

**COMMUNITY BASED ALTERNATIVES and INTEGRATED CARE MANAGEMENT
HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS)
PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2008**

SERVICE	PAYMENT RATE
CBA HCSS PAS (See Chart Below)	
Registered Nurse (RN) - per hour	\$43.39
Specialized RN - per hour	\$49.90
Licensed Vocational Nurse (LVN) - per hour	\$29.69
Specialized LVN - per hour	\$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	
For AFC rates, go to the AFC Webpage.	
Assisted Living/Residential Care (AL/RC) - per day	
For AL/RC rates, go to the AL/RC Webpage.	
Emergency Response Services (ERS) - per Month	
For the ERS rates, go to the ERS Webpage.	
Home-Delivered Meals - per meal	
For the Home-Delivered Meals rates, go to the Home-Delivered Meals Webpage.	
AFC Out-of-Home Respite - per day	
For the AFC Out-of-Home Respite rates, go to the Adult Foster Care Webpage.	
AL/RC Out-of-Home Respite - per day	
For the AL/RC Out-of-Home Respite rates, go to the AL/RC Webpage.	
NF Out-of-Home Respite - per day	TILE or RUG
In-Home Respite Care - per day	\$238.60
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
Requisition Fees - 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 and INTEGRATED CARE MANAGEMENT
PERSONAL ASSISTANCE SERVICES (PAS)
PAYMENT RATES
EFFECTIVE AUGUST 1, 2009**

Participant Level	Attendant Cost Area	Administration and Facility Cost Area	Total
Nonparticipant	\$8.90	\$2.76	\$11.66
Participant - Level 1	\$8.95	\$2.76	\$11.71
Participant - Level 2	\$9.00	\$2.76	\$11.76
Participant - Level 3	\$9.05	\$2.76	\$11.81
Participant - Level 4	\$9.10	\$2.76	\$11.86
Participant - Level 5	\$9.15	\$2.76	\$11.91
Participant - Level 6	\$9.20	\$2.76	\$11.96
Participant - Level 7	\$9.25	\$2.76	\$12.01
Participant - Level 8	\$9.30	\$2.76	\$12.06
Participant - Level 9	\$9.35	\$2.76	\$12.11
Participant - Level 10	\$9.40	\$2.76	\$12.16
Participant - Level 11	\$9.45	\$2.76	\$12.21
Participant - Level 12	\$9.50	\$2.76	\$12.26
Participant - Level 13	\$9.55	\$2.76	\$12.31
Participant - Level 14	\$9.60	\$2.76	\$12.36
Participant - Level 15	\$9.65	\$2.76	\$12.41
Participant - Level 16	\$9.70	\$2.76	\$12.46
Participant - Level 17	\$9.75	\$2.76	\$12.51
Participant - Level 18	\$9.80	\$2.76	\$12.56
Participant - Level 19	\$9.85	\$2.76	\$12.61
Participant - Level 20	\$9.90	\$2.76	\$12.66

**COMMUNITY BASED ALTERNATIVES and INTEGRATED CARE MANAGEMENT
HOME AND COMMUNITY SUPPORT SERVICES (CBA HCSS)
CONSUMER DIRECTED SERVICES
PAYMENT RATES
EFFECTIVE AUGUST 1, 2009**

CONSUMER DIRECTED SERVICES AGENCY - per month	
Consumer Directed Services Agency Payment Rate	\$202.00
PERSONAL ASSISTANCE SERVICES (PAS) - per hour	
Client Payment Rate for Determining the Client's Budget	\$10.86
IN-HOME RESPITE - per day	
Client Payment Rate for Determining the Client's Budget	\$214.60
ADULT FOSTER CARE OUT-OF-HOME RESPITE - per day	
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
AL/RC OUT-OF-HOME RESPITE - per day (Nonparticipant Payment Rate)	
Apartment Single Occupancy: Client Payment Rate for Determining the Client's Budget	\$49.67
Apartment Double Occupancy: Client Payment Rate for Determining the Client's Budget	\$40.55
Non-Apartment: Client Payment Rate for Determining the Client's Budget	\$31.24
NURSING FACILITY OUT-OF-HOME RESPITE - per day	
Client Payment Rate for Determining the Client's Budget	NF TILE or RUG rate less \$12.00
REGISTERED NURSE (RN) - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$42.39
SPECIALIZED RN - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$48.90
LICENSED VOCATIONAL NURSE (LVN) - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$28.69
SPECIALIZED LVN - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$33.14
PHYSICAL THERAPY (PT) - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$65.88
OCCUPATIONAL THERAPY (OT) - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$62.53
SPEECH PATHOLOGY (SP) - per hour (new service)	
Client Payment Rate for Determining the Client's Budget	\$61.44
Overnight Companion Services Client Payment Rate - per 8 - 12 hour shift	\$43.17
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.	

**COMMUNITY BASED ALTERNATIVES
MONEY FOLLOWS THE PERSON (MFP) PILOT
PAYMENT RATES
EFFECTIVE SEPTEMBER 1, 2008**

SERVICE	PAYMENT RATE
Overnight Companion Services - per 8 - 12 hour shift	\$44.17