

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: January 1, 2027

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31, 21-23, 15-11, 13-23, 11-18, 09-28, 08-
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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.

Service provided on or after	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	1/1/2026	1/1/2027
Skilled nurse visit	\$74.28	\$75.02	\$80.86	\$83.29	\$98.72	\$101.82	\$105.07	108.47

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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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.

Service provided on or after	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	1/1/2026	<u>1/1/2027</u>
Home Health Aide Visit	\$57.57	\$62.05	\$63.91	\$75.75	\$78.13	\$80.62	<u>\$83.23</u>

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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.

Service provided on or after	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	1/1/2026	1/1/2027
Physical Therapy Visit (PT)	\$69.69	\$77.43	\$83.45	\$85.95	\$101.87	\$105.07	\$108.42	<u>\$111.93</u>
Physical Therapy Visit (Ass't)	\$45.30	\$50.33	\$54.25	\$55.88	\$66.23	\$68.31	\$70.49	<u>\$72.77</u>
Speech Therapy Visit	\$70.75	\$78.60	\$84.72	\$87.26	\$103.42	\$106.67	\$110.03	<u>\$113.64</u>
Occupational Therapy Visit (OT)	\$71.11	\$79.00	\$85.15	\$87.70	\$103.94	\$107.20	\$110.62	<u>\$114.20</u>
Occupational Therapy Visit (Ass't)	\$46.22	\$51.35	\$55.35	\$57.01	\$67.57	\$69.69	\$71.89	<u>\$74.24</u>
Respiratory Therapy Visit	\$49.25	\$49.74	\$53.61	\$55.22	\$65.45	\$67.51	\$69.66	<u>\$71.92</u>

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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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.

Service provided on or after	<u>7/1/2014</u>	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025	1/1/2026	<u>1/1/2027</u>
Private Duty Nursing L.P.N. Unit	\$6.62	\$6.69	\$7.21	\$7.43	\$9.57	\$9.87	\$10.18	<u>\$10.51</u>
Private Duty R.N. Unit	\$8.62	\$8.71	\$9.39	\$9.67	\$12.46	\$12.85	\$13.26	<u>\$13.69</u>
Private Duty L.P.N. (complex)	\$7.76	\$7.84	\$8.45	\$8.70	\$11.21	\$11.56	\$11.93	<u>\$12.32</u>
Private Duty R.N. (complex)	\$10.34	\$10.44	\$11.25	\$11.59	\$14.93	\$15.40	\$15.89	<u>\$16.40</u>

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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	7/1/2015	7/1/2016	8/1/2017	7/1/2019	10/1/2021	1/1/2024	1/1/2025	<u>1/1/2026</u>
Personal Care 1:1 unit	\$4.27	\$4.28	\$4.35	\$4.45	\$4.90	\$5.95	\$6.21	<u>\$6.22</u>
Personal Care 1:2 unit	\$3.20	\$3.21	\$3.26	\$3.34	\$3.68	\$4.47	\$4.67	<u>\$4.68</u>
Personal Care 1:3 unit	\$2.81	\$2.82	\$2.86	\$2.93	\$3.23	\$3.92	\$4.09	<u>\$4.10</u>
Supervision of Personal Care unit	\$7.50	\$7.52	\$7.64	\$7.82	\$11.71	\$13.26	\$13.84	<u>\$13.86</u>

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 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.

Enhanced payment for services provided to persons with complex needs: Effective for services provided on or after July 1, 2019, the Department will increase the payment rates above by 7.5 percent for personal care assistant services provided to a recipient whose assessment indicates the need for at least 12 hours of personal care services per day. Effective for services provided on or after January 1, 2022, this enhanced payment applies to rates for personal care assistant services provided to a recipient whose assessment indicates the need for at least 10 hours of personal care services per day.

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26. Personal Care Services (continued)**Rate Enhancements:**

Payment for personal care assistant services is ~~107.5~~ 112.5 percent of the base rate for services provided to a recipient whose assessment identifies at least 10 hours of personal care services per day.

In order for providers to receive the increased payment rate, the personal care assistant providing services must have completed training approved by the Commissioner. This increase does not apply to supervision of a personal care assistant.

A rate enhancement is also paid based on the experience of support workers according to the following formula (and applies to the 1:1, 1:2, and 1:3 shared care rates). Workers must provide ~~more than 1000~~ cumulative hours of PCA or CFSS services under sections 1905(a) for PCA, 1915(c) for extended PCA and extended CFSS, and under sections 1915(i) and 1915(k) for CFSS. The calculation is based on the cumulative hours worked beginning on July 1, 2017. Where the ~~107.5~~ 112.5 percent rate enhancement and the enhancement for worker experience applies, the ~~107.5~~ 112.5 percent amount is the base for calculating this additional enhancement.

The enhancement is as follows:

(1) for workers who have provided ~~between fewer than~~ between fewer than 1,001 ~~and 2,000~~ cumulative hours, the amount is ~~4.05~~ 1.88 percent;

(2) for workers who have provided between ~~21,001~~ 21,001 and ~~62,000~~ 62,000 cumulative hours, the amount is ~~6.24~~ 5.92 percent;

(3) for workers who have provided between ~~62,001~~ 62,001 and ~~106,000~~ 106,000 cumulative hours, the amount is ~~9.23~~ 8.11 percent; ~~and~~

(4) for workers who have provided ~~more than~~ between 6,001 and 10,000 cumulative hours, the amount is ~~12.69~~ 11.10 percent; ~~and~~

(5) for workers who have provided more than 10,000 cumulative hours, the amount is 14.56 percent.