

## Adult Services and Aging Waiver FY17 Reimbursement Rates\*

Service	Provider incurs an expense for employee health insurance	Provider does NOT incur an expense for employee health insurance
Nursing	\$49.60/hour	\$49.60/hour
Homemaker	\$25.16/hour	\$21.56/hour
Personal Care	\$25.16/hour	\$21.56/hour
Adult Companion	\$25.16/hour	\$21.56/hour
Respite Care	\$25.16/hour	\$21.56/hour

Service	Daily Rate	Monthly Rate
Assisted Living Waiver Reimbursement	\$40.50	\$1,231.88

Service	Hourly Rate
Adult Day	\$5.56

Service	Rate
Emergency Response Service	Usual and customary fee
Specialized Medical Equipment	When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the <a href="#">fee schedule</a>
Specialized Medical Supplies	When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the <a href="#">fee schedule</a>
Nutritional Supplements	Usual and customary fee

\*Medicaid reimbursement rates may not exceed the provider's private pay rate

## Adult Services and Aging Waiver FY16 Reimbursement Rates\*

Service	Provider incurs an expense for employee health insurance	Provider does NOT incur an expense for employee health insurance
Nursing	\$38.92/hour	\$38.92/hour
Homemaker	\$23.52/hour	\$20.16/hour
Personal Care	\$23.52/hour	\$20.16/hour
Adult Companion	\$23.52/hour	\$20.16/hour
Respite Care	\$23.52/hour	\$20.16/hour

Service	Daily Rate	Monthly Rate
Assisted Living Waiver Reimbursement	\$37.53	\$1,141.54

Service	Hourly Rate
Adult Day	\$5.36

Service	Rate
Emergency Response Service	Usual and customary fee
Specialized Medical Equipment	When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the <a href="#">fee schedule</a>
Specialized Medical Supplies	When the Medicaid State Plan is exhausted, the rate is limited to the lesser of the provider's usual and customary fee or the Medicaid rate contained within the <a href="#">fee schedule</a>
Nutritional Supplements	Usual and customary fee

\*Medicaid reimbursement rates may not exceed the provider's private pay rate