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

August 28, 2009

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

Dear Mr. Osberg:

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

Transmittal #08-017	Miscellaneous Services and Rates --Effective Date: October 1, 2008

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or by e-mail at Charles.Friedrich@cms.hhs.gov.

Sincerely,

/s/
Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Lisa Knazan, MDHS

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 08-17

2. STATE: Minnesota

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2008

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

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §440.50(a); 440.60(a); §447.201(b)

7. FEDERAL BUDGET IMPACT: (in thousands)
a. FFY '09: $ 4,851
b. FFY '10: $ 6,464

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 3.1-A, pp. 33-33a; 34; 38, 38a, 38a-1, 38c, 38d, 54c, 54c.1, 54e, 78, 78a-78s.
Att. 3.1-B, pp. 32-32a; 33; 37, 37a; 37a-1, 37c, 37d, 53c, 53c.1, 53e, 77, 77a-77s
Att. 4.19-B, pp 8; 10c; 10g; 10h; 17a; 25; 26; 28; 29; 45a; 45b; 45c-2; 74

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att. 3.1-A, pp. 33-33a; 34; 38; 38a; 38a-1; 38c; 38d; 54c, 54e; 78; 78a-78s
Att. 3.1-B, pp. 32-32a; 33; 37; 37a; 37a-1; 37c; 37d; 53c, 53e; 77; 77a-77s
Att. 4.19-B, pp 8; 10c; 10g; 10h; 17a; 25; 26; 28; 29 ; 45a, 45b, 45c-2; 74

10. SUBJECT OF AMENDMENT:
Misc. Services & Rates

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

13. TYPED NAME:
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
December 23, 2008

16. RETURN TO:
Lisa Knazan
Minnesota Department of Human Services
Federal Relations Unit
PO Box 64983
St. Paul, MN 55164-0983

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 23, 2008

18. DATE APPROVED:
August 28, 2009

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:

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; (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 at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR 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 includes skilled nurse visits provided via telehomecare, which is the use of live, two-way interactive audiovisual technology that can be augmented using store-and-forward technologies. Department prior authorization is required for telehomecare.

- Department prior authorization is required for home health aide visits or skilled nurse visits, unless a physician has ordered such visits and:
  a) the ~~professional~~ registered nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request to the Department for authorization of payment within 20 working days of the initial service date, and medical assistance is the appropriate payer; or

  b) this is the first through the ninth skilled nurse visit during a calendar year.

  Department prior 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.

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 are an exception to the requirement that home health services be ordered by a physician. If there is a standing order for these immunizations, they may be administered by a ~~skilled~~ professional nurse per agency policy developed in consultation with a physician, and after an assessment for contraindications.

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;
  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 at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless
  skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR
  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.

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

- 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 are an exception to the requirement that intermittent or part-time nursing services provided by a home health agency be ordered by a physician. If there is a standing order for these immunizations, they may be administered by a ~~skilled~~ professional nurse per agency policy developed in consultation with a physician, and after an assessment for contraindications.

8. Private duty nursing services.

- Private duty nursing services are only covered when medically necessary, ordered in writing by the physician, and documented in a written plan of care that is reviewed and revised as medically necessary by the physician at least once every 62 days.

- Private duty nursing services are not reimbursable if a skilled nurse visit is appropriate, or if a personal care assistant can be utilized.

- Private duty nursing services may also be provided by a parent of a minor child, spouse or unpaid legal guardian, who must be a professional nurse as defined in item 7, Home Health services on page 33 of this Attachment, and employed by a licensed private duty nursing agency and must be included in the plan of care under direction by the physician.

- Private duty nursing services may be provided by a licensed registered nurse or licensed practical nurse who is the recipient's spouse, legal guardian, or parent of a minor child, if:
  1) the nurse passes a criminal background check;
  2) the services are necessary to prevent hospitalization of the recipient; and
  3) one of the following are met:
     a the nurse resigns from a part-time or full-time job to provide nursing care for the recipient;
     b. the nurse goes from a full-time job to a part-time job with less compensation for provide nursing care for the recipient;
     c. the nurse takes a leave of absence without pay to provide nursing care for the recipient; or
     d. because of labor condition, special language needs, or intermittent hours of nursing care needed, the nurse is needed in order to provide adequate care to meet the medical needs of the recipient.

- Private duty nursing services includes ~~extended hour~~ ongoing professional nursing services provided by licensed registered nurses or licensed practical nurses employed by a Medicare-certified home health agency or self-employed when the recipient requires more individualized and continuous care than can be provided during a skilled nurse visit.

- Department prior authorization is required for all private duty nursing services. Prior authorization is based on medical necessity; physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; the plan of care; and cost-effectiveness when compared to alternative care options. For recipients who meet hospital admission criteria, the Department shall not authorize more

8. Private duty nursing services. (continued)

than 16 hours per day of private duty nursing service or up to 24 hours per day of private duty nursing service while a determination of eligibility is made for recipients who are applying for services under Minnesota's approved model home and community-based services waiver or during an appeal to the appropriate regulatory agency to determine if a health benefit plan is required to pay for medically necessary nursing services. For recipients who do not meet hospital admission criteria, the Department may authorize up to 9.75 hours per day of private duty nursing service. Authorized private duty nursing services provided by a relative may not exceed 50 percent of the total approved nursing hours, or eight hours a day, whichever is less, up to a maximum of 40 hours per week.

Authorized units of private duty nursing service may be used in the recipient's home or outside of the recipient's home if normal life activities take the recipient outside of their home. To receive private duty nursing services at school, the recipient or his or her responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

- Private duty nursing providers that are not Medicare certified must refer and document the referral of dual eligibles to Medicare providers when Medicare is the appropriate payer.

- Recipients may receive shared private duty nursing services, defined as nursing services provided by a private duty nurse to two recipients at the same time and in the same setting. Decisions on the selection of recipients to share private duty nursing services must be based on the ages of the recipients, compatibility, and coordination of their care needs. ~~For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program that is licensed by the state or is operated by a local school district or private school, an adult day care~~

8. Private duty nursing services. (continued)

~~that is licensed by the state, or outside the home or foster care home of one of the recipients when normal life activities, including attending school, take the recipients outside the home.~~ Shared private duty nursing services are allowed only for Medicaid recipients who would otherwise be eligible and qualified for private duty nursing services in their home or foster care home, pursuant to regulations at 42 CFR 440.80. When normal life activities, including attending school, take the Medicaid recipients sharing private duty nursing services outside the home or foster care home, they may utilize their approved hours in a child care program that is licensed by the State or operated by a local school district or private school, or an adult day care that is licensed by the State.

The provider must offer the recipient or responsible party the option of shared care. If accepted, the recipient or responsible party may withdraw participation at any time.

The private duty nursing agency must document the following in the health service record for each recipient sharing care:

a) authorization by the recipient or responsible party for the maximum number of shared care hours per week chosen by the recipient;
b) authorization by the recipient or responsible party for shared service provided outside the recipient's home;
c) authorization by the recipient or responsible party for others to receive shared care in the recipient's home;

8. Private duty nursing services. (continued)

to ensure that the needs of the recipients are appropriately and safely met;

2) the setting in which the shared private duty nursing care will be provided;

3) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting;

4) a contingency plan that accounts for absence of the recipient in a shared care setting due to illness or other circumstances. The private duty nurse will not be paid if the recipient is absent;

5) staffing backup contingencies in the event of employee illness or absence;

6) arrangements for additional assistance to respond to urgent or emergency care needs of recipients.

