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 <u>\$6,592.66</u> 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 <u>\$6,592.66</u> 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 <u>\$6,592.66</u> 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.

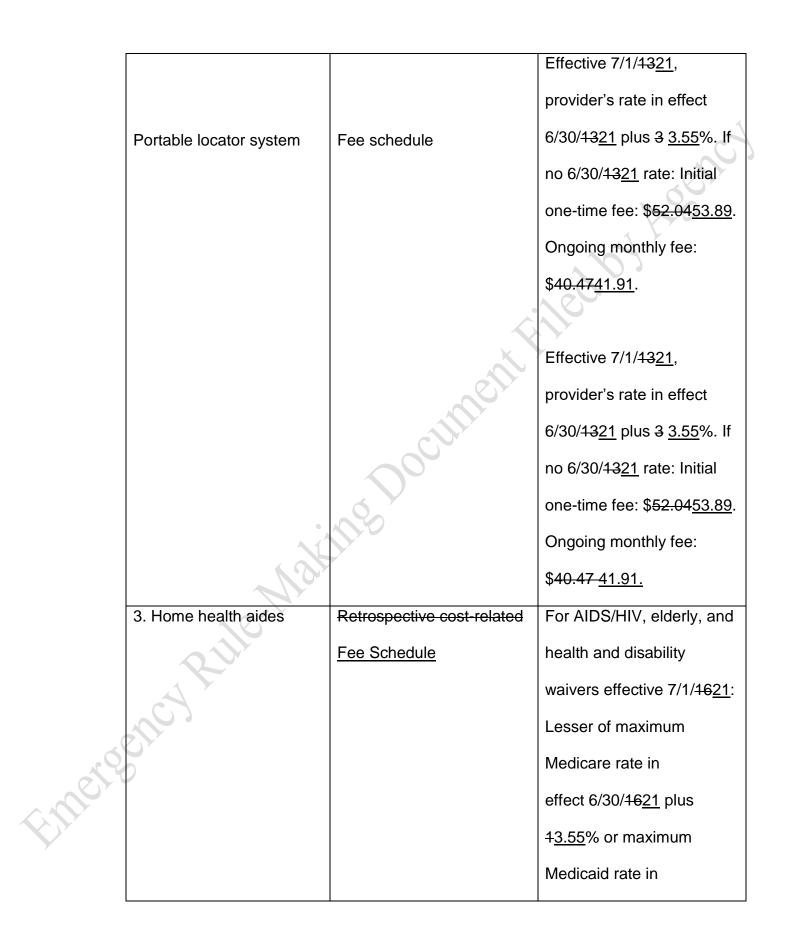
ITEM 8.Amend rule 79.1(1) by adding new subparagraph (i):

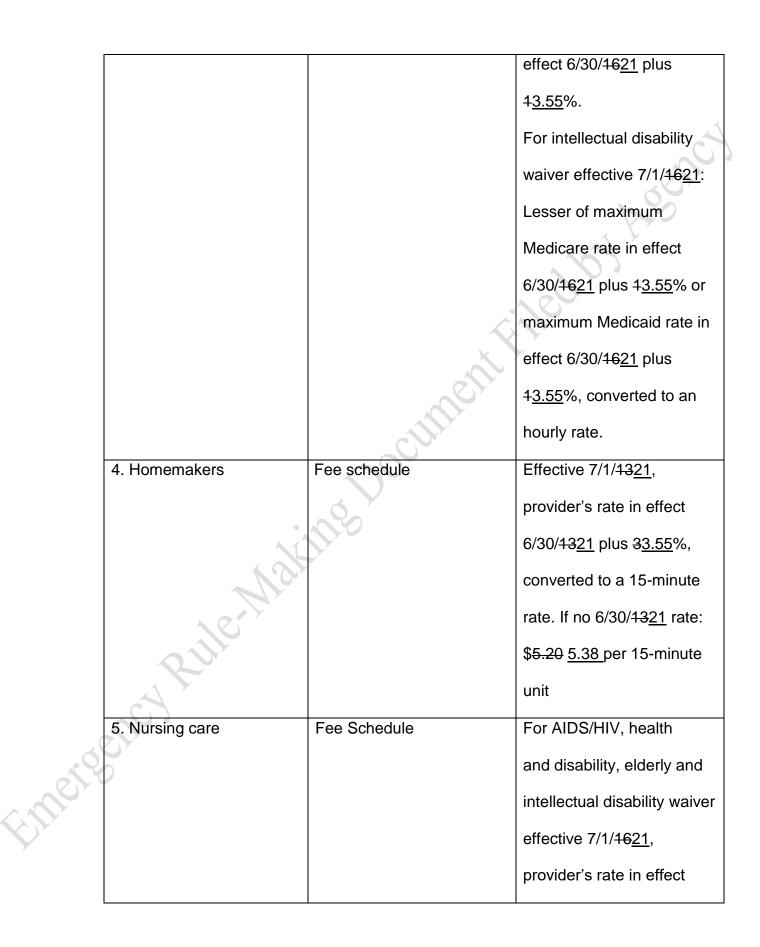
(i.) Inflation factor. When the department's reimbursement methodology for any provider includes an inflation factor, this inflation factor shall not exceed the amount by which the consumer price index for all urban consumers increased during the calendar year ending December 31, 2002.

