

Moving Home Minnesota Demonstration and Supplemental Services

| *Demonstration or Supplemental Service | HCPCS Codes | Eligibility Requirements beyond MFP | Rates | Unit of Service | Service Authorization | Limits Time Span | Limit on Units (per day, week, month, year) | Provider Qualifications | Waiver Interactions |
|---|---|-------------------------------------|--|----------------------------------|---|---|---|---|--|
| D - Transition Planning and Transition Coordination Services - Including: identification and engagement of program participants; development of a transition plan; implementing the transition plan including - coordination of services, arranging for needed HCBS or other services, coordinating with housing services, purchasing items relating to establishing individual in the community. | T2038 (U6 only) - Transition Plan Development (COS 022) | None | Engage program participants, development of a Transition Plan \$1,500 | Paid upon completion of activity | No prior authorization or utilization review for Transition Planning | Up to 180 days prior to discharge, FFP claimed only upon discharge, one plan per discharge | One plan per qualifying episode | Relocation Services Coordinator, Case Manager, MCO Care Coordinator | MHM Transition Planning and Coordination required for program participation. Other forms of Case Management/Coordination may not be bill concurrently. |
| | T2038 (U6 + UD) Transition Coordination (COS 022) | None | Transition coordination services to be paid on a per unit basis , \$15.53 per 15 minutes | 15 minutes | No prior authorization or utilization review for Transition Coordination | Up to 180 days prior to discharge, FFP claimed only upon discharge, one transition coordination per discharge | One transition per qualifying episode. | Relocation Services Coordinator, Case Manager, MCO Care Coordinator | |
| | T2038 (U6 + U1) furnishing; T2038 (U6 + U2) supplies; T2038 (U6 + UA) expenses associated with securing housing e.g. deposits, moving expenses, Transition Coordination services on the day of discharge (Require description - for purchases and deposits) (COS 022) | None | \$1,000 Max for furnishings,\$300 supplies and \$1,700 expenses to secure housing (require description for purchases and deposits) | Actual cost for items purchased. | Supplies, furnishings and expenses for securing housing are to be specified in service agreement; | | | Relocation Services Coordinator, Case Manager, MCO Care Coordinator | |
| D - Pre-Discharge Case Consultation and Collaboration - in support of Transition Planning | H2000 (U6) Comprehensive Multidisciplinary Evaluation - in the development of a transition or service plan (COS 046) | None | Negotiated - H2000 (U6) Max allowable rate per session \$135.83 | H2000 (U6) per session | Allowed at the request of the Transition Planner | | 3 sessions for planning | Credentialed professional as determined by the client's need | Available in addition to waiver program |

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| D - Post-Discharge Case Consultation and Collaboration , to support participant's ongoing adjustment the community. Service is provided to providers on behalf of the MFP Participant | T2013 (U6) Community Intervention - Training and consultation with a provider to support placement in the community (COS 105) | None | Negotiated - Max allowable rate per 60 min. unit \$135.83. | T2013 (U6) per hour | Service Agreement | Post-discharge services governed by service plan | | Credentialed professional as determined by the client's need | Available in addition to waiver program |
| D - Comprehensive Community Support Services - short-term supportive services: assisting an individual to connect with and establish informal supports in the community; ongoing support in maintaining housing: tenancy support, including dispute resolution with landlords and neighbors; household management and budgeting; assistance in organizing schedules and appointments; and, information and education provided to individuals who are play key supportive roles for the MFP participant. | H2015 (U6) Comprehensive Community Support Services per 15 min (COS 046) | None | \$8.15 per 15 minute unit | 15 minutes | Service Agreement | Up to two 90 day periods allowed without state approval; additional 90 day periods allowed as needed with state approval, not to exceed 360 total days. | Authorization is required for more than 300 hours per 12 month period | Transition Coordinators, MCO Care Coordinators; MH Practitioner, MH Worker or Certified Peer Specialist with clinical supervision, or other personnel under contract with the lead agency. | Available in addition to waiver program |

