

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



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December 16, 2015

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

Dear Ms. Zimmerman:

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

Transmittal #15-0011      --Increase payment rates for home health care services.

   --Effective Date: July 1, 2015

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

Sincerely,

/s/

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

Enclosure

cc:     Ann Berg, MDHS  
         Sean Barrett, MDHS

Approved: **12/16/15**

Supersedes: 13-23 (09-28, 08-17, 08-03, 07-08, 06-19, 05-21, 02-20, 01-13)

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

Payment for public health nurse assessments for personal care services is the lower of the submitted charge or the rate from the chart below.

<b>Service</b>	7/1/09	7/1/13	4/1/14	7/1/14	<b><u>7/1/15*</u></b>
Initial Public Health Nursing Assessment Visit for Personal Care Services (in-person)	\$260.91 /visit	\$258.29 /visit	\$260.87 /visit	\$273.91 /visit	<u>\$276.65</u> /visit
Public Health Nursing Reassessment Visit for Personal Care Services submitted prior to the end date of current PCA service authorization	\$260.91 /visit	\$258.29 /visit	\$260.87 /visit	\$273.91 /visit	<u>\$276.65</u> /visit
Public Health Nursing Service Update submitted prior to the end date of current PCA service authorization	\$130.46 /visit	\$129.14 /visit	\$130.43 /visit	\$136.95 /visit	<u>\$138.32</u> /visit

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

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Approved: **12/16/15**

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

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 for skilled nurse visits is the lower of the submitted charge or the rate from the chart below.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	<u>7/1/2015*</u>
Skilled nurse visit	\$69.69	\$70.04	\$70.74	\$74.28	<u>\$75.02</u>

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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.

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 02-20)

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

Payment for home health aide visits is the lower of the submitted charge or the rate from the chart below.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	<u>7/1/2015*</u>
Home Health Aide Visit	\$ 53.48	\$53.75	\$54.29	\$57.00	<u>\$57.57</u>

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

7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

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

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	<u>7/1/2015*</u>
Physical Therapy Visit (PT)	\$ 65.38	\$65.71	\$66.37	\$69.69	<u>\$77.43</u>
Physical Therapy Visit (Ass't)	\$ 42.50	\$42.71	\$43.14	\$45.30	<u>\$50.33</u>
Speech Therapy Visit	\$ 66.38	\$66.71	\$67.38	\$70.75	<u>\$78.60</u>
Occupational Therapy Vist (OT)	\$ 66.72	\$67.05	\$67.72	\$71.11	<u>\$79.00</u>
Occupational Therapy Visit (Ass't)	\$ 43.37	\$43.59	\$44.03	\$46.22	<u>\$51.35</u>
Respiratory Therapy Visit	\$ 46.21	\$46.44	\$46.90	\$49.25	<u>\$49.74</u>

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Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11a., Physical therapy and 11b., Occupational therapy.

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

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8. Private duty nursing services.

Payment for private duty nursing services is the lower of the submitted charge or the rate from the chart below.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	<u>7/1/2015*</u>
Private Duty Nursing L.P.N. Unit	\$ 6.21	\$6.24	\$6.30	\$6.62	<u>\$6.69</u>
Private Duty R.N. Unit	\$ 8.09	\$8.13	\$8.21	\$8.62	<u>\$8.71</u>
Private Duty L.P.N. (complex)	\$ 7.28	\$7.32	\$7.39	\$7.76	<u>\$7.84</u>
Private Duty R.N. (complex)	\$ 9.70	\$9.75	\$9.85	\$10.34	<u>\$10.44</u>

**NOTE:** 1 unit = 15 minutes

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

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26. Personal care services.

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

Service provided on or after	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*
Personal Care 1:1 unit	\$3.90	\$3.92	\$3.96	\$4.16	<u>\$4.27</u>
Personal Care 1:2 unit	\$2.93	\$2.94	\$2.97	\$3.12	<u>\$3.20</u>
Personal Care 1:3 unit	\$2.57	\$2.58	\$2.61	\$2.74	<u>\$2.81</u>
Supervision of Personal Care unit	\$6.86	\$6.89	\$6.96	\$7.31	<u>\$7.50</u>

**NOTE:** 1 unit = 15 minutes

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**Shared care:** For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment must not exceed two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

**PCA Choice option:** Payment is the same as that paid for personal care assistant services.