

**COMMUNITY BASED ALTERNATIVES and INTEGRATED CARE MANAGEMENT  
HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS)  
PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2007**

SERVICE	PAYMENT RATE
CBA HCSS PAS (See Chart Below)	
Registered Nurse (RN) - per hour	\$43.39
Specialized RN - per hour (new service) (effective 01/01/2008)	\$49.90
Licensed Vocational Nurse (LVN) - per hour	\$29.69
Specialized LVN - per hour (new service) (effective 01/01/2008)	\$34.14
Physical Therapy (PT) - per hour	\$66.88
Occupational Therapy (OT) - per hour	\$63.53
Speech Pathology (SP) - per hour	\$62.44
Adult Foster Care (AFC) - per day	
Level I	\$19.19
Level II	\$33.10
Level III	\$67.20
AFC Out-of-Home Respite - per day	
Level I	\$33.28
Level II	\$47.19
Level III	\$81.30
NF Out-of-Home Respite - per day	TILE
In-Home Respite Care - per day	\$238.60
Administrative Expense Fee - Pre-Enrollment Home Health Assessment - one time (N/A for ICM)	\$157.21
Transition Assistance Services - one time	\$158.28
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

**PERSONAL ASSISTANCE SERVICES (PAS)  
 PAYMENT RATES  
 EFFECTIVE SEPTEMBER 1, 2007**

<b>Participant Level</b>	<b>Attendant Cost Area</b>	<b>Administration and Facility Cost Area</b>	<b>Total</b>
Nonparticipant	\$7.70	\$2.76	\$10.46
Participant - Level 1	\$7.75	\$2.76	\$10.51
Participant - Level 2	\$7.80	\$2.76	\$10.56
Participant - Level 3	\$7.85	\$2.76	\$10.61
Participant - Level 4	\$7.90	\$2.76	\$10.66
Participant - Level 5	\$7.95	\$2.76	\$10.71
Participant - Level 6	\$8.00	\$2.76	\$10.76
Participant - Level 7	\$8.05	\$2.76	\$10.81
Participant - Level 8	\$8.10	\$2.76	\$10.86
Participant - Level 9	\$8.15	\$2.76	\$10.91
Participant - Level 10	\$8.20	\$2.76	\$10.96
Participant - Level 11	\$8.25	\$2.76	\$11.01
Participant - Level 12	\$8.30	\$2.76	\$11.06
Participant - Level 13	\$8.35	\$2.76	\$11.11
Participant - Level 14	\$8.40	\$2.76	\$11.16
Participant - Level 15	\$8.45	\$2.76	\$11.21
Participant - Level 16	\$8.50	\$2.76	\$11.26
Participant - Level 17	\$8.55	\$2.76	\$11.31
Participant - Level 18	\$8.60	\$2.76	\$11.36
Participant - Level 19	\$8.65	\$2.76	\$11.41
Participant - Level 20	\$8.70	\$2.76	\$11.46

**COMMUNITY BASED ALTERNATIVES  
HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS)  
CONSUMER DIRECTED SERVICES  
PAYMENT RATES  
EFFECTIVE SEPTEMBER 1, 2007**

<b>CONSUMER DIRECTED SERVICES AGENCY - per month</b>	
Consumer Directed Services Agency Payment Rate	\$202.00
<b>PERSONAL ASSISTANCE SERVICES (PAS) - per hour</b>	
Client Payment Rate for Determining the Client's Budget	\$9.66
<b>IN-HOME RESPITE - per day</b>	
Client Payment Rate for Determining the Client's Budget	\$214.60
<b>ADULT FOSTER CARE OUT-OF-HOME RESPITE - per day</b>	
Level I: Client Payment Rate for Determining the Client's Budget	\$21.28
Level II: Client Payment Rate for Determining the Client's Budget	\$35.19
Level III: Client Payment Rate for Determining the Client's Budget	\$69.30
<b>AL/RC OUT-OF-HOME RESPITE - per day (Nonparticipant Payment Rate)</b>	
Apartment Single Occupancy: Client Payment Rate for Determining the Client's Budget	\$48.47
Apartment Double Occupancy: Client Payment Rate for Determining the Client's Budget	\$39.35
Non-Apartment: Client Payment Rate for Determining the Client's Budget	\$30.04
<b>NURSING FACILITY OUT-OF-HOME RESPITE - per day</b>	
Client Payment Rate for Determining the Client's Budget	NF TILE rate less \$12.00
<b>REGISTERED NURSE (RN) - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$42.39
<b>SPECIALIZED RN - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$48.90
<b>LICENSED VOCATIONAL NURSE (LVN) - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$28.69
<b>SPECIALIZED LVN - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$33.14
<b>PHYSICAL THERAPY (PT) - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$65.88
<b>OCCUPATIONAL THERAPY (OT) - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$62.53
<b>SPEECH PATHOLOGY (SP) - per hour (new service)</b>	
Client Payment Rate for Determining the Client's Budget	\$61.44
The client's 12-month budget is calculated using the Client Payment Rate for Determining the Client's Budget (from above) times the number of units authorized during the 12-month budget period.	