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| D - Certified Peer Specialist (CPS) - coaching, mentoring and assisting peers in skills building, goal setting, problem solving, helping to build self-directed recovery tools, such as Wellness Recovery Action Plans. | Self-help / Peer Services by Level I Certified Peer Specialist H0038 (U6) ; Peer Services by Level II Certified Peer Specialist H0038 (U5 + U6); Self-help / Peer Services in a group setting H0038 (HQ + U6) (COS 046) | Diagnosis of mental illness and demonstrated medical necessity for rehabilitative services in diagnostic assessment | Level I and Level II rate structure applicable to CPS staff providing ARMHS; currently level I = \$11.44, Level II = \$13.08, Group Setting \$5.75 | 15 minutes | Service Agreement | Up to two 90 day periods allowed without additional state authorization; additional 90 day periods allowed as needed, with state approval, not to exceed 360 total days. | Authorization is required for more than 300 hours per 12 month period combined total of H0038, H0038 U5, and H0038 HQ | Meets the qualifications for Certified Peer Specialist Level I or II and is clinically supervised by a MH Professional. | Available in addition to waiver program |
| D - Psychoeducation Services - providing information to individuals and their families about mental illness, including topics such as symptoms, treatment and medications. | H2027 (U6) - Psychoeducational service per 15 mins (COS 046) | 0-21 years old: Diagnosis of mental illness and demonstrated medical necessity in diagnostic assessment | Outpatient Therapy rate structure - Max rate \$33.96 per 15 min unit | 15 minutes | Service Agreement | As determined by the service agreement | 8 units per week, 4 units of service per type of psychoeducational service (individual, family or group), 32 units available each month, 384 units available per year | MH Professional required | Available in addition to waiver program |
| D - Youth Assertive Community Treatment - an intensive rehabilitative service using an interdisciplinary team approach and enhanced staffing ratios. | H0040 (U6) Assertive Community Treatment Program, per diem (COS 046) | 6-21 years old: Diagnosis of mental illness and demonstrated medical necessity for rehabilitative services in diagnostic assessment | Negotiated - Max rate \$149.67 per diem | Per diem | Service Agreement | | Not to exceed 200 units per 12 month period without state approval. | Clinically supervised by MH Professional, state approved provider | Available in addition to waiver program |

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| D - Family Memory Care Intervention , utilizing the NYU Caregiver Counseling and Support Intervention model. The model consists of components which include counseling sessions and support groups. | S5115 (U6) 15 min unit (COS 034) | Provided to family or informal caregivers of MHM participants with Alzheimer's disease or a related disorder (regardless of age) | \$16.91 per 15 min | 15 minutes | Service Agreement | | 80 units per 12 month period | State contracted provider | Available in addition to waiver program; may not be provided concurrently with other waiver funded Caregiver Education. |
| D - Non-Medical Transportation to find housing and employment with the client | A0160 (U6) - Non-Emergency transportation, case worker, per mile (COS 036); A0170 (U6) - Transportation Ancillary: parking fees, tolls, other (COS 100); A0180 (U6) Non emergency transportation: ancillary lodging recipient (COS 100); A0190 (U6) - Meals, recipient (COS 100); A0200 (U6) lodging escort (Cos 036); A0210 (U6) meals, escort (COS 036) | None | Per mile limited to the current IRS standard mileage rate; parking fees, tolls and other limited to \$20.00 per day; meals per person are limited to \$37.00 per day; lodging limited to \$125.00 per day per person | Per mile amount; actual cost | No prior authorization or utilization review for Non-medical transportation | No limit | No limit on units; Overnight lodging allowable if trip exceeds 8 hours inclusive of travel time and activity. One escort allowed if needed or one parent if the person is 0-21 years of age. | | Available in addition to waiver program |
| S - Membership Fees for exercise classes, or health club/fitness center membership fees | S9970 (U6) - Health Club Membership, annual (COS 043) | None | Limited to actual expenditure, no more than \$800 per year | Actual cost | Service Agreement | Service Agreement | Limit of 1 active membership at any given time; limit of \$800 per 12 month period | | Available in addition to waiver program |

