

DECEMBER 18, 2020

**State of Minnesota**  
**Home and Community Based Services**

PO Box 64967  
 St. Paul, MN 55164-0967

DYNAMIC SERVICES LLC  
 2642 GEORGETOWNE DRIVE NW  
 ROCHESTER, MN 55901-6882

Provider ID A615488300

This CADI DIV service agreement has been reviewed. Clients must continue to meet program eligibility criteria and in the case of the waiver programs be eligible for Medical Assistance. It is the provider's responsibility to review the client's continued program eligibility on the Eligibility Verification System prior to submitting claims for these services. For claim payment, providers must continue to be actively enrolled to provide these service(s). If you have any questions regarding the services listed on this authorization, please contact the Case Manager.

Case Manager Name and Number: JENNIFER FRANCIS

952-345-8523

M821962000

SERVICE				
AGREEMENT#	RECIPIENT ID	RECIPIENT NAME	EFFECTIVE DATE	THROUGH DATE
02819012073	02818068	BENEKE, JAMES P	11/01/20	10/31/21

ICD-10 DIAGNOSIS CODE: I69.354 Use to submit claims with dates of service on and after 10/01/2015.

This letter includes the recipient's diagnosis code at the time of assessment. You need to include the most current specific diagnosis code for the services you are providing on any claims submitted to DHS. Claims without a diagnosis code will deny.

LINE		PROCEDURE		
NBR	STATUS	CODE	MOD1-4	PROCEDURE DESCRIPTION
07	APPROVED	H2014	U3	INDIVID HM SUPPORT 15 MIN, 1:1

Total Amount: \$8,316.80 Rate/Unit: \$11.30  
 Quantity: 736 Start Date: 12/14/20 End Date: 10/31/21

827 THIS IS A NEW LINE ITEM THAT AUTHORIZES A NEW SERVICE.

08	APPROVED	H2014	U3 U4	IND HM SUPP REMOTE 15 MIN, 1:1
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Total Amount: \$1,039.60 Rate/Unit: \$11.30  
 Quantity: 92 Start Date: 12/14/20 End Date: 10/31/21

827 See previous line items for reason code description

Upon request, this information will be made available in an alternative format, such as Braille, large print, or audiotape.

LID R2450 BPQUO PROV