

# Long-Term Services and Supports Service Rate Limits Effective July 1, 2020

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**Links:**
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[Disability Waivers Rate System](#)
[Elderly Waiver Customized Living Tools](#)
[Specialized Supplies & Equipment Authorization & Billing Responsibilities](#)

## Alternative Care (AC) Program Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Adult Companion Services	15 Minutes	S5135	\$2.57	\$2.57
Adult Day Services	15 Minutes	S5100	\$3.45	\$3.45
Adult Day Services - FADS	15 Minutes	S5100 U7	\$3.45	\$3.45
Adult Day Services Bath	15 Minutes	S5100 TF	\$7.65	\$7.65
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	\$4.15	\$4.15
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount
Discretionary Services Option	N/A	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 \$20,000	EAA services cannot exceed \$20,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000

## Alternative Care (AC) Program Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000
Family Caregiver / Family Memory Care	15 Minutes	S5115 TG	\$18.11	\$18.11
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 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	\$7.06	\$7.31
Home Health Aide	15 Minutes	T1004	\$8.01	\$8.01
Home Health Aide	Visit	T1021	\$57.57	\$57.57
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

## Alternative Care (AC) Program Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.84	\$4.84
Homemaker / Cleaning	15 Minutes	S5130	\$4.84	\$4.84
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.84	\$4.84
Individual Community Living Support (ICLS) - In-person	15 Minutes	H2015 U3	\$6.10	\$6.10
Individual Community Living Support (ICLS) - Remote - only	15 Minutes	H2015 U3 U4	\$6.10	\$6.10
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	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio	15 Minutes	T1019 TT	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:3 Ratio	15 Minutes	T1019 HQ	\$2.93	\$2.93
Personal Care Assistance (PCA) - Complex, 1:1 Ratio	15 Minutes	T1019 TG	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio	15 Minutes	T1019 TG TT	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:3 Ratio	15 Minutes	T1019 HQ TG	\$3.15	\$3.15

## Alternative Care (AC) Program Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82
Respite Care Services, In Home	15 Minutes	S5150	\$5.77	\$5.77
Respite Care Services, In Home	Daily	S5151	\$103.85	\$103.85
Respite Care Services, Out of Home	15 Minutes	S5150 UB	\$5.77	\$5.77
Respite Care Services, Out of Home	Daily	H0045	\$103.85	\$103.85
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
Skilled Nurse Visit - LPN	Visit	T1031	\$75.02	\$75.02
Skilled Nurse Visit - LPN - Telehomecare	Visit	T1031 GT	\$75.02	\$75.02
Skilled Nurse Visit - RN	Visit	T1030	\$75.02	\$75.02
Skilled Nurse Visit - RN - Telehomecare	Visit	T1030 GT	\$75.02	\$75.02
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	\$1.54	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.58	\$0.58

## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Services	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services Bath	15 Minutes	S5100 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
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$17.17	\$17.17
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget

## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living - 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
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 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
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published

## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
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 Nursing - LPN Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
Home Care Nursing - LPN Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
Home Care Nursing - LPN Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
Home Care Nursing - RN Complex, Extended	15 Minutes	T1002 TG UC	\$10.44	\$10.44
Home Care Nursing - RN Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
Home Care Nursing - RN Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Delivered Meals	One Meal Per Day	S5170	\$6.53	\$6.53
Home Health Aide, Extended	15 Minutes	T1004	\$5.49	\$5.49



## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination - Stage 1 - Plan	15 Minutes	H2015 UB	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 2 - Find	15 Minutes	H2015 UC	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 3 - Move	15 Minutes	H2015 UD	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 4 - Follow Up	15 Minutes	H2015 TS	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:1	15 Minutes	H2032 TF	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:2	15 Minutes	H2032 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
Individualized Home Supports	Daily	H0043 U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:1	15 Minutes	H2014 U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:1 Remote	15 Minutes	H2014 U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:2	15 Minutes	H2014 U3 UN	Maximum Rate Not Published	Maximum Rate Not Published

## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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/MSH+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	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	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.93	\$2.93
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Extended	15 Minutes	T1019 TG UC	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Extended	15 Minutes	T1019 TG TT UC	\$3.59	\$3.59

## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Extended	15 Minutes	T1019 HQ TG UC	\$3.15	\$3.15
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82
Personal Support	15 Minutes	S5135 U4	Maximum Rate Not Published	Maximum Rate Not Published
Physical Therapy Assistant, Extended	Visit	S9131 TF UC	\$50.33	\$50.33
Physical Therapy, Extended	Visit	S9131 UC	\$77.43	\$77.43
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
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
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, 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

## Brain Injury (BI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP home health services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
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 Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Transitional Services - Deposits and Moving Expenses	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	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.54	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.58	\$0.58

## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Services	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	Daily (6 or more hours / day)	S5102 U7	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
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$17.17	\$17.17
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 Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published

## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 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
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
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

## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Home Care Nursing - LPN Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
Home Care Nursing - LPN Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
Home Care Nursing - LPN Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
Home Care Nursing - RN Complex, Extended	15 Minutes	T1002 TG UC	\$10.44	\$10.44
Home Care Nursing - RN Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
Home Care Nursing - RN Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Delivered Meals	One Meal Per Day	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 / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination - Stage 1 - Plan	15 Minutes	H2015 UB	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 2 - Find	15 Minutes	H2015 UC	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 3 - Move	15 Minutes	H2015 UD	Maximum Rate Not Published	Maximum Rate Not Published

## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Housing Access Coordination - Stage 4 - Follow Up	15 Minutes	H2015 TS	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:1	15 Minutes	H2032 TF	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:2	15 Minutes	H2032 TF TT	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports	Daily	H0043 U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:1	15 Minutes	H2014 U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:1 Remote	15 Minutes	H2014 U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:2	15 Minutes	H2014 U3 UN	Maximum Rate Not Published	Maximum Rate Not Published
In-Home Family Support	15 Minutes	S5125	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
Nutrition Services	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



## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.93	\$2.93
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Extended	15 Minutes	T1019 TG UC	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Extended	15 Minutes	T1019 TG TT UC	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Extended	15 Minutes	T1019 HQ TG UC	\$3.15	\$3.15
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82
Personal Support	15 Minutes	S5135 U4	Maximum Rate Not Published	Maximum Rate Not Published
Physical Therapy Assistant, Extended	Visit	S9131 TF UC	\$50.33	\$50.33
Physical Therapy, Extended	Visit	S9131 UC	\$77.43	\$77.43
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published

## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
Respiratory Therapy, Extended	Visit	S5181 UC	\$49.74	\$49.74
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
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP home health services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Specialized Supplies & Equipment	Per Year	T2029	\$3,909.00	\$3,909.00
Speech Therapy, Extended	Visit	S9128 UC	\$78.60	\$78.60
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Transitional Services - Deposits and Moving Expenses	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

## Community Alternative Care (CAC) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Transportation	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.54	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.58	\$0.58

# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Services	15 Minutes	S5135	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services Bath	15 Minutes	S5100 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
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$17.17	\$17.17
Consumer Directed Community Supports (CDCS)	Decremental	T2028	Individual Budget	Individual Budget

# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Staff	15 Minutes	T1005 TG	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living	Daily	T2031	Maximum Rate Not Published	Maximum Rate Not Published
Customized Living - 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
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 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
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published

# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
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 Nursing - LPN Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
Home Care Nursing - LPN Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
Home Care Nursing - LPN Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
Home Care Nursing - RN Complex, Extended	15 Minutes	T1002 TG UC	\$10.44	\$10.44
Home Care Nursing - RN Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
Home Care Nursing - RN Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Delivered Meals	One Meal Per Day	S5170	\$6.53	\$6.53
Home Health Aide, Extended	15 Minutes	T1004	\$5.49	\$5.49

# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.61	\$4.61
Homemaker / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination - Stage 1 - Plan	15 Minutes	H2015 UB	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 2 - Find	15 Minutes	H2015 UC	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 3 - Move	15 Minutes	H2015 UD	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 4 - Follow Up	15 Minutes	H2015 TS	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:1	15 Minutes	H2032 TF	Maximum Rate Not Published	Maximum Rate Not Published
Independent Living Skills Training 1:2	15 Minutes	H2032 TF TT	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports	Daily	H0043 U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:1	15 Minutes	H2014 U3	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:1 Remote	15 Minutes	H2014 U3 U4	Maximum Rate Not Published	Maximum Rate Not Published
Individualized Home Supports, 1:2	15 Minutes	H2014 U3 UN	Maximum Rate Not Published	Maximum Rate Not Published
In-Home Family Support	15 Minutes	S5125	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66

# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
MSHO/MSCH+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	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	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.93	\$2.93
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Extended	15 Minutes	T1019 TG UC	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Extended	15 Minutes	T1019 TG TT UC	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Extended	15 Minutes	T1019 HQ TG UC	\$3.15	\$3.15
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82



# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Personal Support	15 Minutes	S5135 U4	Maximum Rate Not Published	Maximum Rate Not Published
Physical Therapy Assistant, Extended	Visit	S9131 TF UC	\$50.33	\$50.33
Physical Therapy, Extended	Visit	S9131 UC	\$77.43	\$77.43
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	Maximum Rate Not Published	Maximum Rate Not Published
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
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, 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
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published

# Community Access for Disability Inclusion (CADI) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
SNBC/Families and Children PMAP home health services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Specialized Supplies & Equipment	Per Year	T2029	\$3,909.00	\$3,909.00
Speech Therapy, Extended	Visit	S9128 UC	\$78.60	\$78.60
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
Transitional Services - Deposits and Moving Expenses	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	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.54	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.58	\$0.58

## Developmental Disabilities (DD) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Services	15 Minutes	S5100	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services	Daily (6 or more hours / day)	S5102	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	15 Minutes	S5100 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services - FADS	Daily (6 or more hours / day)	S5102 U7	Maximum Rate Not Published	Maximum Rate Not Published
Adult Day Services 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
Case Management Aide (Paraprofessional)	15 Minutes	T1016 TF UC	\$9.39	\$9.39
CDCS Background Check	Per Print	T2040	\$25.00	\$25.00
Chore Services	15 Minutes	S5120	\$3.76	\$3.76
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$17.17	\$17.17

## Developmental Disabilities (DD) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Staff	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
Employment Development	15 Minutes	T2019 U3	Maximum Rate Not Published	Maximum Rate Not Published
Employment Exploration	15 Minutes	T2019 U2	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Group	15 Minutes	T2019 HQ	Maximum Rate Not Published	Maximum Rate Not Published
Employment Support, Individual	15 Minutes	T2019 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

## Developmental Disabilities (DD) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$40,000	EAA services cannot exceed \$40,000
Environmental Accessibility Adaptations, Home, Additional Square Footage	Per Waiver Year	S5165 U3	Maximum Rate Not Published	Maximum Rate Not Published
Family Counseling	15 Minutes	H0004	Maximum Rate Not Published	Maximum Rate Not Published
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 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 / Cleaning	15 Minutes	S5130	\$4.61	\$4.61
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.61	\$4.61
Housing Access Coordination - Stage 1 - Plan	15 Minutes	H2015 UB	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 2 - Find	15 Minutes	H2015 UC	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 3 - Move	15 Minutes	H2015 UD	Maximum Rate Not Published	Maximum Rate Not Published
Housing Access Coordination - Stage 4 - Follow Up	15 Minutes	H2015 TS	Maximum Rate Not Published	Maximum Rate Not Published
In-Home Family Support	15 Minutes	S5125	Maximum Rate Not Published	Maximum Rate Not Published
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66

## Developmental Disabilities (DD) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN provided by health plan
Night Supervision Services	15 Minutes	S5135 UA	Maximum Rate Not Published	Maximum Rate Not Published
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	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.93	\$2.93
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Extended	15 Minutes	T1019 TG UC	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Extended	15 Minutes	T1019 TG TT UC	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Extended	15 Minutes	T1019 HQ TG UC	\$3.15	\$3.15
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82
Personal Support	15 Minutes	S5135 U4	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Analyst	15 Minutes	H2019	Maximum Rate Not Published	Maximum Rate Not Published

