



COMMISSIONER
Adelaide Horn

August 31, 2009

To: Adult Foster Care (AFC) Providers,
Community Based Alternatives (CBA) Providers,
Community Living Assistance and Support Services (CLASS) Providers,
CBA Assisted Living/Residential Care (AL/RC) Providers,
Consumer Directed Services Agencies (CDSA),
Consumer Managed Personal Assistance Services (CMPAS) Providers,
Day Activity and Health Services (DAHS) Providers,
Emergency Response Services (ERS) Providers,
Home Delivered Meals (HDM) Providers,
Integrated Care Management Waiver (ICMW) Providers,
Medically Dependent Children Program (MDCP) Providers,
Primary Home Care (PHC) Providers, and
Residential Care Providers (RC)

Subject: Information Letter No. 09-118
Reimbursement Rates Effective September 1, 2009

The Health and Human Services Commission (HHSC) approved new payment rates for the programs listed above effective September 1, 2009.

Payment Rates

The rates for each of the above mentioned programs are attached to this letter, and will be posted at a later date on the HHSC Rate Analysis website at:
<http://www.hhsc.state.tx.us/medicaid/programs/rad/LtcSvs.html>.

The payment rates for CLASS Consumer Directed Services (CDS) Nursing have not been approved at this time. A hearing is scheduled for September 18, 2009, to receive public comment on these rates and on revised payment rates for Personal Care 3 services in the CBA AL/RC program. If approved, these rates will be retroactive to September 1, 2009.

Attendant Compensation Rate Enhancement

CBA/ICMW Personal Assistant Services, CBA/ICMW AL/RC, CLASS Habilitation Services, DAHS, PHC and RC providers who are non-participants in the *Attendant Compensation Rate Enhancement* will receive the rates listed on the attached rate chart as non-participant. Providers who are participants in the *Attendant Compensation Rate Enhancement* will receive the rate on the attached chart that corresponds with their level of participation.

Providers participating in the enhancement program are required to spend at least 90 percent of their attendant cost area revenues on attendant compensation or the difference between 90 percent of attendant cost area revenues and attendant compensation costs will be recouped by the state. At no time will a participating provider's attendant cost area rate be less than the attendant cost area non-participant rate.

Fiscal Year 2010 Enrollment Worksheets that will allow participating providers to determine the impact of this September 1, 2009, rate increase on their spending requirements are posted on the HHSC website indicated above. Once you access this website, click on the applicable program name, and then scroll down to the heading "Rate Enhancement -Attendant Compensation," click on "2010" and then click on "Enrollment Worksheets."

Claims Submission

Claims submitted by providers for services provided on or after September 1, 2009, should be prepared using the new payment rates. All claims for services delivered on or after September 1, 2009, will be processed using the new payment rates.

For Further Information

For information pertaining to rates and the *Attendant Compensation Rate Enhancement*, please contact the appropriate HHSC Rate Analysis staff person listed below:

Programs	Analyst	E-mail	Telephone
CLASS, PHC	Dee Eichstadt	dee.eichstadt@hhsc.state.tx.us	512-491-1370
CDSA, MDCP	Sarah Hambrick	sarah.hambrick@hhsc.state.tx.us	512-491-1431
CBA/ICMW AL/RC, DAHS, RC	Luis Morales	luis.morales@hhsc.state.tx.us	512-491-1376
CBA/ICMW, CLASS	Victor Perez	victor.perez@hhsc.state.tx.us	512-491-1375
Attendant Compensation Rate Enhancement – CBA/ICMW, CLASS, DAHS, PHC	Doug Odle	doug.odle@hhsc.state.tx.us	512-491-1374
Attendant Compensation Rate Enhancement – CBA/ICMW AL/RC, RC	Laura Marble	laura.marble@hhsc.state.tx.us	512-491-1354

For information related to billing for services or other program information, please contact your area's program specialist at (512) 438-3015.

