

STATE: MINNESOTA

ATTACHMENT 4.19-B

Effective: October 1, 2021

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TN: 21-23

Approved:

Supersedes: 15-11 (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	7/1/2015*	<u>1/1/2022</u>
Skilled nurse visit	\$69.69	\$70.04	\$70.74	\$74.28 75	\$75.02 88	<u>\$80.86</u>

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

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.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	<u>1/1/2022</u>
Home Health Aide Visit	\$ 53.48	\$53.75	\$54.29	\$57.00	\$57.57	<u>\$62.05</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	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	1/1/2022
Physical Therapy Visit (PT)	\$ 65.38	\$65.71	\$66.37	\$69.69	\$77.43	<u>\$83.45</u>
Physical Therapy Visit (Ass't)	\$ 42.50	\$42.71	\$43.14	\$45.30	\$50.33	<u>\$54.25</u>
Speech Therapy Visit	\$ 66.38	\$66.71	\$67.38	\$70.75	\$78.60	<u>\$84.72</u>
Occupational Therapy Visit (OT)	\$ 66.72	\$67.05	\$67.72	\$71.11	\$79.00	<u>\$85.15</u>
Occupational Therapy Visit (Ass't)	\$ 43.37	\$43.59	\$44.03	\$46.22	\$51.35	<u>\$55.35</u>
Respiratory Therapy Visit	\$ 46.21	\$46.44	\$46.90	\$49.25	\$49.74	<u>\$53.61</u>

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

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.

<b>Service provided on or after</b>	9/1/2011	7/1/2013	4/1/2014	7/1/2014	7/1/2015*	<u>1/1/2022</u>
Private Duty Nursing L.P.N. Unit	\$ 6.21	\$6.24	\$6.30	\$6.62	\$6.69	<u>\$7.21</u>
Private Duty R.N. Unit	\$ 8.09	\$8.13	\$8.21	\$8.62	\$8.71	<u>\$9.39</u>
Private Duty L.P.N. (complex)	\$ 7.28	\$7.32	\$7.39	\$7.76	\$7.84	<u>\$8.45</u>
Private Duty R.N. (complex)	\$ 9.70	\$9.75	\$9.85	\$10.34	\$10.44	<u>\$11.25</u>

**NOTE:** 1 unit = 15 minutes

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

26. Personal care services.

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

Service provided on or after	4/1/2014	7/1/2014	7/1/2015*	7/1/2016	8/1/2017	7/1/2019	10/1/2021
Personal Care 1:1 unit	\$3.96	\$4.16	\$4.27	\$4.28	\$4.35	\$4.45	<u>\$4.90</u>
Personal Care 1:2 unit	\$2.97	\$3.12	\$3.20	\$3.21	\$3.26	\$3.34	<u>\$3.68</u>
Personal Care 1:3 unit	\$2.61	\$2.74	\$2.81	\$2.82	\$2.86	\$2.93	<u>\$3.23</u>
Supervision of Personal Care unit	\$6.96	\$7.31	\$7.50	\$7.52	\$7.64	\$7.82	<u>\$11.71</u>

**NOTE:** 1 unit = 15 minutes

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

**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.

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.