

# Bulletin

September 25, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

## OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- County Public Health Nursing Services
- Administrative Contacts: LTCC, EW and AC programs
- Tribal Directors
- Managed Care Organizations

## ACTION/DUE DATE

Implement service agreement changes by October 1, 2007.

## EXPIRATION DATE

This bulletin is effective through June 30, 2008.

## DHS Issues Monthly Service Case Mix Caps for Alternative Care and Elderly Waiver Programs

### TOPIC

Cost-effectiveness limits for the AC and EW programs including:

- AC/EW monthly individual services caps increase
- MMIS service agreement COLA processing instructions,
- Customized Living Services, 24-hour Customized Living Services, Adult Foster Care, and Residential Care services limits for EW
- AC/EW Consumer-Directed Community Support budgets.

### PURPOSE

Notify lead agencies and administrative contacts of individual client monthly service caps and changes effective October 1, 2007.

### CONTACT

EW /AC policy questions: Libby Rossett-Brown at 651 431-2569 or [libby.rossett-brown@state.mn.us](mailto:libby.rossett-brown@state.mn.us)  
Service Agreement questions: Lynn Glockner at 651 431-2572 or [lynn.glockner@state.mn.us](mailto:lynn.glockner@state.mn.us)

### SIGNED

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LOREN COLMAN  
Assistant Commissioner  
Continuing Care Administration

## **I. MONTHLY SERVICE CAPS**

The Elderly Waiver (EW) and Alternative Care (AC) service caps for FY08 are shown in Attachment A. Service caps are increased annually based on the greater of the legislated increase in home and community based service rates or the average annual increase in the nursing home payment rate. This year service caps were increased 2.8% reflecting the annual change in average nursing facility payment rates from 10/1/06 to 10/1/07. Use these new limits to determine the cost effectiveness of community support plans written on or after Oct 1, 2007.

### **Elderly Waiver Program**

For EW clients who do not participate in a managed care Pre-Paid Medical Assistance Plan (PMAP - now replaced by the Minnesota Senior Care Plus MSC+) or Minnesota Senior Health Option (MSHO), the cost of all state plan home care and EW services including extended medical supplies and equipment, skilled nursing, home health aide, and personal care services paid by Medical Assistance (MA) are included when determining the cost effectiveness of EW community support plans.

For managed care clients eligible for and receiving EW services, state plan home care services are delivered and billed through their managed care provider organization. For MSHO program clients enrolled with Blue Plus, South Country Alliance, and Ucare Minnesota\* a service agreement is entered into MMIS for all EW services, including home care and extended services. The state plan services should be listed on the service agreement using x5609 instead of the MA procedure codes and their value should be included in determining the cost effectiveness of the EW community support plan. \*See Attachment D to determine which counties of service are contracted with Ucare Minnesota to enter the service agreements into MMIS.

Certain persons receiving EW services may access a higher monthly service cap – called a Conversion Rate. If an EW eligible person is a resident of a certified nursing facility and has lived there for 30 consecutive days or more, a request for a higher monthly service cap may be submitted to the Department of Human Services (DHS) for approval. Please see bulletin 07-25-02 *Annual Increase for Maintenance Needs Allowance and Elderly Waiver Conversion Rates* for additional instructions and an approval form. Conversion Rates are now also available for persons who choose the Consumer Directed Community Supports (CDCS) Option.

Current Elderly Waiver recipients who have been living in Corporate AFC homes since November 30, 2004 continue to qualify for a rate increase under Elderly Waiver equal to the amount of their Group Residential Housing (GRH) Rate 3 at the time. The request to continue the Elderly Waiver Cap exception must be submitted at each recertification as long as the person resides in the same residence and the need for the increased EW cap continues. Attachment E is the updated request form to submit to DHS for approval.

## **II. SERVICE RATE LIMITS FOR EW 24 HOUR CUSTOMIZED LIVING SERVICES, FOSTER CARE, CUSTOMIZED LIVING and RESIDENTIAL CARE SERVICES**

The rate limit for 24-Hour Customized Living Services (T2030 modifier TG) and Foster Care (S5141) is the person's monthly service cap less the cost of additional services needed and authorized for payment. However, costs of all authorized services including case management must be included within the person's monthly service cap. The payment made for 24-Hour Customized Living Service is individually determined by the person's need for each service in the package, how frequently each service is delivered, and the ability and willingness of the provider to deliver the needed service.