Sincerely,

[signature on file]

Tommy Ford
Interim Director
Community Services

TF:ss

Attachment

Community Based Alternatives and Integrated Care Management FY 2010 Payment Rates

SERVICE	PAYMENT RATE
Personal Assistance Services – per hour	See Attached Chart
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	\$77.43
Occupational Therapy (OT) - per hour	\$72.95
Speech Pathology (SP) - per hour	\$76.29
Adult Foster Care (AFC) - per day	
AFC Level 1	\$19.19
AFC Level 2	\$33.10
AFC Level 3	\$67.20
Emergency Response Services (ERS) – ceiling per month	\$29.76
Home-Delivered Meals (HDM) – ceiling per meal	\$6.12
Adult Foster Care (AFC) Out-of-Home Respite – per day	
AFC Out-of-Home Respite Level 1	\$33.28
AFC Out-of-Home Respite Level 2	\$47.19
AFC Out-of-Home Respite Level 3	\$81.30
NF Out-of-Home Respite - per day	TILE or RUG
In-Home Respite - per day	\$238.60
Pre-Enrollment Home Health Assessment - one time	\$157.21
Transition Assistance Services - one time	\$158.28
Overnight Companion Services - per 8 - 12 hour shift Pilot in Cameron, Hidalgo and Willacy Counties only	\$44.17

Community Based Alternatives and Integrated Care Management Requisition Fees FY 2010 Payment Rates

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 FY 2010 Payment Rates

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 Consumer Directed Services FY 2010 Payment Rates

Consumer Directed Services Agency - per month	\$202.00
Personal Assistance Services (PAS) Client Payment Rate - per hour	\$10.86
In-Home Respite Client Payment Rate- per day	\$214.60
Adult Foster Care Out-Of-Home Respite Client Payment Rate - per day	
Level I	\$21.28
Level II	\$35.19
Level III	\$69.30
AL/RC Out-Of-Home Respite Client Payment Rate - per day	
Single Occupancy Apartment	\$49.67
Double Occupancy Apartment	\$40.55
Non-Apartment	\$31.24
Nursing Facility Out-Of-Home Respite Client Payment Rate - per day	NF TILE or RUG rate less \$12.00
Registered Nurse (RN) Client Payment Rate - per hour	\$42.39
Specialized RN Client Payment Rate - per hour	\$48.90
Licensed Vocational Nurse (LVN) Client Payment Rate - per hour	\$28.69
Specialized LVN Client Payment Rate - per hour	\$33.14
Physical Therapy (PT) Client Payment Rate - per hour (new service)	\$76.43
Occupational Therapy (OT) Client Payment Rate - per hour	\$71.95
Speech & Language Therapy (SP) Client Payment Rate - per hour	\$75.29
Overnight Companion Services Client Payment Rate – per 8 – 12 hour shift	\$43.17
PILOT IN CAMERON, HIDALGO AND WILLACY COUNTIES ONLY	
Support Consultation Services – per hour	\$15.37

The client's 12-month budget is calculated using the Client Payment Rate times the number of units authorized during the 12-month budget period.

Community Based Alternatives and Integrated Care Management Assisted Living/Residential Care FY 2010 Payment Rates

Single Occupancy Apartment Payment Rates per Day of Service

	Attendant Cost Area	Other*	Total Rate
Nonparticipant	\$12.78	\$29.28	\$42.06

Attendant Compensation Rate Enhancement (See Attached Charts for Add-ons)

Participant Level 1	Attendant Cost Area	Other*	Total Rate
AL1	\$28.74	\$38.54	\$67.28
AL2	\$23.90	\$38.42	\$62.32
AL3	\$17.31	\$38.25	\$55.56
AL4	\$19.74	\$38.41	\$58.15
AL5	\$13.76	\$38.16	\$51.92
AL6	\$12.07	\$38.13	\$50.20

Double Occupancy Apartment Payment Rates per Day of Service

	Attendant Cost Area	Other*	Total Rate
Nonparticipant	\$12.78	\$20.23	\$33.01

Attendant Compensation Rate Enhancement: (See Attached Charts for Add-ons)

Participant Level 1	Attendant Cost Area	Other*	Total Rate
AL1	\$28.74	\$31.54	\$60.28
AL2	\$23.90	\$31.43	\$55.33
AL3	\$17.31	\$31.26	\$48.57
AL4	\$19.74	\$31.42	\$51.16
AL5	\$13.76	\$31.18	\$44.94
AL6	\$12.07	\$31.14	\$43.21