- The following services are not covered under medical assistance as private duty nursing services:

~~a) private duty nursing services provided by a licensed registered nurse or licensed practical nurse who is the recipient's spouse, legal guardian, or parent of a minor child, unless the following conditions are met:~~
~~1) the nurse passes a criminal background check;~~
~~2) the services are necessary to prevent hospitalization of the recipient; and~~
~~3) one of the following are met:~~
~~a. the nurse resigns from a part-time or full-time job to provide nursing care for the recipient;~~

~~b. the nurse goes from a full-time job to a part-time job with less compensation for provide nursing care for the recipient;~~

8. Private duty nursing services. (continued)

~~c. the nurse takes a leave of absence without pay to provide nursing care for the recipient; or~~
~~d. because of labor conditions, special language needs, or intermittent hours of nursing care needed, the nurse is needed in order to provide adequate to meets the medical needs of the recipient;~~

~~b)~~ a) private duty nursing services that are identified in the foster care placement agreement to be provided by the foster care provider who is a professional nurse as the responsibility of the foster care provider;

~~c)~~ b) private duty nursing services when other, more cost-effective, medically appropriate services are available;

~~d)~~ c) private duty nursing services provided to a resident of a hospital, nursing facility, intermediate care facility, or a licensed health care facility; and

~~e)~~ d) private duty nursing services provided by a licensed registered nurse or licensed practical nurse who is the foster care provider of a recipient who is under age 18.

13.d. Rehabilitative services. (continued)

support services:

1. An entity certified by the Department and operated by a county.

2. An entity certified by the Department based on a review and recommendation by the host county.

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

(a) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and:

(i) has at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness; or

(ii) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;

13.d. Rehabilitative services. (continued)

(b) has at least 6,000 hours of supervised experience in the delivery of services to persons with mental illness;

(c) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and has less than 4,000 hours post-master's experience in the treatment of mental illness.

A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.

2. A mental health rehabilitation worker must:

A. Be at least 21 years of age;

B. Have a high school diploma or equivalent;

C. Have successfully completed 30 hours of training during the past two years covering recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and

D. Meet the qualifications in (1) or (2) below:

(1) Have an associate of arts degree in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:

13.d. Rehabilitative services. (continued)

Components of Mental Health Community Support Services

A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a mental health rehabilitation worker under the direction of a mental health professional or mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following ~~two~~ three components. A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

1. Basic living and social skills, which may include:
   A. Communication skills.
   B. Budgeting and shopping skills.
   C. Healthy lifestyle skills.
   D. Household management skills.
   E. Transportation skills.
   F. Medication monitoring.
   G. Crisis assistance skills, including relapse prevention skills and developing a health care document.

2. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

3. A physician, physician assistant, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education

26. Personal care ~~assistant~~ services.

Personal care ~~assistant~~ services are provided by personal care provider organizations or by use of the PCA Choice option.

A. Personal care provider organizations

Personal care services provider qualifications:

- Personal care assistants must be employees of or under contract with a personal care provider organization or a fiscal intermediary (PCA Choice)

- If a recipient's diagnosis or condition changes, requiring a level of care beyond that which can be provided by a personal care provider, non-Medicare certified personal care providers must refer and document the referral of dual eligibles to Medicare providers (when Medicare is the appropriate payer).

- Personal care assistant means a person who:

  a) is at least 18 years old, except for persons 16 to 18 years of age who participated in a related school-based job training program or have completed a certified home health aide competency evaluation;

  b) is able to effectively communicate with the recipient and the personal care provider organization;

  c) is able to and provides covered personal care assistant services according to the

26. Personal care ~~assistant~~ services. (continued)

recipient's plan of care, responds appropriately to the recipient's needs, and reports changes in the recipient's conditions to the physician or the supervising qualified professional if supervision is requested by the recipient. For the purpose~~s~~ of this item, "qualified professional" means a registered nurse, a mental health professional defined in item 6.d.A. of this attachment, or licensed social worker;

d) is not a consumer of personal care assistant services;

e) is subject to criminal background checks and procedures specified in the state human services licensing act; and

f) maintains daily written records for each recipient detailing the services provided and the amount of time spent providing the services.

- Personal care provider organization means an entity enrolled to provide personal care ~~assistant~~ services under medical assistance that complies with the following:

a) owners who have a five percent interest or more, and managerial officials are subject to a background study. This applies to currently enrolled personal care provider organizations and those entities seeking to enroll as a personal care provider organization. Effective November 10, 1997, an organization is barred from enrollment if an owner or managerial official of the organization has been convicted of a crime

26. Personal care ~~assistant~~ services. (continued)

specified in the state human services licensing act, or a comparable crime in another jurisdiction, unless the owner or managerial official meets the reconsideration criteria specified in the state human services licensing act;

b) the organization must maintain a surety bond and liability insurance throughout the duration of enrollment and provide proof thereof. The insurer must notify the Department of the cancellation or lapse of policy;

c) the organization must maintain the required statutory documentation of personal care assistant services in a recipient file, as well as evidence of compliance with personal care assistant training requirements and all notices to recipients regarding personal care assistant service use at a rate likely to exhaust authorized hours prior to the end of the authorization period;

d) the organization must communicate with the recipient or responsible party about the schedule for use of authorized hours; and

e) the organization must notify the recipient and county public health nurse in advance, on a Department form, if the monthly number of authorized hours is likely to exhaust the authorized hours prior to the end of the authorization period.

f) the organization shall comply with all laws and rules governing the provision of personal care assistant services.

26. Personal care ~~assistant~~ services. (continued)

B. PCA Choice option

PCA Choice is a consumer directed personal care service choice. The PCA Choice option allows the recipient to recruit, hire, terminate, train and supervise personal care assistants. ~~Under this option, the recipient and qualified professional do not require professional delegation.~~

"Responsible party" means an individual who is capable of providing the support necessary to assist the recipient to live in the community, is at least 18 years old, actively participates in planning and directing of personal care services and is not the personal care assistant.

"Qualified professional" means a registered nurse, mental health professional or licensed social worker providing supervision of personal care services and staff.

- The recipient or responsible party:

a) uses a PCA Choice provider, not a personal care provider organization. A PCA Choice provider assists the recipient to account for covered personal care assistant services. A PCA Choice provider is considered a joint employer of the qualified professional described in item A and the personal care assistant, and may not be related to the recipient, qualified professional, or personal care assistant. A PCA Choice provider or owner of the entity providing PCA Choice services must pass a criminal background check according to the state human services licensing act;

b) if a qualified professional is requested, uses a qualified professional for help in developing and revising a service plan to meet the recipient's needs, as assessed by the public health nurse;

c) supervises the personal care assistant if the recipient or responsible party does not want a qualified professional to supervise the personal care assistant;

d) if the recipient or responsible party wants a qualified professional to supervise the personal care assistant, verifies and documents the credentials of the qualified professional, and then recruits, hires and, if necessary, terminates the qualified professional;

26. Personal care services. (continued)

e) recruits, hires and, if necessary, terminates the personal care assistant;

f) with assistance from the qualified professional, orients and trains the personal care assistant;

g) with assistance as needed from the qualified professional or the recipient's physician, supervises and evaluates the personal care assistant;

h) monitors and verifies in writing the number of hours worked by the qualified professional and the personal care assistant; and

i) together with the PCA Choice provider, qualified professional, and personal care assistant, enters into a written agreement before services begin.

The agreement must include:

1) the duties of the recipient, PCA Choice provider, qualified professional, and personal care assistant;

2) the salary and benefits for the qualified professional and personal care assistant;

3) the administrative fee of the PCA Choice provider and services paid for with that fee, including background checks;

26. Personal care ~~assistant~~ services. (continued)

4) procedures to respond to billing or payment complaints; and

5) procedures for hiring and terminating the qualified professional and personal care assistant.

The PCA Choice provider:

a) enrolls in medical assistance;

b) requests and secures background checks on qualified professionals and personal care assistants according to the state human services licensing act;

c) bills for personal care assistant and qualified professional services;

d) pays the qualified professional and personal care assistant based on actual hours of services provided;

e) withholds and pays all applicable federal and state taxes;

f) makes the arrangements and pays unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;

g) maintains the required statutory documentation of personal care assistant services in a recipient file, as well as evidence of compliance with personal care assistant training requirements and all notice to recipients regarding personal care

26. Personal care ~~assistant~~ services. (continued)

assistant service use at a rate likely to exhaust authorized hours prior to the end of the authorization period; and

h) ensures arm's length transactions with the recipient and personal care assistant.

i) the organization shall comply with all laws and rules governing the provision of personal care assistant services.

At a minimum, qualified professionals visit the recipient in the recipient's home at least once every year. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.

