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State/Territory Name: MN

State Plan Amendment (SPA) #: 17-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 8, 2017

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #17-0014 --Updates to home health face-to-face visits and revised payment rates for personal care services.

--Effective Date: July 1, 2017

--Approval Date: December 8, 2017

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS
 Sean Barrett, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:

17-14

2. STATE

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTER FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2017

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §§ 440.70, 440.167

7. FEDERAL BUDGET IMPACT (in thousands):

a. FFY '18: \$4,500

b. FFY '19: \$4,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages: 33, 33a, 34, 34a, 35, 36, 37, 37a

Attachment 3.1-B, pages: 32, 32a, 33, 33a, 34, 35, 36, 36a

Attachment 4.19-B, page 74

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Same

10. SUBJECT OF AMENDMENT:

Coverage of Home Care Services and Payment Rates for PCA Services

11. GOVERNOR'S REVIEW (*Check One*):

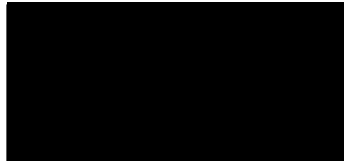
GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Sean Barrett
Minnesota Department of Human Services
Federal Relations Unit
PO Box 64983
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

September 26, 2017 (pen/ink change to date-from Sept 25 to Sept 26, SP, CMS)

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 26, 2017

18. DATE APPROVED:

December 8, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE: MINNESOTA
Effective: July 1, 2017
TN: 17-14

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Page 33

Approved: 12/8/17

Supersedes: 16-02 (09-28, 08-17, 06-19, 02-25, 1-13)

7. Home health services.

Covered home health services are those provided by a Medicare certified home health agency that complies with 42 CFR §§484.4 and 440.70, that are:

- a) medically necessary health services;
- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
- d) provided to the recipient in any setting in which normal life activities take place, other than at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled ~~mentally retarded~~ (ICF/~~MRDD~~) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/~~MRDD~~ in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

"Professional nurse" refers to registered nurses and licensed practical nurses, all licensed under the Minnesota Nurse Practice Act.

Home health services include the following: skilled nurse visits; home health aide visits; medical supplies, equipment and appliances; physical therapy; occupational therapy; speech pathology; and audiology.

Department authorization is required for home health aide visits or skilled nurse visits. Department authorization is based on medical necessity, physician's orders, the recipient's needs, diagnosis, and condition, the plan of care, and cost-effectiveness when compared with other care options.

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Supersedes: 09-25 (08-17, 02-25, 01-13)

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Page 33a

7. Home health services. (continued)

The following home health services are not covered under medical assistance:

- a) home health services that are the responsibility of the foster care provider;
- b) home health services when not medically necessary;
- c) services to other members of the recipient's household;
- d) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;
- e) ~~nursing and rehabilitation therapy services that can reasonably be obtained as outpatient services;~~
- f) ~~any home health agency service that is performed in a place other than the recipient's residence;~~
- g) more than one home health aide visit per day; and
- h) more than two skilled nurse visits per day.

Home health agencies that administer pediatric vaccines as noted in item 5.a., Physician's services within the scope if their licensure must enroll in the Minnesota Vaccines for Children Program.

Influenza and pneumococcal immunizations for adults may be administered through a standing order. The standing order includes an order from the physician, assessment criteria and contraindications for the immunizations. The professional nurse follows the standing order.

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Page 34

Approved: 12/8/17

Supersedes: 09-28 (09-25, 08-17, 02-25, 01-13)

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

Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency that are:

- a) medically necessary;
- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
- d) provided to the recipient in any setting in which normal life activities take place, other than at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled ~~mentally retarded~~ (ICF/MRDD) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MRDD in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

Home health agencies or registered nurses that administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

Influenza and pneumococcal immunizations for adults may be administered through a standing order. The standing order includes an order from the physician, assessment criteria and contraindications for the immunizations. The professional nurse follows the standing order.

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence, or any other setting in which normal life activities take place, under a plan of care or services plan that specifies a level of care that the nurse is qualified to provide. These services are:

- a) nursing services according to the written plan of care or services plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;
- b) services that, due to the recipient's medical condition, may only be safely and effectively provided by a licensed practical nurse through a home health agency or a registered nurse;
- c) assessments performed only by a registered nurse; and
- d) teaching and training the recipient, the recipient's family, or other caregivers.

