

PREVAILING REIMBURSEMENT/MAXIMUM FEE  
SCHEDULE FOR HOME HEALTH AGENCIES

<b><u>SERVICE:</u></b>	<b><u>FEE PER VISIT:</u></b>
Skilled Nursing Care	\$124.46
Physical Therapy	\$131.77
Speech Therapy	\$143.50
Occupational Therapy	\$143.50
Medical Social Services	\$183.03
Home Health Aide	\$ 65.80

**NOTE:** In addition to the Skilled Nursing Care rate listed above, an additional **\$7.31** per visit will be added to cover the cost of medical supplies. The claim form must specify if any and what medical supplies were utilized.

<b><u>PRIVATE DUTY RATES:</u></b>	<b><u>HOURLY FEE:</u></b>
Skilled Nursing Care - RN	\$ 45.51
Skilled Nursing Care - LPN	\$ 38.37
Certified Nurse Assistant	\$ 21.35
Sitter	\$ 14.21

**NOTE:** The reimbursements listed in the above schedule are the maximum and are inclusive of mileage charges. If the charges for services provided are less than the above reimbursements, the services would be reimbursed at charges.

Effective Date July 1, 2007