The monthly service rate limit for Customized Living (T2030) and Residential Care Services (T2032) is the non federal share of the greater of the average monthly Medical Assistance case mix payment for nursing facility care statewide OR within the geographic group where the services are delivered. **Additional services**, which do not duplicate any of the services provided by the Residential Care or the Customized Living Service package, may be added to the person's community support plan and authorized for payment if the total cost of the services does not exceed the person's monthly service cap.

## **III. MMIS Cost of Living (COLA) PROCESS**

MMIS partially adjusted EW and AC service agreement line items affected by the service rate increase include MA home care line items.

Because the service caps for Elderly Waiver Customized Living, 24-Hour Customized Living Service, Foster Care, and Residential Care services were not available at the time of the MMIS service agreement conversion on August 23, case managers will now need to determine the rate of the line item for these services that begins October 1 or later. You may increase authorized payment rates up to the new rate limits in accordance with your provider contracts and schedule. In addition, all services must follow the legislative instructions regarding application of increases to compensation of certain staff (*Bulletin 07-69-03, 2007 Legislature Provides Rate Increases for Continuing Care and Other Providers*).

The MMIS conversion affected the service agreements for these services by:

### **Line items that start before 10/1/07 and end after 10/1/07**

Line items that were approved, pending, or suspended which started before 10/1/07 and ended after 10/1/07 were:

- split so the lines end on 9/30/07;
- a new suspended line was added with the Approved Rate and Requested Rate fields left blank beginning 10/1/07;
- units were split between the two lines;
- the new line ended on the date that the previous line ended; these services were manually priced, so "MM" was added to the Source field. Edit 277 (Approved Rate Must be >

than 0) will post if the Approved Rate field is left blank.

- o reason code 499 was added; and
- o edit 380 (Automatic Line Adjustment) posted on the old and new line item.

*Action Needed: Check and adjust as needed the number of units left on the old and new line items. Add the new rate to the line item as appropriate. Re-approve the new line item. Change the header status back to "A".*

#### **Line items that begin 10/1/07 or greater**

Approved line items that begin 10/1/07 or greater were changed to a status of suspend. Reason code 499 was added and edit 380 posted.

*Action Needed: Change the rate as appropriate. Re-approve the line items. Change the header status to "A".*

#### **Line items that end after 9/30/07 with no unpaid units or total dollars left**

If the line item's requested units matched the used units or the requested total amount matched the total amount used, the line just ended on 9/30/07.

*Action Needed: None, unless the service is continuing beyond 9/30/07. Then, a new line item beginning 10/1/07 must be added with the new rate as appropriate.*

#### **Exceeding the Service Cap**

It is possible that the rate increases will cause the total amount encumbered to exceed the client's service cap for the entire service agreement period. Edit 672 (Total Authorized Amount is Excessive) will post. The units or total amount on one or more line items must be reduced in order to bring the amount in the Total Authorized Amount field to be equal to or less than the Total Cap Amount field on the ASA1 screen.

The service caps for EW and AC were increased in MMIS in September 2007. If edit 672 does post on a service agreement, the Total Authorized Amount may be increased by entering a LTC screening document using Activity Type 05 and Assessment Result 98 and dates of October 1 or greater. When the screening document is approved and saved, re-edit the service agreement.

#### **Service Agreement Letters**

When the new line items are re-approved, a letter to the case manager and all providers on the service agreement will be generated. **Providers must wait until receiving a MMIS service agreement letter with the updated information to bill for October services at the new rate.**

#### **Conversion Report**

Report PWMW941A-R2083A (Service Agreement/Procedure Code Rate Increase Report) was placed on Infopac so county and tribal staff can see which service agreements were affected.

After the automation process, staff may use the above report to review the units that were split between the old and new line items. If there are not enough units to cover the period of the new line item, the provider has billed too many of the authorized units prior to October 1, 2007. You must notify the provider to initiate a replacement claim (credit) against the old line item. However, many waiver and AC plans are made and services authorized on an annual basis.

Annual service agreement line items may have been entered by the case manager with the understanding that, to address the needs of the client, particular providers may bill more heavily in one period of the service agreement than another. Case managers may review these situations and make the appropriate line item unit adjustments.