The following services are not covered under medical assistance as intermittent or part-time nursing services:

- a) nurse visits for the sole purpose of supervision of the home health aide;
- b) a nursing visit that is:
 - i) only for the purpose of monitoring medication compliance with an established medication program; or
 - ii) to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-

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

Covered home health aide services are those provided by a Medicare-certified home health agency that are:

- a) medically necessary;
- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
- d) provided to the recipient in any setting in which normal life activities take place, ~~at the recipient's own place of residence that is a place~~ other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled ~~mentally retarded~~ (ICF/DDMR).

Home health aide services must be provided under the direction of a registered nurse.

Home health aide services must be employees of a home health agency and be approved by the registered nurse to perform medically oriented tasks written in the plan of care.

Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.

7.c. Medical supplies, equipment and appliances suitable for use in the home.

- Covered medical supplies, equipment and appliances suitable for use in the home are those that are:
 - a) medically necessary;
 - b) ordered by a physician, and if required under the Medicare program, ordered pursuant to a face-to-face or telemedicine encounter with a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant, occurring within six months prior or within 30 days after the start of services;
 - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once a year; and
 - d) provided to the recipient in any setting in which normal life activities take place, ~~at the recipient's own place of residence that is a place~~ other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled ~~mentally retarded~~ (ICF/DDMR).
- Medical supplies and equipment ordered in writing by a physician are paid with the following limitations:
 - 1) A purchase of nondurable medical supplies not requiring prior authorization must not exceed an amount necessary to provide a one-month supply.
 - 2) Maintenance or service made at routine intervals based on hours of use or calendar days to ensure that equipment in proper working order is payable.
 - 3) The cost of a repair to durable medical equipment that is rented or purchased by the Medical Assistance program under a warranty is not eligible for medical assistance payment if the repair is covered by the warranty.
 - 4) In the case of rental equipment, the sum of rental payments during the projected period of the recipient's use must not exceed the purchase price allowed by medical assistance unless the sum of the projected rental payments in excess of the purchase price receives prior authorization. All rental payments must apply to purchase of the equipment.
 - 5) For individuals not receiving Medicare, the following diabetic testing supplies may only be dispensed by a pharmacy: blood glucose meters, testing strips, lancets, lancing devices, and control solutions.

Augmentative and alternative communication devices are defined as devices dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a recipient with severe expressive communication disorders. Examples include communication picture books, communication charts and boards, and mechanical or electronic dedicated devices.

Approved: 12/8/17
Supersedes: 07-08 (06-19, 01-13, 00-23)

7.d. Physical therapy, Occupational therapy or Speech pathology and Audiology services provided by a home health or rehabilitation agency.

Physical therapy, occupational therapy, and speech pathology and audiology services provided by a home health agency are:

- a) medically necessary;
- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days;
and
- d) provided to the recipient in any setting in which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled (ICF/DD) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/DD in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

- **Covered physical therapy services** are ~~those prescribed by a physician or other licensed practitioner of the healing arts and~~ provided to a patient by a qualified physical therapist, pursuant to 42 CFR §440.110, or qualified physical therapist assistant under the direction of a qualified physical therapist.
- **Covered occupational therapy services** are ~~those prescribed by a physician or other licensed practitioner of the healing arts and~~ provided to a patient by a qualified occupational therapist, pursuant to 42 CFR §440.110, or qualified occupational therapy assistant under the direction of a qualified occupational therapist.
- **Covered speech, language, and hearing therapy services** are ~~those diagnostic, screening, preventive or corrective services prescribed referred by a physician or other licensed practitioner of the healing arts and~~ provided by a qualified speech pathologist, pursuant to 42 CFR §440.110, or a qualified audiologist, pursuant to 42 CFR §440.110, in the practice of his or her profession.
- **Restorative therapy services**, as described in items 11a to 11c, are covered only when there is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable and generally predictable period of time.

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Approved: 12/8/17
Supersedes: 06-19 (01-13, 00-23)

7.d. Physical therapy, Occupational therapy or Speech pathology and Audiology services provided by a home health or rehabilitation agency. (continued)

- **Specialized maintenance therapy**, as described in items 11a to 11c, is covered only when:
 - ordered by a physician's or other licensed practitioner's of the healing arts;
 - the orders describe the relate-necessity for specialized maintenance therapy in order to treat-to the patient's particular medical condition(s); and
 - it is necessary for maintaining the patient's current level of functioning or for preventing deterioration of the patient's medical condition(s).

