

HUMAN SERVICES DEPARTMENT[441]

DRAFT ONLY: Dates herein may not comply with Schedule for Rule Making.

Adopted and Filed Emergency

Rule making related to provider increases in payment rates.

The Human Services Department hereby amends Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," and Chapter 83, "Medicaid Waiver Services," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

During the 2021 Legislative Session HF891 appropriated funds to increase specific provider's reimbursement rates. The proposed changes includes revisions to 441-Chapter 78, 79 and 83:

- To increase the reimbursement rates and upper rate limits for providers of Home and Community Based Service (HCBS) Waiver and HCBS Habilitation services beginning July 1, 2021, by 3.55 percent over the rates in effect on June 30, 2021.
- To increase the monthly caps on the total monthly cost of HCBS waiver services and Habilitation.
- To increase the monthly cap on HCBS Supported Employment and Intellectual Disabilities Waiver Respite services.
- To increase annual or lifetime limitations for Home and Vehicle Modifications and Specialized Medical Equipment.
- To increase air ambulance rates to \$550 beginning July 1, 2021.

Revisions to 441 -Chapter 79 to add the inflation factor limitation.

Revisions to 441- Chapter 79 to implement the fee schedule rate in effect July 1, 2021, for air ambulance providers. HF 891 appropriated funds to increase air ambulance rates to \$550.00 per one way trip.

Revision to 441-Chapter 79 to implement the Home Health Agency low utilization payment adjustment (LUPA) rate increase. This rate is applied when there are three or less visits provided in a 30 day period.

Revisions to 441-Chapter 79 to increase Psychiatric Medical Institutions for Children (PMIC) provider specific fee schedule rate percentages over the rates in effect June 30, 2021. HF 891 appropriates \$3.9 million to increase non-state owned PMIC provider rates over the rates in effect June 30, 2021.

Reason for Adoption of Rule Making Without Prior Notice and Opportunity for Public Participation

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are

unnecessary or impractical because the emergency adoption was reviewed by the Administrative Rules Review Committee. 2021 Iowa Acts, House File 891 allows for emergency adoption due to a July 1, 2021, effective date provided in the bill. This is also a benefit with increased provider rates.

In compliance with Section 32 of House Fil 891, the Administrative Rules Review Committee at its August 17, 2021, meeting reviewed the Department's determination and this rule filing.

Reason for Waiver of Normal Effective Date

Pursuant to Iowa Code section 17A.5(2)“b”(1)(a) the Department also finds that the normal effective date of this rule making, 35 days after publication, should be waived and the rule making made effective on August 17, 2021, because section 32 of House File 891 so provides and because increased provider rates provide a benefit.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on August 12, 2021, subject to review by the Administrative Rules Review Committee.

Fiscal Impact

The targeted HCBS and Habilitation increases were calculated assuming both the regular FMAP and COVID increased FMAP. The legislature opted for the COVID increased FMAP scenario for both sets of services. These are the only adjustments where the legislature agreed to base the increase on the COVID increased FMAP. All other adjustments are based on the regular FMAP. The FMAP is estimated at 65.14% in SFY22 and 62.01% in SFY23. During the 2021 Legislative Session, HF891 appropriated funds to increase specific provider's reimbursement rates.

Jobs Impact

These rules may have a positive influence on private-sector jobs and employment opportunities in Iowa.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to 441 IAC 1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on August 17, 2021.

Please see attached.

Proposed rule changes:

ITEM 1. Amend paragraph 78.27(10)e.(2) as follows:

(2) In absence of a monthly cap on the cost of waiver services, the total monthly cost of all supported employment services may not exceed ~~\$3,059.29~~ \$3,167.89-per month.

ITEM 2. Amend paragraph 78.34(9)g. as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 3. Amend paragraph 78.41(2)i. as follows:

i. Payment for respite services shall not exceed ~~\$7,334.62~~ \$7,595.00 per the member's waiver year.

ITEM 4. Amend paragraph 78.43(5)g. as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 5. Amend paragraph 78.43(8)c. as follows:

c. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to enrolled specialized medical equipment providers upon satisfactory receipt of the service. ~~Each month within the 12-month period, the service worker shall encumber an amount within the monthly dollar cap allowed for the member until the amount of the equipment cost is reached~~

ITEM 6. Amend paragraph 78.46(2)g. as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 7. Amend paragraph 78.46(4)c. as follows:

c. Payment of up to ~~\$6,366.64~~ \$6,592.66 per year may be made to enrolled specialized medical equipment providers upon satisfactory receipt of the service.