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

HCBS waiver service providers, including:For AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee scheduleEffective 7/4/46 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee scheduleEffective 7/4/46 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee schedule1. Adult day careFor intellectual disability waiver: Fee scheduleEffective 7/4/46 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Provider's rate in effect 6/30/46 6/30/21 plus 4% 3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate. If no 6/30/46 06/30/21 rate: Veterans Administration contract rate or \$4.47 1.52 per 15-minute unit, \$23.47 \$24.30 per half day, \$46.72 <u>\$48.38</u> per full day,		Ambulance	Fee schedule	Ground ambulance: Fee
HCBS waiver service providers, including:For AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee scheduleEffective 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee schedule1. Adult day careFor AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee scheduleEffective 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Provider's rate in effect 6/30/14 6/30/21 plus 1% 3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate. It no 6/30/21 rate: Veterans Administration contract rate or \$1.47 1.52 per 15-minute unit, \$23.47 \$24.30 per half day,				schedule in effect 6/30/14
HCBS waiver service providers, including:For AIDS/HIV, brain injury, elderly, and health and disability waivers:Effective 7/4/46 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee schedule1. Adult day careFor intellectual disability waivers: Fee scheduleEffective 7/4/46 7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Provider's rate in effect 6/30/16 6/30/21 plus 1% 3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate. If no 6/30/16 06/30/21 rate: Veterans Administration contract rate or \$1.47 1.52 per 15-minute unit, \$23.47 \$24.30 per half day,				plus 10%.
HCBS waiver service providers, including:For AIDS/HIV, brain injury, elderly, and health and disability waivers: Fee scheduleEffective 7/4/46_7/1/21, for AIDS/HIV, brain injury, elderly, and health and disability waivers: Provider's rate in effect 6/30/46_6/30/21 plus 4% 3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate. If no 6/30/46_06/30/21 rate: Veterans Administration contract rate or \$1.47_1.52 per 15-minute unit, \$23.47 \$24.30 per half day,				
providers, including: 1. Adult day careelderly, and health and disability waivers: Fee scheduleAIDS/HIV, brain injury, elderly, and health and disability waivers: Provider's rate in effect 6/30/46 6/30/21 plus 4% 3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate. If no 6/30/46 06/30/21 rate: Veterans Administration contract rate or \$1.47 1.52 per 15-minute unit, \$23.47 \$24.30 per half day,				plus 10%<u>7/1/21</u>.
providers, including:disability waivers: Fee scheduleAIDS/HIV, brain injury, elderly, and health and disability waivers: Provider's rate in effect 6/30/46 6/30/21 plus 1% 3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate. If no 6/30/46 06/30/21 rate: Veterans Administration contract rate or \$1.47 1.52 per 15-minute unit, \$23.47 \$24.30 per half day,		HCBS waiver service		Effective 7/1/16 <u>7/1/21</u>, for
1. Adult day careFee scheduleelderly, and health and disability waivers:Provider's rate in effect6/30/16 6/30/21 plus 1%3.55%, converted to a 15- minute, half-day, full-day, or extended-day rate.For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)For intellectual disability per 15-minute unit, \$23.47 \$24.30 per half day,		providers, including:	disability	AIDS/HIV, brain injury,
For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For 15-minute unit, \$23.47 \$24.30_per half day,		1. Adult day care		elderly, and health and
For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For 15-minute unit, \$23.47 \$24.30 per half day,			0,000	disability waivers:
For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30)				Provider's rate in effect
For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability to 79.1(30) For intellectual disability for intel				6/30/16
For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability the member's acuity tier, determined pursuant to 79.1(30) For intellectual disability to 79.1(30) For intellectual d		121		3.55%, converted to a 15-
For intellectual disability waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) If no 6/30/16 06/30/21 rate: Veterans Administration contract rate or \$1.47 <u>1.52</u> per 15-minute unit, \$ 23.47 <u>\$24.30</u> per half day,		N CART		minute, half-day, full-day,
waiver: Fee schedule for the member's acuity tier, determined pursuant to 79.1(30) If no 6/30/16 06/30/21 rate: Veterans Administration contract rate or \$1.47 <u>1.52</u> per 15-minute unit, \$ 23.47 <u>\$24.30</u> per half day,		211	For intellectual disability	or extended-day rate.
determined pursuant to 79.1(30)Veterans Administration contract rate or \$1.47 1.52 per 15-minute unit, \$23.47 \$24.30 per half day,		AL	waiver: Fee schedule for	If no 6/30/16 06/30/21rate:
<u>\$24.30</u> per half day,			determined pursuant	Veterans Administration
<u>\$24.30</u> per half day,	20			contract rate or \$ 1.47 <u>1.52</u>
<u>\$24.30</u> per half day,		~		per 15-minute unit, \$ 23.47
\$4 6.72 <u>\$48.38</u> per full day,				<u>\$24.30 per half day,</u>
				\$4 6.72

