MONTANA
Department of Public Health & Human Services

July 1, 2005

Montana Medicaid Notice

Home and Community Based Services Providers

Rate Increase

The following home and community based services received a provider rate increase and direct care wage increase effective 7/1/05.

HCBS Rates					
Service	**Code**	**Mod 1**	**Mod 2**	**Unit**	**New Rate**
Adult Day	S5100	UA		15 min	1.94
Adult Residential	T2031	UA		diem	61.80
Case Management	T2022	UA		diem	8.44 Max per month 261.64
Habilitation Aide	T2013	UA		hour	16.12
Homemaker	S5130	UA		15 min	3.03
Personal Assistance - Attendant	T1019	UA		15 min	3.80
Personal Assistance - Nurse Supervi-sion	T1019	UA	TE	15 min	3.80
Self-Direct Personal Assistance - Attendant	T1019	UA		15 min	3.50
Self-Direct Personal Assistance - Oversight	T1019	UA	TE	15 min	3.50
Prevocational Services	T2015	UA		hour	7.06
Private Duty Nursing	T1000	UA		15 min	5.16
Respite - 15 min	T1005	UA		15 min	3.03
Special Child Care	T2027	UA		15 min	4.02
Specially Trained Attendant	S5125	UA		15 min	4.02
Supported Employment	T2019	UA		15 min	10.75

All services must be prior authorized through the client's case management team.

Contact Information

For further information, contact Annette Marron at 406-444-4142. Visit the Provider Information website:

http://www.mtmedicaid.org