ITEM 8. Amend rule 79.1(1) by adding new subparagraph (i):

(i.) Inflation factor. When the department's reimbursement methodology for any provider includes an inflation factor, this inflation factor shall not exceed the amount by which the consumer price index for all urban consumers increased during the calendar year ending December 31, 2002.

Amend subrule 79.1(2) (249A) as follows:

<p>Ambulance</p>	<p>Fee schedule</p>	<p>Ground ambulance: Fee schedule in effect 6/30/14 plus 10%.</p> <p>Air ambulance: Fee schedule in effect 6/30/14 plus 10% <u>7/1/21</u>.</p>
<p>HCBS waiver service providers, including:</p> <p>1. Adult day care</p>	<p>For AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee schedule</p> <p>For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)</p>	<p>Effective 7/1/16 <u>7/1/21</u>, for AIDS/HIV, brain injury, elderly, and health and disability waivers:</p> <p>Provider's rate in effect 6/30/16 <u>6/30/21</u> plus 4% <u>3.55%</u>, converted to a 15-minute, half-day, full-day, or extended-day rate.</p> <p>If no 6/30/16 <u>06/30/21</u> rate: Veterans Administration contract rate or \$4.47 <u>1.52</u> per 15-minute unit, \$23.47 <u>\$24.30</u> per half day, \$46.72 <u>\$48.38</u> per full day,</p>

		<p>or \$70.06 <u>72.55</u> per extended day if no Veterans Administration contract.</p> <p>Effective 7/1/47<u>21</u>, for intellectual disability waiver: The provider's rate in effect 6/30/46<u>21</u> plus 43.55%, converted to a 15-minute or half-day rate.</p> <p>If no 6/30/46 <u>21</u> rate, \$1.96<u>\$2.03</u> per 15-minute unit or \$34.27 <u>\$32.38</u> per half day.</p> <p>For daily services, the fee schedule rate published on the department's website, pursuant to 79.1(1)"c," for the member's acuity tier, determined pursuant to 79.1(30).</p>
<p>2. Emergency response system: Personal response system</p>	<p>Fee schedule</p>	

<p>Portable locator system</p>	<p>Fee schedule</p>	<p>Effective 7/1/43<u>21</u>, provider's rate in effect 6/30/43<u>21</u> plus 3 <u>3.55</u>%. If no 6/30/43<u>21</u> rate: Initial one-time fee: \$52.04<u>53.89</u>. Ongoing monthly fee: \$40.47<u>41.91</u>.</p> <p>Effective 7/1/43<u>21</u>, provider's rate in effect 6/30/43<u>21</u> plus 3 <u>3.55</u>%. If no 6/30/43<u>21</u> rate: Initial one-time fee: \$52.04<u>53.89</u>. Ongoing monthly fee: \$40.47 <u>41.91</u>.</p>
<p>3. Home health aides</p>	<p>Retrospective cost related <u>Fee Schedule</u></p>	<p>For AIDS/HIV, elderly, and health and disability waivers effective 7/1/46<u>21</u>: Lesser of maximum Medicare rate in effect 6/30/46<u>21</u> plus 4<u>3.55</u>% or maximum Medicaid rate in</p>

		<p>effect 6/30/46<u>21</u> plus 4<u>3.55</u>%.</p> <p>For intellectual disability waiver effective 7/1/46<u>21</u>:</p> <p>Lesser of maximum Medicare rate in effect 6/30/46<u>21</u> plus 4<u>3.55</u>% or maximum Medicaid rate in effect 6/30/46<u>21</u> plus 4<u>3.55</u>%, converted to an hourly rate.</p>
4. Homemakers	Fee schedule	<p>Effective 7/1/43<u>21</u>, provider's rate in effect 6/30/43<u>21</u> plus 3<u>3.55</u>%, converted to a 15-minute rate. If no 6/30/43<u>21</u> rate: \$5.20 <u>5.38</u> per 15-minute unit</p>
5. Nursing care	Fee Schedule	<p>For AIDS/HIV, health and disability, elderly and intellectual disability waiver effective 7/1/46<u>21</u>, provider's rate in effect</p>