As part of the assessment and reassessment process in item 6.d.B. of this attachment, the following must be met to use, or continue to use, a PCA Choice provider:

a) the recipient must be able to direct the recipient's own care, or the responsible party for the recipient must be readily available to direct the care of the personal care assistant;

b) the recipient or responsible party must be knowledgeable of the health care needs of the recipient and be able to effectively communicate those needs;

c) effective August 1, 2002, the recipient who receives shared personal care assistant services (shared services) must use the same PCA Choice provider; and

26. Personal care ~~assistant~~ services. (continued)

d) a service update cannot be used in lieu of an annual reassessment.

Authorization to use the PCA Choice option will be denied, revoked, or suspended if:

a) the public health nurse or qualified professional as defined in item 26 on page 78c of Attachment 3.1-A determines that use of this option jeopardizes the recipient's health and safety;

b) the parties do not comply with the written agreement; or

c) the use of the option results in abusive or fraudulent billing.

The recipient or responsible party may appeal this decision. A denial, revocation or suspension will not affect the recipient's authorized level of personal care assistant services.

C. Amount, duration and scope of personal care ~~assistant~~ services:

- Department prior authorization is required for all personal care ~~assistant~~ services and supervision services, if supervision is requested by the recipient or responsible party. Prior authorization is based on the physician's statement of need; 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. The Department may authorize up to the following amounts of personal care ~~assistant~~ services:

26. Personal care ~~assistant~~ services. (continued)

a) up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;

b) up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;

c) up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:

1) self-injury;

2) physical injury to others; or

3) destruction of property;

d) up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or

e) up to the amount medical assistance would pay for facility care for recipients referred by a long term care consultation team; and

26. Personal care ~~assistant~~ services. (continued)

f) a reasonable amount of time for the provision of supervision of personal care assistant services, if a qualified professional is requested by the recipient or responsible party.

- Department prior authorization is also required if more than two reassessments to determine a recipient's need for personal care assistant services are needed during a calendar year.

- Personal care assistant services must be provided pursuant to a physician's statement of need. The statement of need must include the diagnosis or condition of the recipient and be updated when the recipient's medical condition requires a change, but at least annually if the need for services is ongoing. The service plan must be reviewed and revised as medically necessary at least once every 365 days.

For personal care assistant services:

a) effective July 1, 1996, the amount and type of service authorized based upon the assessment and service plan will follow the recipient if the recipient chooses to change providers;

b) effective July 1, 1996, if the recipient's medical need changes, the recipient's provider may request a change in service authorization; and

c) as of July 1, 1998, in order to continue to receive personal care assistant services after the first year, the recipient or the responsible party, in conjunction with the public health

26. Personal care ~~assistant~~ services. (continued)

nurse, may complete a service update on forms developed by the Department. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this attachment, except that PCA Choice consumers must have a face-to-face assessment at least annually.

- Recipients or responsible parties utilizing either PCA Choice or PCA provider organizations have the choice to request qualified professional supervision or to supervise the PCA themselves. A reasonable amount of time for the provision of supervision shall be authorized.

- Personal care assistant services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), institution for mental disease, or licensed health care facility.

- Recipients may use approved units of service outside the home when normal life activities take them outside the home. Effective July 1, 1996, total hours for personal care assistant services, whether performed inside or outside a recipient's home, cannot exceed that which is otherwise allowed for personal care assistant services in an in-home setting.

- Recipients may receive shared personal care assistant services (shared services), defined as providing personal care assistant services by a personal care assistant to two or three recipients at the same time and in the same setting. For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program in

26. Personal care ~~assistant~~ services. (continued)

which all recipients served by one personal care assistant are participating, which has state licensure or is operated by a local school district or private school, or outside the home or foster care home when normal life activities take recipients outside the home or foster care home. The provider must offer the recipient or responsible party the option of shared services; if accepted, the recipient or responsible party may withdraw participation in shared services at any time.

If supervision of a personal care assistant by a qualified professional is requested by any one of the recipients or responsible parties, the supervision duties of the qualified professional are limited to only those recipients who requested the supervision. In addition to the documentation requirements for personal care provider service records in state rule, a personal care provider must meet documentation requirements for shared services and must document the following in the health service record for each recipient sharing services:

a) permission by the recipient or responsible party for the maximum number of shared services hours per week chosen by the recipient;

b) permission by the recipient or responsible party for personal care assistant services provided outside the recipient's home;

c) permission by the recipient or responsible party for others to receive shared services in the recipient's home;

26. Personal care ~~assistant~~ services. (continued)

d) revocation by the recipient or responsible party of the shared service authorization, or the shared service to be provided to others in the recipient's home, or the shared services to be provided outside the recipient's home;

e) if a qualified professional is requested by any one of the recipients or responsible parties, supervision of the shared personal care assistant services by the qualified professional, including the date, time of day, number of hours spent supervising the provision of shared services, whether the supervision was face-to-face or another method of supervision, changes in the recipient's condition, and shared services scheduling issues and recommendations;

f) if a qualified professional is requested by any one of the recipients or responsible parties, documentation by the qualified professional of telephone calls or other discussions with the personal care assistant regarding services being provided to the recipient; and

g) daily documentation of the shared services provided by each identified personal care assistant including:

1) the names of each recipient receiving shared services together;

2) the setting for the shared services, including the starting and ending times that the recipient received shared services; and

26. Personal care ~~assistant~~ services. (continued)

3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of services, scheduling issues, care issues, and other notes as required by the qualified professional, if a qualified professional is requested by any one of the recipients or responsible parties.

In order to receive shared services:

a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:

1) whether shared services is an appropriate option based on the individual needs and preferences of the recipient; and

2) the amount of shared services allocated as part of the overall authorization of personal care assistant services;

b) the recipient or responsible party, in conjunction with the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must arrange the setting and grouping of shared services based on the individual needs and preferences of the recipients;

c) the recipient or responsible party, and the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must

26. Personal care ~~assistant~~ services. (continued)

consider and document in the recipient's health service record:

1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;

2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. If supervision by a qualified professional is requested by any one of the recipients or responsible parties, the provider must provide on-site supervision by a qualified professional within the first 14 days of shared services, and monthly thereafter;

3) the setting in which the shared services will be provided;

4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and

5) a contingency plan that accounts for absence of the recipient in a shared services setting due to illness or other circumstances and staffing contingencies.

- The following personal care assistant services are covered under medical assistance as personal care assistant services:

26. Personal care ~~assistant~~ services. (continued)

a) services and supports that assist in accomplishing activities of daily living. "Activities of daily living" include eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;

b) services and supports that assist in accomplishing instrumental activities of daily living. "Instrumental activities of daily living" include meal planning and preparation, managing finances, shopping for food, clothing and other essential items, performing essential household chores, communication by telephone and other media, and participating in the community;

c) services and supports that assist in health-related functions through hands-on assistance, supervision, and cuing. "Health-related functions" means services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant. These are provided under the supervision of a qualified professional or the direction of the recipient's physician; and

d) redirection and intervention for behavior including observation and monitoring.

- A recipient may choose the flexible use option, which is the scheduled use of authorized hours of personal care assistant services, which vary within a service authorization period of up to six months. Authorized hours not used within the six-month period may not be carried over to another time period.

26. Personal care ~~assistant~~ services. (continued)

Under the flexible use option:

a) a recipient or responsible party, the public health nurse, and, if the recipient is receiving case management services, the case manager, determine whether the flexible use option is appropriate.

b) if appropriate, the persons listed in item a) must ensure that the allocation of hours covers the ongoing needs of the recipient over an entire year divided into two six-month periods of flexible use.

c) the Department will not authorize additional services to supplement a service authorization that is exhausted before the end date under this option, unless the public health nurse determines a change in condition and a need for increased services is established.

d) the personal care provider organization and the recipient or responsible party, or the PCA Choice provider, must develop a written month-to-month plan of the projected use of personal care assistant services that is part of the care plan and ensures:

1) that the health and safety needs of the recipient will be met;

2) that the total annual authorization will not be used before the end of the authorization period; and

26. Personal care ~~assistant~~ services. (continued)

3) monthly monitoring will be conducted of hours used as a percentage of the authorized amount.

e) the provider must notify the recipient or responsible party, the public health nurse, and any case manager in advance, on a Department form, if the monthly amount of hours used is likely to exhaust authorized hours prior to the end of the authorization period.

f) the Department will provide written notice to the provider, the recipient or responsible party, the public health nurse, and any case manager, when a flexible use recipient exceeds the month-to-month projected use of personal care assistant services as determined by the Department. If the use of hours exceeds the monthly service authorization by this amount for two months during any three-month period, the Department will notify the recipient and the public health nurse that the flexible use authorization will be revoked beginning the following month. However, this revocation is not implemented if, within ten working days of the Department's notice, the public health nurse requests prior authorization (which cannot exceed 45 days) for a temporary increase in the service authorization or continuation of the flexible use option, or the recipient appeals and services pending appeal ~~is~~ are ordered. The denial or revocation of the flexible use option does not affect the recipient's authorized level of personal care assistant services.

g) the recipient or responsible party may stop the flexible use of hours at any time.

