IDAHO DEPARTMENT OF
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**MEDICAID INFORMATION RELEASE MA07-15**

**TO:** All Personal Care Service (PCS) Providers and School Districts Providing Medicaid Services

**FROM:** Leslie M. Clement, Administrator

**SUBJECT:** **New PCS Payment Rates Effective July 1, 2007**

Effective July 1, 2007, Medicaid will make some changes to its reimbursement rates for Personal Assistance Services (personal care and attendant services). As required by Idaho Code and IDAPA 16.03.10.307, the Department conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded (ICF/MRs).

**Services provided on or before June 30, 2007 must be billed separately from services provided on or after July 1, 2007. There may be an error in your payment if you do not use separate claim forms.**

The new rates are listed below, by procedure code:

SUPERVISORY RN CODES:

| | | |
|---|---|---|
| G9002 | Coordinated Care Fee – Maintenance Rate (Agency) | $75.15 /Visit |
| G9001 | Coordinated Care Fee – Initial (School) | $75.15 /Plan |
| T1001 | Nursing Assessment/Evaluation (Agency) | $36.62 /Visit |
| T1001 | Nursing Assessment/Evaluation (School) | $36.62 /Visit |

SUPERVISORY QMRP CODES:

| | | |
|---|---|---|
| G9001 | Coordinated Care Fee – Initial (Agency) | $93.40 /Visit |
| H2020 | Therapeutic Behavioral Services (Agency) | $31.13 /Day |

PERSONAL ASSISTANCE SERVICE PROVIDER CODES:

Agency Providers

| | | |
|---|---|---|
| T1019 | Personal Care | $3.77 /15 Minute unit |
| T1004 | Services of a Qualified Nursing Aide | $3.77 /15 Minute unit |
| S5145 U3 | Foster Care, Therapeutic – Child | $78.73 /Day |
| S5145 U3 HQ[1] | Foster Care, Therapeutic – Group | $67.63 /Day per participant |

Independent Provider's Home (no withholding)

| | | |
|---|---|---|
| S5145 | Foster Care, Therapeutic – Child | $75.26 /Day |
| S5145 HQ[1] | Foster Care, Therapeutic – Group | $55.27 /Day per participant |

HOME AND COMMUNITY BASED SERVICES:

| | | |
|---|---|---|
| S5125 U2[1] | Attendant Care Services | $3.77 /15 Minute unit |
| T1001 U2[1] | Nursing Assessment/Evaluation (Agency) | $36.62 /Visit |

OTHER:

| | | |
|---|---|---|
| S5140-U2 | Adult Residential Care | ** |

** For Certified Family Homes and Residential and Assisted Living Facilities that bill this code, you will receive a letter notifying you of the new rate for each participant. If you do not receive a letter for a participant living in your facility, please notify your local Regional Medicaid Services unit. *Approval of service* by the Regional Medicaid Services unit is *still required* prior to delivery of service.

If you have questions about this process, please contact your Regional Medicaid Services office. Thank you for your participation in the Idaho Medicaid Program.

*IDAHO MEDICAID PROVIDER HANDBOOK*:
This information release does **not** replace information in your *Idaho Medicaid Provider Handbook.*

LMC/ea

[1] Procedure code modifier