		6/30/46 <u>21</u> plus <u>43.55%</u> . If no 6/30/46 <u>21</u> rate: \$87.99 <u>91.11</u> per visit.
6. Respite care when provided by: Home health agency: Specialized respite	Cost-based rate for nursing services provided by a home health agency <u>Fee Schedule</u>	Effective 7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/46 <u>21</u> rate: Lesser of maximum Medicare rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate, not to exceed \$345.09 <u>326.28</u> per day
Basic individual respite	Cost-based rate for home health aide services	7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus

<p>Group respite</p>	<p>provided by a home health agency <u>Fee Schedule</u></p> <p>Fee schedule</p>	<p>43.55%, converted to a 15-minute rate. If no 6/30/4621 rate: Lesser of maximum Medicare rate in effect 6/30/46 21 plus 43.55%, converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/4621 plus 43.55%, converted to a 15-minute rate, not to exceed \$315.09 <u>326.28</u> per day</p> <p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus 43.55%, converted to a 15-minute rate. If no 6/30/4621 rate: \$3.49 <u>3.61</u> per 15-minute unit, not to exceed \$315.09 <u>326.28</u> per day.</p>
<p>Home care agency: Specialized respite</p>	<p>Fee schedule</p>	<p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus 43.55%,</p>

Basic individual respite	Fee schedule	<p>converted to a 15-minute rate. If no 6/30/4621 rate: \$8.96 <u>9.28</u> per 15-minute unit, not to exceed \$315.09 <u>326.28</u> per day.</p> <p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/4621 rate: \$4.784.95 per 15-minute unit, not to exceed \$315.09 <u>\$326.28</u> per day</p>
Group respite	Fee schedule	<p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/4621 rate: \$3.493.61 per 15-minute unit, not to exceed \$315.09 <u>326.28</u> per day.</p>
Nonfacility care: Specialized respite	Fee schedule	

<p>Basic individual respite</p>	<p>Fee Schedule</p>	<p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus 43.55%, converted to a 15-minute rate. If no 6/30/4621 rate: \$8.969.28 per 15-minute unit, not to exceed \$315.09326.28 per day.</p>
<p>Group respite</p>	<p>Fee Schedule</p>	<p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus 43.55%, converted to a 15-minute rate. If no 6/30/4621 rate: \$4.784.95 per 15-minute unit, not to exceed \$315.09326.28 per day.</p> <p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus 43.55%, converted to a 15-minute rate. If no 6/30/4621 rate: \$3.493.61 per 15-minute</p>

		unit, not to exceed \$315.09 <u>326.28</u> per day.
Facility care: Hospital or nursing facility providing skilled care	Fee schedule	Effective 7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/46 <u>21</u> rate: <u>\$3.493.61</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate for skilled nursing level of care.
Nursing facility	Fee Schedule	Effective 7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/46 <u>21</u> rate: <u>\$3.493.61</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate.

Camps	Fee schedule	Effective 7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/46 <u>21</u> rate: <u>\$3.493.61</u> per 15-minute unit, not to exceed <u>\$315.09326.28</u> per day.
Adult day care	Fee Schedule	Effective 7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/46- <u>21</u> rate: <u>\$3.493.61</u> per 15-minute unit, not to exceed rate for regular adult day care services.
Intermediate care facility for persons with an intellectual disability	Fee Schedule	Effective 7/1/46 <u>21</u> , provider's rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/46- <u>21</u> rate: <u>\$3.493.61</u> per 15-minute

<p>Residential care facilities for persons with an intellectual disability</p>	<p>Fee Schedule</p>	<p>unit, not to exceed the facility's daily Medicaid rate.</p> <p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46-<u>21</u>rate: \$3.49<u>3.61</u> per 15-minute unit, not to exceed contractual daily rate.</p>
<p>Foster group care</p>	<p>Fee Schedule</p>	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46-<u>21</u>rate: \$3.49<u>3.61</u> per 15-minute unit, not to exceed daily rate for child welfare services.</p>
<p>Child care facilities</p>	<p>Fee Schedule</p>	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>,</p>

		converted to a 15-minute rate. If no 6/30/46-21 rate: \$3.49 <u>3.61</u> per 15-minute unit, not to exceed contractual daily rate.
7. Chore service	Fee schedule	Effective 7/1/4321, provider's rate in effect 6/30/4321 plus 3 <u>3.55</u> %, converted to a 15-minute rate. If no 6/30/4321 rate: \$4.05 <u>4.19</u> per 15-minute unit.
8. Home-delivered meals	Fee schedule	Effective 7/1/4321, provider's rate in effect 6/30/4321 plus 3 <u>3.55</u> %. If no 6/30/4321 rate: \$8.10 <u>8.39</u> per meal. Maximum of 14 meals per week.
9. Home and vehicle modification	Fee schedule. See 79.1(17)	For elderly waiver effective 7/1/4321: \$1,061.11 <u>1,098.78</u> lifetime