Non-Apartment Payment Rates per Day of Service

	Attendant Cost Area	Other*	Total Rate
Nonparticipant	\$12.78	\$10.98	\$23.76

Attendant Compensation Rate Enhancement: (See Attached Charts for Add-ons)

Participant Level 1	Attendant Cost Area	Other*	Total Rate
AL1	\$28.74	\$12.99	\$41.73
AL2	\$23.90	\$12.87	\$36.77
AL3	\$17.31	\$12.71	\$30.02
AL4	\$19.74	\$12.86	\$32.60
AL5	\$13.76	\$12.62	\$26.38
AL6	\$12.07	\$12.58	\$24.65

* Equals the total of *Other Direct Care, Administration/Transportation* and *Facility* costs less *Room and Board* paid by the client.

Community Based Alternatives and Integrated Care Management Assisted Living/Residential Care FY 2010 Payment Rates

Respite - Single Occupancy Apartment Payment Rates per Day of Service

	Attendant Cost Area	Other*	Total Rate
Nonparticipant	\$12.78	\$48.89	\$61.67

Attendant Compensation Rate Enhancement: (See Attached Charts for Add-ons)

Participant Level 1	Attendant Cost Area	Other*	Total Rate
AL1	\$28.74	\$57.85	\$86.59
AL2	\$23.90	\$57.74	\$81.64
AL3	\$17.31	\$57.57	\$74.88
AL4	\$19.74	\$57.72	\$77.46
AL5	\$13.76	\$57.48	\$71.24
AL6	\$12.07	\$57.45	\$69.52

Respite - Double Occupancy Apartment Payment Rates per Day of Service

	Attendant Cost Area	Other*	Total Rate
Nonparticipant	\$12.78	\$39.77	\$52.55

Attendant Compensation Rate Enhancement: (See Attached Charts for Add-ons)

Participant Level 1	Attendant Cost Area	Other*	Total Rate
AL1	\$28.74	\$50.86	\$79.60
AL2	\$23.90	\$50.74	\$74.64
AL3	\$17.31	\$50.58	\$67.89
AL4	\$19.74	\$50.73	\$70.47
AL5	\$13.76	\$50.50	\$64.26
AL6	\$12.07	\$50.46	\$62.53

Respite – Non- Apartment Payment Rates per Day of Service

	Attendant Cost Area	Other*	Total Rate
Nonparticipant	\$12.78	\$30.46	\$43.24

Attendant Compensation Rate Enhancement: (See Attached Charts for Add-ons)

Participant Level 1	Attendant Cost Area	Other*	Total Rate
AL1	\$28.74	\$32.40	\$61.14
AL2	\$23.90	\$32.29	\$56.19
AL3	\$17.31	\$32.12	\$49.43
AL4	\$19.74	\$32.27	\$52.01
AL5	\$13.76	\$32.04	\$45.80
AL6	\$12.07	\$32.00	\$44.07

* Equals the total of *Other Direct Care, Administration/Transportation and Facility costs*

Community Based Alternatives and Integrated Care Management Assisted Living/Residential Care FY 2010 Payment Rates

For Assisted Living/Residential Care participation rates above Level 1, add the appropriate amount below to the Participant Level 1 rates above.

Participant Level 2	Payment for Participant Level 1 + \$.05
Participant Level 3	Payment for Participant Level 1 + \$.10
Participant Level 4	Payment for Participant Level 1 + \$.15
Participant Level 5	Payment for Participant Level 1 + \$.20
Participant Level 6	Payment for Participant Level 1 + \$.25
Participant Level 7	Payment for Participant Level 1 + \$.30
Participant Level 8	Payment for Participant Level 1 + \$.35
Participant Level 9	Payment for Participant Level 1 + \$.40
Participant Level 10	Payment for Participant Level 1 + \$.45
Participant Level 11	Payment for Participant Level 1 + \$.50
Participant Level 12	Payment for Participant Level 1 + \$.55
Participant Level 13	Payment for Participant Level 1 + \$.60
Participant Level 14	Payment for Participant Level 1 + \$.65
Participant Level 15	Payment for Participant Level 1 + \$.70
Participant Level 16	Payment for Participant Level 1 + \$.75
Participant Level 17	Payment for Participant Level 1 + \$.80
Participant Level 18	Payment for Participant Level 1 + \$.85
Participant Level 19	Payment for Participant Level 1 + \$.90
Participant Level 20	Payment for Participant Level 1 + \$.95