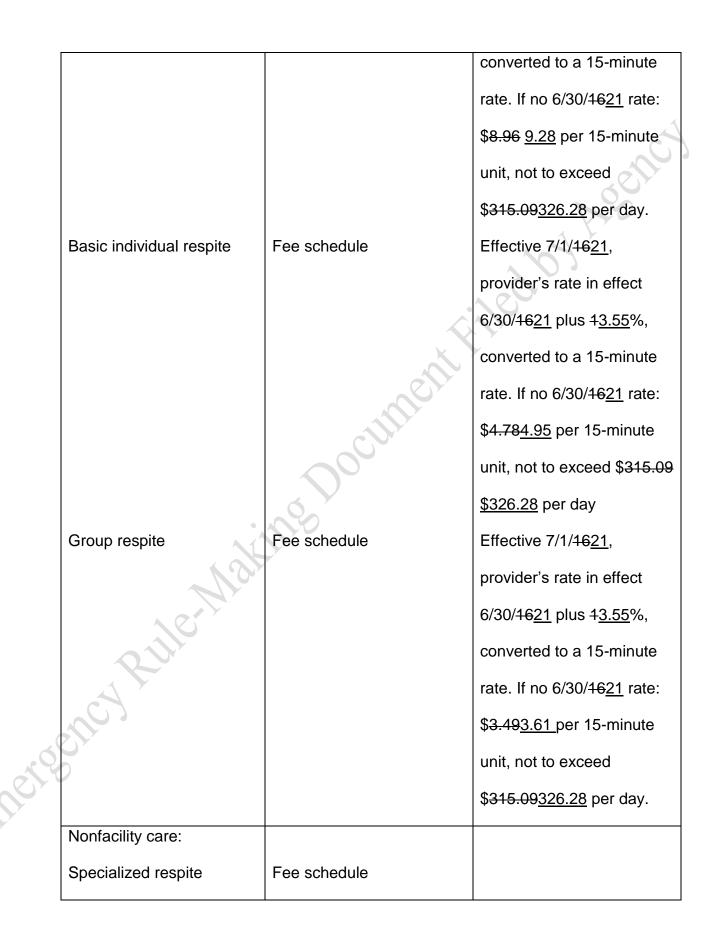
2. Emergency response	hebounent	or \$70.06 72.55 per extended day if no Veterans Administration contract. Effective 7/1/4721, for intellectual disability waiver: The provider's rate in effect 6/30/4621 plus 43.55%, converted to a 15- minute or half-day rate. If no 6/30/4621 rate, \$1.96\$2.03 per 15-minute unit or \$31.27 \$32.38 per half day. 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).
system: Personal response system	Fee schedule	

