

471-000-515 NEBRASKA MEDICAID PERSONAL ASSISTANCE SERVICES RATE LISTING

The following fee schedule is used to determine payment rates for personal assistance services provided on or after July 1, 2015:

<b>N-FOCUS CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID ALLOWABLE</b>
4475	Basic Personal Assistance	\$2.07 per 15-minute unit (\$8.28/hour*)
4475	Specialized Personal Assistance	\$2.54 per 15-minute unit (\$10.16/hour*)

*\*Hour rates are approximate and may vary due to rounding*

**NOTE:**

- Personal assistance services must be provided in accordance with an individualized plan of services.
- Personal assistance services cannot be reimbursed if they are provided to an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD.
- Personal assistance services codes cannot be used to identify services provided by a home health aide or certified nurse assistant.

The following fee schedule is used to determine payment rates for Adult Day Care providers effective July 1, 2015:

**Center-Based Adult Day Add-On Services**

<b>MMIS CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID ALLOWABLE</b>
S5105 TD	RN service in Adult Day Service center setting**	\$12.33 per day unit
S5105	Aide service in Adult Day Service center setting**	\$7.71 per day unit

*\*\*Bill only when service is not included in Adult Day Service per diem rate.*