



June 18, 2007

Nebraska Medicaid Provider Bulletin

NO. 07-15

Topic: **Personal Assistance Services Rate Increase  
July 1, 2007 for dates of service July 1, 2007 on.**

Personal Assistance Services (PAS) providers will receive a rate increase effective **July 1, 2007**. This is for dates of service July 1, 2007 on. This increase is as follows for basic and specialized rates:

	Current Rate	Rate on July 1, 2007
Basic Unit	\$1.85	\$1.89
Basic Hourly	\$7.40	\$7.55
Specialized Unit	\$2.26	\$2.31
Specialized Hourly	\$9.04	\$9.22

Starting **July 1, 2007**,

- use the increased rate on the HHS-5N N-FOCUS Health and Human Services Billing Document.
- If your current rate is \$1.85 per unit, enter \$1.89.
- If your current rate is \$2.26, enter \$2.31.
- **Do not enter the “new” or increased rates before July 1, 2007** on the billing document.

**If you have questions or require assistance, contact your local office worker.**

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, 2007:

<b>N-FOCUS CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID ALLOWABLE</b>
<u>Basic Personal Assistance</u>		
4475	Personal assistance services, per 15 minute, not for an Inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment code may not be used to identify services provided by a home health aide or certified nurse assistant.	\$1.89 per 15 minute unit (\$7.55 per hour)
<u>Specialized Personal Assistance</u>		
4475	Personal assistance services, per 15 minute, not for an Inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment code may not be used to identify services provided by a home health aide or certified nurse assistant.	\$2.31 per 15 minute unit (\$9.22 per hour)

The following fee schedule is used to determine payment rates for Adult Day Care providers effective July 1, 2006:

<b>MMIS CODE</b>	<b>DESCRIPTION</b>	<b>MEDICAID ALLOWABLE</b>
S5105 TD	Day care services, center-based; services not included in program fee, per diem	\$11.24/day (RN service)
S5105	Day care services, center-based; services not included in program fee, per diem	\$7.01/day (Aide service)