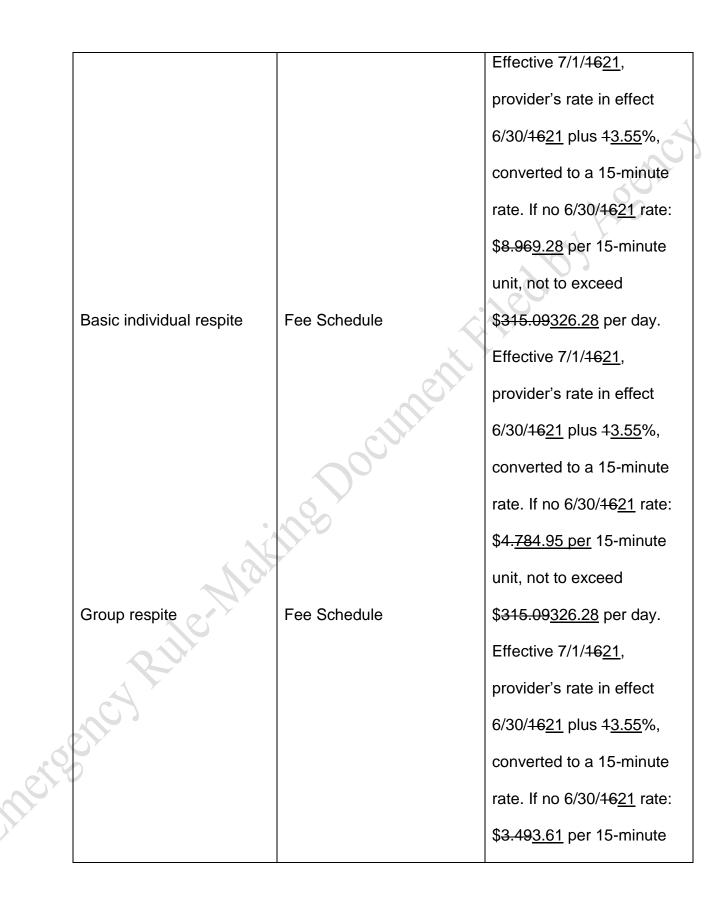




		6/30/ 16
		no 6/30/ 16<u>21</u>rate: \$87.99
		91.11 per visit.
6. Respite care when		CI
provided by:		20
Home health agency:	Cost-based rate for	Effective 7/1/ 16_21 ,
Specialized respite	nursing	provider's rate in effect
	services provided by a	6/30/ 16 21 plus
	home	converted to a 15-minute
	health agency Fee	rate. If no 6/30/ 16<u>21</u> rate:
	Schedule	Lesser of maximum
	000	Medicare rate in effect
	6	6/30/ 16
		converted to a 15-minute
131	7	rate, or maximum Medicaid
A CAR		rate in effect 6/30/ 16 21
2111		plus 4 <u>3.55</u> %, converted to
		a 15-minute rate, not to
		exceed \$ 315.09 <u>326.28</u>
		per day
y •	Cost-based rate for home	
Basic individual respite	health aide services	7/1/ 16<u>21</u>, provider's rate
		in effect 6/30/ 16<u>21</u> plus

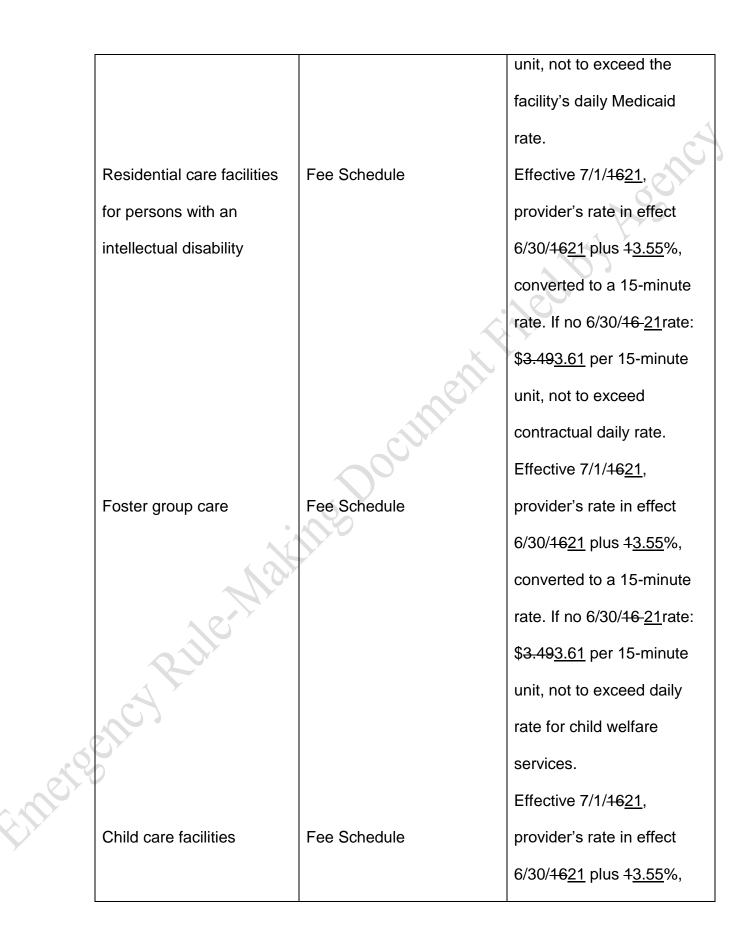
		provided by a home health	4 <u>3.55</u> %, converted to a 15-
		agency Fee Schedule	minute rate. If no
			6/30/ 16<u>21</u> rate: Lesser of
			maximum Medicare rate in
			effect 6/30/ 16 21
			plus4 <u>3.55</u> %, converted to
			a 15-minute rate, or
		L. L	maximum Medicaid rate in
			effect 6/30/ 16 21 plus
		CIT	1 <u>3.55</u> %, converted to a 15-
		CULL	minute rate, not to exceed
		000	\$ 315.09
	Group respite	Fee schedule	Effective 7/1/ 16 21,
		10.0	provider's rate in effect
	121		6/30/ 16 21 plus 4 <u>3.55</u> %,
	A CAR		converted to a 15-minute
	2 th		rate. If no 6/30/ 16<u>21</u> rate:
	A F		\$ 3.49
			unit, not to exceed \$ 315.09
.0			<u>326.28</u> per day.
C'	Home care agency:	Fee schedule	Effective 7/1/ 16 21,
	Specialized respite		provider's rate in effect
<i>,</i>			6/30/ 16<u>21</u> plus 1<u>3.55</u>%,





			unit, not to exceed \$ 315.09 <u>326.28</u> per day.
	Facility care: Hospital or nursing facility	Fee schedule	Effective 7/1/ 16 21,
	providing skilled care		provider's rate in effect
			6/30/ 16<u>21</u> plus 1<u>3.55</u>%,
			converted to a 15-minute rate. If no 6/30/ 16 21 rate:
			\$ 3.49<u>3.61</u> per 15-minute
		ACT.	unit, not to exceed the
		CUL	facility's daily Medicaid
		005	rate for skilled nursing
		Ó	level of care.
	Nursing facility	Fee Schedule	Effective 7/1/ 16 21,
	No.		provider's rate in effect
	1 Contra		6/30/ 16<u>21</u> plus 1<u>3.55</u>%,
	2111		converted to a 15-minute
	A		rate. If no 6/30/ 16<u>21</u> rate:
			\$ 3.49<u>3.61</u> per 15-minute
× Q			unit, not to exceed the
CILLETO			facility's daily Medicaid
			rate.