## Developmental Disabilities (DD) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Positive Support by Professional	15 Minutes	H2019 TG	Maximum Rate Not Published	Maximum Rate Not Published
Positive Support by Specialist	15 Minutes	H2019 TF	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
Respite Care Services, Out of Home, No Room and Board	Daily (10 or more hours / day)	H0045 UA	Maximum Rate Not Published	Maximum Rate Not Published
Respite Care Services, With Room and Board	Daily (10 or more hours / day)	H0045	Maximum Rate Not Published	Maximum Rate Not Published
SNBC/Families and Children PMAP home health services	N/A	X5609	HHA & SN provided by health plan	HHA & SN provided by health plan
Specialist Services	Per hour	T2013	Maximum Rate Not Published	Maximum Rate Not Published
Supported Employment Benchmark Incentive Payment, MHM only	Daily	T2018 U6	\$760.00	\$760.00
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 in Own Home, 1:1 Remote	15 Minutes	H2014 U3 U4	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

## Developmental Disabilities (DD) Waiver Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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	T2016 HA U9	Maximum Rate Not Published	Maximum Rate Not Published
Transitional Services - Deposits and Moving Expenses	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	One Way Trip	T2003 UC	Maximum Rate Not Published	Maximum Rate Not Published
Transportation, Mileage (Commercial Vehicle)	Per Mile	S0215 UC	\$1.54	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.58	\$0.58



## Elderly Waiver (EW) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Adult Companion Services	15 Minutes	S5135	\$2.57	\$2.57
Adult Day Services	15 Minutes	S5100	\$3.45	\$3.45
Adult Day Services - FADS	15 Minutes	S5100 U7	\$3.45	\$3.45
Adult Day Services Bath	15 Minutes	S5100 TF	\$7.65	\$7.65
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
Chore Services	15 Minutes	S5120	\$4.15	\$4.15
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$17.17	\$17.17
Consumer Directed Community Supports (CDCS)	Per Month	T2028	Up to the CDCS case mix cap amount	Up to the CDCS case mix cap amount
Customized Living	Daily	T2031	See EW Customized Living (T2030, T2031) Limits	See EW Customized Living (T2030, T2031) Limits
Customized Living - 24 Hour	Daily	T2031 TG	See 24-Hour CL service rate Limits	See 24-Hour CL service rate Limits
Environmental Accessibility Adaptations / Home Assessment	Per Assessment	T1028	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000
Environmental Accessibility Adaptations / Home Install	Per Waiver Year	S5165	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000

## Elderly Waiver (EW) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Environmental Accessibility Adaptations / Vehicle Assessment	Per Assessment	T2039 UD	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000
Environmental Accessibility Adaptations / Vehicle Install	Per Waiver Year	T2039	EAA services cannot exceed \$20,000	EAA services cannot exceed \$20,000
Family Caregiver / Family Memory Care	15 Minutes	S5115 TG	\$18.11	\$18.11
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
Foster Care, Adult Family	Daily	S5140	Up to the case mix budget cap	Up to the case mix budget cap
Foster Care, Adult, Corporate	Daily	S5140 U9	Up to the case mix budget cap	Up to the case mix budget cap
Home Care Nursing - LPN Complex, Extended	15 Minutes	T1003 TG UC	\$7.84	\$7.84
Home Care Nursing - LPN Regular, Extended	15 Minutes	T1003 UC	\$6.69	\$6.69
Home Care Nursing - LPN Shared 1:2 Ratio, Extended	15 Minutes	T1003 TT UC	\$5.02	\$5.02
Home Care Nursing - RN Complex, Extended	15 Minutes	T1002 TG UC	\$10.44	\$10.44
Home Care Nursing - RN Regular, Extended	15 Minutes	T1002 UC	\$8.71	\$8.71
Home Care Nursing - RN Shared 1:2 Ratio, Extended	15 Minutes	T1002 TT UC	\$6.53	\$6.53
Home Care Training - Family, MHM only	Per Session	S5111 U6	\$145.49	\$145.49
Home Delivered Meals	One Meal Per Day	S5170	\$7.06	\$7.31

