|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Waiver Service** | **Billing Code** | **Base Rates through 10/31/2021** | **Base Rates starting 11/1/2021** | **Unit Rate through 10/31/2021** | **Unit Rate starting 11/1/2021** |
| **Rn Assessment Agency Nurse** | T1001 | 37.08 | 39.26 | NA | NA |
| **RN Assessment Non-Agency Nurse** | T1001 | 31.64 | 33.57 | NA | NA |
| **RN Consultation Agency Nurse** | T1001, U9 | NA | NA | 8.32 | 8.83 |
| **RN Consultation Non-Agency Nurse** | T1001, U9 | NA | NA | 6.96 | 7.38 |
| **RN Consultation Non-Agency Nurse** | T1001, U9 | NA | NA | 9.92 | 10.53 |
| **Waiver Nursing by agency RN** | T1002 | 47.4 | 50.29 | 8.72 | 9.25 |
| **Waiver nursing by non-agency RN** | T1002 | 38.95 | 41.33 | 7.03 | 7.46 |
| **waiver nursing by non-agency RN overtime** | T1002 | 50.82 | 53.92 | 10.01 | 10.62 |
| **waiver nursing by agency LPN** | T1003 | 40.65 | 43.13 | 7.37 | 7.82 |
| **waiver nrsing by non-agency LPN** | T1003 | 33.2 | 35.23 | 5.88 | 6.24 |
| **waiver nursing by non-agency LPN overtime** | T1003 | 43 | 45.62 | 8.33 | 8.84 |
| **Personal care by agency** | T1019 | 23.88 | 25.34 | 3.97 | 4.21 |
| **personal care by non-agency** | T1019 | 19.25 | 20.42 | 3.05 | 3.24 |
| **Personal care by non-agency overtime** | T1019 | 23.33 | 24.75 | 4.3 | 4.56 |
| **out of home respite** | H0045 | 199.82 | 199.82 | NA | NA |
| **Supplemental services for transportation (per mile)** | s0215 | 0.38 | 0.38 | NA | NA |
| **Emergency Response System Installation** | S5160 | 32.95 | 32.95 | NA | NA |
| **Assistance with self-administered medications (HCAS/N)**  | S5125 | 25.95 | 27.53 | 4.43 | 4.7 |
| **HCAS/N Overtime** | S5125 | NA | 35.11 | NA | 6.6 |
| **Homemaker** |   |   |   | 3.84 | 4.07 |
| **Pesronal Care Agency** |   |   |   | 4.64 | 4.94 |
| **Personal Care participant directed individual provder** |   |   |   | 3.24 | 3.44 |
| **Home delivered meals-standard** | S5170 |   |   | 6.5 | TBD |
| **Home delivered meals- Kosher or therapeutic** | S5170 |   |   | 8.68 | TBD |
| **Community services** | T2038 | Does not exceed 2K |   |   |
| **Home Maintenance Services** | S5121 | Does not exceed 10K |   |   |
| **Home Modififications** | S5165 | Does not exceed 10K |   |   |
| **Home Health Discipline** | **Medicaid Home Health FY2022 Per Visit Rate (11/1/21)** | **Billing Codes** |
| **Home Health Aide** | 25.01 | G0156 |
| **Occupational Therapy** | 74.21 | G0152 |
| **Physical Therapy** | 74.21 | G0151 |
| **Speech Language Pathology** | 74.21 | G0153 |
| **Skilled Nursing (RN)** | 50.29 | G0299 |
| **Skilled Nursing (LPN)** | 43.13 | G0300 |
| **Private Duty Nursing RN Agency** | 50.29 | T1000 |
| **Private Duty Nrusing LPN Agency** | 43.13 | T1000 |
| **Private Duty Nursing RN Non Agency** | 41.33 | T1000 |
| **Private Duty Nrusing LPN Non Agency** | 35.23 | T1000 |
| **Private Duty Nursing Overtime RN** | 53.92 | T1000 |
| **Private Duty Nursing Overtime LPN** | 45.62 | T1000 |