		<p>maximum.</p> <p>For intellectual disability waiver effective 7/1/43<u>21</u>: \$5,305.53 <u>5,493.88</u> lifetime maximum.</p> <p>For brain injury, health and disability, and physical disability waivers effective 7/1/43<u>21</u>: \$6,366.64 <u>6,592.66</u> per year.</p>
10. Mental health outreach providers	Fee schedule	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>13.55%</u>. If no 6/30/46<u>21</u> rate: On-site Medicaid reimbursement rate for center or provider.</p> <p>Maximum of 1,440 units per year.</p>
11. Transportation	Fee schedule	<p>Effective 10/1/13: The provider's nonemergency medical transportation contract rate or, in the</p>

		<p>absence of a nonemergency medical transportation contract rate, the median nonemergency medical transportation contract rate paid per mile or per trip within the member's DHS region. <u>Fee Schedule in effect 7/1/21.</u></p>
12. Nutritional counseling	Fee schedule	<p>Effective 7/1/46<u>21</u> for non-county contract: Provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate.</p> <p>If no 6/30/46<u>21</u> rate: \$8.76<u>9.07</u> per 15-minute unit.</p>
13. Assistive devices	Fee schedule. See 79.1(17)	<p>Effective 7/1/43<u>21</u>: \$115.62<u>119.72</u> per unit.</p>
14. Senior companion	Fee schedule	<p>Effective 7/1/46<u>21</u> for non-county contract: Provider's rate in effect 6/30/46<u>21</u></p>

		<p>plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46<u>21</u> rate: <u>\$4.89</u><u>1.96</u> per 15-minute unit.</p>
<p>15. Consumer-directed attendant care provided by:</p> <p>Agency (other than an elderly waiver assisted living program)</p> <p>Assisted living program (for elderly waiver only)</p> <p>Individual</p>	<p>Fee agreed upon by member and provider</p> <p>Fee agreed upon by member and provider</p> <p>Fee agreed upon by member and provider</p>	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46<u>21</u> rate: <u>\$5.35</u><u>5.54</u> per 15-minute unit, not to exceed \$<u>123.85</u><u>128.25</u> per day.</p> <p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46<u>21</u> rate: <u>\$5.35</u><u>5.54</u> per 15-minute unit, not to exceed \$<u>123.85</u><u>128.25</u> per day.</p> <p>Effective 7/1/46<u>21</u>, <u>\$3.58</u><u>\$3.71</u> per 15-minute unit, not to exceed \$<u>83.36</u><u>86.32</u></p>

		<p>per day. When an individual who serves as a member's legal representative provides services to the member as allowed by 79.9(7)"b," the payment rate must be based on the skill level of the legal representative and may not exceed the median statewide reimbursement rate for the service unless the higher rate receives prior approval from the department.</p>
<p>16. Counseling: Individual</p>	<p>Fee schedule</p>	<p>Effective 7/1/4621, provider's rate in effect 6/30/4621 plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/4621 rate:</p>

Group	Fee schedule	<p>\$44.45<u>11.86</u> per 15-minute unit.</p> <p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus 43.55%, converted to a 15-minute rate. If no 6/30/46 <u>21</u> rate: \$44.44 <u>\$11.85</u> per 15-minute unit. Rate is divided by six, or, if the number of persons who comprise the group exceeds six, the actual number of persons who comprise the group.</p>
17. Case management	Fee schedule	For brain injury and elderly waivers: Fee schedule in effect 7/1/18 <u>6/30/21</u> plus <u>3.55%</u> .
18. Supported community living	For brain injury waiver: Retrospectively limited prospective rates. See 79.1(15)	For brain injury waiver effective 7/1/46 <u>21</u> : \$9.289 <u>.61</u> per 15-minute unit, not to exceed the maximum daily ICF/ID rate

