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26. Personal care services, continued

- physician or the qualified professional;
- 6. Must not be a consumer of personal care services;
- 7. Must maintain daily written records;
- 8. Must report any suspected abuse, neglect or financial exploitation of the recipient to appropriate authorities;
- 9. Must complete standardized training.

**III. Amount, duration and scope of personal care services Assessment and Service Plan**

- 1. A personal care service plan must be developed at least once every 365 days following an assessment by a public health nurse.
- 2. If the recipient's medical need changes, the recipient's personal care provider agency may request a change in service authorization or make a referral to another service.
- 3. In order to continue to receive personal care services after the first year, a service update may be completed. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this Attachment, except that Personal Care Assistance Choice consumers must have a face-to-face assessment at least annually.

B. Department authorization

- 1. The Department authorizes all personal care services and supervision services.
  - 2. Authorization is based on the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options.
  - 3. The Department authorizes total daily personal care services based on the following:
    - a. The person meets the access criteria of having a dependency in an activity of daily living or having the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
    - b. A person who meets the access criteria above with fewer than two dependencies in activities of daily living is authorized 30 minutes of personal care.**
    - c. A person who has two or more dependencies in activities of daily living is authorized for personal care as follows:**
      - ~~b.~~ 1. The person has been given a home care rating and assigned a daily base amount of time by identifying the number of dependencies in activities of daily living, the presence of complex health related needs and/or the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
      - ~~e.~~ 2. The person is authorized for additional time as follows:
        - i. 30 additional minutes per day for a dependency in each of the critical activities of daily living of eating, transferring, mobility, and toileting;

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26. Personal care services, continued

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**III. Amount, duration and scope of personal care services Assessment and Service Plan**

- 10. A personal care service plan must be developed at least once every 365 days following an assessment by a public health nurse.
- 11. If the recipient's medical need changes, the recipient's personal care provider agency may request a change in service authorization or make a referral to another service.
- 12. In order to continue to receive personal care services after the first year, a service update may be completed. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this Attachment, except that Personal Care Assistance Choice consumers must have a face-to-face assessment at least annually.

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      - ~~e-~~ 2. The person is authorized for additional time as follows:
        - i. 30 additional minutes per day for a dependency in each of the critical activities of daily living of eating, transferring, mobility, and toileting;

7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

~~Effective for skilled nurse visits on or after July 1, 1998, Payment for skilled nurse visits is the lower of the submitted charge or the rate from the chart below.~~

<b><u>Service provided on or after</u></b>	<b><u>07/01/2009</u></b>	<b><u>09/01/2011</u></b>
<b><u>Skilled nurse visit</u></b>	<b><u>\$70.75</u></b>	<b><u>\$69.69</u></b>

<b>Service provided on or after:</b>	<b>7/1/98</b>	<b>7/1/99</b>	<b>7/1/00</b>	<b>7/1/01</b>	<b>7/1/02</b>	<b>10/1/05</b>	<b>10/1/06</b>	<b>10/1/07</b>	<b>10/1/08</b>	<b>7/1/09</b>
<b>Skilled Nurse Visit</b>	<b>\$54.37 /visit</b>	<b>\$56.54 /visit</b>	<b>\$59.93 /visit</b>	<b>\$61.73 /visit</b>	<b>\$63.58</b>	<b>\$68.26</b>	<b>\$69.80</b>	<b>\$71.20</b>	<b>\$72.62</b>	<b>\$70.75</b>

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

7.b. Home health aide services provided by a home health agency.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

~~Effective for home health aide visits on or after July 1, 1998,~~  
Payment for home health aide visits is the lower of the submitted charge or the rate from the chart below.

<u>Service provided on or after</u>	<u>07/01/2009</u>	<u>09/01/2011</u>
<u>Home Health Aide Visit</u>	<u>\$54.29</u>	<u>\$ 53.48</u>

<b>Service provided on or after</b>	<b>7/1/98</b>	<b>7/1/99</b>	<b>7/1/00</b>	<b>7/1/01</b>	<b>7/1/02</b>	<b>10/1/05</b>	<b>10/1/06</b>	<b>10/1/07</b>	<b>10/1/08</b>	<b>7/1/09</b>
<b>Home Health Aide Visit</b>	<b>\$41.72 /visit</b>	<b>\$43.39 /visit</b>	<b>\$45.99/ Visit</b>	<b>\$47.37/ visit</b>	<b>\$48.79</b>	<b>\$52.38</b>	<b>\$53.57</b>	<b>\$54.64</b>	<b>\$55.73</b>	<b>\$54.29</b>

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

Physical therapist, occupational therapist, speech pathologist and audiologist services provided by a **home health agency** are paid the lower of:

- (1) submitted charge; or
- (2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in calendar year 1982.