26. Personal care ~~assistant~~ services. (continued)

- The following services are **not covered** under medical assistance as personal care assistant services:

  a) health services provided and billed by a provider who is not an enrolled personal care provider;

  b) personal care assistant services that are provided by the recipient's spouse, legal guardian, parent of a recipient under age 18, or the recipient's responsible party;

  c) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;

  d) services provided by the residential or program license holder in a residence for more than four persons;

  e) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;

  f) sterile procedures;

  g) giving of injections of fluids into veins, muscles, or skin;

  h) homemaker services that are not an integral part of a personal care assistant service;

  i) home maintenance or chore services;

26. Personal care ~~assistant~~ services. (continued)

j) personal care assistant services when the number of foster care residents is greater than four;

k) personal care assistant services when other, more cost-effective, medically appropriate services are available;

l) services not specified as covered under medical assistance as personal care assistant services;

m) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;

n) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);

o) effective January 1, 1996, personal care assistant services that are not in the service plan;

p) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;

q) services to other members of the recipient's household;

r) any home care service included in the daily rate of the community-based residential facility where the recipient resides;

s) personal care assistant services that are provided without a physician's statement of need in the personal care provider agency's or PCA Choice provider's recipient file; or

t) services not authorized by the commissioner or the commissioner's designee.

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; (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 at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR 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 includes skilled nurse visits provided via telehomecare, which is the use of live, two-way interactive audiovisual technology that can be augmented using store-and-forward technologies. Department prior authorization is required for telehomecare.

- Department prior authorization is required for home health aide visits or skilled nurse visits, unless a physician has ordered such visits and:
  a) the ~~professional~~ registered nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request to the Department for authorization of payment within 20 working days of the initial service date, and medical assistance is the appropriate payer; or

  b) this is the first through the ninth skilled nurse visit during a calendar year.

  Department prior 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.

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 are an exception to the requirement that home health services be ordered by a physician. If there is a standing order for these immunizations, they may be administered by a ~~skilled~~ professional nurse per agency policy developed in consultation with a physician, and after an assessment for contraindications.

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;
  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 at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) unless
  skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR
  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.

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

- 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 are an exception to the requirement that intermittent or part-time nursing services provided by a home health agency be ordered by a physician. If there is a standing order for these immunizations, they may be administered by a ~~skilled~~ professional nurse per agency policy developed in consultation with a physician, and after an assessment for contraindications.

8. Private duty nursing services.

- Private duty nursing services are only covered when medically necessary, ordered in writing by the physician, and documented in a written plan of care that is reviewed and revised as medically necessary by the physician at least once every 62 days.

- Private duty nursing services are not reimbursable if a skilled nurse visit is appropriate, or if a personal care assistant can be utilized.

- Private duty nursing services may also be provided by a parent of a minor child, spouse or unpaid legal guardian, who must be a professional nurse as defined in item 7, Home Health services on page 32 of this Attachment, and employed by a licensed private duty nursing agency and must be included in the plan of care under direction by the physician.

- Private duty nursing services may be provided by a licensed registered nurse or licensed practical nurse who is the recipient's spouse, legal guardian, or parent of a minor child, if:
  1)the nurse passes a criminal background check;
  2)the services are necessary to prevent hospitalization of the recipient; and
  3)one of the following are met:
    a. the nurse resigns from a part-time or full-time job to provide nursing care for the recipient;
    b. the nurse goes from a full-time job to a part-time job with less compensation for provide nursing care for the recipient;
    c. the nurse takes a leave of absence without pay to provide nursing care for the recipient; or
    d. because of labor condition, special language needs, or intermittent hours of nursing care needed, the nurse is needed in order to provide adequate care to meet the medical needs of the recipient.

- Private duty nursing services includes ~~extended hour~~ ongoing professional nursing services provided by licensed registered nurses or licensed practical nurses employed by a Medicare-certified home health agency or self-employed when the recipient requires more individualized and continuous care than can be provided during a skilled nurse visit.

- Department prior authorization is required for all private duty nursing services. Prior authorization is based on medical necessity; physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; the plan of care; and cost-effectiveness when compared to alternative care options. For recipients who meet hospital admission criteria, the Department shall not authorize more

8. Private duty nursing services. (continued)

than 16 hours per day of private duty nursing service or up to 24 hours per day of private duty nursing service while a determination of eligibility is made for recipients who are applying for services under Minnesota's approved model home and community-based services waiver or during an appeal to the appropriate regulatory agency to determine if a health benefit plan is required to pay for medically necessary nursing services. For recipients who do not meet hospital admission criteria, the Department may authorize up to 9.75 hours per day of private duty nursing service. Authorized private duty nursing services provided by a relative may not exceed 50 percent of the total approved nursing hours, or eight hours a day, whichever is less, up to a maximum of 40 hours per week.

Authorized units of private duty nursing service may be used in the recipient's home or outside of the recipient's home if normal life activities take the recipient outside of their home. To receive private duty nursing services at school, the recipient or his or her responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

- Private duty nursing providers that are not Medicare certified must refer and document the referral of dual eligibles to Medicare providers when Medicare is the appropriate payer.

- Recipients may receive shared private duty nursing services, defined as nursing services provided by a private duty nurse to two recipients at the same time and in the same setting. Decisions on the selection of recipients to share private duty nursing services must be based on the ages of the recipients, compatibility, and coordination of their care needs. ~~For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program that is licensed by the state or is operated by a local school district or private school, an adult day care~~

8. Private duty nursing services. (continued)

~~that is licensed by the state, or outside the home or foster care home of one of the recipients when normal life activities, including attending school, take the recipients outside the home.~~ Shared private duty nursing services are allowed only for Medicaid recipients who would otherwise be eligible and qualified for private duty nursing services in their home or foster care home, pursuant to regulations at 42 CFR 440.80. When normal life activities, including attending school, take the Medicaid recipients sharing private duty nursing services outside the home or foster care home, they may utilize their approved hours in a child care program that is licensed by the State or operated by a local school district or private school, or an adult day care that is licensed by the State.

The provider must offer the recipient or responsible party the option of shared care. If accepted, the recipient or responsible party may withdraw participation at any time.

The private duty nursing agency must document the following in the health service record for each recipient sharing care:

a) authorization by the recipient or responsible party for the maximum number of shared care hours per week chosen by the recipient;
b) authorization by the recipient or responsible party for shared service provided outside the recipient's home;
c) authorization by the recipient or responsible party for others to receive shared care in the recipient's home;

8. Private duty nursing services. (continued)

to ensure that the needs of the recipients are appropriately and safely met;

2) the setting in which the shared private duty nursing care will be provided;

3) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting;

4) a contingency plan that accounts for absence of the recipient in a shared care setting due to illness or other circumstances. The private duty nurse will not be paid if the recipient is absent;

5) staffing backup contingencies in the event of employee illness or absence;

6) arrangements for additional assistance to respond to urgent or emergency care needs of recipients.

