

## MEDICALLY FRAGILE TECHNOLOGY DEPENDENT (MFTD) AND EARLY PERIODIC SCREENING DIAGNOSTIC TREATMENT (EPSDT)

## **Current Rate Table – Effective January 1, 2025**

| Program Name                      | Program Bill Code/ HCPC Code | Modifier | MFTD Waiver or EPSDT  | Service<br>Unit<br>Type | Maximum Units/Hours   | Hourly/ Unit Rate Statewid |
|-----------------------------------|------------------------------|----------|---|-------------------------|---|----------------------------|
| In-Home Shift Nursing             | T1002                        | None     | MFTD – if over 21 yrs of age EPSDT – if under 21 yrs of age | Client<br>Hour          | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$57.78                    |
| In-Home Shift Nursing             | T1003                        | None     | MFTD – if over 21 yrs of age EPSDT – if under 21 yrs of age | Client<br>Hour          | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$48.15                    |
| Certified Nursing Assistant (CNA) | T1004                        | None     | MFTD – if over 21 yrs of age EPSDT – if under 21 yrs of age | Client<br>Hour          | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$32.10                    |
| Nurse Training: RN                | S5116                        | TD       | MFTD  | Client<br>Hour          | Maximum of 32 hours per nurse per waiver year                       | \$57.78                    |
| Nurse Training: LPN               | S5116                        | TE       | MFTD  | Client<br>Hour          | Maximum of 32 hours per nurse per waiver year                       | \$48.15                    |

| In-Home Respite: RN   | T1005 | TD   | MFTD           | Client<br>Hour | Maximum of 336 hours per year                                       | \$57.78 |
|---|-------|------|----------------|----------------|---|---------|
| In-Home Respite:  | T1005 | TE   | MFTD           | Client<br>Hour | Maximum of 336 hours per year                                       | \$48.15 |
| In-Home Respite:<br>CNA   | S5150 | None | MFTD           | Client<br>Hour | Maximum of 336 hours per year                                       | \$32.10 |
| In-Home Shift Nursing RN – Shared Rate  Effective 3/1/2024 all RN/LPN shared hours billed to DSCC should accompany a TT modifier.       | T1002 | TT   | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$46.23 |
| In-Home Shift Nursing: LPN – Shared Rate  Effective 3/1/2024 all shared RN and LPN hours billed to DSCC should accompany a TT modifier. | T1003 | TT   | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$38.52 |

| Certified Nursing Assistant (CNA) – Shared Rate | T1004 | None | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$25.68 |
|---|-------|------|----------------|----------------|---|---------|
| In-Home Shift Nursing RN – Overtime             | T1002 | TU   | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$86.67 |
| In-Home Shift  Nursing: LPN –  Overtime         | T1003 | TU   | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$72.22 |
| Certified Nursing Assistant (CNA) - Overtime    | T1004 | TU   | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$48.15 |
| *Nursing by Legally Responsible Adult: RN       | T1002 | U7   | MFTD and EPSDT | Client<br>Hour | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352) | \$57.78 |

| *Nursing by Legally              |                                 |      |                  |                       |   |                      |
|----------------------------------|---------------------------------|------|------------------|-----------------------|---|----------------------|
| Responsible Adult:               |                                 |      |                  |                       |   |                      |
| LPN                              |                                 |      |                  |                       |   |                      |
| * TU modifier must be            |                                 |      |                  |                       | Customer Specific Allocation  |                      |
| billed in conjunction            | T1003                           | U7   | MFTD and EPSDT   | Client                | on HFS Notice of Decision   | \$48.15              |
| with U7 modifier when            |                                 |      |                  | Hour                  | (2352)  |                      |
| billing Overtime for             |                                 |      |                  |                       | ,   |                      |
| Parent Paid Caregivers           |                                 |      |                  |                       |   |                      |
| and/or Legally                   |                                 |      |                  |                       |   |                      |
| Responsible Adult.               |                                 |      |                  |                       |   |                      |
| Out of Home Respite              | H0045                           | None | MFTD             | Client                | Maximum of 336 hours per  | \$57.78              |
|                                  |                                 |      | =                |                       |   |                      |
|                                  |                                 |      |                  | Hour                  | year  | •                    |
|                                  |                                 |      |                  |                       | Customer Specific Allocation  |                      |
| Transitional Care                | T1020                           | None | EPSDT – under 21 | Hour<br>Client<br>Day |   | \$1,300.00           |
| Transitional Care                | T1020                           | None | EPSDT – under 21 | Client                | Customer Specific Allocation  | \$1,300.00           |
| Transitional Care  Environmental | T1020 Authorization             | None | EPSDT – under 21 | Client                | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352)                                   | \$1,300.00           |
|                                  | Authorization                   | None | EPSDT – under 21 | Client                | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352)<br>\$25,000/5 Yr. Max             | \$1,300.00           |
| Environmental                    | Authorization<br>based on prior | None | EPSDT – under 21 | Client                | Customer Specific Allocation on HFS Notice of Decision (2352)  \$25,000/5 Yr. Max (Any combination of | \$1,300.00<br>Varies |
| Environmental Accessibility      | Authorization                   | None |                  | Client<br>Day         | Customer Specific Allocation<br>on HFS Notice of Decision<br>(2352)<br>\$25,000/5 Yr. Max             |                      |

| Environmental Accessibility Adaptation: Home Modifications    | Authorization based on prior approval review | MFTD           | Even           | \$25,000/5 Yr. Max (Any combination of Environmental Accessibility Adaptations)   | Varies  |
|---|--|----------------|----------------|---|---------|
| Environmental Accessibility Adaptation: Vehicle Modifications | Authorization based on prior approval review | MFTD           | Event          | \$25,000/5 Yr. Max (Any combination of Environmental Accessibility Adaptations)   | Varies  |
| Environmental Accessibility Adaptation: Generators            | Authorization based on prior approval review | MFTD           | Event          | \$25,000/5 Yr. Max (Any combination of Environmental Accessibility Adaptations)   | Varies  |
| Family Training   | Authorization based on prior approval review | MFTD           | Client<br>Hour |   | \$53.50 |
| Specialized Equipment and Supplies                            | Authorization based on prior approval review | MFTD – Over 21 | Event          | \$25,000/5 Yr. Max  (Any combination of Environmental Accessibility Adaptations and Specialized Equipment and Supplies) | Varies  |

| Placement                       | Authorization based on prior | METE | Client | 21 sessions per calendar | 400.00  |
|---------------------------------|------------------------------|------|--------|--------------------------|---------|
| Maintenance Counseling Services | approval<br>review           | MFTD | Hour   | year                     | \$86.28 |