

OCTOBER 13, 2021

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: ALEXIS HALL 507-765-3898 M592658100

SERVICE

<u>AGREEMENT#</u>	<u>RECIPIENT ID</u>	<u>RECIPIENT NAME</u>	<u>EFFECTIVE DATE</u>	<u>THROUGH DATE</u>
12869022279	01561424	NIELSON, TAMARA S	10/01/21	09/30/22

ICD-10 DIAGNOSIS CODE: R69 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.

<u>LINE</u> <u>NBR</u>	<u>STATUS</u>	<u>PROCEDURE</u> <u>CODE</u>	<u>MOD1-4</u>	<u>PROCEDURE DESCRIPTION</u>
03	APPROVED	H2014	UC U3	INDV HOME SUPTS W/TRAINING 1 1

Total Amount: \$23,462.40 Rate/Unit: \$11.28
Quantity: 2,080 Start Date: 10/01/21 End Date: 09/30/22

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

LID R2450 BPQU PROV