

PROCEDURE CODE	DESCRIPTION	Maximum Allowable through June 30, 2021	Maximum Allowable effective July 1, 2021 to lower bound adjustment	Maximum Allowable effective July 1, 2021 Upon CMS FMAP Spending Plan Approval
S5100HB	Adult Day Care--ADC Waiver (15-min unit)	\$2.32	\$2.32	\$2.44
S5100HC	Adult Day Care--Aged & Disabled Waiver (15-min unit)	\$2.32	\$2.32	\$2.44
S5120	Chore (15-min unit)	\$4.59	\$5.02	\$5.28
S5125U5	Attendant Care--MFAW (15-min unit)	\$4.59	\$5.02	\$5.28
S5126U4	Attendant Care-AIDS (per day)	\$201.00	\$225.71	\$237.65
S5130	Homemaker (15-min unit)	\$4.59	\$5.02	\$5.28
S5150	Basic In-Home Respite (15-min unit)	\$4.09	\$5.02	\$5.28
S5150TF	Advanced Respite (15-min unit)	\$4.91	\$5.38	\$5.66
S5170	Home Delivered Meals (per meal)	\$5.90	\$5.90	\$6.21
T1000	Private Duty Nursing, HCY (15-min unit)	\$8.36	\$9.16	\$9.64
T1000U4	Private Duty Nursing, AIDS (15-min unit)	\$7.88	\$9.16	\$9.64
T1000U5	Private Duty Nursing--MFAW (15-min unit)	\$7.88	\$9.16	\$9.64
T1001	Authorized Nurse Visit (per visit)	\$44.35	\$44.35	\$46.69
T1001EP	Authorized Nurse Visit - HCY (per visit)	\$44.35	\$44.35	\$46.69
T1001TDEP	RN evaluation visit for PC - HCY (per visit)	\$44.35	\$44.35	\$46.69
T1001U3	Authorized Nurse Visit--ALF/RCF (per visit)	\$33.73	\$34.71	\$36.54
T1019	Personal Care (15-min unit)	\$4.59	\$5.02	\$5.28
T1019EP	Personal Care--HCY (15-min unit)	\$4.59	\$5.02	\$5.28
T1019TF	Advanced Personal Care (15-min unit)	\$5.69	\$5.69	\$5.99
T1019TFEP	Advanced Personal Care-HCY (15-min unit)	\$5.69	\$5.69	\$5.99
T1019U3	Personal Care--ALF/RCF (15-min unit)	\$4.44	\$4.62	\$4.86
T1019U3TF	Advanced Personal Care--ALF/RCF (15-min unit)	\$5.00	\$5.00	\$5.26
T1019U4	Personal Care--AIDS	\$4.59	\$5.02	\$5.28
T2024U6	Case Management-ILW	\$100.00	\$286.98	\$302.16
T2040U6	Financial Services Management-ILW (per month)	\$110.00	\$110.00	\$115.81
G0299EP	HCY Skilled Nurse Visits RN	\$79.49	\$79.49	\$83.69
G0300EP	HCY Skilled Nurse Visits LPN	\$79.49	\$79.49	\$83.69