### **III. RELATED BULLETINS**

07-25-02 Annual Increase for Maintenance Needs Allowance and Elderly Waiver Conversion Rates

07-69-03 2007 Legislature provides rate increases for continuing care and other providers

### **V. ATTACHMENTS**

Attachment A – EW and AC Case Mix Cap Limits (includes EW Customized Living Plus and Foster Care)

Attachment B – EW Customized Living and Residential Care Services Charts

Attachment C – EW and AC CDCS Budgets

Attachment D – UCare Minnesota Chart

Attachment E – Elderly Waiver Service Cap Increase for Group Residential Housing (GRH) - Form

### **VI. ALTERNATIVE FORMATS**

This information is available in other forms to people with special needs by contacting us at 651 431-2500 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).

**Elderly Waiver Program Monthly Service Caps Effective  
10/1/07 – 6/30/08**

| Elderly Waiver |                              |
|----------------|------------------------------|
| Case Mix       | Monthly Cap as of<br>10/1/07 |
| A              | \$2,231                      |
| B              | \$2,539                      |
| C              | \$2,978                      |
| D              | \$3,077                      |
| E              | \$3,393                      |
| F              | \$3,496                      |
| G              | \$3,608                      |
| H              | \$4,071                      |
| I              | \$4,178                      |
| J              | \$4,453                      |
| K              | \$5,190                      |

**NOTE:** The monthly payment for 24-Hour Customized Living, Customized Living, Residential Care or Foster Care services plus all other authorized individualized EW services cannot exceed the monthly budget limit to which the person is assigned.

**Alternative Care Program Monthly Service Caps Effective  
10/1/07 – 6/30/08**

| Alternative Care |                              |
|------------------|------------------------------|
| Case Mix         | Monthly Cap as of<br>10/1/07 |
| A                | \$1,673                      |
| B                | \$1,904                      |
| C                | \$2,233                      |
| D                | \$2,308                      |
| E                | \$2,545                      |
| F                | \$2,622                      |
| G                | \$2,707                      |
| H                | \$3,053                      |
| I                | \$3,134                      |
| J                | \$3,341                      |
| K                | \$3,892                      |

**Elderly Waiver Service Rate Limits for  
Customized Living (T2030) and Residential Care (T2032)  
by Case Mix Classification**

| <b>Case Mix</b> | <b>Statewide EW Monthly Limits</b> | <b>Group 1 Limits for EW Clients</b> | <b>Group 2 Limits for EW Clients</b> | <b>Group 3 Limits for EW Clients</b> |
|-----------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
|                 | <b>10/01/07 – 6/30/08</b>          | <b>10/1/07 – 6/30/08</b>             | <b>10/1/07 – 6/30/08</b>             | <b>10/1/07 – 6/30/08</b>             |
| A               | \$1116                             | \$1019                               | \$1045                               | \$1216                               |
| B               | \$1269                             | \$1130                               | \$1165                               | \$1338                               |
| C               | \$1489                             | \$1285                               | \$1348                               | \$1606                               |
| D               | \$1633                             | \$1387                               | \$1420                               | \$1696                               |
| E               | \$1696                             | \$1506                               | \$1533                               | \$1853                               |
| F               | \$1748                             | \$1568                               | \$1568                               | \$1884                               |
| G               | \$1804                             | \$1625                               | \$1666                               | \$1983                               |
| H               | \$2034                             | \$1822                               | \$1857                               | \$2241                               |
| I               | \$2098                             | \$1875                               | \$1926                               | \$2301                               |
| J               | \$2225                             | \$1975                               | \$2028                               | \$2464                               |
| K               | \$2595                             | \$2287                               | \$2311                               | \$2811                               |

**NURSING HOME GEOGRAPHIC GROUPS**

| GROUP 1  | GROUP 2  |  | GROUP 3   |
|--|--|--|---|
| Beltrami<br>Big Stone<br>Cass<br>Chippewa<br>Clearwater<br>Cottonwood<br>Crow Wing<br>Hubbard<br>Jackson<br>Kandiyohi<br>Lac qui Parle<br>Lake of the Woods<br>Lincoln<br>Lyon<br>Mahnomen<br>Meeker<br>Morrison<br>Murray<br>Nobles<br>Pipestone<br>Redwood<br>Renville<br>Rock<br>Swift<br>Todd<br>Wadena<br>Yellow Medicine | Becker<br>Benton<br>Blue Earth<br>Brown<br>Chisago<br>Clay<br>Dodge<br>Douglas<br>Faribault<br>Fillmore<br>Freeborn<br>Goodhue<br>Grant<br>Houston<br>Isanti<br>Kanabec<br>Kittson<br>LeSeuer<br>Marshall<br>Martin<br>McLeod<br>Mille Lacs<br>Mower | Nicollet<br>Norman<br>Olmsted<br>Ottertail<br>Pennington<br>Pine<br>Polk<br>Pope<br>Red Lake<br>Rice<br>Roseau<br>Sherburne<br>Sibley<br>Stearns<br>Steele<br>Stevens<br>Traverse<br>Wabasha<br>Waseca<br>Watonwan<br>Wilkin<br>Winona<br>Wright | Aitkin<br>Anoka<br>Carlton<br>Carver<br>Cook<br>Dakota<br>Hennepin<br>Itasca<br>Koochiching<br>Lake<br>Ramsey<br>Scott<br>St. Louis<br>Washington |