## Elderly Waiver (EW) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Home Health Aide, Extended	15 Minutes	T1004	\$8.01	\$8.01
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.84	\$4.84
Homemaker / Cleaning	15 Minutes	S5130	\$4.84	\$4.84
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.84	\$4.84
Individual Community Living Support (ICLS) - In-person	15 Minutes	H2015 U3	\$6.10	\$6.10
Individual Community Living Support (ICLS) - Remote - only	15 Minutes	H2015 U3 U4	\$6.10	\$6.10
Membership Fees (exercise classes, health club/fitness center), MHM only	Per Month	S9970 U6 U5	\$66.66	\$66.66
MSHO/MSC+ Home Care Services	N/A	X5609	PCA, HHA, SN, HCN provided by health plan	PCA, HHA, SN, HCN 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	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio, Extended	15 Minutes	T1019 TT UC	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:3 Ratio, Extended	15 Minutes	T1019 HQ UC	\$2.93	\$2.93

## Elderly Waiver (EW) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Extended	15 Minutes	T1019 TG UC	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Extended	15 Minutes	T1019 TG TT UC	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Extended	15 Minutes	T1019 HQ TG UC	\$3.15	\$3.15
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82
Respite Care Services, In Home	15 Minutes	S5150	\$5.77	\$5.77
Respite Care Services, In Home	Daily	S5151	\$103.85	\$103.85
Respite Care Services, Out of Home	15 Minutes	S5150 UB	\$5.77	\$5.77
Respite Care Services, Out of Home	Daily	H0045	\$103.85	\$103.85
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	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	\$1.54	\$1.54
Transportation, Mileage (Non-commercial Vehicle)	Per Mile	S0215 UC	\$0.58	\$0.58

## Essential Community Supports (ECS) Program Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Adult Day Services	15 Minutes	S5100	\$3.45	\$3.45
Adult Day Services - FADS	15 Minutes	S5100 U7	\$3.45	\$3.45
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	\$4.15	\$4.15
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	\$7.06	\$7.31
Homemaker / Assistance with Personal Cares	15 Minutes	S5130 TG	\$4.84	\$4.84
Homemaker / Cleaning	15 Minutes	S5130	\$4.84	\$4.84
Homemaker / Home Management	15 Minutes	S5130 TF	\$4.84	\$4.84
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 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
PERS Purchase	Each Time	S5162	\$1,500.00	\$1,500.00

# Home Care Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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 Health Aide	Visit	T1021	\$57.57	\$57.57
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	15 Minutes	T1019	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:1 Ratio, Notice of Reduction	15 Minutes	T1019 U5	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:1 Ratio, Temporary 45 Day Increase	15 Minutes	T1019 U6	\$4.45	\$4.45
Personal Care Assistance (PCA) - 1:2 Ratio	15 Minutes	T1019 TT	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:2 Ratio, Notice of Reduction	15 Minutes	T1019 TT U5	\$3.34	\$3.34
Personal Care Assistance (PCA) - 1:2 Ratio, Temporary 45 Day Increase	15 Minutes	T1019 TT U6	\$3.34	\$3.34

## Home Care Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Personal Care Assistance (PCA) - 1:3 Ratio	15 Minutes	T1019 HQ	\$2.93	\$2.93
Personal Care Assistance (PCA) - 1:3 Ratio, Notice of Reduction	15 Minutes	T1019 HQ U5	\$2.93	\$2.93
Personal Care Assistance (PCA) - 1:3 Ratio, Temporary 45 Day Increase	15 Minutes	T1019 HQ U6	\$2.93	\$2.93
Personal Care Assistance (PCA) - Complex, 1:1 Ratio	15 Minutes	T1019 TG	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Notice of Reduction	15 Minutes	T1019 TG U5	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:1 Ratio, Temporary 45 Day Increase	15 Minutes	T1019 TG U6	\$4.78	\$4.78
Personal Care Assistance (PCA) - Complex, 1:2 Ratio	15 Minutes	T1019 TG TT	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Notice of Reduction	15 Minutes	T1019 TG TT U5	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:2 Ratio, Temporary 45 Day Increase	15 Minutes	T1019 TG TT U6	\$3.59	\$3.59
Personal Care Assistance (PCA) - Complex, 1:3 Ratio	15 Minutes	T1019 HQ TG	\$3.15	\$3.15
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Notice of Reduction	15 Minutes	T1019 HQ TG U5	\$3.15	\$3.15
Personal Care Assistance (PCA) - Complex, 1:3 Ratio, Temporary 45 Day Increase	15 Minutes	T1019 HQ TG U6	\$3.15	\$3.15
Personal Care Assistance (PCA) - RN supervision	15 Minutes	T1019 UA	\$7.82	\$7.82
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