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11a., Physical therapy and 11b., Occupational therapy.

~~Effective for therapy visits on or after July 1, 1998, Payment for therapy visits is the lower of the submitted charge or the rate from the chart below.~~

<u>Service provided on or after</u>	<u>07/01/2009</u>	<u>09/01/2011</u>
<u>Physical Therapy Visit (PT)</u>	<u>\$66.38</u>	<u>\$ 65.38</u>
<u>Physical Therapy Visit (Ass't)</u>	<u>\$43.15</u>	<u>\$ 42.50</u>
<u>Speech Therapy Visit</u>	<u>\$67.39</u>	<u>\$ 66.38</u>
<u>Occupational Therapy Vist (OT)</u>	<u>\$67.74</u>	<u>\$ 66.72</u>
<u>Occupational Therapy Visit (Ass't)</u>	<u>\$44.03</u>	<u>\$ 43.37</u>
<u>Respiratory Therapy Visit</u>	<u>\$46.91</u>	<u>\$ 46.21</u>

<u>Service provided on or after</u>	<u>7/1/98</u>	<u>7/1/99</u>	<u>7/1/00</u>	<u>7/1/01</u>	<u>7/1/02</u>	<u>10/1/05</u>	<u>10/1/06</u>	<u>10/1/07</u>	<u>10/1/08</u>	<u>7/1/09</u>
<u>Physical Therapy Visit (PT)</u>	<u>\$51.00/ visit</u>	<u>\$53.04/ visit</u>	<u>\$56.22/ visit</u>	<u>\$57.91/ visit</u>	<u>\$59.65 /visit</u>	<u>\$64.05/ visit</u>	<u>\$65.49</u>	<u>\$66.80</u>	<u>\$68.14</u>	<u>\$66.38</u>
<u>Physical Therapy Visit (Ass't.)</u>				<u>\$37.64/ visit</u>	<u>\$38.77 /visit</u>	<u>\$41.63/ visit</u>	<u>\$42.57</u>	<u>\$43.42</u>	<u>\$44.29</u>	<u>\$43.15</u>
<u>Speech Therapy Visit</u>	<u>\$51.78/ visit</u>	<u>\$53.85/ visit</u>	<u>\$57.08/ visit</u>	<u>\$58.79/ visit</u>	<u>\$60.55 /visit</u>	<u>\$65.01/ visit</u>	<u>\$66.48</u>	<u>\$67.81</u>	<u>\$69.17</u>	<u>\$67.39</u>

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency, continued.

Occupational Therapy Visit (OT)	\$52.05/ visit	\$54.13/ visit	\$57.38/ visit	\$59.10/ visit	\$60.87 /visit	\$65.35/ visit	\$66.83	\$68.17	\$69.53	\$67.74
Occupational Therapy Visit (Ass't.)				\$38.42/ visit	\$39.57 /visit	\$42.49/ visit	\$43.44	\$44.31	\$45.20	\$44.08
Respiratory Therapy Visit	\$37.85/ visit	\$39.36/ visit	\$41.72/ visit	\$42.97/ visit	\$44.26 /visit	\$45.26/ visit	\$46.28	\$47.21	\$48.15	\$46.91

Services provided by **rehabilitation agencies** are paid using the same methodology as item 5.a, Physicians' services.

**The base rate as described in this item is adjusted by the following clauses of Supplement 2 of this Attachment:**

- A. IHS/638 Facilities
- B. Critical Access Hospitals
- C. TPL
- E. Modifiers
- I. Exceptions to payment methodology and reconstructing a rate
- L. Rehabilitation Agency rate increase

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8. Private duty nursing services.

Payment for private duty nursing services is the lower of the submitted charge; or the following:

