

**Elderly Waiver Program Monthly Service Caps Effective  
10/1/08**

Elderly Waiver	
Case Mix	Monthly Cap as of 10/1/08
A	2298
B	2615
C	3067
D	3169
E	3495
F	3601
G	3716
H	4193
I	4303
J	4587
K	5346

**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  
10/1/08**

Alternative Care	
Case Mix	Monthly Cap as of 10/1/08
A	1723
B	1961
C	2300
D	2377
E	2621
F	2701
G	2787
H	3145
I	3228
J	3441
K	4009

**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>10/01/08</b>	<b>10/1/08</b>	<b>10/1/08</b>	<b>10/1/08</b>
A	1149	1050	1076	1252
B	1307	1164	1200	1378
C	1534	1324	1388	1654
D	1682	1429	1463	1747
E	1747	1551	1579	1909
F	1800	1615	1615	1941
G	1858	1674	1716	2042
H	2095	1877	1913	2308
I	2161	1931	1984	2370
J	2292	2034	2089	2538
K	2673	2356	2380	2895

**NURSING HOME GEOGRAPHIC GROUPS**

GROUP 1	GROUP 2		GROUP 3
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	Becker Benton Blue Earth Brown Chisago Clay Dodge Douglas Faribault Fillmore Freeborn Goodhue Grant Houston Isanti Kanabec Kittson LeSeuer Marshall Martin McLeod Mille Lacs Mower	Nicollet Norman Olmsted Ottertail Pennington Pine Polk Pope Red Lake Rice Roseau Sherburne Sibley Stearns Steele Stevens Traverse Wabasha Waseca Watonwan Wilkin Winona Wright	Aitkin Anoka Carlton Carver Cook Dakota Hennepin Itasca Koochiching Lake Ramsey Scott St. Louis Washington

**Elderly Waiver Program CDCS Budgets Effective 10/1/08 - 6/30/09**

Case Mix	CDCS Monthly Amount	Annual Maximum CDCS Service Budget Amount	Required Case Management: 8 units x \$24.65 average monthly units	Required Case Management Annual Maximum Amount	Total: CDCS Service Cap + Required Case Management Maximum	Background Check(s) Maximum Payment
A	\$773	\$9,276	\$197.20	\$2,366.40	\$11,642.40	\$25.00/check
B	\$1,157	\$13,884	\$197.20	\$2,366.40	\$16,250.40	\$25.00/check
C	\$1,373	\$16,476	\$197.20	\$2,366.40	\$18,842.40	\$25.00/check
D	\$1,495	\$17,940	\$197.20	\$2,366.40	\$20,306.40	\$25.00/check
E	\$1,932	\$23,184	\$197.20	\$2,366.40	\$25,550.40	\$25.00/check
F	\$1,983	\$27,796	\$197.20	\$2,366.40	\$26,162.40	\$25.00/check
G	\$1,999	\$23,988	\$197.20	\$2,366.40	\$26,354.40	\$25.00/check
H	\$2,618	\$31,416	\$197.20	\$2,366.40	\$33,782.40	\$25.00/check
I	\$3,070	\$36,840	\$197.20	\$2,366.40	\$39,206.40	\$25.00/check
J	\$3,145	\$37,740	\$197.20	\$2,366.40	\$40,106.40	\$25.00/check
K	\$3,241	\$38,892	\$197.20	\$2,366.40	\$41,258.40	\$25.00/check