**Elderly Waiver Program CDCS Budgets Effective 10/1/07 - 6/30/08**

| Case Mix | CDCS Monthly Amount | Annual Maximum CDCS Service Budget Amount | Required Case Management: 8 units x \$24.17 average monthly units | Required Case Management Annual Maximum Amount | Total: CDCS Service Cap + Required Case Management Maximum | Background Check(s) Maximum Payment |
|----------|---------------------|---|---|--|--|-------------------------------------|
| A        | \$750               | \$9,000                                   | \$193.36  | \$2,320.32                                     | \$11,320.32  | \$25.00/check                       |
| B        | \$1,123             | \$13,476                                  | \$193.36  | \$2,320.32                                     | \$15,796.32  | \$25.00/check                       |
| C        | \$1,333             | \$15,996                                  | \$193.36  | \$2,320.32                                     | \$18,316.32  | \$25.00/check                       |
| D        | \$1,451             | \$17,412                                  | \$193.36  | \$2,320.32                                     | \$19,732.32  | \$25.00/check                       |
| E        | \$1,876             | \$22,512                                  | \$193.36  | \$2,320.32                                     | \$24,832.32  | \$25.00/check                       |
| F        | \$1,925             | \$23,100                                  | \$193.36  | \$2,320.32                                     | \$25,420.32  | \$25.00/check                       |
| G        | \$1,941             | \$23,292                                  | \$193.36  | \$2,320.32                                     | \$25,612.32  | \$25.00/check                       |
| H        | \$2,542             | \$30,504                                  | \$193.36  | \$2,320.32                                     | \$32,824.32  | \$25.00/check                       |
| I        | \$2,981             | \$35,772                                  | \$193.36  | \$2,320.32                                     | \$38,092.32  | \$25.00/check                       |
| J        | \$3,053             | \$36,636                                  | \$193.36  | \$2,320.32                                     | \$38,956.32  | \$25.00/check                       |
| K        | \$3,147             | \$37,764                                  | \$193.36  | \$2,320.32                                     | \$40,084.32  | \$25.00/check                       |

**Alternative Care Program CDCS Budgets for Effective 10/1/07 - 6/30/08**

| Case Mix | CDCS Monthly Amount | Annual Maximum CDCS Service Budget Amount | Required Case Management: 8 units x \$24.17 average monthly units | Required Case Managed Annual Maximum Amount | Total: CDCS Service Cap + Required Case Management Maximum | Background Check(s) Maximum Payment |
|----------|---------------------|---|---|---|--|-------------------------------------|
| A        | \$740               | \$8,880                                   | \$193.36  | \$2,320.32                                  | \$11,200.32  | \$25.00/check                       |
| B        | \$1,001             | \$12,012                                  | \$193.36  | \$2,320.32                                  | \$14,332.32  | \$25.00/check                       |
| C        | \$1,165             | \$13,980                                  | \$193.36  | \$2,320.32                                  | \$16,300.32  | \$25.00/check                       |
| D        | \$1,330             | \$15,960                                  | \$193.36  | \$2,320.32                                  | \$18,280.32  | \$25.00/check                       |
| E        | \$1,567             | \$18,804                                  | \$193.36  | \$2,320.32                                  | \$21,124.32  | \$25.00/check                       |
| F        | \$1,664             | \$19,968                                  | \$193.36  | \$2,320.32                                  | \$22,288.32  | \$25.00/check                       |
| G        | \$1,761             | \$21,132                                  | \$193.36  | \$2,320.32                                  | \$23,452.32  | \$25.00/check                       |
| H        | \$2,169             | \$26,028                                  | \$193.36  | \$2,320.32                                  | \$28,348.32  | \$25.00/check                       |
| I        | \$2,287             | \$27,444                                  | \$193.36  | \$2,320.32                                  | \$29,764.32  | \$25.00/check                       |
| J        | \$2,404             | \$28,848                                  | \$193.36  | \$2,320.32                                  | \$31,168.32  | \$25.00/check                       |
| K        | \$2,734             | \$32,808                                  | \$193.36  | \$2,320.32                                  | \$35,128.32  | \$25.00/check                       |