	Camps	Fee schedule	Effective 7/1/ 16 21,
			provider's rate in effect
			6/30/ 16 21 plus 1 <u>3.55</u> %,
			converted to a 15-minute
			rate. If no 6/30/ 1621 rate:
			\$ 3.49<u>3.61</u> per 15-minute
			unit, not to exceed
		6	\$ 315.09<u>326.28</u> per day.
	Adult day care	Fee Schedule	Effective 7/1/ 16 21,
		CIT	provider's rate in effect
		-Ulli-	6/30/ 16<u>21</u> plus 1<u>3.55</u>%,
		000	converted to a 15-minute
		0	rate. If no 6/30/ 16-<u>21</u>rate:
		00	\$ 3.49<u>3.61</u> per 15-minute
	121		unit, not to exceed rate for
	1 C 1		regular adult day care
	OTH		services.
	Intermediate care facility	Fee Schedule	Effective 7/1/ 16 21,
	for persons with an		provider's rate in effect
×0	intellectual disability		6/30/ 16<u>21</u> plus 1<u>3.55</u>%,
A CT			converted to a 15-minute
Ar.			rate. If no 6/30/ 16-<u>21</u>rate:
			\$ 3.49<u>3.61</u> per 15-minute

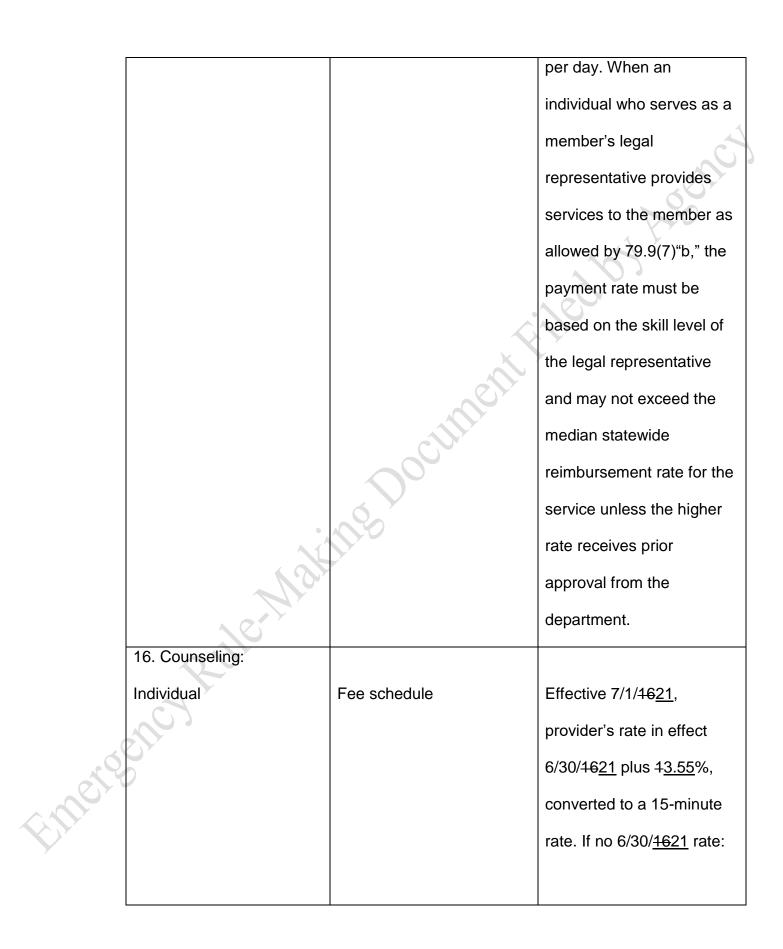


			converted to a 15-minute
			rate. If no 6/30/ 16-<u>21</u>rate:
			\$ 3.49<u>3.61</u> per 15-minute
			unit, not to exceed
			contractual daily rate.
			, to
	7. Chore service	Fee schedule	Effective 7/1/ 13 21,
		- C	provider's rate in effect
		J.	6/30/ 13 21 plus 3 <u>3.55</u> %,
		CIT	converted to a 15-minute
		CULT	rate. If no 6/30/ 13 21 rate:
		000	\$4.05 <u>4.19</u> per 15-minute
		SON Y	unit.
	8. Home-delivered meals	Fee schedule	Effective 7/1/ 13 21,
	1 Sr	Y	provider's rate in effect
	10th		6/30/ 13<u>21</u> plus 3<u>.55</u>%. If
	2111		no 6/30/ 13<u>21</u> rate:
	A		\$ 8.<u>10</u>8.39 per meal.
(Maximum of 14 meals per
29			week.
	9. Home and vehicle	Fee schedule. See	For elderly waiver effective
	modification	79.1(17)	7/1/ 13<u>21</u>:
			\$ 1,061.11<u>1,098.78</u> lifetime