Community Living Assistance and Support Services FY 2010 Payment Rates

SERVICE	PAYMENT RATE
Case Management Services - per month	\$179.87
Habilitation Services - per hour (see attached chart)	See Attached Chart
Registered Nurse (RN) Nursing Services - 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	\$77.43
Occupational Therapy (OT -) per hour	\$72.95
Speech Pathology (SP) - per hour	\$76.29
Specialized Therapies - Ceiling per hour	\$77.43
Auditory Integration Training / Auditory Enhancement Training – per hour	\$52.73
Nutritional Services per hour	\$55.28
Behavioral Support - per hour	\$79.53
Respite Care / In-Home - per day	\$238.60
Respite Care / Out-of-Home - per day	\$236.17
Administrative Expense Fee (total DSA and CMA)	\$476.59
Direct Service Agency (DSA) - full assessment	\$190.64
Case Management Agency (CMA) - full assessment	\$285.95
DSA or CMA - partial assessment	\$104.32
Support Family Services	
Family - per day	\$30.48
Child Placing Agency - per day	\$34.06
Continued Family Services	
Family – per day	\$30.48
Child Placing Agency – per day	\$34.06
Transition Assistance Services - one time	\$158.28

Community Living Assistance and Support Services Requisition Fees FY 2010 Payment Rates

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 Living Assistance and Support Services Habilitation Services FY 2010 Payment Rates

Participant Level	Attendant Cost Area	Supervisor, Administration and Facility Cost Area	Total
Nonparticipant	\$10.64	\$3.21	\$13.85
Participant - Level 1	\$10.69	\$3.21	\$13.90
Participant - Level 2	\$10.74	\$3.21	\$13.95
Participant - Level 3	\$10.79	\$3.21	\$14.00
Participant - Level 4	\$10.84	\$3.21	\$14.05
Participant - Level 5	\$10.89	\$3.21	\$14.10
Participant - Level 6	\$10.94	\$3.21	\$14.15
Participant - Level 7	\$10.99	\$3.21	\$14.20
Participant - Level 8	\$11.04	\$3.21	\$14.25
Participant - Level 9	\$11.09	\$3.21	\$14.30
Participant - Level 10	\$11.14	\$3.21	\$14.35
Participant - Level 11	\$11.19	\$3.21	\$14.40
Participant - Level 12	\$11.24	\$3.21	\$14.45
Participant - Level 13	\$11.29	\$3.21	\$14.50
Participant - Level 14	\$11.34	\$3.21	\$14.55
Participant - Level 15	\$11.39	\$3.21	\$14.60
Participant - Level 16	\$11.44	\$3.21	\$14.65
Participant - Level 17	\$11.49	\$3.21	\$14.70
Participant - Level 18	\$11.54	\$3.21	\$14.75
Participant - Level 19	\$11.59	\$3.21	\$14.80
Participant - Level 20	\$11.64	\$3.21	\$14.85

Community Living Assistance and Support Services Consumer Directed Services FY 2010 Payment Rates

Consumer Directed Services Agency - per month	\$202.00
Habilitation Client Payment Rate - per hour	\$13.05
In-Home Respite Client Payment Rate - per day	\$214.60
Out-Of-Home Respite Client Payment Rate - per day	\$224.17
Physical Therapy (PT) Client Payment Rate - per hour (new service)	\$76.43
Occupational Therapy (OT) Client Payment Rate - per hour	\$71.95
Speech Pathology (SP) Client Payment Rate - per hour	\$75.29
Support Consultation Services – per hour	\$15.37

The client's 12-month budget is calculated using the Client Payment Rate times the number of units authorized during the 12-month budget period.