- The following services are not covered under medical assistance as private duty nursing services:

~~a)private duty nursing services provided by a licensed registered nurse or licensed practical nurse who is the recipient's spouse, legal guardian, or parent of a minor child, unless the following conditions are met:~~
~~1) the nurse passes a criminal background check;~~
~~2) the services are necessary to prevent hospitalization of the recipient; and~~
~~3) one of the following are met:~~
~~a)the nurse resigns from a part-time or full-time job to provide nursing care for the recipient;~~

~~b) the nurse goes from a full-time job to a part-time job with less compensation for provide nursing care for the recipient;~~

8. Private duty nursing services. (continued)

~~c) the nurse takes a leave of absence without pay to provide nursing care for the recipient; or~~
~~d) because of labor conditions, special language needs, or intermittent hours of nursing care needed, the nurse is needed in order to provide adequate to meets the medical needs of the recipient;~~

~~b)~~ a) private duty nursing services that are identified in the foster care placement agreement to be provided by the foster care provider who is a professional nurse as the responsibility of the foster care provider;

~~c)~~ b) private duty nursing services when other, more cost-effective, medically appropriate services are available;

~~d)~~ c) private duty nursing services provided to a resident of a hospital, nursing facility, intermediate care facility, or a licensed health care facility; and

~~e)~~ d) private duty nursing services provided by a licensed registered nurse or licensed practical nurse who is the foster care provider of a recipient who is under age 18.

13.d. Rehabilitative services. (continued)

support services:

1. An entity certified by the Department and operated by a county.

2. An entity certified by the Department based on a review and recommendation by the host county.

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications and Training

1. A mental health practitioner must be qualified in at least one of the following ways:

(a) holds a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and:

(i) has at least 2,000 hours of supervised experience in the delivery of services to persons with mental illness; or

(ii) is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, completes 40 hours of training in the delivery of services to persons with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;

13.d. Rehabilitative services. (continued)

(b) has at least 6,000 hours of supervised experience in the delivery of services to persons with mental illness;

(c) is a graduate student in one of the behavioral sciences or related fields and is formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) holds a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and has less than 4,000 hours post-master's experience in the treatment of mental illness.

A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.

2. A mental health rehabilitation worker must:

A. Be at least 21 years of age;

B. Have a high school diploma or equivalent;

C. Have successfully completed 30 hours of training during the past two years covering recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and

D. Meet the qualifications in (1) or (2) below:

(1) Have an associate of arts degree in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:

13.d. Rehabilitative services. (continued)

Components of Mental Health Community Support Services
A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a mental health rehabilitation worker under the direction of a mental health professional or mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following ~~two~~ three components. A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

1. Basic living and social skills, which may include:
   - A. Communication skills.
   - B. Budgeting and shopping skills.
   - C. Healthy lifestyle skills.
   - D. Household management skills.
   - E. Transportation skills.
   - F. Medication monitoring.
   - G. Crisis assistance skills, including relapse prevention skills and developing a health care document.

2. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

3. A physician, physician assistant, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education

26. Personal care ~~assistant~~ services.

Personal care ~~assistant~~ services are provided by personal care provider organizations or by use of the PCA Choice option.

A. Personal care provider organizations

Personal care services provider qualifications:

- Personal care assistants must be employees of or under contract with a personal care provider organization or a fiscal intermediary (PCA Choice)

- If a recipient's diagnosis or condition changes, requiring a level of care beyond that which can be provided by a personal care provider, non-Medicare certified personal care providers must refer and document the referral of dual eligibles to Medicare providers (when Medicare is the appropriate payer).

- Personal care assistant means a person who:

  a) is at least 18 years old, except for persons 16 to 18 years of age who participated in a related school-based job training program or have completed a certified home health aide competency evaluation;

  b) is able to effectively communicate with the recipient and the personal care provider organization;

  c) is able to and provides covered personal care assistant services according to the

26. Personal care ~~assistant~~ services. (continued)

recipient's plan of care, responds appropriately to the recipient's needs, and reports changes in the recipient's conditions to the physician or the supervising qualified professional if supervision is requested by the recipient. For the purpose~~s~~ of this item, "qualified professional" means a registered nurse, a mental health professional defined in item 6.d.A. of this attachment, or licensed social worker;

d) is not a consumer of personal care assistant services;

e) is subject to criminal background checks and procedures specified in the state human services licensing act; and

f) maintains daily written records for each recipient detailing the services provided and the amount of time spent providing the services.

- Personal care provider organization means an entity enrolled to provide personal care ~~assistant~~ services under medical assistance that complies with the following:

a) owners who have a five percent interest or more, and managerial officials are subject to a background study. This applies to currently enrolled personal care provider organizations and those entities seeking to enroll as a personal care provider organization. Effective November 10, 1997, an organization is barred from enrollment if an owner or managerial official of the organization has been convicted of a crime

26. Personal care ~~assistant~~ services. (continued)

specified in the state human services licensing act, or a comparable crime in another jurisdiction, unless the owner or managerial official meets the reconsideration criteria specified in the state human services licensing act;

b) the organization must maintain a surety bond and liability insurance throughout the duration of enrollment and provide proof thereof. The insurer must notify the Department of the cancellation or lapse of policy;

c) the organization must maintain the required statutory documentation of personal care assistant services in a recipient file, as well as evidence of compliance with personal care assistant training requirements and all notices to recipients regarding personal care assistant service use at a rate likely to exhaust authorized hours prior to the end of the authorization period;

d) the organization must communicate with the recipient or responsible party about the schedule for use of authorized hours; and

e) the organization must notify the recipient and county public health nurse in advance, on a Department form, if the monthly number of authorized hours is likely to exhaust the authorized hours prior to the end of the authorization period.

f) the organization shall comply with all laws and rules governing the provision of personal care assistant services.

26. Personal care ~~assistant~~ services. (continued)

B. PCA Choice option

PCA Choice is a consumer directed personal care service option. The PCA Choice option allows the recipient to recruit, hire, terminate, train and supervise personal care assistants. ~~Under this option, the recipient and qualified professional do not require professional delegation.~~

"Responsible party" means an individual who is capable of providing the support necessary to assist the recipient to live in the community, is at least 18 years old, actively participates in planning and directing of personal care services and is not the personal care assistant.

"Qualified professional" means a registered nurse, mental health professional or licensed social worker providing supervision of personal care services and staff.

- The recipient or responsible party:
  a) uses a PCA Choice provider, not a personal care provider organization. A PCA Choice provider assists the recipient to account for covered personal care assistant services. A PCA Choice provider is considered a joint employer of the qualified professional described in item A and the personal care assistant, and may not be related to the recipient, qualified professional, or personal care assistant. A PCA Choice provider or owner of the entity providing PCA Choice services must pass a criminal background check according to the state human services licensing act;
  b) if a qualified professional is requested, uses a qualified professional for help in developing and revising a service plan to meet the recipient's needs, as assessed by the public health nurse;
  c) supervises the personal care assistant if the recipient or responsible party does not want a qualified professional to supervise the personal care assistant;
  d) if the recipient or responsible party wants a qualified professional to supervise the personal care assistant, verifies and documents the credentials of the qualified professional, and then recruits, hires and, if necessary, terminates the qualified professional;

26. Personal care services. (continued)

e) recruits, hires and, if necessary, terminates the personal care assistant;

f) with assistance from the qualified professional, orients and trains the personal care assistant;

g) with assistance as needed from the qualified professional or the recipient's physician, supervises and evaluates the personal care assistant;

h) monitors and verifies in writing the number of hours worked by the qualified professional and the personal care assistant; and

i) together with the PCA Choice provider, qualified professional, and personal care assistant, enters into a written agreement before services begin.

The agreement must include:

1) the duties of the recipient, PCA Choice provider, qualified professional, and personal care assistant;

2) the salary and benefits for the qualified professional and personal care assistant;

3) the administrative fee of the PCA Choice provider and services paid for with that fee, including background checks;

26. Personal care ~~assistant~~ services. (continued)

4) procedures to respond to billing or payment complaints; and

5) procedures for hiring and terminating the qualified professional and personal care assistant.

The PCA Choice provider:

a) enrolls in medical assistance;

b) requests and secures background checks on qualified professionals and personal care assistants according to the state human services licensing act;

c) bills for personal care assistant and qualified professional services;

d) pays the qualified professional and personal care assistant based on actual hours of services provided;

e) withholds and pays all applicable federal and state taxes;

f) makes the arrangements and pays unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;

g) maintains the required statutory documentation of personal care assistant services in a recipient file, as well as evidence of compliance with personal care assistant training requirements and all notice to recipients regarding personal care

26. Personal care ~~assistant~~ services. (continued)

assistant service use at a rate likely to exhaust authorized hours prior to the end of the authorization period; and

i) ensures arm's length transactions with the recipient and personal care assistant.

i) the organization shall comply with all laws and rules governing the provision of personal care assistant services.

