

## Appendix K Rate Increases for Sections 19 and 20

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

<b>Waiver Section</b>	<b>Procedure Code</b>	<b>Change</b>	<b>Maximum Allowance</b>	<b>Unit</b>
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 19	T1016, U7 (Care Coordination)	10% adjustment	\$18.70	15 minutes
Section 19	T1019, U7, 0589 (Personal Care Services, 15 Min)	10% adjustment	\$7.21	15 minutes
Section 19	T1019, U7 UN, 0589 (Personal Care Services, 15 Min, 2 members)	10% adjustment	\$3.96	15 minutes
Section 19	T1019, U7 UP, 0589 (Personal Care Services, 15 Min, 3 members)	10% adjustment	\$2.88	15 minutes
Section 19	G0299, U7, 0551 (Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services	10% adjustment	\$15.11	15 minutes
Section 19	G0299, U7, UN, 0551 (Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services- 2 members	10% adjustment	\$8.32	15 minutes
Section 19	G0299, U7, UP, 0551 (Skilled Nursing Visit (RN) (Non-Medicare Certified Home Health Agency) - Home Health Services- 3 members	10% adjustment	\$6.05	15 minutes
Section 19	G0300, U7, 0559 (Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services)	10% adjustment	\$10.73	15 minutes
Section 19	G0300, U7, UN, 0559 (Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services -2 members	10% adjustment	\$5.91	15 minutes
Section 19	G0300, U7, UP, 0559 (Nursing Visit (LPN) (Non-Medicare Certified Home Health Agency) - Home Health Services -3 members	10% adjustment	\$4.29	15 minutes
Section 20	T1016 U8 - Care Coordination	10% adjustment	\$18.70	1/4 hr
Section 20	T2021 U8 - Community Support	10% adjustment	\$5.86	1/4 hr
Section 20	T2016 U8 - Home Support- Per Diem	10% adjustment	\$316.70	Per diem
Section 20	T2017 U8 - Home Support- Quarter Hour	10% adjustment	\$7.03	1/4 hr
Section 20	T2017 U8 GT - Home Support- Remote Support, Interactive	10% adjustment	\$7.03	1/4 hr
Section 20	T2017 U8 QC - Home Support- Remote Support, Monitor Only	10% adjustment	\$1.79	1/4 hr
Section 20	T1019 U8 - Personal Care Services	10% adjustment	\$4.16	1/4 hr
Section 20	H2023 U8 - Work Support- Individual	10% adjustment	\$7.60	1/4 hr
Section 20	T2035 U8 - Assistive Technology- Transmission	increased limit	\$200.00	Month

**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**

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