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Approved: 12/8/17

Supersedes: 16-02 (09-28, 08-17, 06-19, 02-25, 1-13)

7. Home health services.

Covered home health services are those provided by a Medicare certified home health agency that complies with 42 CFR §§484.4 and 440.70, that are:

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- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
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"Professional nurse" refers to registered nurses and licensed practical nurses, all licensed under the Minnesota Nurse Practice Act.

Home health services include the following: skilled nurse visits; home health aide visits; medical supplies, equipment and appliances; physical therapy; occupational therapy; speech pathology; and audiology.

Department authorization is required for home health aide visits or skilled nurse visits. Department authorization is based on medical necessity, physician's orders, the recipient's needs, diagnosis, and condition, the plan of care, and cost-effectiveness when compared with other care options.

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Approved: 12/8/17
Supersedes: 09-25 (08-17, 02-25, 01-13)

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7. Home health services. (continued)

The following home health services are not covered under medical assistance:

- a) home health services that are the responsibility of the foster care provider;
- b) home health services when not medically necessary;
- c) services to other members of the recipient's household;
- d) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;
- e) ~~nursing and rehabilitation therapy services that can reasonably be obtained as outpatient services;~~
- f) ~~any home health agency service that is performed in a place other than the recipient's residence;~~
- g) more than one home health aide visit per day; and
- h) more than two skilled nurse visits per day.

Home health agencies that administer pediatric vaccines as noted in item 5.a., Physician's services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

Influenza and pneumococcal immunizations for adults may be administered through a standing order. The standing order includes an order from the physician, assessment criteria and contraindications for the immunizations. The professional nurse follows the standing order.

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Approved: 12/8/17

Supersedes: 09-28 (09-25, 08-17, 02-25, 01-13)

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

Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency that are:

- a) medically necessary;
- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
- d) provided to the recipient in any setting in which normal life activities take place, other than at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled mentally retarded (ICF/MRDD) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MRDD in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.

Home health agencies or registered nurses that administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

Influenza and pneumococcal immunizations for adults may be administered through a standing order. The standing order includes an order from the physician, assessment criteria and contraindications for the immunizations. The professional nurse follows the standing order.

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Approved: 12/8/17
Supersedes: 09-28 (06-19, 02-25, 01-13)

7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence, or any other setting in which that normal life activities take place, under a plan of care or services plan that specifies a level of care that the nurse is qualified to provide. These services are:

- a) nursing services according to the written plan of care or services plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;
- b) services that, due to the recipient's medical condition, may only be safely and effectively provided by a licensed practical nurse through a home health agency or a registered nurse;
- c) assessments performed only by a registered nurse; and
- d) teaching and training the recipient, the recipient's family, or other caregivers.

The following services are not covered under medical assistance as intermittent or part-time nursing services:

- a) nurse visits for the sole purpose of supervision of the home health aide;
- b) a nursing visit that is:
 - i. only for the purpose of monitoring medication compliance with an established medication program; or
 - ii. to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-

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Effective: July 1, 2017
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Approved: 12/8/17
Supersedes: 00-11, 97-12

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

Covered home health aide services are those provided by a Medicare-certified home health agency that are:

- a) medically necessary;
- b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
- c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
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Home health aide services must be provided under the direction of a registered nurse.

Home health aide services must be employees of a home health agency and be approved by the registered nurse to perform medically oriented tasks written in the plan of care.

Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.

Approved: 12/8/17
Supersedes: 14-03 (00-28, 00-11)

7.c. Medical supplies, equipment and appliances suitable for use in the home.

- Covered medical supplies, equipment and appliances suitable for use in the home are those that are:
 - a) medically necessary;
 - b) ordered by a physician, and if required under the Medicare program, ordered pursuant to a face-to-face or telemedicine encounter with a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant, occurring within six months prior or within 30 days after the start of services;
 - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once a year; and
 - d) provided to the recipient in any setting in which normal life activities take place, ~~at the recipient's own place of residence that is a place~~ other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled ~~mentally retarded~~ (ICF/DDMR).

