

471-000-515 NEBRASKA MEDICAID PERSONAL ASSISTANCE SERVICES (PAS) RATE LISTING

The following fee schedule is used to determine payment rates for personal assistance services provided on or after July 1, 2026.

MMIS CODE	DESCRIPTION	MEDICAID ALLOWABLE
4475	Basic Personal Assistance	\$3.75 per 15 minutes (quarterly unit)

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-15.pdf

Please note rates do not reflect an increase from the previous fee schedule as there were no rate increase appropriations for this State Fiscal Year 2027

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places

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