Rate Schedule – Effective July 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	As of January 1, 2022,	NF \$79.07
AD/O	AA \$752.00	APD will be able to	CBC \$215.00
		keep their entire	
		income.	

Community-Based Care (CBC) Monthly Rates

	community-based care (cbc) wiont		
	Residential Care Facilities	Adult Foster Homes	
Base	\$2,863	\$2,120	
Base plus 1 add-on	\$3,421	\$2,506	
Base plus 2 add-ons	\$3,979	\$2,892	
Base plus 3 add-ons	\$4,537	\$3,278	
Hourly Exception Rate	\$20.18 / Hr.	\$19.50 / Hr.	
Standard Ventilator (1-2)		\$17,000	
Standard Ventilator (3)		\$15,500	
Standard Ventilator (4-5)		\$14,000	

Assisted Living Facilities		
Level 1	\$1,980	
Level 2	\$2,454	
Level 3	\$3,079	
Level 4	\$3,866	
Level 5	\$4,649	

Memory Care	(Endorsed Units Only	['])
	(=:::::::::::::::::::::::::::::::::::::	,

\$6,346

Nursing	Daily	Monthly	
Facility	Rate	Comparable	
Basic	\$546.36	\$15,864.18	
Bariatric	\$1,010.77	\$29,993.60	
Complex	\$764.90	\$22,514.73	
Enhanced	\$764.90	\$22,514.73	
Pediatric	\$1,544.57	\$46,230.73	
Ventilator	\$1,283.95	\$38,303.19	

AFH Specific Needs Contract Types		
Advanced	\$9,769	
Bariatric	\$9,769	
Basic	\$8,548	
Complex	\$12,546	
ECOS	\$3,830	
TBI	\$8,998	

Homecare Workers (HCW)		
Effective 1/12/2025		
Hourly Step 1*	\$20.00	
CPR/First Aid	+ \$0.25	
Enhanced	+ \$1.00	
Professional Dev.	+ \$0.75	
Enhanced w/ PDC	+ \$1.75	
Exceptional	+ \$3.00	

*HCW may qualify for a higher step. See <u>Appendix A of</u> <u>Collective Bargaining</u>

Agreement. DO NOT CHANGE THE HOURLY RATE



Rate Schedule – Effective July 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	Multiply Total Assessed Hours by:
Long Term Care Community Nursing Services:	• PSW Rate \$20.00 (+\$3.00 if VDQ) +
\$25.00/15-minute unit of service	• FICA = 7.65% +
In-Home Agencies: \$39.40/Hr.	• FUTA = .9% +
Service Assessment: \$118.20	• SUTA= 2.4% +
Mileage, non-medical: \$0.56/Mile	• WBF = .01 cents/Hr.
	Add: Assessed Mileage x \$.56/Mile
Adult Day Services: \$115.24	= Total Service Payment
Contact List for Specific Needs Contracts	