	<p>For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30). Retrospectively limited prospective rate for SCL 15-minute unit. See 79.1(15)</p>	<p>per day plus 3.927 <u>7.477%</u>.</p> <p>For intellectual disability waiver effective 7/1/4721: \$9.28 <u>9.61</u> per 15-minute unit.</p> <p>For daily service, the fee schedule rate published on the department's website, pursuant to 79.1(1)"c," for the member's acuity tier, determined pursuant to 79.1(30).</p>
<p>19. Supported employment: Individual supported employment</p> <p>Long-term job coaching</p>	<p>Fee schedule</p> <p>Fee Schedule</p>	<p>Fee schedule in effect 7/1/4621. Total monthly cost for all supported employment services not to exceed \$3,059.29 <u>3,167.89</u> per month.</p> <p>Fee schedule in effect 7/1/4621. Total monthly cost for all supported</p>

<p>Small-group supported employment (2 to 8 individuals)</p>	<p>Fee Schedule</p>	<p>employment services not to exceed \$3,059.29 <u>3,167.89</u> per month.</p> <p>Fee schedule in effect 7/1/46<u>21</u>. Maximum 160 units per week. Total monthly cost for all supported employment services not to exceed \$3,059.29 <u>3,167.89</u> per month.</p>
<p>20. Specialized medical equipment</p>	<p>Fee schedule. See 79.1(17)</p>	<p>Effective 7/1/43<u>21</u>, \$6,366.64 <u>6,592.66</u> per year.</p>
<p>21. Behavioral programming</p>	<p>Fee schedule</p>	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>. If no 6/30/46<u>21</u> rate: \$44.45 <u>11.86</u> per 15 minutes.</p>
<p>22. Family counseling and training</p>	<p>Fee schedule</p>	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>,</p>

		converted to a 15-minute rate. If no 6/30/46 <u>21</u> rate: \$41.44 <u>11.85</u> per 15-minute unit.
23. Prevocational services, including career exploration	Fee Schedule	Fee schedule in effect 7/1/46 <u>21</u> .
24. Interim medical monitoring and treatment: Home health agency (provided by home health aide)	Cost-based rate for home health aide services provided by a home health agency <u>Fee Schedule</u>	Effective 7/1/46 <u>21</u> : Lesser of maximum Medicare rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate.
Home health agency (provided by nurse)	Cost-based rate for nursing services provided by a home health agency <u>Fee Schedule</u>	Effective 7/1/46 <u>21</u> : Lesser of maximum Medicare rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/46 <u>21</u> plus <u>43.55%</u> ,

<p>Child development home or center</p>	<p>Fee schedule</p>	<p>converted to a 15-minute rate. Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46<u>21</u> rate: \$3.49<u>3.61</u> per 15-minute unit.</p>
<p>Supported community living provider</p>	<p>Retrospectively limited prospective rate. See 79.1(15)</p>	<p>Effective 7/1/46<u>21</u>, provider's rate in effect 6/30/46<u>21</u> plus <u>43.55%</u>, converted to a 15-minute rate. If no 6/30/46<u>21</u> rate: \$9.28 <u>9.61</u> per 15-minute unit, not to exceed the maximum ICF/ID rate per day plus 3.927 <u>7.477%</u>.</p>
<p>25. Residential-based supported community living</p>	<p>Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)</p>	<p>Effective 7/1/47<u>21</u>: The fee schedule rate published on the department's website, pursuant to 79.1(1)"c," for</p>

		the member's acuity tier, determined pursuant to 79.1(30).
26. Day habilitation	Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)	Effective 7/1/4721: Provider's rate in effect 6/30/4621 plus 43.55%, converted to a 15-minute rate. If no 6/30/4621 rate: \$3.51 3.63 per 15-minute unit. For daily service, the fee schedule rate published on the department's website, pursuant to 79.1(1)"c," for the member's acuity tier, determined pursuant to 79.1(30).
27. Environmental modifications and adaptive devices	Fee schedule. See 79.1(17)	Effective 7/1/4321, \$6,366.64 6,592.66 per year.
28. Family and community support services	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/4621, provider's rate in effect 6/30/4621 plus 43.55%,