- Medical supplies and equipment ordered in writing by a physician are paid with the following limitations:
 - 1) A purchase of nondurable medical supplies not requiring prior authorization must not exceed an amount necessary to provide a one-month supply.
 - 2) Maintenance or service made at routine intervals based on hours of use or calendar days to ensure that equipment in proper working order is payable.
 - 3) The cost of a repair to durable medical equipment that is rented or purchased by the Medical Assistance program under a warranty is not eligible for medical assistance payment if the repair is covered by the warranty.
 - 4) In the case of rental equipment, the sum of rental payments during the projected period of the recipient's use must not exceed the purchase price allowed by medical assistance unless the sum of the projected rental payments in excess of the purchase price receives prior authorization. All rental payments must apply to purchase of the equipment.
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Augmentative and alternative communication devices are defined as devices dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a recipient with severe expressive communication disorders. Examples include communication picture books, communication charts and boards, and mechanical or electronic dedicated devices.

Approved: 12/8/17
Supersedes: 07-08 (06-19, 01-13, 00-23)

7.d. Physical therapy, Occupational therapy or Speech pathology and Audiology services provided by a home health or rehabilitation agency.

Physical therapy, occupational therapy, and speech pathology and audiology services provided by a home health agency are:

- a) medically necessary;
 - b) ordered by a physician pursuant to a face-to-face or telemedicine encounter occurring within 90 days prior or within 30 days after the start of services;
 - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
 - d) provided to the recipient in any setting in which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility for the developmentally disabled (ICF/DD) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/DD in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR Part 483, subpart I.
- **Covered physical therapy services** are those ~~prescribed by a physician or other licensed practitioner of the healing arts~~ and provided to a patient by a qualified physical therapist, pursuant to 42 CFR §440.110, or qualified physical therapist assistant under the direction of a qualified physical therapist.
 - **Covered occupational therapy services** are those ~~prescribed by a physician or other licensed practitioner of the healing arts~~ and provided to a patient by a qualified occupational therapist, pursuant to 42 CFR §440.110, or qualified occupational therapy assistant under the direction of a qualified occupational therapist.
 - **Covered speech, language, and hearing therapy services** are those ~~diagnostic, screening, preventive or corrective services prescribed~~ referred by a physician or other licensed practitioner of the healing arts and provided by a qualified speech pathologist, pursuant to 42 CFR §440.110, or a qualified audiologist, pursuant to 42 CFR §440.110, in the practice of his or her profession.
 - **Restorative therapy services**, as described in items 11a to 11c, are covered only when there is a medically appropriate expectation that the patient's condition will improve significantly in a reasonable and generally predictable period of time.

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ATTACHMENT 3.1-B

Effective: July 1, 2017

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TN: 17-14

Approved: 12/8/17

Supersedes: 06-19 (01-13, 00-23)

7.d. Physical therapy, Occupational therapy or Speech pathology and Audiology services provided by a home health or rehabilitation agency. (continued)

- **Specialized maintenance therapy**, as described in items 11a to 11c, is covered only when:
 - ordered by a physician's or other licensed practitioner's of the healing arts;
 - the orders describe the relate-necessity for specialized maintenance therapy in order to treat-to the patient's particular medical condition(s); and
 - it is necessary for maintaining the patient's current level of functioning or for preventing deterioration of the patient's medical condition(s).

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ATTACHMENT 4.19-B
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Approved: 12/8/17

Supersedes: 16-13 (15-11,13-23,11-18,09-28,08-17,07-08,06-19,06-08,05-21,04-22,02-20)

26. Personal care services.

Payment is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	4/1/2014	7/1/2014	7/1/2015*	7/1/2016	<u>8/1/2017</u>
Personal Care 1:1 unit	\$3.96	\$4.16	\$4.27	\$4.28	<u>\$4.35</u>
Personal Care 1:2 unit	\$2.97	\$3.12	\$3.20	\$3.21	<u>\$3.26</u>
Personal Care 1:3 unit	\$2.61	\$2.74	\$2.81	\$2.82	<u>\$2.86</u>
Supervision of Personal Care unit	\$6.96	\$7.31	\$7.50	\$7.52	<u>\$7.64</u>

NOTE: 1 unit = 15 minutes

* The Department will reduce payment by .5% for providers that fail to submit a quality improvement plan.

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 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.