Service provided on or after	7/1/97	7/1/98	7/1/99	7/1/00	6/15/01	7/1/01	7/1/02	10/1/05	10/1/06	10/1/07	10/1/08	7/1/09
Independent Private Duty L.P.N.	\$3.00/ Unit	\$3.09/ Unit	\$3.21/ unit	\$3.40/ Unit	\$5.17 /unit	\$5.78 /unit	\$5.95 /unit	\$6.08 /unit	\$6.22 /unit	\$6.34	\$6.47	\$6.30
Private Duty L.P.N.	\$4.55/ Unit	\$4.69/ Unit	\$4.88/ unit	\$5.17/ Unit	\$5.17 /unit	\$5.78 /unit	\$5.95 /unit	\$6.08 /unit	\$6.22 /unit	\$6.34	\$6.47	\$6.30
Independent—Private Duty R.N.	\$4.01/ Unit	\$4.13/ Unit	\$4.30/ unit	\$4.56/ Unit	\$6.73 /unit	\$7.52 /unit	\$7.75 /unit	\$7.92 /unit	\$8.10 /unit	\$8.26	\$8.43	\$8.21
Private Duty R.N.	\$5.93/ Unit	\$6.11/ unit	\$6.35/ unit	\$6.73/ Unit	\$6.73/un it	\$7.52 /unit	\$7.75 /unit	\$7.92 /unit	\$8.10 /unit	\$8.26	\$8.43	\$8.21
Private Duty L.P.N. (complex)	\$5.29/ Unit	\$5.45/ unit	\$5.67/ unit	\$6.01/ Unit	\$6.01/un it	\$6.77 /unit	\$6.97 /unit	\$7.13 /unit	\$7.29 /unit	\$7.44	\$7.59	\$7.39
Private Duty R.N. (complex)	\$6.69/ Unit	\$6.89/ unit	\$7.17/ unit	\$7.60/ Unit	\$7.60 /unit	\$9.03 /unit	\$9.30 /unit	\$9.51 /unit	\$9.72 /unit	\$9.91	\$10.11	\$9.85

Service provided on or after	07/01/2009	09/01/2011
Private Duty Nursing L.P.N. Unit	\$6.30	\$ 6.21
Private Duty R.N. Unit	\$8.21	\$ 8.09
Private Duty L.P.N. (complex)	\$7.39	\$ 7.28
Private Duty R.N. (complex)	\$9.85	\$ 9.70

NOTE: 1 unit = 15 minutes

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8. Private duty nursing services, continued.

**Shared care:** For two recipients sharing care, payment is one and one-half times the payment for serving one recipient. This paragraph applies only to situations in which both recipients are present and received shared care on the date for which the service is billed.

~~Effective March 1, 2006 and ending September 30, 2007, payment for private duty nursing services is increased by .2% for those providers who applied and met the competitive requirements for a medical assistance payment rate increase for the purpose of employee scholarships, except that the increase is .3% effective on or after September 1, 2006, for those providers who agree to accept the higher rate on a contract entered into on or after March 1, 2006 or whose new contract was entered into on or after September 1, 2006.~~



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26. Personal care services.

Payment is the lower of the submitted charge, or the state agency established rate:

Procedure Code	7/1/98	7/1/99	7/1/00	7/1/01	7/1/02	10/1/05	10/1/06	10/1/07	10/1/08	7/1/09
Personal Care by an Agency 1:1	\$3.18/ unit	\$3.31/ unit	\$3.51/ Unit	\$3.62/ unit	\$3.73/ unit	\$3.81 Unit	\$3.90/ unit	\$3.98/ Unit	\$4.06	\$3.96
Personal Care by an Agency 1:2	N/A	\$2.49/ unit	\$2.64/ Unit	\$2.72/ Unit	\$2.80/ unit	\$2.86/ Unit	\$2.93/ unit	\$2.99/ unit	\$3.05	\$2.97
Personal Care by an Agency 1:3	N/A	\$2.20/ unit	\$2.33/ Unit	\$2.40/ unit	\$2.47/ unit	\$2.53/ Unit	\$2.58/ unit	\$2.63/ unit	\$2.68	\$2.61
Supervision of Personal Care by an Agency	\$5.61/ unit	\$5.83/ unit	\$6.18/ Unit	\$6.37/ unit	\$6.56/ unit	\$6.71/ Unit	\$6.86/ unit	\$7.00/ unit	\$7.14	\$6.96

<u>Service provided on or after</u>	<u>07/01/2009</u>	<u>09/01/2011</u>
<u>Personal Care 1:1 unit</u>	<u>\$3.96</u>	<u>\$ 3.90</u>
<u>Personal Care 1:2 unit</u>	<u>\$2.97</u>	<u>\$ 2.93</u>
<u>Personal Care 1:3 unit</u>	<u>\$2.61</u>	<u>\$ 2.57</u>
<u>Supervision of Personal Care unit</u>	<u>\$6.96</u>	<u>\$ 6.86</u>

[NOTE: 1 unit = 15 minutes]

**Shared care:** For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment ~~is~~ must not exceed two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

**PCA Choice option:** Payment is the same as that paid for personal care assistant services.

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