		maximum.
		For intellectual disability
		waiver effective 7/1/ 1321 :
		\$ 5,305.53 <u>5,493.88</u> lifetime
		maximum.
		For brain injury, health
		and disability, and physical
	l l l l l l l l l l l l l l l l l l l	disability waivers effective
	No.	7/1/ 13<u>21</u>: \$6,366.64
	Chr	<u>6,592.66</u> per year.
10. Mental health outreach	Fee schedule	Effective 7/1/ 16 21,
providers	000	provider's rate in effect
	0	6/30/ 16 21 plus
		no 6/30/ 16<u>21</u> rate: On-site
131		Medicaid reimbursement
		rate for center or provider.
2 JII		Maximum of 1,440 units
		per year.
11. Transportation	Fee schedule	Effective 10/1/13: The
		provider's nonemergency
		medical transportation
		contract rate or, in the

			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
		X	region. <u>Fee Schedule in</u>
		CIT	effect 7/1/21.
	12. Nutritional counseling	Fee schedule	Effective 7/1/ 16 21 for non-
			county contract: Provider's
		6	rate in effect 6/30/ 16 21
		0.0	plus 4 <u>3.55</u> %, converted to
			a 15-minute rate.
			If no 6/30/ 16<u>21</u> rate:
	o the		\$ 8.76<u>9.07</u> per 15-minute
			unit.
	13. Assistive devices	Fee schedule. See	Effective 7/1/ 13 21:
×0		79.1(17)	\$ 115.62<u>119.72</u> per unit.
Cr'	14. Senior companion	Fee schedule	Effective 7/1/ 16 21 for non-
			county contract: Provider's
			rate in effect 6/30/ 16<u>21</u>

			plus 4 <u>3.55</u> %, converted to
			a 15-minute rate. If no
			6/30/ 16<u>21</u> rate: \$<u>1.891.96</u>
			per 15-minute unit.
	15. Consumer-directed	Fee agreed upon by	Effective 7/1/ 1621 ,
	attendant care provided	member and provider	provider's rate in effect
	by:		6/30/ 16 21 plus
	Agency (other than an	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	converted to a 15-minute
	elderly waiver assisted	N.	rate. If no 6/30/ 16<u>21</u> rate:
	living program)	Chr	\$ 5.35<u>5.54</u> per 15-minute
		CULL.	unit, not to exceed \$ 123.85
	Assisted living program	000	<u>128.25 per day.</u>
	(for elderly waiver only)	Fee agreed upon by	Effective 7/1/ 16 21,
		member and provider	provider's rate in effect
	No.	7	6/30/ 16 21 plus
	1 Contra		converted to a 15-minute
	2111		rate. If no 6/30/ 16<u>21</u> rate:
	A		\$ 5.35
Ć			unit, not to exceed
20	Individual		\$ 123.85<u>128.25</u> per day.
A ACT.		Fee agreed upon by	Effective 7/1/ 16 21, \$ 3.58
		member and provider	<u>\$3.71 per 15-minute unit,</u>
			not to exceed \$ 83.36 86.32



]			\$ 11.45 11.86 per 15-minute
	Group	Fee schedule	unit.
	Cloup		Effective 7/1/ 1621 ,
			provider's rate in effect
			6/30/ 16 21 plus 43.55%,
			converted to a 15-minute
			rate. If no 6/30/ 16 <u>21</u> rate:
			\$ 11.44 <u>\$11.85</u> per 15-
			minute unit. Rate is divided
		ACT.	by six, or, if the number of
		CULT	persons who comprise the
		000	group exceeds six, the
		6	actual number of persons
			who comprise the group.
	17. Case management	Fee schedule	For brain injury and elderly
	A BAY		waivers: Fee schedule in
	2 th		effect 7/1/18 <u>6/30/21 plus</u>
	AF		<u>3.55%</u> .
	18. Supported community	For brain injury waiver:	For brain injury waiver
×Q.	living	Retrospectively limited	effective 7/1/ 1621 :
	~	prospective rates. See	\$ 9.28<u>9.61</u> per 15-minute
		79.1(15)	unit, not to exceed the
			maximum daily ICF/ID rate
l			

			per day plus 3.927
			<u>7.477%</u> .
			4
		For intellectual disability	For intellectual disability
		waiver: Fee schedule for	waiver effective 7/1/ 17 21:
		the member's acuity tier,	\$ 9.28
		determined pursuant to	unit.
		79.1(30). Retrospectively	For daily service, the fee
		limited prospective rate for	schedule rate published on
		SCL 15-minute unit. See	the department's website,
		79.1(15)	pursuant to 79.1(1)"c," for
		000	the member's acuity tier,
		Ó	determined pursuant to
	N		79.1(30).
	19. Supported	Fee schedule	Fee schedule in effect
	employment: Individual		7/1/ 1621 . Total monthly
	supported employment		cost for all supported
	A		employment services not
			to exceed \$ 3,059.29
2°			<u>3,167.89 per month.</u>
	Long-term job coaching	Fee Schedule	Fee schedule in effect
Y'			7/1/ 16<u>21</u>. Total monthly
			cost for all supported

