599 | | | | N | \$19.78 |
| Structured Day Program | Daily | X5600 | | | | N | \$114.75 |
| Supplies/Equipment | Item | X5467 | | | | N | \$3,613 |
| Supported Employment ⁴ | 30 Minutes | X5410 | | | | N | \$18.29 |
| Supported Employment ⁴ | Daily | X5412 | | | | N | \$106.08 |
| Transportation, One Way Trip | One Way Trip | X5601 | | | | N | \$18.41 |
| Transportation, Mileage (Commercial Vehicle) ⁵ | Per Mile | X5602 | | | | N | \$1.43 |
| Transportation, Mileage (Noncommercial Vehicle) | Per Mile | X5602 | | | | N | \$0.41 |
| Transportation, Extra Attendant | Extra Attendant | X5603 | | | | N | \$11.98 |

Bolded rates may not exceed published limits

¹Behavior Programming by Professional: Master prepared professionals may be reimbursed at 80% of the maximum rate.

²Consumer Directed Community Supports (CDCS), T2028, Five modifiers are used for billing purposes only: U1, Personal Assistance; U2, Treatment and Training; U3, Environmental Modifications and Provisions; U4, Self Direction Support Activities; and U8, Flexible Case Management.

³For extended shared PCA services (1:2 and 1:3), enter T1019 UC with a "Y" in the shared care indicator field on the service agreement. T1019 UC with modifiers TT and HQ are used for billing purposes only.

⁴The total number of units provided during one calendar day may not exceed the full day rate for the service. Full day is equivalent to six or more hours of service provided during one calendar day.

⁵Transportation provided in commercial vehicles (taxis, buses) is limited to the actual cost. Use the mileage procedure code for non-commercial vehicles.

Home Care Rating Budgets for Consumer Support Grant (CSG)

| MA Home Care Rating | Monthly Budget Beginning 10/1/05 |
|--------------------------------|---|
| CA | \$1,975 |
| CB | \$936 |
| CS | \$2,813 |
| EN | \$6,574 |
| JJ | \$258 |
| HL | \$5,422 |
| MT | \$3,934 |
| P | \$256 |
| PD | \$2,665 |
| Q | \$281 |
| RB | \$325 |
| RC | \$383 |
| RU | \$658 |
| S | \$460 |
| T | \$446 |
| UB | \$575 |
| UC | \$645 |
| UZ | \$835 |
| V | \$681 |
| W | \$698 |
| X | \$1,102 |
| Y | \$986 |
| ZB | \$1,031 |
| ZC | \$1,585 |
| ZZ | \$1,272 |

MMIS AUTOMATION PROCESS FOR 2005

MMIS Automation

Rate Change Dates: The new reference file rate limits for all CAC, CADI, TBI, MR/RC and home care services will be entered into MMIS 09/08/05-09/09/05.

Automation Dates: MMIS will be programmed to partially adjust CAC, CADI, TBI, and MR/RC service agreement line items, including home care line items on waiver service agreements affected by the rate limit increase.

When the adjustment process is complete, an "all clear" e-mail will be sent to the RCSU mail group via MAXIS and the DSD-County-List-Serv.

Counties ***SHOULD NOT*** make changes to service agreements from 09/08/05 to 09/12/05 until the all clear e-mail is received.

A backup of the production file will be made before starting the automation process. This backup will be used to restore service agreements if an error occurs during automation. Changes made on or after 09/08/05 will not be included in the backup file and cannot be restored in the event of an error.

After the automation is complete, the *Service Agreement/Procedure Code Rate Increase Report* (PWMW941A-R2083) will be available in Infopac for each county. This report identifies the waiver service agreements with at least one home care or waiver service line item affected by the automation. Page 6 of Attachment I shows a copy of the report format.

Manual Option: Counties have the option of making all necessary adjustments for line items in CAC, CADI, TBI, and MR/RC service agreements manually. See instructions on page % of this attachment.