**Alternative Care Program CDCS Budgets for Effective 10/1/08 - 6/30/09**

Case Mix	CDCS Monthly Amount	Annual Maximum CDCS Service Budget Amount	Required Case Management: 8 units x \$24.65 average monthly units	Required Case Managed Annual Maximum Amount	Total: CDCS Service Cap + Required Case Management Maximum	Background Check(s) Maximum Payment
A	\$762	\$9,144	\$197.20	\$2,366.40	\$11,510.40	\$25.00/check
B	\$1,031	\$12,372	\$197.20	\$2,366.40	\$14,738.40	\$25.00/check
C	\$1,200	\$14,400	\$197.20	\$2,366.40	\$16,766.40	\$25.00/check
D	\$1,370	\$16,440	\$197.20	\$2,366.40	\$18,806.40	\$25.00/check
E	\$1,614	\$19,368	\$197.20	\$2,366.40	\$21,733.40	\$25.00/check
F	\$1,714	\$20,568	\$197.20	\$2,366.40	\$22,934.40	\$25.00/check
G	\$1,914	\$21,768	\$197.20	\$2,366.40	\$24,134.40	\$25.00/check
H	\$2,234	\$26,808	\$197.20	\$2,366.40	\$29,174.40	\$25.00/check
I	\$2,356	\$28,272	\$197.20	\$2,366.40	\$30,638.40	\$25.00/check
J	\$2,476	\$29,712	\$197.20	\$2,366.40	\$32,078.40	\$25.00/check
K	\$2,816	\$33,792	\$197.20	\$2,366.40	\$36,158.40	\$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 and MSC+ Case Management 2008</b>
Aitkin	**Clinic Care System, UCare, or other contracted Entity.
Anoka	*Split by clinics - Evercare does CM for Allina PCCs, County for all others
Becker	
Beltrami	
Benton	*Benton County
Big Stone	
Blue Earth	*Blue Earth County
Brown	
Carlton	*Carlton County -also does CM for non-Allina clinics in Pine County
Carver	
Cass	*Cass County - MSHO only
Chippewa	*Chippewa County - MSC+ Only
Chisago	**Clinic Care System, UCare, or other contracted Entity.
Clay	
Clearwater	
Cook	*Cook County - MSC+ Only
Cottonwood	*Cottonwood County
Crow Wing	*Crow Wing County - MSHO only
Dakota	**Clinic Care System, UCare, or other contracted Entity.
Dodge	*Dodge County
Douglas	
Fairbault	*Faribault County
Fillmore	*Fillmore County
Freeborn	
Goodhue	
Grant	
Hennepin	**Clinic Care System, UCare, or other contracted Entity.
Houston	*Houston County
Hubbard	
Isanti	**Clinic Care System, UCare, or other contracted Entity.
Itasca	
Jackson	*Jackson County
Kanbec	
Kandiyohi	*Kandiyohi County
Kittson	*Kittson County
Koochiching	
Lac Qui Parle	*Lac Qui Parle County
Lake	*Lake County - MSC+ Only

Lake of the Woods	
Le Sueur	*Le Sueur County
Lincoln	*Lincoln County
Lyon	*Lyon County
McLeod	
Mahnomen	
Marshall	*Marshall County
Martin	*Martin County
Meeker	
Mille Lacs	**Clinic Care System, UCare, or other contracted Entity.
Morrison	*Morrison County - MSHO Only
Mower	*Mower County
Murray	*Murray County
Nicollet	*Nicollet County
Nobles	*Nobles County
Norman	*Norman County
Olmsted	*Olmsted County
Otter Tail	*Otter Tail County - MSC+ Only
Pennington	*Pennington County
Pine	* & ** Split by clinic, Evercare does CM for Allina PCC, Carlton County for all other clinics
Pipestone	
Polk	*Polk County
Pope	
Ramsey	**Clinic Care System, UCare, or other contracted Entity.
Red Lake	*Red Lake County
Redwood	*Redwood County
Renville	
Rice	* & ** Split by clinic, Evercare does CM for Allina PCC, County for all other clinics
Rock	*Rock County
Roseau	*Roseau County
St. Louis	*St. Louis County - MSC+ - MSHO at non-SMDC clinics only
Scott	
Sherburne	* & ** Split by living arrangement, county provides CM for all community based members, UCare provides CM for all nursing home members
Sibley	
Stearns	* & ** Split by living arrangement, county provides CM for all community based members, UCare provides CM for all nursing home members
Steele	
Stevens	
Swift	*Swift County
Todd	*MSHO Only
Traverse	
Wabasha	*Wabasha County
Wadena	*MSHO Only
Waseca	
Washington	**Clinic Care System, UCare, or other contracted Entity.
Watonwan	*Watonwan County
Wilkin	
Winona	*Winona County

Wright	**Clinic Care System, UCare, or other contracted Entity.
Yellow Medicine	*Yellow Medicine County

CM = Case Management

PCM = Primary Care Clinic

**\* If the CM is provided by the County then the provider bills their EW services through the service agreement in MMIS.**

**\*\* If the CM is provided by any other entity but the County then the provider bills their EW services to UCare.**

*April 2008*

**ELDERLY WAIVER SERVICE CAP RATE 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

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

Health Plan Initial: Approved _____ Denied _____	
Name of Managed Care Organization: _____	
Signed: _____ Date _____	
Comments:	
DHS Initial: Approved _____ Denied _____	COLA Increase Approved: _____
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**