

## Adult Foster Home Provider Alert

### Policy updates, rule clarifications and announcements

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**Date:** Jan. 3, 2025  
**To:** APD Adult Foster Home Providers  
**From:** Safety, Oversight and Quality Unit  
**Topic:** **2025 Medicaid Rate Schedule**

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Below is the rate schedule to be issued to APD Adult Foster Home providers effective January 1, 2025.

The attached rate schedule has the following changes effective January 2025:

- Per the Collective Bargaining Agreement (CBA), Adult Foster Homes (AFH) will receive a 4.5% increase effective January 1, 2025.
- Per the CBA, effective January 12, 2025, Home Care Workers will receive a \$.50 increase.
- The PACE Rate will change effective January 1, 2025, for PACE providers.
- CBC Room and Board rates, as well as CBC and NF Personal Allowance (PIF) will increase.

For any questions, please email [apd.afhteam@odhs.oregon.gov](mailto:apd.afhteam@odhs.oregon.gov)

## Rate Schedule – Effective January 1, 2025

Rates apply to Medicaid Services funded by Aging and People with Disabilities.

Room and Board	In-Home Allowance	Personal Incidental Funds
AB \$752.00	<b>As of January 1, 2022, APD will be able to keep their entire income.</b>	NF \$79.07
AD/OAA \$752.00		CBC \$215.00

### Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$2,393	\$2,120	Level 1	\$1,922
Base plus 1 add-on	\$2,859	\$2,506	Level 2	\$2,382
Base plus 2 add-ons	\$3,325	\$2,892	Level 3	\$2,989
Base plus 3 add-ons	\$3,791	\$3,278	Level 4	\$3,753
Hourly Exception Rate	\$20.18 / Hr.	\$19.50 / Hr.	Level 5	\$4,513
Standard Ventilator (1-2)		\$17,000		
Standard Ventilator (3)		\$15,500		
Standard Ventilator (4-5)		\$14,000		

<b>Memory Care (Endorsed Units Only)</b>	<b>\$6,276</b>
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Nursing Facility	Daily Rate	Monthly Comparable	AFH Specific Needs Contract Types		Homecare Workers (HCW) Effective 1/12/2025	
Basic	\$518.22	\$15,011.22	Advanced	\$9,769	Hourly Step 1*	\$20.00
Bariatric	\$958.71	\$28,410.04	Bariatric	\$9,769	CPR/First Aid	+ \$0.25
Complex	\$725.51	\$21,316.56	Basic	\$8,548	Enhanced	+ \$1.00
Enhanced	\$725.51	\$21,316.56	Complex	\$12,546	Professional Dev.	+ \$0.75
Pediatric	\$1,314.10	\$39,220.29	ECOS	\$3,830	Enhanced w/ PDC	+ \$1.75
Ventilator	\$1,217.82	\$36,291.65	TBI	\$8,998	Exceptional	+ \$3.00

**\*HCW may qualify for a higher  
step. See Appendix A of  
Collective Bargaining  
Agreement. DO NOT CHANGE  
THE HOURLY RATE**

## Rate Schedule – Effective January 1, 2025

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$9,205.07	\$6,792.61

Other Services	ICP Monthly Benefit Calculation
Home Delivered Meals: \$12.25/meal Long Term Care Community Nursing Services: \$20.00/15-minute unit of service In-Home Agencies: \$38.08/Hr. Service Assessment: \$114.24 Mileage, non-medical: \$0.56/Mile  Adult Day Services: \$109.75 <a href="#">Contact List for Specific Needs Contracts</a>	Multiply Total Assessed Hours by: <ul style="list-style-type: none"> <li>• PSW Rate \$20.00 (+\$3.00 if VDQ) +</li> <li>• FICA = 7.65% +</li> <li>• FUTA = .9% +</li> <li>• SUTA= 2.4% +</li> <li>• WBF = .01 cents/Hr.</li> </ul> Add: Assessed Mileage x \$.56/Mile = Total Service Payment