COMMUNITY BASED ALTERNATIVES HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS) PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2001

SERVICE	PAYMENT RATE
CBA HCSS PAS (See Attached Chart)	-
, ,	
Nursing Services:	
Registered Nurse (RN) per hour	\$33.81
Licensed Vocational Nurse (LVN) per hour	\$25.34
Dhysical Thorasy (DT) non-hour	#C4.20
Physical Therapy (PT) per hour	\$64.32
Occupational Therapy (OT) per hour	\$61.35
Change Dath class (CD) you have	фс4 22
Speech Pathology (SP) per hour	\$61.22
Adult Foster Care (AFC) per day	
Level I	\$18.62
Level II	\$32.11
Level III	\$65.21
AFC Out of Home Depoits and dev	
AFC Out-of-Home Respite per day Level I	\$32.29
Level II	\$32.29 \$45.79
Level III	\$78.88
Ecvor III	ψ10.00
In-Home Respite Care per day	\$230.93
Administrative Expense Fee	
(Pre-Enrollment Home Health Assessment)	\$130.70
Paguisitian Face Adaptive Aids	
Requisition Fees Adaptive Aids Under \$500	10% of cost
\$500 to \$999.99	\$54.03
\$1,000 to \$1,499.99	\$92.85
\$1,500 to \$1,999.99	\$105.66
\$2,000 to \$2,499.99	\$118.86
\$2,500 to \$2,999.99	\$134.21
\$3,000 to \$3,499.99	\$140.81
\$3,500 to \$3,999.99	\$147.02
\$4,000 to \$4,499.99	\$153.62
\$4,500 to \$4,999.99	\$160.22
\$5,000 and over	\$168.96
Minor Hono Madifications	
Minor Home Modifications under \$500	10% of cost
\$500 to \$999.99	\$80.04
\$1,000 to \$1,499.99	\$118.86
\$1,500 to \$1,499.99 \$1,500 to \$1,999.99	\$131.67
\$2,000 to \$1,999.99 \$2,000 to \$2,499.99	\$163.89
\$2,500 to \$2,999.99	\$196.50
\$3,000 to \$3,499.99	\$227.19
\$3,500 to \$3,999.99	\$258.27
\$4,000 to \$4,499.99	\$284.28
\$4,500 to \$4,999.99	\$309.90
\$5,000 to \$5,499.99	\$335.91
\$5,500 to \$5,999.99	\$361.92
\$6,000 to \$6,499.99	\$395.15
\$6,500 and over	\$428.76

COMMUNITY BASED ALTERNATIVES HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS) PERSONAL ASSISTANCE SERVICES (PAS) PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2001

		Administration and	
Participant Level	Attendant Cost Area	Facility Cost Area	Total
Nonparticipant	\$7.17	\$2.76	\$9.93
Participant - Level 1	\$7.22	\$2.76	\$9.98
Participant - Level 2	\$7.27	\$2.76	\$10.03
Participant - Level 3	\$7.32	\$2.76	\$10.08
Participant - Level 4	\$7.37	\$2.76	\$10.13
Participant - Level 5	\$7.42	\$2.76	\$10.18
Participant - Level 6	\$7.47	\$2.76	\$10.23
Participant - Level 7	\$7.52	\$2.76	\$10.28
Participant - Level 8	\$7.57	\$2.76	\$10.33
Participant - Level 9	\$7.62	\$2.76	\$10.38
Participant - Level 10	\$7.67	\$2.76	\$10.43
Participant - Level 11	\$7.72	\$2.76	\$10.48
Participant - Level 12	\$7.77	\$2.76	\$10.53
Participant - Level 13	\$7.82	\$2.76	\$10.58
Participant - Level 14	\$7.87	\$2.76	\$10.63
Participant - Level 15	\$7.92	\$2.76	\$10.68

COMMUNITY BASED ALTERNATIVES HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS) VOUCHER PAYMENT RATES PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2001

PERSONAL ASSISTANCE SERVICES (PAS) per hour			
Vendor Fiscal Intermediary Payment Rate	\$1.00		
Consumer Payment Rate	\$9.13		
Total Payment Rate (= Participant Level - 4)	\$10.13		
IN-HOME RESPITE per day			
Vendor Fiscal Intermediary Payment Rate	\$24.00		
Consumer Payment Rate	\$206.93		
Total Payment Rate	\$230.93		
PAYMENT RATES EFFECTIVE JANUARY	Y 1, 2002		
OUT-OF-HOME RESPITE per day			
ADULT FOSTER CARE OUT-OF-HOME RESPITE per day			
Level I:			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	\$20.29		
Total Payment Rate	\$32.29		
Level II:			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	\$33.79		
Total Payment Rate	\$45.79		
Level III:			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	\$66.88		
Total Payment Rate	\$78.88		
ASSISTED LIVING/RESIDENTIAL CARE OUT-OF-HOME RESPITE per day	1		
(Nonparticipant Payment Rate)			
Apartment Single Occupancy:			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	\$42.94		
Total Payment Rate	\$54.94		
Apartment Double Occupancy:			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	\$34.26		
Total Payment Rate	\$46.26		
Non-Apartment:			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	\$26.95		
Total Payment Rate	\$38.95		
NURSING FACILITY (NF) OUT-OF-HOME RESPITE per day			
Vendor Fiscal Intermediary Payment Rate	\$12.00		
Consumer Payment Rate	NF TILE rate - \$12.00		
Total Payment Rate	NF TILE rate		