## Home Care Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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
Skilled Nurse Visit - LPN	Visit	T1031	\$75.02	\$75.02
Skilled Nurse Visit - LPN - Telehomecare	Visit	T1031 GT	\$75.02	\$75.02
Skilled Nurse Visit - RN	Visit	T1030	\$75.02	\$75.02
Skilled Nurse Visit - RN - Telehomecare	Visit	T1030 GT	\$75.02	\$75.02
Speech Therapy	Visit	S9128	\$78.60	\$78.60

## Moving Home Minnesota (MHM) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Case Management - Demonstration	15 Minutes	T1016 U6	\$24.47	\$24.47
Comprehensive Community Support Services, MHM only	15 Minutes	H2015 U6	\$17.17	\$17.17
Cost for Finding Housing/Employment - Ancillary (Recipient Lodging)	Actual Cost- Daily Maximum	A0180 U6	\$125.00	\$125.00
Cost for Finding Housing/Employment (Case Worker)	Per Mile	A0160 U6	\$0.54	\$0.54
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
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
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
Home Care Training - Family, MHM only	Per Session	S5111 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

## Moving Home Minnesota (MHM) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
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
Respite Care Services, In Home	15 Minutes	S5150 U6	\$5.47	\$5.47
Respite Care Services, In Home	Daily (10 or more hours / day)	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 (10 or more hours / day)	H0045 U6	\$363.19	\$363.19
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
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

## Moving Home Minnesota (MHM) Service Rate Limits Effective 07/01/2020

Service Name	Service Unit	Procedure Code and Modifiers	Rate 01/01/2020	Rate 07/01/2020
Transition Planning	Decremental	T2038 U6	\$1,500.00	\$1,500.00

# Alternative Care (AC) and Elderly Waiver (EW) CDCS Budget Limits by Case Mix Effective 07/01/2020

## 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	\$1,152	\$13,824	\$203.68	\$2,444	\$16,268	\$25.00/check
B	\$1,561	\$18,732	\$203.68	\$2,444	\$21,176	\$25.00/check
C	\$1,818	\$21,816	\$203.68	\$2,444	\$24,260	\$25.00/check
D	\$2,078	\$24,936	\$203.68	\$2,444	\$27,380	\$25.00/check
E	\$2,444	\$29,328	\$203.68	\$2,444	\$31,772	\$25.00/check
F	\$2,596	\$31,152	\$203.68	\$2,444	\$33,596	\$25.00/check
G	\$2,745	\$32,940	\$203.68	\$2,444	\$35,384	\$25.00/check
H	\$3,384	\$40,608	\$203.68	\$2,444	\$43,052	\$25.00/check
I	\$3,567	\$42,804	\$203.68	\$2,444	\$45,248	\$25.00/check
J	\$3,749	\$44,988	\$203.68	\$2,444	\$47,432	\$25.00/check
K	\$4,264	\$51,168	\$203.68	\$2,444	\$53,612	\$25.00/check
L	\$1,152	\$13,824	\$203.68	\$2,444	\$16,268	\$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	\$1,171	\$14,052	\$203.68	\$2,444	\$16,496	\$25.00/check
B	\$1,752	\$21,024	\$203.68	\$2,444	\$23,468	\$25.00/check
C	\$2,082	\$24,984	\$203.68	\$2,444	\$27,428	\$25.00/check
D	\$2,264	\$27,168	\$203.68	\$2,444	\$29,612	\$25.00/check
E	\$2,925	\$35,100	\$203.68	\$2,444	\$37,544	\$25.00/check
F	\$3,005	\$36,060	\$203.68	\$2,444	\$38,504	\$25.00/check
G	\$3,026	\$36,312	\$203.68	\$2,444	\$38,756	\$25.00/check
H	\$3,963	\$47,556	\$203.68	\$2,444	\$50,000	\$25.00/check
I	\$4,650	\$55,800	\$203.68	\$2,444	\$58,244	\$25.00/check
J	\$4,764	\$57,168	\$203.68	\$2,444	\$59,612	\$25.00/check
K	\$4,906	\$58,872	\$203.68	\$2,444	\$61,316	\$25.00/check
L	\$1,171	\$14,052	\$203.68	\$2,444	\$16,496	\$25.00/check
V	\$20,688	\$248,256	\$203.68	\$2,444	\$250,700	\$25.00/check

