

Bulletin

December 31, 2007

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

OF INTEREST TO

- County Directors and Social Service Staff
- Nursing Facilities
- ICF/MR Facilities
- Day Habilitation
- Home and Community-Based Waiver Providers
- Home Care Providers
- Alternative Care Providers
- Chemical Dependency Providers
- Therapy Providers
- Mental Health Providers
- Managed Care Organizations
- Semi-independent Living Services
- Consumer and Family Support Grant Programs
- State Grantees and Contractors
- Health Plans
- Tribal Agencies

ACTION/DUE DATE

August 1, 2007

EXPIRATION DATE

June 30, 2008

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

TOPIC

The 2007 Legislature authorized rate increases for certain continuing care and other providers to be effective for services rendered on or after October 1, 2007; and for managed care organizations, on or after January 1, 2008.

PURPOSE

This bulletin revises Attachments B and C on bulletin 07-69-03 to reflect the federally approved rate increase for Elderly Waiver and Alternative Care modifications, and to identify the Adult Day Care Family Adult Day Services modifier.

CONTACT

COLA Hotline at 651-431-2586 or 1-888-234-2687 (voice).
TTY callers use the Minnesota Relay Service at 1-800-627-3529
TTY, 7-1-1 or 1-877-627-3848 (speech-to-speech relay service).
Other contacts and resources listed in Sections 16 and 17 inside.

SIGNED

LOREN COLMAN
Assistant Commissioner
Continuing Care Administration

Attachment B

Elderly Waiver Program HCPC Service Rate Limits

Effective October 1, 2007

Service Name	Service Unit	MMIS Code	Mod 1	Mod 2	"Up to" Rate as of October 1, 2007
Adult Day Care	15 minutes	S5100			\$3.20
Adult Day Care - FADS	15 minutes	S5100	U7		\$3.20
Adult Day Care	Daily	S5102			\$42.86
Adult Day Care - FADS	Daily	S5102	U7		\$42.86
Adult Day Care Bath	15 minutes	S5100	TF		\$7.17
Caregiver Training and Education	Per session	S5116			\$68.79
Case Management	15 minutes	T1016	UC		\$24.17
Case Management, Paraprofessional	15 minutes	T1016	TF	UC	\$8.91
CDCS Background Checks	15 minutes	T2040			\$25.00
CDCS Mandatory Case Management	15 minutes	T2041			Up to the MCM Cap Amount.
Chore Services	15 minutes	S5120			\$3.55
Companion Services	15 minutes	S5135			\$2.06
Consumer Directed Community Supports (CDCS)	Per session	T2028			Up to the CDCS Case Mix Cap Amount.
Customized Living Services	Monthly	T2030			Non-federal share of case mix cap amount
Extended Home Health Aide	15 minutes	G0156			\$7.60
Extended Home Health Medical Supplies and Equipment		T2029			Per item
Extended Personal Care 1:1	15 minutes	T1019	UC		\$3.98
Extended Shared Personal Care 1:2 Ratio	15 minutes	T1019*	TT	UC	\$2.99
Extended Shared Personal Care 1:3 Ratio	15 minutes	T1019*	HQ	UC	\$2.63
Foster Care, Corporate	Monthly	S5141	HQ		Up to case mix budget cap
Foster Care, Family	Monthly	S5141			Up to case mix budget cap
Home Delivered Meal	1 meal per day	S5170			\$6.20
Homemaker Service	15 minutes	S5130			\$4.38
Homemaker Service	Per Diem	S5131			\$42.25
LPN Complex Extended	15 minutes	T1003**	TG	UC	\$7.44

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Effective October 1, 2007

LPN Regular Extended 1:1	15 minutes	T1003	UC		\$6.34
LPN Shared Extended 1:2	15 minutes	T1003**	TT	UC	\$4.76
Modifications/Adaptations	Per item	S5165			\$4,942 1/1/08 \$10,000
PPHP/MSHO/MSC+ Home Care Services	None	X5609			Total amount of state plan services (PCA, HHA, SN, PDN) provided by the health plan provider
Residential Care Services	Monthly	T2032			Non-federal share of case mix cap amount
Respite, certified facility	Per diem	H0045			NF's per diem for the client's case mix
Respite, hospital	Per diem (24 hours)	H0045			\$140.32
Respite, in home	15 minutes	S5150			\$5.15
Respite, in home	Per diem	S5151			\$92.67
Respite, out of home	15 minutes	S5150	UB		\$5.15
Respite, out of home	Per diem	H0045			\$92.67
RN Complex Extended	15 minutes	T1002***	TG	UC	\$9.91
RN Regular Extended 1:1	15 minutes	T1002	UC		\$8.26
RN Shared Extended 1:2	15 minutes	T1002***	TT	UC	\$6.20
Transitional Services	Per service	T2038			Up to the case mix cap
Transportation	One-way trip	T2003	UC		\$14.18
Transportation, non commercial	Mileage	S0215	UC		0.48
24 hour Customized Living Services	Monthly	T2030	TG		Up to case mix budget cap

* **PCA:** For Extended Share PCA 1:2 and 1:3, use T1019 with a "Y" in the Share Care field and modifier UC. For Extended Share PCA 1:2 use T1019 with modifiers UC and TT on the claim. For Extended Share PCA 1:3, use T1019 with modifiers UC and HQ on the claim.