MMIS Partial Automation for Adjusting CAC, CADI, TBI and MR/RC Service Agreement Line Items

Service agreement lines for CAC, CADI, TBI and MR/RC (including home care lines on waiver service agreements) will be partially adjusted by MMIS if all the following criteria are met:

- The line item has a status of approved, pended or suspended.
- The line item dates include the date of 10/01/05 or later.
- The line item is priced by a rate and unit, not a total amount.

Lines that begin prior to 10/01/05 and end after 10/01/05

MMIS will do the following to the existing line:

- Change the line item end date to 09/30/05.
- Prorate the units of service.
- Add reason code 499 to the line which explains that the line has been changed due to the rate increase. Any existing reason codes will now display after the 499.

MMIS will create a new line for the same procedure code beginning 10/01/05. On the newly created line, MMIS will:

- Use the same end date as the original line item.
- Use the same provider number.
- Leave the rate field blank, except for DT&H. DT&H rates will be automatically entered.
- Prorate the units of service (*Req Tot Units*).
- Enter a "MM" in the *Source (SRC)* field if the procedure code requires manual pricing.
- Add reason code 499. Any other reason code that was displayed on the original line is moved to this line after the 499.
- Suspend the new line.
- Change the SA header status to "T" (partially suspended) if it was originally approved.
- Post edit 380 (Automatic Line Adjustment) on the old and new lines to route the SA to the county for further adjustments.

Counties must:

- Enter the appropriate rate except for DT&H rates which MMIS entered.
- Review the number of units to determine if adjustments are needed. MMIS will automatically prorate line item units according to logic dependent on the length of the line dates and the number of units authorized. Counties must check to see if the number of units is sufficient based on the person's needs, adding or subtracting units as appropriate.
- Remove existing reason codes that are no longer needed (except the 499).
- Approve the new line.
- Change the header status to "A" (approved).

Lines that begin on or after 10/01/05

MMIS will:

- Change the line item status to suspend (if previously approved).
- Post edit 380 (Automatic Line Adjustment).
- Add reason code 499 to the line which explains that the line has been changed due to the rate increase. Any existing reason codes will now display after the 499.
- Leave the current rate.

Counties must:

- Adjust the rate, if appropriate.
- Remove existing reason codes that are no longer needed.
- Approve the line.
- Change the header status to "A" (approved).

Lines that end after 09/30/05 with no unpaid units remaining or with no units left after the calculation is performed to prorate the units

MMIS will:

- Enter a line item end date of 09/30/05.

Counties must:

- Do nothing unless the service is continuing beyond 09/30/05. If the service is continuing, counties must enter a new line beginning 10/01/05 with the correct rate and units and approve the line.
- If the procedure code requires manual pricing, remember to enter "MM" in the *Source (SRC)* field prior to approving the line. Procedure codes that require manual pricing are:

Assisted Living, Monthly (X5292),
Assisted Living Plus, Monthly (X5362),
Foster Care, Adult, Monthly (S5141),
Foster Care, Child, Monthly (S5146),
Out of Home Respite, Daily (H0045),
Residential Care, Monthly (X5291).

Exceptions

Line items with the following services will not be affected by the automation:

- Assistive Technology (X5671)
- Caregiver Training and Education (S5116)
- CDCS Background Check (T2040)
- Consumer Directed Community Supports - CDCS (T2028)
- Consumer Training and Education (X5502)
- Housing Access Coordination-Occurrence (X5667)
- Modifications (S5165)
- Supplies and Equipment (X5467)

Approving Rates Over the MMIS Reference File Limit

Service rates for the CAC, CADI, TBI, and MR/RC waivers are county negotiated **except** for case management, homemaker and home care services. Counties wanting to approve a rate higher than the MMIS Reference File Limit for services other than case management, homemaker and home care services, must manually price the line.

To manually price a line if entering a rate and a unit, counties must:

- Enter the higher rate in the *Requested Rate Per Unit (Req Rate/Unit)* field.
- Enter the number of units authorized in the *Requested Total Units (Req Tot Units)* field.
- Enter the higher rate in the *Approved Rate Per Unit (App Rate/Unit)* field.
- Enter "MM" in the *Source (SRC)* field.