# Alternative Care (AC) and Elderly Waiver (EW) Monthly Budget Limits by Case Mix Effective 07/01/2020

Alternative Care	Case Mix	01/01/2020	07/01/2020
	A	\$2,593	\$2,594
	B	\$2,948	\$2,950
	C	\$3,461	\$3,462
	D	\$3,572	\$3,574
	E	\$3,941	\$3,943
	F	\$4,061	\$4,063
	G	\$4,190	\$4,192
	H	\$4,727	\$4,729
	I	\$4,852	\$4,854
	J	\$5,173	\$5,175
	K	\$6,027	\$6,029
	L	\$901	\$901

Elderly Waiver	Case Mix	01/01/2020	07/01/2020
	A	\$3,457	\$3,458
	B	\$3,931	\$3,933
	C	\$4,614	\$4,616
	D	\$4,763	\$4,765
	E	\$5,255	\$5,257
	F	\$5,415	\$5,417
	G	\$5,587	\$5,589
	H	\$6,302	\$6,305
	I	\$6,469	\$6,472
	J	\$6,897	\$6,900
	K	\$8,036	\$8,039
	L	\$2,662	\$2,663
	V	\$29,237	\$29,249

# Elderly Waiver (EW) 24-Hour Customized Living (24CL): Monthly and Daily Limits by Case Mix Effective 07/01/2020

Case Mix	Monthly Rate Limit	Daily Rate Limit
A	\$2,872	\$94.36
B	\$3,315	\$108.91
C	\$3,899	\$128.10
D	\$4,070	\$133.72
E	\$4,528	\$148.76
F	\$4,696	\$154.28
G	\$4,884	\$160.46
H	\$5,486	\$180.24
I	\$5,640	\$185.30
J	\$6,032	\$198.18
K	\$7,046	\$231.49
V	\$25,625	\$841.88

## Customized Living Component Service Rate Limits Effective 07/01/2020

Service Component	Component Rate	Service Unit
Home Management / Support Services	\$17.84	Per hour
Home Care Aide	\$23.72	Per hour
Home Health Aide	\$27.04	Per hour
Medication setups by licensed Nurse	\$33.97	Per hour
Summoning device	\$29.00	Per Month
Breakfast	\$3.67	Per Meal
Lunch	\$4.57	Per Meal
Supper	\$4.57	Per Meal
Snack	\$0.45	Per Snack
Socialization 1 staff: 1 resident ratio	\$17.84	Per hour
Socialization 1 staff: 2-5 resident ratio	\$5.10	Per hour
Socialization 1 staff: 6-12 resident ratio	\$1.99	Per hour
Socialization 1 staff: 13-20 resident ratio	\$1.09	Per hour
Socialization 1 staff: 21+ resident ratio	\$0.59	Per hour
Individual transportation (1 rider)	\$17.84	Per hour
Group transportation-mileage (2 riders)	\$8.92	Per hour
Group transportation-mileage (3-5 riders)	\$4.46	Per hour
Group transportation-mileage (6-10 riders)	\$2.24	Per hour
Group transportation-mileage (11+ riders)	\$1.19	Per hour
Mileage Rate - Individual	\$0.52	Per Mile
Group transportation-driver (2 riders)	\$0.27	Per Mile
Group transportation-driver (3-5 riders)	\$0.13	Per Mile
Group transportation-driver (6-10 riders)	\$0.08	Per Mile
Group transportation-driver (11+ riders)	\$0.04	Per Mile



# Elderly Waiver (EW) Customized Living (T2030, T2031) Monthly and Daily Limits by Case Mix Effective 07/01/2020

## Monthly Limits

Case Mix	Statewide	Group 1	Group 2	Group 3
A	\$1,543	\$1,412	\$1,446	\$1,683
B	\$1,754	\$1,563	\$1,612	\$1,850
C	\$2,058	\$1,780	\$1,865	\$2,222
D	\$2,261	\$1,918	\$1,967	\$2,347
E	\$2,347	\$2,084	\$2,122	\$2,566
F	\$2,420	\$2,168	\$2,168	\$2,607
G	\$2,497	\$2,250	\$2,305	\$2,746
H	\$2,815	\$2,524	\$2,571	\$3,100
I	\$2,903	\$2,594	\$2,664	\$3,184
J	\$3,080	\$2,733	\$2,804	\$3,410
K	\$3,592	\$3,166	\$3,199	\$3,890
L	\$1,158	\$1,058	\$1,086	\$1,263
V	\$13,871	\$11,934	\$12,231	\$14,462