			employment services not
			to exceed \$ 3,059.29
			3,167.89 per month.
	Small-group supported	Fee Schedule	Fee schedule in effect
	employment (2 to 8		7/1/ 16 21. Maximum 160
	individuals)		units per week. Total
			monthly cost for all
			supported employment
			services not to exceed
		Chi	\$ 3,059.29<u>3,167.89</u> per
		alle	month.
	20. Specialized medical	Fee schedule. See	Effective 7/1/ 13 21,
	equipment	79.1(17)	\$ 6,366.64_6,592.66 per
	~1 [^]	0.0	year.
	21. Behavioral	Fee schedule	Effective 7/1/ 1621 ,
	programming		provider's rate in effect
	2111		6/30/ 16<u>21</u> plus 1<u>3.55</u>%. If
			no 6/30/ 16<u>21</u> rate:
(\$ 11.45<u>11.86</u> per 15
×6			minutes.
A ACT.	22. Family counseling and	Fee schedule	Effective 7/1/4621,
	training		provider's rate in effect
			6/30/ 16 21 plus
			0/30/ 10 /21 plus + <u>3.33</u> %,

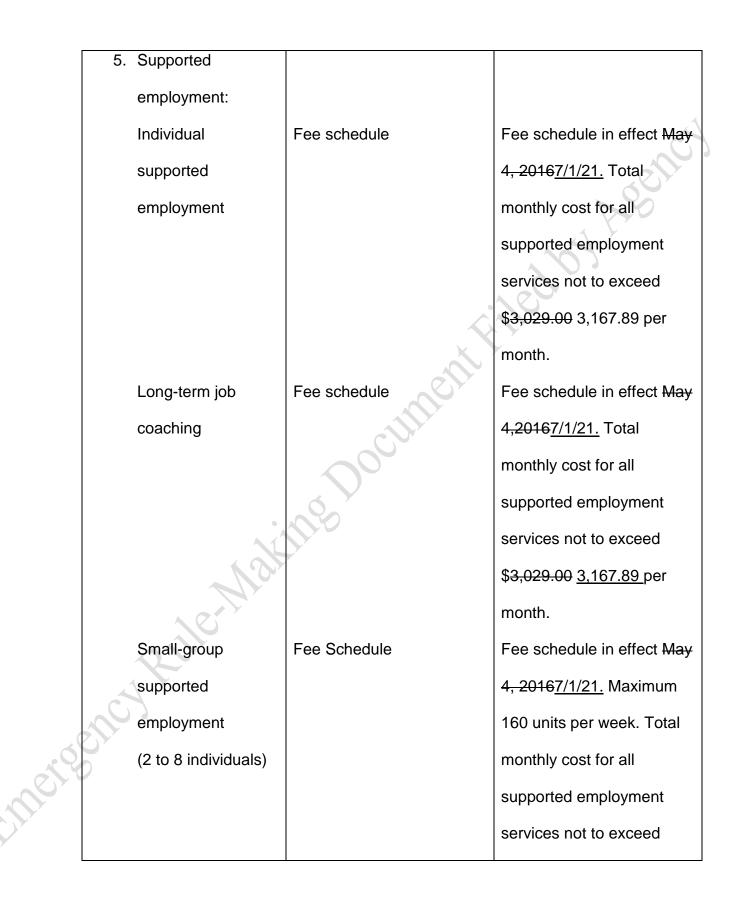
	converted to a 15-minute	
	rate. If no 6/30/ 16 21 rate):
	\$ 11.44<u>11.85</u> per 15-minu	ite
	unit.	
23. Prevocational Fee	Schedule Fee schedule in effect	
services, including career	7/1/ 16<u>21</u>.	
exploration		
24. Interim medical Cost	-based rate for home Effective 7/1/ 16 21: Lesse	er
monitoring and treatment: heat	th aide services	te
Home health agency prov	ided by a home health in effect 6/30/ 16 21 plus	
(provided by home health ager	The sector of th	5-
aide)	minute rate, or maximum	
	Medicaid rate in effect	
	6/30/ 16 21 plus 1 <u>3.55</u> %,	
- Con	converted to a 15-minute	
	rate.	
Home health agency	Effective 7/1/ 16 21: Lesse	er
(provided by nurse) nurs	ing of maximum Medicare ra	te
serv	ices provided by a in effect 6/30/ 16 21 plus	
hom heat	e <u>+3.55</u> %, converted to a 1	5-
heal	th agency Fee minute rate, or maximum	
Sche	edule Medicaid rate in effect	
	6/30/ 16 21 plus	