To manually price a line that is a lump sum amount, counties must:

- Enter the total amount in the *Requested Total Amount (Req Tot Amt)* field.
- Enter the total amount in the *Approved Rate Per Unit (App Rate/Unit)* field.
- Enter "MM" in the *Source (SRC)* field.

Manually pricing the line with a rate that is higher than the Reference File Rate Limit will cause service agreement edit 321 (*Manual Price Greater Than the Allowed Charge*) to post. Counties will be able to force edit 321 on an ongoing basis beginning 09/12/2005.

Counties should only approve rates over the MMIS Reference File Rate Limits for services other than case management, homemaker and home care services and only when the county can manage the cost within its aggregate budget.

Provider Billing

Payment is made at the provider's usual and customary charge or the maximum county negotiated reimbursement rate, whichever is less. Providers must wait until receiving an updated MMIS service agreement letter to bill for October services.

Manual Option for Adjusting Lines on CAC, CADI, TBI and MR/RC Service Agreements

Counties may manually adjust line items (including home care lines) on CAC, CADI, TBI and MR/RC service agreements before the scheduled automatic adjustment. Any changes must be completed prior to 09/08/05.

Counties must:

- Identify line items with dates that begin prior to and end after 10/01/05.
- Change the line item end date to 09/30/05.
- Create an identical new line beginning 10/01/05.
- Except for DT&H services, enter the appropriate rate for the new line in the *Req Rate/Unit* field. Rates for DT&H will be automatically entered on the new line.
- Decide how to divide the units between the 2 line items.
- Adjust the units on the old line.
- Enter the appropriate units in the *Req Tot Units* field of the new line.
- Leave the new line item suspended.
- Leave the service agreement header status as "T" (partially suspended) until after the automation.

Once the automation has occurred and the all-clear email is sent, counties can approve these lines.

ROUTE: PWMW9999
 PROC: PWMW9R4A
 REPT: PWMW941A-R2083
 FICHE:

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)
 SERVICE AGREEMENT / PROCEDURE CODE RATE INCREASE REPORT

PROCESSING DATE 10/07/2004
 PROCESSING TIME 02:09:36
 PAGE 434

RATE UPDATE DATE 09/12/2005

999 COUNTY NAME

| SERV AGMNT REMAING NUMBER | RECIPIENT NAME | RECIP ID | CLERK ID | PROVIDER NUMBER | START DATE | END DATE | PROC CODE | MODS:1-4 | RQSTD UNITS | F | UNITS |
|---------------------------------|----------------|-------------|-------------|--------------------|---------------|-------------|--------------|----------|----------------|---|-------|
| 000000000000 2 | MOUSE MINNIE | M 00000000 | 00000000 | 0000000000 | 11/01/05 | 11/30/05 | T1021 | | 2 | | |
| 000000000000 186 | MOUSE MINNIE | M 00000000 | 00000000 | 0000000000 | 02/27/05 | 10/31/05 | X5264 | | 278 | | |
| 000000000000 5 | MOUSE MINNIE | M 00000000 | 00000000 | 0000000000 | 02/27/05 | 10/31/05 | X5284 | | 38 | | |
| 000000000000 36 | MOUSE MINNIE | M 00000000 | 00000000 | 0000000000 | 02/27/05 | 10/31/05 | X5285 | | 110 | | |
| 000000000000 168 | MOUSE MINNIE | M 00000000 | 00000000 | 0000000000 | 02/27/05 | 10/31/05 | X5655 | | 360 | | |
| 000000000000 2 | MOUSE MICKEY | M 00000000 | 00000000 | 0000000000 | 11/01/05 | 12/28/05 | S5130 | | 2 | | |
| 000000000000 2 | MOUSE MICKEY | M 00000000 | 00000000 | 0000000000 | 11/01/05 | 02/28/06 | T1030 | | 2 | | |
| 000000000000 53 | MOUSE MICKEY | M 00000000 | 00000000 | 0000000000 | 03/01/05 | 10/31/05 | X5284 | | 53 | | |
| 000000000000 888 | MOUSE MICKEY | M 00000000 | 00000000 | 0000000000 | 03/01/05 | 10/31/05 | X5655 | | 960 | | |