At a minimum, qualified professionals visit the recipient in the recipient's home at least once every year. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.

As part of the assessment and reassessment process in item 6.d.B. of this attachment, the following must be met to use, or continue to use, a PCA Choice provider:

a) the recipient must be able to direct the recipient's own care, or the responsible party for the recipient must be readily available to direct the care of the personal care assistant;

b) the recipient or responsible party must be knowledgeable of the health care needs of the recipient and be able to effectively communicate those needs;

c) effective August 1, 2002, the recipient who receives shared personal care assistant services (shared services) must use the same PCA Choice provider; and

26. Personal care ~~assistant~~ services. (continued)

d) a service update cannot be used in lieu of an annual reassessment.

Authorization to use the PCA Choice option will be denied, revoked, or suspended if:

a) the public health nurse or qualified professional as defined in item 26 on page 77c of Attachment 3.1-B determines that use of this option jeopardizes the recipient's health and safety;

b) the parties do not comply with the written agreement; or

c) the use of the option results in abusive or fraudulent billing.

The recipient or responsible party may appeal this decision. A denial, revocation or suspension will not affect the recipient's authorized level of personal care assistant services.

C. Amount, duration and scope of personal care ~~assistant~~ services:

- Department prior authorization is required for all personal care ~~assistant~~ services and supervision services, if supervision is requested by the recipient or responsible party. Prior authorization is based on the physician's statement of need; 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. The Department may authorize up to the following amounts of personal care ~~assistant~~ services:

26. Personal care ~~assistant~~ services. (continued)

a) up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;

b) up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;

c) up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:

1) self-injury;

2) physical injury to others; or

3) destruction of property;

d) up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or

e) up to the amount medical assistance would pay for facility care for recipients referred by a long term care consultation team; and

26. Personal care ~~assistant~~ services. (continued)

f) a reasonable amount of time for the provision of supervision of personal care assistant services, if a qualified professional is requested by the recipient or responsible party.

- Department prior authorization is also required if more than two reassessments to determine a recipient's need for personal care assistant services are needed during a calendar year.

- Personal care assistant services must be provided pursuant to a physician's statement of need. The statement of need must include the diagnosis or condition of the recipient and be updated when the recipient's medical condition requires a change, but at least annually if the need for services is ongoing. The service plan must be reviewed and revised as medically necessary at least once every 365 days.

For personal care assistant services:

a) effective July 1, 1996, the amount and type of service authorized based upon the assessment and service plan will follow the recipient if the recipient chooses to change providers;

b) effective July 1, 1996, if the recipient's medical need changes, the recipient's provider may request a change in service authorization; and

c) as of July 1, 1998, in order to continue to receive personal care assistant services after the first year, the recipient or the responsible party, in conjunction with the public health

26. Personal care ~~assistant~~ services. (continued)

nurse, may complete a service update on forms developed by the Department. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this attachment, except that PCA Choice consumers must have a face-to-face assessment at least annually.

- Recipients or responsible parties utilizing either PCA Choice or PCA provider organizations have the choice to request qualified professional supervision or to supervise the PCA themselves. A reasonable amount of time for the provision of supervision shall be authorized.

- Personal care assistant services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), institution for mental disease, or licensed health care facility.

- Recipients may use approved units of service outside the home when normal life activities take them outside the home. Effective July 1, 1996, total hours for personal care assistant services, whether performed inside or outside a recipient's home, cannot exceed that which is otherwise allowed for personal care assistant services in an in-home setting.

- Recipients may receive shared personal care assistant services (shared services), defined as providing personal care assistant services by a personal care assistant to two or three recipients at the same time and in the same setting. For purposes of this item, "setting" means the home or foster care home of one of the recipients, a child care program in

26. Personal care ~~assistant~~ services. (continued)

which all recipients served by one personal care assistant are participating, which has state licensure or is operated by a local school district or private school, or outside the home or foster care home when normal life activities take recipients outside the home or foster care home. The provider must offer the recipient or responsible party the option of shared services; if accepted, the recipient or responsible party may withdraw participation in shared services at any time.

If supervision of a personal care assistant by a qualified professional is requested by any one of the recipients or responsible parties, the supervision duties of the qualified professional are limited to only those recipients who requested the supervision. In addition to the documentation requirements for personal care provider service records in state rule, a personal care provider must meet documentation requirements for shared services and must document the following in the health service record for each recipient sharing services:

a) permission by the recipient or responsible party for the maximum number of shared services hours per week chosen by the recipient;

b) permission by the recipient or responsible party for personal care assistant services provided outside the recipient's home;

c) permission by the recipient or responsible party for others to receive shared services in the recipient's home;

26. Personal care ~~assistant~~ services. (continued)

d) revocation by the recipient or responsible party of the shared service authorization, or the shared service to be provided to others in the recipient's home, or the shared services to be provided outside the recipient's home;

e) if a qualified professional is requested by any one of the recipients or responsible parties, supervision of the shared personal care assistant services by the qualified professional, including the date, time of day, number of hours spent supervising the provision of shared services, whether the supervision was face-to-face or another method of supervision, changes in the recipient's condition, and shared services scheduling issues and recommendations;

f) if a qualified professional is requested by any one of the recipients or responsible parties, documentation by the qualified professional of telephone calls or other discussions with the personal care assistant regarding services being provided to the recipient; and

g) daily documentation of the shared services provided by each identified personal care assistant including:

1) the names of each recipient receiving shared services together;

2) the setting for the shared services, including the starting and ending times that the recipient received shared services; and

26. Personal care ~~assistant~~ services. (continued)

3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of services, scheduling issues, care issues, and other notes as required by the qualified professional, if a qualified professional is requested by any one of the recipients or responsible parties.

In order to receive shared services:

a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:

1) whether shared services is an appropriate option based on the individual needs and preferences of the recipient; and

2) the amount of shared services allocated as part of the overall authorization of personal care assistant services;

b) the recipient or responsible party, in conjunction with the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must arrange the setting and grouping of shared services based on the individual needs and preferences of the recipients;

c) the recipient or responsible party, and the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must

26. Personal care ~~assistant~~ services. (continued)

consider and document in the recipient's health service record:

1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;

2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. If supervision by a qualified professional is requested by any one of the recipients or responsible parties, the provider must provide on-site supervision by a qualified professional within the first 14 days of shared services, and monthly thereafter;

4) the setting in which the shared services will be provided;

4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and

5) a contingency plan that accounts for absence of the recipient in a shared services setting due to illness or other circumstances and staffing contingencies.

- The following personal care assistant services are covered under medical assistance as personal care assistant services:

26. Personal care ~~assistant~~ services. (continued)

a) services and supports that assist in accomplishing activities of daily living. "Activities of daily living" include eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;

b) services and supports that assist in accomplishing instrumental activities of daily living. "Instrumental activities of daily living" include meal planning and preparation, managing finances, shopping for food, clothing and other essential items, performing essential household chores, communication by telephone and other media, and participating in the community;

c) services and supports that assist in health-related functions through hands-on assistance, supervision, and cuing. "Health-related functions" means services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant. These are provided under the supervision of a qualified professional or the direction of the recipient's physician; and

d) redirection and intervention for behavior including observation and monitoring.

- A recipient may choose the flexible use option, which is the scheduled use of authorized hours of personal care assistant services, which vary within a service authorization period of up to six months. Authorized hours not used within the six-month period may not be carried over to another time period.