			converted to a 15-minute
			rate.
	Child development home	Fee schedule	Effective 7/1/ 16<u>21</u>,
	or center		provider's rate in effect
			6/30/ 16<u>21</u> plus 1<u>3.55</u>%,
			converted to a 15-minute
			rate. If no 6/30/ 16<u>21</u> rate:
			\$ 3.49<u>3.61</u> per 15-minute
			unit.
	Supported community	Retrospectively limited	Effective 7/1/ 16 21,
	living provider	prospective rate. See	provider's rate in effect
		79.1(15)	6/30/ 16
		6	converted to a 15-minute
			rate. If no 6/30/ 16<u>21</u> rate:
	121	7	\$ 9.28
	N BAR		unit, not to exceed the
	2 th		maximum ICF/ID rate per
	4 F		day plus 3.927-<u>7</u>.477%.
	25. Residential-based	Fee schedule for the	Effective 7/1/ 17 21: The fee
, co	supported	member's acuity tier,	schedule rate published on
A ACT	community living	determined pursuant	the department's website,
		to 79.1(30)	pursuant to 79.1(1)"c," for

			the member's acuity tier,
			determined pursuant
			to 79.1(30).
	26. Day habilitation	Fee schedule for the	Effective 7/1/ 17 21:
		member's acuity tier,	Provider's rate in effect
		determined pursuant to	6/30/ 16<u>21</u> plus1<u>3.55</u>%,
		79.1(30)	converted to a 15-minute
			rate. If no 6/30/ 16 21 rate:
			\$ 3.51
		Chr	unit.
		CULL	For daily service, the fee
		000	schedule rate published on
		Ó	the department's website,
			pursuant to 79.1(1)"c," for
	12		the member's acuity tier,
	1 Contra		determined pursuant
	2111		to 79.1(30).
	27. Environmental	Fee schedule. See	Effective 7/1/ 13 21,
(modifications and adaptive	79.1(17)	\$ 6,366.64
× Q	devices		year.
	28. Family and community	Retrospectively limited	Effective 7/1/ 16 21,
Vr.	support services	prospective rates. See	provider's rate in effect
		79.1(15)	6/30/ 16 21 plus
	L		<u> </u>

			converted to a 15-minute
			rate. If no 6/30/ 16<u>21</u> rate:
			\$ 9.28
			unit.
	29. In-home family therapy	Fee schedule	Effective 7/1/ 16<u>21</u>,
			provider's rate in effect
			6/30/ 16<u>21</u> plus 1<u>3.55</u>%,
		\sim	converted to a 15-minute
		No.	rate. If no 6/30/ 16 21 rate:
		Chr	\$ 24.85 - <u>25.73</u> per 15-
		CULL	minute unit.
	30. Financial management	Fee schedule	Effective 7/1/ 13 21,
	services	de la contraction de la contra	provider's rate in effect
			6/30/ 13<u>21</u> plus 3<u>3.55</u>%. If
	No.		no 6/30/ 13<u>21</u> rate: \$68.97
	10m		71.42 per enrolled
	RIII		member per month.
	31. Independent support	Rate negotiated by	Effective 7/1/ 16 21,
(broker	member	provider's rate in effect
XQ.			6/30/ 16 21 plus 4 <u>3.55</u> %. If
C MC C			no 6/30/ 16<u>21</u> rate: \$16.07
			<u>16.64 p</u> er hour.

_			
	35. Assisted living on-call	Fee agreed upon by	\$ 26.08
	service providers (elderly	member	
	waiver only)	and provider	-C1
	Home- and community-		-C1
	based habilitation		20
	services:		203
	1. Case management	Fee schedule. See	Fee schedule in effect
		79.1(24)"d"	7/1/18 6/30/21 plus 3.55%.
		MCI.	
	2. Home-based	See 79.1(24)"d"	Effective 7/1/1321: \$11.68
	habilitation	000	per 15-minute unit, not to
		Ó	exceed \$6,083 per month,
			or \$200 per day. <u>Fee</u>
	No.	7	Schedule in effect 7/1/21.
	1 Contra		
	3. Day habilitation	See 79.1(24)"d"	Effective 7/1/ 1321 : \$ 3.30
	AL		3.42 per 15-minute unit or
			\$ 64.29
×9)	4. Prevocational	Fee schedule	Fee schedule in effect May
	habilitation		4, 2016<u>7/1/21</u>.
	Career exploration		
l			



		\$ 3,029.00-<u>3,167.89</u> per
		month
Home health agencies		Ś
1. Skilled nursing, physical	Fee schedule. See	Effective 7/1/ 18 21
therapy, occupational	79.1(26).	Medicare
therapy, speech therapy,	For members living in a	LUPA rates in effect on
home health aide, and	nursing facility, see 441—	6/30/18 plus a 3%
medical social services;	paragraph 81.6(11)"r	increase. The Medicaid
home health care for	1 Alexandre	LUPA fee schedule rate
maternity patients and	Chi	published on the
children	CUL	department's website.
Psychiatric medical	Fee schedule	Effective 7/1/ 1 421:
institutions for children:	0	non-state-owned facilities
1. Inpatient in non-state-		provider-specific fee
owned facilities	r	schedule in effect.
Cult		

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 <u>2,891.79</u> \$959.50<u>993.56</u> \$3,742.93 <u>3,875.80</u>

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 \$1,876.801,943.43.

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 \$705.84730.90 per month.

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

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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.