## ATTACHMENT D

UCare has a split billing model for waiver services. It is driven by the member's care coordinator. If the member has a county care coordinator the service agreement can be entered into MMIS and can bill the State directly. If the coordinator is UCare, Care system (e.g. Evercare, CPGM, UMP etc) or other contracted entity (MVNA) they have to bill UCare directly. The reason there is a split model is because UCare, Care Systems and other contracted entities do not have access to enter in service agreements into the State's MMIS system.

| <b>County List</b> | <b>UCare MSHO Participation</b> | <b>Entity Providing Care Coordination Model I Billing process I</b> | <b>Care Coordination Model 2 Billing process II</b>    |
|--------------------|---------------------------------|---|--|
| Aitkin             | Y                               |   | Clinic Care System, UCare, or other contracted Entity. |
| Anoka              | Y                               | County  | Clinic Care System, UCare, or other contracted Entity. |
| Becker             | N                               |   |  |
| Beltrami           | N                               |   |  |
| Benton             | Y                               | County  |  |
| Big Stone          | N                               |   |  |
| Blue Earth         | Y                               | County  |  |
| Brown              | N                               |   |  |
| Carlton            | Y                               | County -also does CC for non-Allina clinics in Pine County          |  |
| Carver             | Y                               |   | Clinic Care System, UCare, or other contracted Entity. |
| Cass               | Y                               | County  |  |
| Chippewa           | N                               |   |  |
| Chisago            | Y                               |   | Clinic Care System, UCare, or other contracted Entity. |
| Clay               | N                               |   |  |
| Clearwater         | N                               |   |  |
| Cook               | N                               |   |  |
| Cottonwood         | Y                               | County  |  |
| Crow Wing          | Y                               | County  |  |
| Dakota             | Y                               |   | Clinic Care System, UCare, or other contracted Entity. |
| Dodge              | Y                               | County  |  |
| Douglas            | N                               |   |  |
| Fairbault          | Y                               | County  |  |
| Fillmore           | Y                               | County  |  |
| Freeborn           | N                               |   |  |
| Goodhue            | N                               |   |  |
| Grant              | N                               |   |  |
| Hennepin           | Y                               |   | Clinic Care System, UCare, or other contracted Entity. |
| Houston            | Y                               | County  |  |
| Hubbard            | N                               |   |  |
| Isanti             | Y                               |   | Clinic Care System, UCare, or other contracted Entity. |

| <b>County List</b> | <b>UCare MSHO Participation</b> | <b>Entity Providing Care Coordination Model I Billing process I</b>                 | <b>Care Coordination Model 2 Billing process II</b>                                 |
|--------------------|---------------------------------|---|---|
| Itasca             | N                               |   |   |
| Jackson            | Y                               | County  |   |
| Kanbec             | N                               |   |   |
| Kandiyohi          | Y                               | County  |   |
| Kittson            | Y                               | County  |   |
| Koochiching        | N                               |   |   |
| Lac Qui Parle      | Y                               | County  |   |
| Lake               | N                               |   |   |
| Lake of the Woods  | N                               |   |   |
| Le Sueur           | Y                               | County  |   |
| Lincoln            | Y                               | County  |   |
| Lyon               | Y                               | County  |   |
| McLeod             | N                               |   |   |
| Mahnomen           | N                               |   |   |
| Marshall           | Y                               | County  |   |
| Martin             | Y                               | County  |   |
| Meeker             | N                               |   |   |
| Mille Lacs         | Y                               |   | Clinic Care System, UCare, or other contracted Entity.                              |
| Morrison           | Y                               | County  |   |
| Mower              | Y                               | County  |   |
| Murray             | Y                               | County  |   |
| Nicollet           | Y                               | County  |   |
| Nobles             | Y                               | County  |   |
| Norman             | N                               |   |   |
| Olmsted            | Y                               | County  |   |
| Otter Tail         | N                               |   |   |
| Pennington         | Y                               | County  |   |
| Pine               | Y                               | Split by clinic, Evercare does CC for Allina PCC, County for all other clinics      | Split by clinic, Evercare does CC for Allina PCC, County for all other clinics      |
| Pipestone          | N                               |   |   |
| Polk               | Y                               | County  |   |
| Pope               | N                               |   |   |
| Ramsey             | Y                               |   | Clinic Care System, UCare, or other contracted Entity.                              |
| Red Lake           | Y                               | County  |   |
| Redwood            | Y                               | County  |   |
| Renville           | N                               |   |   |
| Rice               | Y                               | Split by clinic, Evercare does CC for Allina PCC, County for all other clinics      | Split by clinic, Evercare does CC for Allina PCC, County for all other clinics      |
| Rock               | Y                               | County  |   |
| Roseau             | Y                               | County  |   |
| St. Louis          | Y                               | Split by clinic, BHS provides CC for all SMDC clinics, County for all other clinics | Split by clinic, BHS provides CC for all SMDC clinics, County for all other clinics |

