

**COMMUNITY BASED ALTERNATIVES
HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS)
PAYMENT RATES
EFFECTIVE SEPTEMBER 1, 2006**

SERVICE	PAYMENT RATE
CBA HCSS PAS (See Chart Below)	
Registered Nurse (RN) per hour	\$33.81
Licensed Vocational Nurse (LVN) per hour	\$25.34
Physical Therapy (PT) per hour	\$65.29
Occupational Therapy (OT) per hour	\$62.28
Speech Pathology (SP) per hour	\$61.22
Adult Foster Care (AFC) per day	
Level I	\$18.92
Level II	\$32.63
Level III	\$66.25
AFC Out-of-Home Respite per day	
Level I	\$32.81
Level II	\$46.52
Level III	\$80.15
In-Home Respite Care per day	\$230.93
Administrative Expense Fee	
(Pre-Enrollment Home Health Assessment)	\$130.70
Transition Assistance Services one time	\$156.00
Requisition Fees Adaptive Aids and Medical Supplies	
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 Home Modifications	
under \$500	10% of cost
\$500 to \$999.99	\$80.04
\$1,000 to \$1,499.99	\$118.86
\$1,500 to \$1,999.99	\$131.67
\$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, 2006 thru JULY 31, 2007**

Participant Level	Attendant Cost Area	Administration and 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
Participant - Level 16	\$7.97	\$2.76	\$10.73
Participant - Level 17	\$8.02	\$2.76	\$10.78
Participant - Level 18	\$8.07	\$2.76	\$10.83
Participant - Level 19	\$8.12	\$2.76	\$10.88
Participant - Level 20	\$8.17	\$2.76	\$10.93

**COMMUNITY BASED ALTERNATIVES HOME AND
COMMUNITY SUPPORT SERVICES (CBA HCSS)
CONSUMER DIRECTED SERVICES PAYMENT RATES
EFFECTIVE SEPTEMBER 1, 2006**

PERSONAL ASSISTANCE SERVICES (PAS) per hour	
Consumer Directed Services Agency Payment Rate	\$1.00
Client Payment Rate	\$9.13
Total Payment Rate	\$10.13
IN-HOME RESPITE per day	
Consumer Directed Services Agency Payment Rate	\$24.00
Client Payment Rate	\$206.93
Total Payment Rate	\$230.93
OUT-OF-HOME RESPITE per day	
ADULT FOSTER CARE OUT-OF-HOME RESPITE per day	
Level I:	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	\$20.81
Total Payment Rate	\$32.81
Level II:	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	\$34.52
Total Payment Rate	\$46.52
Level III:	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	\$68.15
Total Payment Rate	\$80.15
ASSISTED LIVING/RESIDENTIAL CARE OUT-OF-HOME RESPITE per day	
(Nonparticipant Payment Rate)	
Apartment Single Occupancy:	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	\$43.50
Total Payment Rate	\$55.50
Apartment Double Occupancy:	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	\$34.67
Total Payment Rate	\$46.67
Non-Apartment:	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	\$27.23
Total Payment Rate	\$39.23
NURSING FACILITY (NF) OUT-OF-HOME RESPITE per day	
Consumer Directed Services Agency Payment Rate	\$12.00
Client Payment Rate	NF TILE rate - \$12.00
Total Payment Rate	NF TILE rate