

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:

Ambulance	Fee schedule	<p>Ground ambulance: Fee schedule in effect 6/30/14 plus 10%.</p> <p>Air ambulance: Fee schedule in effect 6/30/14 <u>plus 10% 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 \$1.47 <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 \$31.27 <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>	Fee schedule	

Portable locator system	Fee schedule	<p>Effective 7/1/4321, provider's rate in effect 6/30/4321 plus 3 3.55%. If no 6/30/4321 rate: Initial one-time fee: \$52.0453.89. Ongoing monthly fee: \$40.4741.91.</p> <p>Effective 7/1/4321, provider's rate in effect 6/30/4321 plus 3 3.55%. If no 6/30/4321 rate: Initial one-time fee: \$52.0453.89. Ongoing monthly fee: \$40.47 41.91.</p>
3. Home health aides	Retrospective cost-related <u>Fee Schedule</u>	<p>For AIDS/HIV, elderly, and health and disability waivers effective 7/1/4621: Lesser of maximum Medicare rate in effect 6/30/4621 plus 43.55% or maximum Medicaid rate in</p>

		<p>effect 6/30/4621 plus 43.55%.</p> <p>For intellectual disability waiver effective 7/1/4621:</p> <p>Lesser of maximum Medicare rate in effect 6/30/4621 plus 43.55% or maximum Medicaid rate in effect 6/30/4621 plus 43.55%, converted to an hourly rate.</p>
4. Homemakers	Fee schedule	<p>Effective 7/1/4321, provider's rate in effect 6/30/4321 plus 33.55%, converted to a 15-minute rate. If no 6/30/4321 rate: \$5.20 5.38 per 15-minute unit</p>
5. Nursing care	Fee Schedule	<p>For AIDS/HIV, health and disability, elderly and intellectual disability waiver effective 7/1/4621, 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

Group respite	<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:</p> <p>Specialized respite</p>	Fee schedule	<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: \$4.78<u>4.95</u> 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: \$3.49<u>3.61</u> per 15-minute unit, not to exceed \$315.09<u>326.28</u> per day.</p>
Nonfacility care:		
Specialized respite	Fee schedule	

Basic individual respite	Fee Schedule	<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>
Group respite	Fee Schedule	<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/ 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: <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/ 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: <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: \$3.49 <u>3.61</u> per 15-minute unit, not to exceed \$315.09 <u>326.28</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: \$3.49 <u>3.61</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: \$3.49 <u>3.61</u> per 15-minute

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

		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.
7. Chore service	Fee schedule	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: \$4.05 <u>4.19</u> per 15-minute unit.
8. Home-delivered meals	Fee schedule	Effective 7/1/43 <u>21</u> , provider's rate in effect 6/30/43 <u>21</u> plus <u>3.55</u> %. If no 6/30/43 <u>21</u> 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 7/1/43 <u>21</u> : \$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>43.55</u>%. If no 6/30/46<u>21</u> rate: On-site Medicaid reimbursement rate for center or provider. 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</p> <p>nonemergency medical</p> <p>transportation contract</p> <p>rate, the median</p> <p>nonemergency medical</p> <p>transportation contract rate</p> <p>paid per mile or per trip</p> <p>within the member's DHS</p> <p>region. <u>Fee Schedule in</u></p> <p><u>effect 7/1/21.</u></p>
12. Nutritional counseling	Fee schedule	<p>Effective 7/1/4621 for non-</p> <p>county contract: Provider's</p> <p>rate in effect 6/30/4621</p> <p>plus 43.55%, converted to</p> <p>a 15-minute rate.</p> <p>If no 6/30/4621 rate:</p> <p>\$8.769.07 per 15-minute</p> <p>unit.</p>
13. Assistive devices	Fee schedule. See 79.1(17)	<p>Effective 7/1/4321:</p> <p>\$145.62119.72 per unit.</p>
14. Senior companion	Fee schedule	<p>Effective 7/1/4621 for non-</p> <p>county contract: Provider's</p> <p>rate in effect 6/30/4621</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:</p> <p>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	<p>For brain injury and elderly waivers: Fee schedule in effect 7/1/18 <u>6/30/21</u> plus <u>3.55%</u>.</p>
18. Supported community living	<p>For brain injury waiver:</p> <p>Retrospectively limited prospective rates. See 79.1(15)</p>	<p>For brain injury waiver effective 7/1/46<u>21</u>:</p> <p>\$9.28 <u>\$9.61</u> per 15-minute unit, not to exceed the maximum daily ICF/ID rate</p>

		<p>per day plus 3.927 <u>7.477%</u>.</p> <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>For intellectual disability waiver effective 7/1/47<u>21</u>: \$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>
19. Supported employment: Individual supported employment	Fee schedule	<p>Fee schedule in effect 7/1/46<u>21</u>. Total monthly cost for all supported employment services not to exceed \$3,059.29 <u>3,167.89</u> per month.</p>
Long-term job coaching	Fee Schedule	<p>Fee schedule in effect 7/1/46<u>21</u>. Total monthly cost for all supported</p>

Small-group supported employment (2 to 8 individuals)	Fee Schedule	employment services not to exceed \$3,059.29 <u>3,167.89</u> per month. 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.
20. Specialized medical equipment	Fee schedule. See 79.1(17)	Effective 7/1/43 <u>21</u> , \$6,366.64 <u>6,592.66</u> per year.
21. Behavioral programming	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> %. If no 6/30/46 <u>21</u> rate: \$44.45 <u>11.86</u> per 15 minutes.
22. Family counseling and training	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> %.

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

5. Supported employment:		
Individual supported employment	Fee schedule	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.
Long-term job coaching	Fee schedule	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.
Small-group supported employment (2 to 8 individuals)	Fee Schedule	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

		\$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 21 Medicare LUPA rates in effect on 6/30/18 plus a 3% increase. The Medicaid <u>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 21 : 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.