** **LPN:** For LPN Regular Extended 1:2, use T1003 with a "Y" in the Share field and modifiers UC and TT on the Service Agreement as well as the claim form. For LPN Complex Extended, use T1003 with a "Y" in the Share field and modifier UC on the Service Agreement. Use modifiers UC and TG on the claim form.

Attachment B**Elderly Waiver Program HCPC Service Rate Limits****Effective October 1, 2007**

*** RN: For RN Regular Extended 1:2, use T1002 with a "Y" in the Share field and modifiers UC and TT on the Service Agreement as well as the claim form. For RN Complex Extended, use T1002 with modifier UC on the Service Agreement. Use modifiers UC and TG on the claim form.

Attachment C

Alternative Care Program HCPC Service Rate Limits

Effective October 1, 2007

Service Name	Service Units	MMIS Code	Mod 1	Mod 2	"Up to" Rate as of October 1, 2007
Adult Day Care	15 minutes	S5100			\$3.20
Adult Day Care - FADS	15 minutes	S5100	U7		\$3.20
Adult Day Care	Daily	S5102			\$42.86
Adult Day Care - FADS	Daily	S5102	U7		\$42.86
Adult Day Care Bath	15 minutes	S5100	TF		\$7.17
Caregiver Training and Education	Per session	S5116			\$68.79
Case Management	15 minutes	T1016	UC		\$24.17
Case Management, Conversion	15 minutes	T1016			\$24.17
Case Management, Paraprofessional	15 minutes	T1016	TF	UC	\$8.91
CDCS Background Checks	15 minutes	T2040			\$25.00
CDCS Mandatory Case Management	15 minutes	T2041			Up to the MCM cap amount
Chore Services	15 minutes	S5120			\$3.55
Companion Services	15 minutes	S5135			\$2.06
Consumer Directed Community Supports (CDCS)	Per session	T2028			Up to the CDCS case mix cap amount
Discretionary Services Option		X5527			Limited to 25% of the county's base allocation amount
Home Delivered Meal	1 meal per day	S5170			\$6.20
Home Health Service – Aide	Visit	T1021			\$54.64
Home Health Service – Aide	15 minutes	G0156			\$7.60
Home Health Service – Skilled Nursing	Visit	T1030			\$71.20
Home Health Service – Skilled Nursing	15 minutes	G0154			\$8.68
Home Health Service – Telehomecare		T1030	GT		\$71.20
Homemaker Service	15 minutes	S5130			\$4.38
Homemaker Service	Per Diem	S5131			\$42.25
Modifications/Adaptations	Per item	S5165			\$4,942 1/1/2008 \$10,000
Nutrition Services	Visit	S9470			\$76.53

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Alternative Care Program HCPC Service Rate Limits

Effective October 1, 2007

Service Name	Service Units	MMIS Code	Mod 1	Mod 2	"Up to" Rate as of October 1, 2007
Personal Care Assistant	Per Diem	T1020			\$48.20
Personal Care Assistant - RN Supervision	15 minutes	T1019	UA		\$7.00
Personal Care Assistant 1:1	15 minutes	T1019			\$3.98
Personal Care Assistant, Shared 1:2	15 minutes	T1019*	TT		\$2.99
Personal Care Assistant, Shared 1:3	15 minutes	T1019*	HQ		\$2.63
Private Duty Nursing – LPN Complex	15 minutes	T1003**	TG		\$7.44
Private Duty Nursing - LPN Regular	15 minutes	T1003			\$6.34
Private Duty Nursing – LPN Shared 1:2	15 minutes	T1003**	TT		\$4.76
Private Duty Nursing - RN Complex	15 minutes	T1002***	TG		\$9.91
Private Duty Nursing - RN Regular	15 minutes	T1002			\$8.26
Private Duty Nursing - RN Shared 1:2	15 minutes	T1002***	TT		\$6.20
Respite, certified facility	Per diem	H0045			NF's per diem for the client's case mix
Respite, hospital	Per diem (24 hours)	H0045			\$140.32
Respite, in home	15 minutes	S5150			\$5.15
Respite, in home	Per diem	S5151			\$92.67
Respite, out of home	15 minutes	S5150	UB		\$5.15
Respite, out of home	Per diem	H0045			\$92.67
Supplies and Equipment	Per item	E1399			
Transportation	One-way trip	T2003			\$14.18
Transportation, non commercial	Per mile	S0215	UC		0.48

* **PCA:** For Share PCA 1:2 and 1:3, use T1019 with a "Y" in the Share Care field. For Share PCA 1:2 use T1019 with modifier TT on the claim. For Share PCA 1:3, use T1019 with modifier HQ on the claim.

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Alternative Care Program HCPC Service Rate Limits

Effective October 1, 2007

- ** LPN:** For LPN Regular 1:2, use T1003 with a “Y” in the Share field and modifier TT on the Service Agreement as well as the claim form. For LPN Complex, use T1003 with a “Y” in the Share. Use modifier TG on the Service Agreement as well as the claim form.
- *** RN:** For RN Regular 1:2, use T1002 with a “Y” in the Share field and modifier TT on the Service Agreement as well as the claim form. For RN Complex, use T1002 with modifier TG on the Service Agreement as well as the claim form.