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| <p>D - MHM Demonstration Case Management Services coordination of the performance of assessments of functional skills and needs; the development, review and revision of individual service plans; informing persons and their legal representatives of service options and providers; assisting the person to access services; coordination of service delivery; and the monitoring and evaluation of the outcomes of services.</p> | T1016 (U6) - Case Management (COS 044) | 64 years of age or less | Reimbursement consistent with BI/CADI/CAC Waivers; current max of \$22.85 per 15 min. unit - rate will be adjusted as necessary to stay consistent with the BI/CADI/CAC waivers | 15 minutes | Service Agreement | Initial authorization up to 180 days, additional 90 day periods allowed as needed with state approval, not to exceed 360 total days. | No limit | Provider must be employed by or under contract with a lead agency (county, tribe or MCO) to provide Case Management or Case Coordination services. | Available to those who are not eligible for any other Case Management or Case Coordination service funded under state plan or waiver services. |
| <p>D -Supported Employment Services - using the Discovery Model of Customized Employment, inclusive of navigation services, benefits assistance, assistance in maintaining employment Complete employment assessments and employment planning to facilitate customized jobs that work for the person and employer. Flexible services will be offered on a one to one ration to help people secure wage jobs or start their own business.</p> | T2019 (U6) - Supported Employment, per 15 mins (COS 104) | 64 years of age or less | \$9.40 per 15 min unit | 15 minutes | Service Agreement | Limited to 120 days | Authorization is required for more than 80 hours per 12 month period | Provider approved by the state; Provider must have completed through the Minnesota Employment Training & Technical Assistance Center (MNTAT) in curriculum approved by the Association of Community Rehabilitation Educators (ACRE). | For those not on a waiver or if the service is not currently available under an individual's waiver. |

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| D - Overnight Assistance , in support of initial transition to the community - onsite monitoring, availability and reponse as needed to address safety and security needs, for a period of no more than twelve (12) hours in a 24-hour period. | S5135 (U6 + UA) 15 minutes (COS 094) | None | \$2.03 per 15 minute unit | 15 minutes | Service Agreement | Up to two 90 day periods allowed without additional state authorization; additional 90 day periods allowed as needed, with state approval, not to exceed 360 total days. | No more than 12 hours per 24 hour period. | Adult, able to pass background check and capable to respond if needed. | For those not on a waiver or if the service is not currently available under an individual's waiver. |
| D - Respite Services - provided to persons unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those unpaid family caregivers. | S5150 (U6) in home - 15 mins (COS 107) | 0-21 years old: Diagnosis of mental illness and demonstrated medical necessity in diagnostic assessment | \$5.11 per 15 min | 15 minutes | Service Agreement | As determined by the service agreement | Max of 8 days per month | Conforms with HCBS standards | Available for those not on a waiver or when not covered by the individual's waiver. |
| | S5151 (U6) In home - daily (COS 107) | | \$325.29 per day | Per diem | | | | | |
| | S5150 (U6 + UB) Out of home - 15 minutes (COS 107) | | \$5.11 per 15 min | 15 Min | | | | | |
| | H0045 (U6) Out of home - daily (COS 107) | | \$339.08 per day | Per Diem | | | | | |

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| D - Environmental modifications for safety and accessibility not otherwise covered | T1028 (U6) - Adaptations Home Assessment, S5165 (U6)- Home Modifications; per service (COS 033) | None | \$4.80 per 15 min | Per service | Service Agreement | Service Agreement | The total amount allowed for these items (T1028, S5165 and T1399) shall not exceed \$3,000 without additional state approval. | | For those not on a waiver or if the service is not currently available under an individual's waiver. |
| D - Durable Medical Equipment and Assistive technology - medication dispensing equipment, tele-presence equipment, air conditioners, humidifiers, dehumidifiers, air purifiers, generators beyond what is covered by waivers. | E1399 (U6) - Durable medical equipment, misc. (COS 032) | None | TBA | Per Service | Service Agreement | Service Agreement | | | For those not on a waiver or if the service is not currently available under an individual's waiver. |
| D- Personal Emergency Response Systems - devices that provide direct and immediate connection to a 24-hour on-call system | S5160 (U6) Install, S5162(U6) - purchase, or S5161 (U6) - monthly (COS 116) | None | Limited to actual expenditure - Maximum of \$500 for install and testing, \$1,500 for purchase and \$110 monthly service fee. | Per service | Service Agreement | Service Agreement | | | For those not on a waiver or if the service is not currently available under an individual's waiver. |
| S - Tools, Clothing and Equipment - necessary for employment | T1999 (U6) - Misc. therapeutic items and supplies, retail purchase, not otherwise classified; identify product in remarks (COS 032) | 64 years of age or less | Limited to actual expenditure | per service | Service Agreement | Service Agreement - limited to \$500 maximum | One \$500 benefit per qualifying episode (in addition to the \$3,000 amount identified above) | | For those not on a waiver or if the service is not currently available under an individual's waiver. |

* All services and benefits listed are dependent on the MHM participant's identified service needs, and the conditions and limits described in this service table.