## Daily Limits

Case Mix	Statewide	Group 1	Group 2	Group 3
A	\$50.69	\$46.39	\$47.51	\$55.29
B	\$57.63	\$51.35	\$52.96	\$60.78
C	\$67.61	\$58.48	\$61.27	\$73.00
D	\$74.28	\$63.01	\$64.62	\$77.11
E	\$77.11	\$68.47	\$69.72	\$84.30
F	\$79.51	\$71.23	\$71.23	\$85.65
G	\$82.04	\$73.92	\$75.73	\$90.22
H	\$92.48	\$82.92	\$84.47	\$101.85
I	\$95.38	\$85.22	\$87.52	\$104.61
J	\$101.19	\$89.79	\$92.12	\$112.03
K	\$118.01	\$104.02	\$105.10	\$127.80
L	\$38.04	\$34.76	\$35.68	\$41.49
V	\$455.72	\$392.08	\$401.84	\$475.13

# Elderly Waiver (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  
Mahnomen  
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

# Essential Community Supports (ECS) and Family Support Grant (FSG) Program Limits Effective 07/01/2020

Program	Limit	Applied	Amount
Essential Community Supports	Annual Service Coordination Limit	7/1/2016	\$600.00
Essential Community Supports	Monthly	7/1/2020	\$452.00
Family Support Grant	Annual Adjusted Gross Income	1/1/2018	\$103,035.00
Family Support Grant	Grant Amount	1/1/2017	\$3,113.99

# Consumer Support Grant (CSG) Monthly Budget Limits Effective 07/01/2020

**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 \$104.00 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 \$104.00 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**

**Potential Maximum Total**  
8 units

6 units

**Potential Maximum Total**  
16 units

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

Dependencies	Level 1 Behavior?	Complex	HC Rating	Monthly Base	1	2	3	4	5	6	7	8
0	Yes	No	LT	\$104	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1	Yes or No	No	LT	\$104	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-3	No	No	P	\$259	\$363	\$467	\$571	\$675	\$779	\$883	\$987	\$1,091
	Yes	No	Q	\$311	\$415	\$519	\$623	\$727	\$831	\$935	\$1,039	\$1,143
	Yes or No	Yes	R	\$363	\$467	\$571	\$675	\$779	\$883	\$987	\$1,091	\$1,195
4-6	No	No	S	\$518	\$622	\$726	\$830	\$934	\$1,038	\$1,142	\$1,246	\$1,350
	Yes	No	T	\$570	\$674	\$778	\$882	\$986	\$1,090	\$1,194	\$1,298	\$1,402
	Yes or No	Yes	U	\$726	\$830	\$934	\$1,038	\$1,142	\$1,246	\$1,350	\$1,454	\$1,558
7-8	No	No	V	\$881	\$985	\$1,089	\$1,193	\$1,297	\$1,401	\$1,505	\$1,609	\$1,713
	Yes	No	W	\$1,037	\$1,141	\$1,245	\$1,349	\$1,453	\$1,557	\$1,661	\$1,765	\$1,869
	Yes or No	Yes	Z	\$1,556	\$1,660	\$1,764	\$1,868	\$1,972	\$2,076	\$2,180	\$2,284	\$2,388

# Consumer Support Grant (CSG) (T2025) Monthly Limits Home Care Nursing (HCN) and Vent Dependent Effective 07/01/2020

MA Home Care Rating		CSG Monthly Budget
CA	HCN Transfer to CAC Waiver	\$2,253
EN	Vent Dependent	\$7,496
HL	HCN Hospital Level	\$6,183
PD	HCN Nursing Facility Level	\$3,038

# Home Care Nursing (HCN) and Vent Dependent Monthly Budget Limits Effective 07/01/2020

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

# 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

- 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-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