26. Personal care ~~assistant~~ services. (continued)

Under the flexible use option:

a) a recipient or responsible party, the public health nurse, and, if the recipient is receiving case management services, the case manager, determine whether the flexible use option is appropriate.

b) if appropriate, the persons listed in item a) must ensure that the allocation of hours covers the ongoing needs of the recipient over an entire year divided into two six-month periods of flexible use.

c) the Department will not authorize additional services to supplement a service authorization that is exhausted before the end date under this option, unless the public health nurse determines a change in condition and a need for increased services is established.

d) the personal care provider organization and the recipient or responsible party, or the PCA Choice provider, must develop a written month-to-month plan of the projected use of personal care assistant services that is part of the care plan and ensures:

1) that the health and safety needs of the recipient will be met;

2) that the total annual authorization will not be used before the end of the authorization period; and

26. Personal care ~~assistant~~ services. (continued)

3) monthly monitoring will be conducted of hours used as a percentage of the authorized amount.

e) the provider must notify the recipient or responsible party, the public health nurse, and any case manager in advance, on a Department form, if the monthly amount of hours used is likely to exhaust authorized hours prior to the end of the authorization period.

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f) the Department will provide written notice to the provider, the recipient or responsible party, the public health nurse, and any case manager, when a flexible use recipient exceeds the month-to-month projected use of personal care assistant services as determined by the Department. If the use of hours exceeds the monthly service authorization by this amount for two months during any three-month period, the Department will notify the recipient and the public health nurse that the flexible use authorization will be revoked beginning the following month. However, this revocation is not implemented if, within ten working days of the Department's notice, the public health nurse requests prior authorization (which cannot exceed 45 days) for a temporary increase in the service authorization or continuation of the flexible use option, or the recipient appeals and services pending appeal ~~is~~ are ordered. The denial or revocation of the flexible use option does not affect the recipient's authorized level of personal care assistant services.

g) the recipient or responsible party may stop the flexible use of hours at any time.

26. Personal care ~~assistant~~ services. (continued)

- The following services are **not covered** under medical assistance as personal care assistant services:

  a) health services provided and billed by a provider who is not an enrolled personal care provider;

  b) personal care assistant services that are provided by the recipient's spouse, legal guardian, parent of a recipient under age 18, or the recipient's responsible party;

  c) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;

  d) services provided by the residential or program license holder in a residence for more than four persons;

  e) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;

  f) sterile procedures;

  g) giving of injections of fluids into veins, muscles, or skin;

  h) homemaker services that are not an integral part of a personal care assistant service;

  i) home maintenance or chore services;

26. Personal care ~~assistant~~ services. (continued)

j) personal care assistant services when the number of foster care residents is greater than four;

k) personal care assistant services when other, more cost-effective, medically appropriate services are available;

l) services not specified as covered under medical assistance as personal care assistant services;

m) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;

n) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);

o) effective January 1, 1996, personal care assistant services that are not in the service plan;

p) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;

q) services to other members of the recipient's household;

r) any home care service included in the daily rate of the community-based residential facility where the recipient resides;

s) personal care assistant services that are provided without a physician's statement of need in the personal care provider agency's or PCA Choice provider's recipient file; or

t) services not authorized by the commissioner or the commissioner's designee.

4.b. Early and periodic screening, diagnosis, and treatment services: EPSDT (in Minnesota, Child & Teen Checkup) services are paid the lower of the submitted charge or the 75th percentile of all screening charges submitted by providers of the service during the previous 12-month period of July 1 to June 30. The adjustment necessary to reflect the 75th percentile is effective annually on October 1.

Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. Travel time is paid as a supplement to the payment for the associated covered service. Travel time is paid at the lower of the submitted charge or 45 cents per minute. This does not include travel time included in other billable services.

A. IHS/638 facility providers of **children's therapeutic services and supports** are paid according to the encounter rate specified on page 1 of this Attachment for each face-to-face encounter.

B. With the exceptions listed below, **children's therapeutic services and supports** not provided by IHS/638 facilities ~~is~~ are paid the lower of the submitted charge or 75.6% of the 50th percentile of 1999 charges.

Effective for services provided on or after October 1, 2007, the payment for all children's therapeutic services and supports not provided by IHS/638 facilities is the lower of the submitted charge or 2% over the rate in effect on September 30, 2007.

Effective for services provided on or after October 1, 2008, the payment for all children's therapeutic services and supports not provided by IHS/638 facilities is the lower of the submitted charge or 2% over the rate in effect on September 30, 2008.

1. Effective for group skills training and psychotherapy services provided on or after January 1, 2008, by providers of children's therapeutic services and supports, except those providers described in items 2a,b and c below, the payment is the lower of the submitted charge or 23.7% over the rate in effect on December 31, 2007.

2. Effective July 1, 2007, group skills training and psychotherapy services, when provided as components of children's therapeutic services and supports, are paid the lower of the submitted charge or 23.7% over the rates in effect on January 1, 2006, when provided by:

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. (continued)

complete clinical results per recipient that meet the criteria of optimal diabetic an/or cardiovascular care. Effective July 1, 2009, the rate adjustment is $250 every six months when all of the above criteria are met.

Effective January 1, 2000, the rate is increased by three percent.

Effective July 1, 1998, the rate is increased three percent for these services; effective January 1, 2000, the rate is increased another three percent; effective October 1, 2005, and October 1, 2006, the rate is increased by 2.2553 percent, excluding respiratory therapy services. Effective October 1, 2007, the rate is increased by two percent, excluding respiratory therapy services. Effective October 1, 2008, the rate is increased by two percent, excluding respiratory therapy services.

The rates for respiratory therapy services are as follows:

Procedure Code	**Rate**
94640	$ 15.02
94642	19.02
94650	16.70
94651	14.48
94652	140.34
94656	100.24
94657	43.43
94660	100.24
94664	18.78
94665	12.93
94667	16.19
94668	16.19

If the service is provided by an **enrolled physician assistant**, the service is paid the lower of:

1) submitted charge; or

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. (continued)

The State has established a rate for the following:

Procedure Code		Rate
(1)	92340	$ 28.84
(2)	92341	33.99
(3)	V5090	182.15
(4)	V5110	273.23
(5)	V5160	273.23
(6)	V5200	182.15
(7)	V5240	273.23
(8)	V5241	182.15

Medical Assistance provides for an additional annual payment to teaching sites providing physician services, including mental health services delivered by psychiatrists, community mental health centers and essential community providers. For each state fiscal year a Department medical education payment will be distributed by a sponsoring institution prior to October 1 of each year for the previous state fiscal year. Effective July 1, 2007 the payment will be increased in an amount equal to:

(1) $7,575,000 multiplied by a proportion equal to the physician's public program revenue divided by the total amount of public program revenue of all eligible training sites. Public program revenue is the sum of a provider's revenue from medical assistance, prepaid medical assistance, general assistance medical care and, prepaid general assistance medical care.
(2) For physicians with public program revenue equal to or greater than 0.98 percent of the total public program revenue of all eligible training sites, payments are increased by 20 percent.
(3) Payments to training sites with public program revenue less than 0.98 percent of the total public program revenue of all training eligible sites are reduced proportionately to fund the payment increases described in sub-item (2).
(4) Training sites with no public program revenue are not eligible for increased payments.

Psychiatric consultations provided on or after October 1, 2006, are paid through rates representing three levels of service complexity and substance, assigning a value to both the primary care physician and the psychiatrist's component of the consultation and combining them to create a single payment rate for each level of psychiatric consultation. Medical Assistance payment is made to the primary care physician who, in turn, is responsible for paying the consulting psychiatrist pursuant to a contract.

Medical Assistance will pay for this service at the lower of:
(1) the submitted charge; or the rate below in (2).