		converted to a 15-minute rate. If no 6/30/ 4621 rate: \$9.28 <u>9.61</u> per 15-minute unit.
29. In-home family therapy	Fee schedule	Effective 7/1/ 4621 , provider's rate in effect 6/30/ 4621 plus <u>43.55%</u> , converted to a 15-minute rate. If no 6/30/ 4621 rate: \$24.85 <u>25.73</u> per 15-minute unit.
30. Financial management services	Fee schedule	Effective 7/1/ 4321 , provider's rate in effect 6/30/ 4321 plus <u>33.55%</u> . If no 6/30/ 4321 rate: \$68.97 <u>71.42</u> per enrolled member per month.
31. Independent support broker	Rate negotiated by member	Effective 7/1/ 4621 , provider's rate in effect 6/30/ 4621 plus <u>43.55%</u> . If no 6/30/ 4621 rate: \$16.07 <u>16.64</u> per hour.

35. Assisted living on-call service providers (elderly waiver only)	Fee agreed upon by member and provider	\$26.08 <u>27.01</u> per day.
Home- and community-based habilitation services:		
1. Case management	Fee schedule. See 79.1(24)“d”	Fee schedule in effect 7/1/18 <u>6/30/21</u> plus 3.55%.
2. Home-based habilitation	See 79.1(24)“d”	Effective 7/1/13 <u>21</u> : \$11.68 per 15 minute unit, not to exceed \$6,083 per month, or \$200 per day. <u>Fee Schedule in effect 7/1/21.</u>
3. Day habilitation	See 79.1(24)“d”	Effective 7/1/13 <u>21</u> : \$3.30 <u>3.42</u> per 15-minute unit or \$64.29 <u>66.57</u> per day.
4. Prevocational habilitation Career exploration	Fee schedule	Fee schedule in effect May 4, 2016 <u>7/1/21</u> .

<p>5. Supported employment:</p> <p>Individual supported employment</p>	<p>Fee schedule</p>	<p>Fee schedule in effect May 4, 2016<u>7/1/21</u>. Total monthly cost for all supported employment services not to exceed \$3,029.00 <u>3,167.89</u> per month.</p>
<p>Long-term job coaching</p>	<p>Fee schedule</p>	<p>Fee schedule in effect May 4, 2016<u>7/1/21</u>. Total monthly cost for all supported employment services not to exceed \$3,029.00 <u>3,167.89</u> per month.</p>
<p>Small-group supported employment (2 to 8 individuals)</p>	<p>Fee Schedule</p>	<p>Fee schedule in effect May 4, 2016<u>7/1/21</u>. Maximum 160 units per week. Total monthly cost for all supported employment services not to exceed</p>

		\$ 3,029.00 <u>3,167.89</u> per month
Home health agencies 1. Skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide, and medical social services; home health care for maternity patients and children	Fee schedule. See 79.1(26). For members living in a nursing facility, see 441— paragraph 81.6(11)“r	Effective 7/1/ 48 <u>21</u> Medicare LUPA rates in effect on 6/30/18 plus a 3% increase. <u>The Medicaid LUPA fee schedule rate published on the department’s website.</u>
Psychiatric medical institutions for children: 1. Inpatient in non-state-owned facilities	Fee schedule	Effective 7/1/ 44 <u>21</u> : non-state-owned facilities provider-specific fee schedule in effect.

ITEM 9. Amend paragraph 83.2(2)b. as follows:

b. Except as provided below, the total monthly cost of the health and disability waiver services, excluding the cost of home and vehicle modification services, shall not exceed the established aggregate monthly cost for level of care as follows:

Skilled level of care

Nursing level of care

ICF/ID

~~\$2,792.65~~ 2,891.79

~~\$959.50~~ 993.56

~~\$3,742.93~~ 3,875.80

ITEM 10. Amend paragraph 83.42(2)b. as follows:

b. The total monthly cost of the AIDS/HIV waiver services shall not exceed the established aggregate monthly cost for level of care. The monthly cost of AIDS/HIV waiver services cannot exceed the established limit of ~~\$1,876.80~~ 1,943.43.

ITEM 11. Amend subparagraph 83.102(2)b. as follows:

b. The total cost of physical disability waiver services, excluding the cost of home and vehicle modifications, shall not exceed ~~\$705.84~~ 730.90 per month.

ITEM 12. Amend paragraph 83.122(6)b. as follows:

b. The total cost of children's mental health waiver services needed to meet the member's needs, excluding the cost of environmental modifications, adaptive devices and therapeutic resources, may not exceed ~~\$2,006.34~~ 2,077.57 per month.