## **Appendix K Rate Increases for Sections 19 and 20**

**Dates of Service: March 1, 2020 – May 31, 2020** 

Waiver Section	Procedure Code	Change	Maximum Allowance	Unit
Section 19	G0156, U7 TF, 0571 (Home Health Aide, Per Visit)	10% adjustment	\$31.27	Per visit
Section 19	G0156, U7 TF UN, 0571 (Home Health Aide, Per Visit, 2 members served)	10% adjustment	\$17.20	Per visit
Section 19	G0156, U7 TF UP, 0571 (Home Health Aide, Per Visit, 3 members served)	10% adjustment	\$12.51	Per visit
Section 19	S5125, U7 (Attendant Care Services, 15 Min)	10% adjustment	\$5.35	15 minutes
Section 19	S5125, U7 UN (Attendant Care Services, 15 Min, 2 members)	10% adjustment	\$2.94	15 minutes
Section 19	S5125, U7 UP (Attendant Care Services, 15 Min, 3 members)	10% adjustment	\$2.13	15 minutes
Section 19	T1004, U7, 0581 (CNA, 15 Min)	10% adjustment	\$7.77	15 minutes
Section 19	T1004, U7 UN, 0581 (CNA, 15 Min, 2 members)	10% adjustment	\$4.27	15 minutes
Section 19	T1004, U7 UP, 0581 (CNA, 15 Min, 3 members)	10% adjustment	\$3.10	15 minutes
Section 19	G0156, U7, 0571 (Home Health Aid)	10% adjustment	\$7.77	15 minutes
Section 19	G0156, U7 UN, 0571, (Home Health Aid) 2 members served	10% adjustment	\$4.27	15 minutes
Section 19	G0156, U7 UP, (Home Health Aid)3 members served	10% adjustment	\$3.10	15 minutes
Section 19	T1005, U7 (Respite Care - Fiscal Agent Employer contract rate)	10% adjustment	\$5.35	15 minutes
Section 19	T1005, U7, UN (Respite Care - 2 members - Fiscal Agent Employer contract rate)	10% adjustment	\$2.94	15 minutes
Section 19	T1005, U7, UP, 0669 (Respite Care - 3 members - Fiscal Agent Employer contract rate)	10% adjustment	\$2.13	15 minutes
Section 19	T1005, U7 0669 (Respite Care - PCA contract rate)	10% adjustment	\$7.21	15 minutes
Section 19	T1005, U7, UN, 0669 (Respite Care - 2 members - PCA contract rate)	10% adjustment	\$3.96	15 minutes
Section 19	T1005, U7, UN, 0669 (Respite Care - 3 members - PCA contract rate)	10% adjustment	\$2.88	15 minutes
Section 19	T1005 U7 0669	10% adjustment	\$7.77	15 minutes
Section 19	T1005 U7 UN 0669 - 2 members	10% adjustment	\$4.27	15 minutes
Section 19	T1005 U7 UP 0669 - 3 members	10% adjustment	\$3.10	15 minutes

Section	T1016, U7 (Care Coordination)	10% adjustment	\$18.70	15
19			7 - 317 3	minutes
Section	T1019, U7, 0589 (Personal Care Services, 15	10% adjustment	\$7.21	15
19	Min)	J		minutes
Section	T1019, U7 UN, 0589 (Personal Care Services, 15	10% adjustment	\$3.96	15
19	Min, 2 members)			minutes
Section	T1019, U7 UP, 0589 (Personal Care Services, 15	10% adjustment	\$2.88	15
19	Min, 3 members)	-		minutes
Section	G0299, U7, 0551 (Skilled Nursing Visit (RN)	10% adjustment	\$15.11	15
19	(Non-Medicare Certified Home Health Agency) -			minutes
	Home Health Services			
Section	G0299, U7, UN, 0551 (Skilled Nursing Visit	10% adjustment	\$8.32	15
19	(RN) (Non-Medicare Certified Home Health			minutes
	Agency) - Home Health Services- 2 members			
Section	G0299, U7, UP, 0551 (Skilled Nursing Visit	10% adjustment	\$6.05	15
19	(RN) (Non-Medicare Certified Home Health			minutes
	Agency) - Home Health Services- 3 members			
Section	G0300, U7, 0559 (Nursing Visit (LPN) (Non-	10% adjustment	\$10.73	15
19	Medicare Certified Home Health Agency) -			minutes
	Home Health Services)			
Section	G0300, U7, UN, 0559 (Nursing Visit (LPN)	10% adjustment	\$5.91	15
19	(Non-Medicare Certified Home Health Agency) -			minutes
~ .	Home Health Services -2 members	4.0		
Section	G0300, U7, UP, 0559 (Nursing Visit (LPN)	10% adjustment	\$4.29	15
19	(Non-Medicare Certified Home Health Agency) -			minutes
G 1:	Home Health Services -3 members	100/ 1: /	¢10.70	1/41
Section	T1016 U8 - Care Coordination	10% adjustment	\$18.70	1/4 hr
20	T2021 U.S. Community Community	100/ - 1:	Φ <b>5</b> 0.6	1 /4 1
Section 20	T2021 U8 - Community Support	10% adjustment	\$5.86	1/4 hr
Section	T2016 U.O. Hama Cumport, Day Diam	100/ adjustment	\$316.70	Per diem
20	T2016 U8 - Home Support- Per Diem	10% adjustment	\$310.70	Per diem
Section	T2017 U8 - Home Support- Quarter Hour	10% adjustment	\$7.03	1/4 hr
20	12017 08 - Home Support- Quarter Hour	10% adjustificit	\$7.03	1/4 111
Section	T2017 U8 GT - Home Support- Remote Support,	10% adjustment	\$7.03	1/4 hr
20	Interactive	1070 adjustificht	Ψ7.03	1/4 111
Section	T2017 U8 QC - Home Support- Remote Support,	10% adjustment	\$1.79	1/4 hr
20	Monitor Only	1070 adjustment	Ψ1.77	1/4 111
Section	T1019 U8 - Personal Care Services	10% adjustment	\$4.16	1/4 hr
20	11017 00 1 cloolidi Cale Del vices	1070 adjustificit	Ψιιιο	1/ 1 111
Section	H2023 U8 - Work Support- Individual	10% adjustment	\$7.60	1/4 hr
20		aajastiiioiit	Ψ,,,ου	
Section	T2035 U8 - Assistive Technology- Transmission	increased limit	\$200.00	Month
20			+200.00	1.1011111

## Appendix K Temporary New Service Codes for Section 20: Dates of Service March 1, 2020 through 30 days following the end of the emergency, as declared by Governor Mills, OR February 28, 2021, whichever comes sooner

Waiver	Procedure Code	Change	Maximum	Unit
Section			Allowance	
Section	S5140 U8 - Shared Living- 1 member served	new service	\$171.60	Per diem
20				
Section	S5140 U8 TG - Shared Living- 1 member served,	new service	\$249.57	Per diem
20	increased level of support			
Section	S5140 U8 UN - Shared Living- 2 members	new service	\$128.70	Per diem
20	served			
Section	S5140 U8 UN TG - Shared Living- 2 members	new service	\$193.05	Per diem
20	served, increased level of support			
Section	T2025 - Emergency Quarantine Services	new service	\$665.28	Per diem
20				