(2)(a) Primary care component is provided by a physician plus the psychiatrist component:

CPT code ~~99371~~ 99499 HE	$80.85
CPT code ~~99372~~ 99499 HE TF	$159.69
CPT code ~~99373~~ 99499 HE TG	$201.10

(b) Primary care component provided by a physician assistant, nurse practitioner, or clinical nurse specialist plus the

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. (continued)

psychiatrist component:

CPT code ~~99371~~	99499 HE	$78.79
CPT code ~~99372~~	99499 HE TF	$155.07
CPT code ~~99373~~	99499 NE TG	$194.50

(c) Primary care component provided by a physician extender plus the psychiatrist component:

CPT code ~~99371 U7~~	99499 HE U7	$ 73.64
CPT code ~~99372 U7~~	99499 HE TF U7	$143.54
CPT code ~~99373 U7~~	99499 HE TG U7	$178.02

Effective January 1, 2009, one six-month payment per recipient with 5-6 chronic diagnoses receiving Group 1 provider-directed care coordination, associated with an evaluation and management visit, is the lower of:

- Submitted charge; or
- $243.24

Effective January 1, 2009, one six-month payment per recipient with 7-8 chronic diagnoses receiving Group 2 provider-directed coordination, associated with an evaluation and management visit, is the lower of:

- Submitted charge; or
- $ 316.20

Effective January 1, 2009, one six-month payment per recipient with 10 or more chronic diagnoses receiving Group 2 provider-directed coordination, associated with an evaluation and management visit, is the lower of:

- Submitted charge; or
- $458.52

For provider-directed care coordination payment based on services less than six months in duration, the payment rate listed above may be allocated to the time period served. Allocation can only occur in the case of a recipient's death, loss of eligibility or change of payer. Payment must be associated with the last evaluation and management visit occurring during the preceding six months.

6.d. Other practitioners' services. (continued)

The rates for public health nurse assessments for personal care ~~assistant~~ services are as follows:

Service	7/1/00	7/1/01	7/1/02	10/1/05	10/1/06	10/1/07	7/1/08	10/1/08
Initial Public Health Nursing Assessment Visit for Personal Care ~~Assistant~~ Services (in-person)	$232.06/ visit	$239.02/ visit	$246.19/ visit	$251.74/ visit	$257.42/ visit	$262.57/ visit	$262.57/ visit	$267.82/ visit
Public Health Nursing Reassessment Visit for Personal Care ~~Assistant~~ Services submitted prior to the end date of current PCA service authorization	$232.06/ visit	$239.02/ visit	$246.19/ visit	$251.74/ visit	$257.42	$262.57	$262.57	$267.82
Public Health Nursing Service Update submitted prior to the end date of current PCA service authorization	$116.03/ update	$119.51/ Update	$123.10/ update	$125.88/ visit	$128.72	$131.29	$131.29	$133.92
Public Health Nursing Reassessment Visit for PCA Services submitted after the end date of current PCA service authorization.							$196.93	$200.86
Public Health Nursing Service Update submitted after the end date of current PCA service authorization.							$98.47	$100.44

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

Service provided on or after:	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
Skilled Nurse Visit	$54.37 /visit	$56.54 /visit	$59.93 /visit	$61.73 /visit	$63.58	$68.26	$69.80	$71.20	$72.62

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

Service provided on or after	**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**
Home Health Aide Visit	$41.72/ visit	$43.39/ visit	$45.99/ Visit	$47.37/ visit	$48.79	$52.38	$53.57	$54.64	$55.73

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 11.a., Physical therapy and 11.b., Occupational therapy.

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

Service provided on or after	**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**
Physical Therapy Visit (PT)	$51.00/ visit	$53.04/ visit	$56.22/ visit	$57.91/ visit	$59.65/ visit	$64.05/ visit	$65.49	$66.80	$68.14
Physical Therapy Visit (Ass't.)				$37.64/ visit	$38.77/ visit	$41.63/ visit	$42.57	$43.42	$44.29
Speech Therapy Visit	$51.78/ visit	$53.85/ visit	$57.08/ visit	$58.79/ visit	$60.55/ visit	$65.01/ visit	$66.48	$67.81	$69.17
Occupational Therapy Visit (OT)	$52.05/ visit	$54.13/ visit	$57.38/ visit	$59.10/ visit	$60.87/ visist	$65.35/ visit	$66.83	$68.17	$69.53
Occupational Therapy Visit (Ass't.)				$38.42/ visit	$39.57/ visit	$42.49/ visit	$43.44	$44.31	$45.20
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

Services provided by **rehabilitation agencies** are paid using the same methodology as item 5.a, Physicians' services, except that payments are increased by 38% for physical therapy, occupational therapy, and speech pathology services provided by an entity that:

8. Private duty nursing services.

Payment 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
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
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
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
Private Duty R.N.	$5.93/ Unit	$6.11/ unit	$6.35/ unit	$6.73/ unit	$6.73/unit	$7.52/unit	$7.75/unit	$7..92/unit	$8.10/unit	$8.26	$8.43
Private Duty L.P.N. (complex)	$5.29/ Unit	$5.45/ unit	$5.67/ unit	$6.01/ unit	$6.01/unit	$6.77/unit	$6.97/unit	$7.13/unit	$7.29/unit	$7.44	$7.59
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

NOTE: 1 unit = 15 minutes

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.

13.d. Rehabilitative services. (continued)

graduate trainee at the clinical site.

(2) (Total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus $4,850,000, multiplied by .9, multiplied by .33, multiplied by the ratio of the site's public program revenue to the public program revenue for all teaching sites.

(3) A portion of: [(the total amount available for this purpose in the Minnesota Medical Education and Research Trust Fund, divided by the state matching rate) minus $4,850,000, multiplied by .10, multiplied by the provider's sponsoring institution's ratio of the amounts in subitems (1) and (2) to the total dollars available under subitems (1) and (2)], in the amount the sponsoring institution determines is necessary to offset clinical costs at the site.

Effective October 1, 2008, **basic living and social skills** provided as part of mental health community support services are paid:

- for mental health professionals or mental health practitioners, the lower of the submitted charge or ~~$12.76~~ $13.01 per 15 minute unit;

- for mental health rehabilitation workers, the lower of the submitted charge or ~~$9.56~~ $9.75 per 15 minute unit; or

- in a group setting, regardless of the provider, the lower of the submitted charge or ~~$5.61~~ $5.72 per 15 minute unit. For the purposes of mental health community support services, "group" is defined as two to 10 recipients.

13.d. Rehabilitative services. (continued)

Effective October 1, 2008, **consultation with significant people**, including relatives, guardians, friends, employers, and treatment providers, provided as part of mental health community support services is paid:

- for mental health professionals or mental health practitioners, the lower of the submitted charge or ~~$12.76~~ $13.01 per 15 minute unit;
- for mental health rehabilitation workers, the lower of the submitted charge or ~~$9.56~~ $9.75 per 15 minute unit; or
- for mental health professionals, practitioners and rehabilitation workers, in a group setting, the lower of the submitted charge or ~~$5.61~~ $5.72 per 15 minute unit.

- Effective for **medication education** provided as part of mental health community support services on or after ~~January~~ October 1, 2008, payment is:
  - for individual settings for physicians, registered nurses, physician assistants or pharmacists, the lower of the submitted charge or ~~$12.61~~ $12.86 per 15 minute unit;
  - in a group setting for physicians, registered nurses, physician assistants or pharmacists , the lower of the submitted charge or ~~$8.20~~ $8.36 per 15 minute unit.

- **Crisis assessment** provided as part of mental health crisis response services are paid:
  - for doctoral prepared mental health professionals, the lower of the submitted charge or $32.50 per 15 minute unit;
  - for master's prepared mental health professionals, the lower of the submitted charge or $26.00 per 15 minute unit; or
  - for mental health practitioners supervised by mental health professionals, the lower of the submitted charge or $22.58 (effective February 18, 2004) per 15 minute unit

- **Crisis intervention** provided as part of mental health crisis response services are paid:

13.d. Rehabilitative services. (continued)

not an IMD that provides short-term services, including intensive residential rehabilitative mental health services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people, the rate is the rate for residential rehabilitative services, below.

- When not provided in a supervised, licensed residential setting that is not an IMD that provides short-term services, **consultation with significant people** including relatives, guardians, friends, employers, and treatment providers provided as part of mental health crisis response services on or after October 1, 2008, are paid:

  - for mental health professionals or mental health practitioners, the lower of the submitted charge or ~~$12.76~~ $13.01 per 15 minute unit;

  - for mental health rehabilitation workers, the lower of the submitted charge or ~~$9.56~~ $9.75 per 15 minute unit; or

  - the lower of the submitted charge or ~~$5.61~~ $5.72 per 15 minute unit if provided by mental health professionals, mental health practitioners or mental health rehabilitation workers in a group setting.

26. Personal care ~~assistant~~ 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
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
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
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
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

[**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 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.

Effective March 1, 2006 and ending September 30, 2007, payment for personal care 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.