Day Activity and Health Services FY 2010 Payment Rates

	Attendant Cost Area	Other Direct Care Cost Area	Facility Cost Area	Administration/ Transportation Cost Area	Total
Nonparticipant	\$3.14	\$3.55	\$2.36	\$4.94	\$13.99
Participant - Level 1	\$3.19	\$3.55	\$2.36	\$4.94	\$14.04
Participant - Level 2	\$3.24	\$3.55	\$2.36	\$4.94	\$14.09
Participant - Level 3	\$3.29	\$3.55	\$2.36	\$4.94	\$14.14
Participant - Level 4	\$3.34	\$3.55	\$2.36	\$4.94	\$14.19
Participant - Level 5	\$3.39	\$3.55	\$2.36	\$4.94	\$14.24
Participant - Level 6	\$3.44	\$3.55	\$2.36	\$4.94	\$14.29
Participant - Level 7	\$3.49	\$3.55	\$2.36	\$4.94	\$14.34
Participant - Level 8	\$3.54	\$3.55	\$2.36	\$4.94	\$14.39
Participant - Level 9	\$3.59	\$3.55	\$2.36	\$4.94	\$14.44
Participant - Level 10	\$3.64	\$3.55	\$2.36	\$4.94	\$14.49
Participant - Level 11	\$3.69	\$3.55	\$2.36	\$4.94	\$14.54
Participant - Level 12	\$3.74	\$3.55	\$2.36	\$4.94	\$14.59
Participant - Level 13	\$3.79	\$3.55	\$2.36	\$4.94	\$14.64
Participant - Level 14	\$3.84	\$3.55	\$2.36	\$4.94	\$14.69
Participant - Level 15	\$3.89	\$3.55	\$2.36	\$4.94	\$14.74
Participant - Level 16	\$3.94	\$3.55	\$2.36	\$4.94	\$14.79
Participant - Level 17	\$3.99	\$3.55	\$2.36	\$4.94	\$14.84
Participant - Level 18	\$4.04	\$3.55	\$2.36	\$4.94	\$14.89
Participant - Level 19	\$4.09	\$3.55	\$2.36	\$4.94	\$14.94
Participant - Level 20	\$4.14	\$3.55	\$2.36	\$4.94	\$14.99

Medically Dependent Children Program FY 2010 Payment Rates

Service	Payment Rate
Respite and Adjunct Services provided by a Registered Nurse (RN) - per hour	\$43.39
Respite and Adjunct Services provided by a Specialized RN - per hour	\$49.90
Respite and Adjunct Services provided by a Licensed Vocational Nurse (LVN) - per hour	\$29.69
Respite and Adjunct Services provided by a Specialized LVN - per hour	\$34.14
Respite and Adjunct Services provided by attendant without delegation by an RN - per hour	\$11.66
Respite and Adjunct Services provided by attendant with delegation by an RN - per hour	\$12.66
Transition Assistance Services - one time	\$158.28
Camp Rate - per hour	The lesser of \$9.84 or the actual cost
Out-of-Home Respite – per hour	77% of the daily nursing facility base rates by level of care (not including rate add-ons)

Medically Dependent Children Program Consumer Directed Services FY 2010 Payment Rates

Consumer Directed Services Agency - per month	\$202.00
Respite and Adjunct Services provided by an attendant Client Payment Rate - per hour	10.68
Respite and Adjunct Services provided by a Registered Nurse (RN) Client Payment Rate – per hour	\$42.39
Respite and Adjunct Services provided by a Specialized RN Client Payment Rate – per hour	\$48.90
Respite and Adjunct Services provided by a Licensed Vocational Nurse (LVN) Client Payment Rate – per hour	\$28.69
Respite and Adjunct Services provided by a Specialized LVN Client Payment Rate – per hour	\$33.14

The client's 12-month budget is calculated using the Client Payment Rate times the number of units authorized during the 12-month budget period.