| <b>County List</b>  | <b>UCare MSHO Participation</b> | <b>Entity Providing Care Coordination Model I Billing process I</b>   | <b>Care Coordination Model 2 Billing process II</b>   |
|---|---------------------------------|---|---|
| Scott   | N                               |   |   |
| Sherburne   | Y                               |   | Clinic Care System, UCare, or other contracted Entity.  |
| Sibley  | N                               |   |   |
| Stearns   | Y                               | Split by living arrangement, county provides CC for all community based members, UCare provides CC for all nursing home members | Split by living arrangement, county provides CC for all community based members, UCare provides CC for all nursing home members |
| Steele  | N                               |   |   |
| Stevens   | N                               |   |   |
| Swift   | Y                               | County  |   |
| Todd  | Y                               | County  |   |
| Traverse  | N                               |   |   |
| Wabasha   | Y                               | County  |   |
| Wadena  | Y                               | County  |   |
| Waseca  | N                               |   |   |
| Washington  | Y                               |   | Clinic Care System, UCare, or other contracted Entity.  |
| Watsonwan   | Y                               | County  |   |
| Wilkin  | N                               |   |   |
| Winona  | Y                               | County  |   |
| Wright  | Y                               |   | Clinic Care System, UCare, or other contracted Entity.  |
| Yellow Medicine   | Y                               | County  |   |
|   |                                 |   |   |
|   |                                 |   |   |
| **CC stands for care coordination   |                                 |   |   |
| **PCC stands for primary care clinic  |                                 |   |   |
| If you have questions regarding who/where to bill UCare MSHO EW services please e-mail <a href="mailto:ewquestions@ucare.org">ewquestions@ucare.org</a> |                                 |   |   |

**ELDERLY WAIVER SERVICE CAP INCREASE REQUEST**  
**COUNTY INFORMATION/HEALTH PLAN INFORMATION**

|          |            |
|----------|------------|
| Contact: |            |
| Address: |            |
|          |            |
| FAX      | Telephone: |

**CLIENT INFORMATION**

|            |                   |
|------------|-------------------|
| Recipient: | Date of Birth:    |
| PMI #      | Date of Request:  |
| Case Mix   | Cost of Care Plan |

|   |           |
|---|-----------|
| <u>Name and Address of Corporate Adult Foster Care w/supplemental Room and Board Rate :</u> |           |
|   |           |
| <u>GRH Supplemental Room and Board Rate</u>   | <u>\$</u> |
| <u>Add(-) Negotiated Corp Adult Foster Care Rate on the Elderly Waiver</u>                  | <u>\$</u> |
| <u>Add(-) All other EW Authorized Services</u>  | <u>\$</u> |
| <u>Total Cost of Care Plan</u>  | <u>\$</u> |

|  |             |
|--|-------------|
| Health Plan Initial: <u>Approved</u> <u>Denied</u> |             |
|  |             |
| <u>Name of Managed Care Organization:</u>          |             |
| <u>Signed:</u>                                     | <u>Date</u> |
| <u>Comments:</u>                                   |             |
|  |             |

|  |                                |
|--|--------------------------------|
| DHS Initial: <u>Approved</u> <u>Denied</u> | <u>COLA Increase Approved:</u> |
| Signed: _____ Date _____                   |                                |
| Comments:                                  |                                |
|  |                                |

**EW FAX:** 651-431-7415  
**US MAIL ADDRESS:** **Department of Human Services**  
**Aging and Adult Services Division**  
Po Box 64976  
**St. Paul, MN 55164-0976**