Division of Developmental Disabilities - CHOICES Waiver
FY17 Title XIX Reimbursement Rates

Direct Supports

Payment Category	Daily Payment Amount SFY16	Daily Payment Amount SFY17
1	1.28	1.32
2	2.56	2.65
3	3.84	3.97
4	5.14	5.32
5	6.42	6.64
6	7.70	7.96
7	8.99	9.30
8	10.27	10.62
9	11.54	11.93
10	14.12	14.60
11	19.24	19.90
12	25.65	26.53
13	32.3	33.40
14	38.47	39.79
15	44.9	46.44
16	51.29	53.04
17	57.71	59.68
18	64.13	66.32
19	76.98	79.61
20	89.77	92.84
21	102.61	106.12
22	115.43	119.38
23	128.24	132.63
24	141.06	145.88
25	153.89	159.15
26	166.76	172.46
27	179.56	185.70
28	192.37	198.95
29	205.21	212.23
30	218.03	225.49
31	230.87	238.77
32	243.66	251.99
33	256.5	265.27
34	269.33	278.54
35	282.18	291.83
36	294.96	305.05
37	307.81	318.34
38	320.63	331.60
39	333.44	344.84
40	346.27	358.11

Case Management

Standard Code	Duration of Standard Units	Standard Code Description	FY17 Rate
T1016	15 minutes	CHOICES HCBS Case Management	$12.49