Primary Home Care (PHC) Family Care (FC) and Community Attendant Services (CAS) Non-Priority Services FY 2010 Payment Rates

Level	Attendant Cost Area	Service Support Cost Area	Total
Nonparticipant	\$8.34	\$2.07	\$10.41
Participant - Level 1	\$8.39	\$2.07	\$10.46
Participant - Level 2	\$8.44	\$2.07	\$10.51
Participant - Level 3	\$8.49	\$2.07	\$10.56
Participant - Level 4	\$8.54	\$2.07	\$10.61
Participant - Level 5	\$8.59	\$2.07	\$10.66
Participant - Level 6	\$8.64	\$2.07	\$10.71
Participant - Level 7	\$8.69	\$2.07	\$10.76
Participant - Level 8	\$8.74	\$2.07	\$10.81
Participant - Level 9	\$8.79	\$2.07	\$10.86
Participant - Level 10	\$8.84	\$2.07	\$10.91
Participant - Level 11	\$8.89	\$2.07	\$10.96
Participant - Level 12	\$8.94	\$2.07	\$11.01
Participant - Level 13	\$8.99	\$2.07	\$11.06
Participant - Level 14	\$9.04	\$2.07	\$11.11
Participant - Level 15	\$9.09	\$2.07	\$11.16
Participant - Level 16	\$9.14	\$2.07	\$11.21
Participant - Level 17	\$9.19	\$2.07	\$11.26
Participant - Level 18	\$9.24	\$2.07	\$11.31
Participant - Level 19	\$9.29	\$2.07	\$11.36
Participant - Level 20	\$9.34	\$2.07	\$11.41

Consumer Directed Services

Consumer Directed Services Agency Payment Rate - per month	\$110.00
Primary Home Care Non-Priority Client Payment Rate – per hour	\$9.61

The client's 12-month budget is calculated using the Client Payment Rate times the number of units authorized during the 12-month budget period.

Primary Home Care (PHC) Family Care (FC) and Community Attendant Services (CAS) Priority Services FY 2010 Payment Rates

Level	Attendant Cost Area	Service Support Cost Area	Priority Administration	Total
Nonparticipant	\$9.22	\$2.07	\$0.18	\$11.47
Participant - Level 1	\$9.27	\$2.07	\$0.18	\$11.52
Participant - Level 2	\$9.32	\$2.07	\$0.18	\$11.57
Participant - Level 3	\$9.37	\$2.07	\$0.18	\$11.62
Participant - Level 4	\$9.42	\$2.07	\$0.18	\$11.67
Participant - Level 5	\$9.47	\$2.07	\$0.18	\$11.72
Participant - Level 6	\$9.52	\$2.07	\$0.18	\$11.77
Participant - Level 7	\$9.57	\$2.07	\$0.18	\$11.82
Participant - Level 8	\$9.62	\$2.07	\$0.18	\$11.87
Participant - Level 9	\$9.67	\$2.07	\$0.18	\$11.92
Participant - Level 10	\$9.72	\$2.07	\$0.18	\$11.97
Participant - Level 11	\$9.77	\$2.07	\$0.18	\$12.02
Participant - Level 12	\$9.82	\$2.07	\$0.18	\$12.07
Participant - Level 13	\$9.87	\$2.07	\$0.18	\$12.12
Participant - Level 14	\$9.92	\$2.07	\$0.18	\$12.17
Participant - Level 15	\$9.97	\$2.07	\$0.18	\$12.22
Participant - Level 16	\$10.02	\$2.07	\$0.18	\$12.27
Participant - Level 17	\$10.07	\$2.07	\$0.18	\$12.32
Participant - Level 18	\$10.12	\$2.07	\$0.18	\$12.37
Participant - Level 19	\$10.17	\$2.07	\$0.18	\$12.42
Participant - Level 20	\$10.22	\$2.07	\$0.18	\$12.47

Consumer Directed Services

Consumer Directed Services Agency – per month	\$110.00
Primary Home Care Priority Client Payment Rate – per hour	\$10.67

The client's 12-month budget is calculated using the Client Payment Rate times the number of units authorized during the 12-month budget period.

Residential Care Apartment FY 2010 Payment Rates

	Attendant Cost Area	Other*	Total Apartment
Nonparticipant	\$9.94	\$30.66	\$40.60
Participant Level 1	\$9.99	\$30.66	\$40.65
Participant Level 2	\$10.04	\$30.66	\$40.70
Participant Level 3	\$10.09	\$30.66	\$40.75
Participant Level 4	\$10.14	\$30.66	\$40.80
Participant Level 5	\$10.19	\$30.66	\$40.85
Participant Level 6	\$10.24	\$30.66	\$40.90
Participant Level 7	\$10.29	\$30.66	\$40.95
Participant Level 8	\$10.34	\$30.66	\$41.00
Participant Level 9	\$10.39	\$30.66	\$41.05
Participant Level 10	\$10.44	\$30.66	\$41.10
Participant Level 11	\$10.49	\$30.66	\$41.15
Participant Level 12	\$10.54	\$30.66	\$41.20
Participant Level 13	\$10.59	\$30.66	\$41.25
Participant Level 14	\$10.64	\$30.66	\$41.30
Participant Level 15	\$10.69	\$30.66	\$41.35
Participant Level 16	\$10.74	\$30.66	\$41.40
Participant Level 17	\$10.79	\$30.66	\$41.45
Participant Level 18	\$10.84	\$30.66	\$41.50
Participant Level 19	\$10.89	\$30.66	\$41.55
Participant Level 20	\$10.94	\$30.66	\$41.60
* Equals the total of <i>Other Direct Care, Administration/Transportation</i> and <i>Facility</i> costs less <i>Room and Board</i> paid by the client.			
	DADS Paid	Client Paid	Total Rate
Bed Hold Rate	\$6.26	\$13.11	\$19.37

Residential Care Non-Apartment FY 2010 Payment Rates

	Attendant Cost Area	Other*	Total Non-Apartment
Nonparticipant	\$9.94	\$22.00	\$31.94
Participant Level 1	\$9.99	\$22.00	\$31.99
Participant Level 2	\$10.04	\$22.00	\$32.04
Participant Level 3	\$10.09	\$22.00	\$32.09
Participant Level 4	\$10.14	\$22.00	\$32.14
Participant Level 5	\$10.19	\$22.00	\$32.19
Participant Level 6	\$10.24	\$22.00	\$32.24
Participant Level 7	\$10.29	\$22.00	\$32.29
Participant Level 8	\$10.34	\$22.00	\$32.34
Participant Level 9	\$10.39	\$22.00	\$32.39
Participant Level 10	\$10.44	\$22.00	\$32.44
Participant Level 11	\$10.49	\$22.00	\$32.49
Participant Level 12	\$10.54	\$22.00	\$32.54
Participant Level 13	\$10.59	\$22.00	\$32.59
Participant Level 14	\$10.64	\$22.00	\$32.64
Participant Level 15	\$10.69	\$22.00	\$32.69
Participant Level 16	\$10.74	\$22.00	\$32.74
Participant Level 17	\$10.79	\$22.00	\$32.79
Participant Level 18	\$10.84	\$22.00	\$32.84
Participant Level 19	\$10.89	\$22.00	\$32.89
Participant Level 20	\$10.94	\$22.00	\$32.94

* Equals the total of *Other Direct Care, Administration/Transportation* and *Facility* costs less *Room and Board* paid by the client.

	DADS Paid	Client Paid	Total Rate
Bed Hold Rate	\$7.95	\$11.42	\$19.37

Other Long-Term Care Programs FY 2010 Payment Rates

SERVICE	PAYMENT RATE
Title XX Adult Foster Care (AFC) – per day	\$14.81
Title XX Emergency Response Services (ERS) – ceiling per month	\$29.76
Title XX and Title III Home Delivered Meals (HDM) – ceiling per meal	\$4.95
Consumer Managed Personal Assistance Services (CMPAS) – per hour	Negotiated Rate
Consumer Managed Personal Assistance Services (CMPAS) Consumer Directed Services	
Consumer Directed Services Agency – per month	\$110.00
Consumer Managed Personal Assistance Services Client Payment Rate – per hour	Negotiated Rate minus \$1.00

The client's 12-month budget is calculated using the Client Payment Rate times the number of units authorized during the 12-month budget period.