

Service Code	Modifier	Service Name	Unit Type	Current Rates (as of January 1, 2021)	Shared Medical Service?
54240		Plethysmograph	EA	*Contracted Rate	N
90863		Medication Management, Psychiatric	EA	*Contracted Rate	Y
92507		Speech/Hearing/Communication Therapy (LTC, RCL and WA Roads only)	EA	\$0.01-\$186.52	Y
97755		Assistive Technology assessment	OF	*Contracted Rate	N
99366		Behavior Support Treatment Team	EA	*Contracted Rate	N
99499	U1	Risk Assessment: sexual deviancy; each	EA	*Contracted Rate	N
99499	U4	Risk Assessment: non-sexual; hour	EA	*Contracted Rate	N
99499	U5	Risk Assessment: Brief Evaluation, Follow up, Additional Testing	EA	*Contracted Rate	N
H0045	U1	Respite-Daily-Dedicated Bed-Child	DL	*Contracted Rate	N
H0045	U2	Respite-Daily-Enhanced-Child-Integrated	DL	\$376.05	N
H0045	U3	Respite-Daily-Enhanced-Child-Standalone	DL	\$455.00	N
H0045	U2	Respite-Daily-Dedicated Bed-Adult	DL	*Contracted Rate	N
H0047		Substance Abuse Services (LTC, RCL and WA Roads only)	EA	\$15.00-\$84.97	Y
H2014	U1	Skills training and dev, 15 min: Interview Skills Training	OF	\$0.01-\$20.00	N
H2014	U2	Skills training and dev, 15 min: Identify and Avoid Abuse Training	OF	\$0.01-\$20.00	N
H2014	UC	Skills training and dev, 15 min (Client Training: Medical)	OF	\$0.1-\$46.63	Y
H2014	U5	RN Delegation Per 15 Minute Unit	OF	\$12.46	Y
H2014	UD	Skills training and dev, 15 min (Client Training: Non-medical)	OF	\$0.1-\$46.63	N
H2014	UD	Skills training and dev *Music Therapist	OF	\$27.00-\$31.00	N
H2019		Behavior Support-Individual	OF	\$0.1-\$37.50	Y
H2019	HQ	Behavior Support - Group	OF	*Contracted Rate	N
H2019	U9	AHCA Behavior Support	OF	*Contracted Rate	N
H2028		Sexual Deviancy Therapy	OF	*Contracted Rate	N
H2028	HQ	Sexual Deviancy Therapy-Group	OF	*Contracted Rate	N
K0739		Repair/svc DME non-oxygen eq	OF	\$21.97	N
S0215	U1	Transportation - IP	MI	\$0.56	N
S0215	U2	Transportation - Other	MI	\$0.56	N
S0215	U3	Transportation - Other	MI	\$0.56	N
S0215	U4	Transportation - Other	MI	\$0.56	N
S0215	U9	Transportation - (AHCA)	MI	\$0.56	N
SS100		Adult Day Care King County	15 mins	\$3.38	
SS100		Adult Day Care Metropolitan Counties	15 mins	\$3.01	
SS100		Adult Day Care Non-Metropolitan Counties	15 mins	\$2.86	
SS102	U9	Adult Day Trial	DL	\$40.79-\$78.34	N
SS102	CG	Adult Day Health intake evaluation	DL	\$124.94	Y
SS102	TG	Adult Day Health King County	DL	\$87.14	Y
SS102	TG	Adult Day Health Metropolitan Counties	DL	\$80.71	Y
SS102	TG	Adult Day Health, Non-Metropolitan Counties	DL	\$77.25	Y
SS102	HQ	Adult Day Care King	DL	\$54.08	N
SS102	HQ	Adult Day Care Metropolitan Counties	DL	\$48.22	N
SS102	HQ	Adult Day Care Non-Metropolitan Counties	DL	\$45.75	N
SS115	U6	Technical Assistance: Staff/Family Consultation & Training: Medical	OF	\$0.01-\$75.00	N
SS115	U7	Technical Assistance: Staff/Family Consultation & Training: Non-medical	OF	\$0.01-\$75.00	N
SS160		PERS Installation	EA	*Contracted Rate	N
SS161		PERS Monthly Service	MN	*Contracted Rate	N
SS161	U1	PERS Monthly Service: Fall Detection	MN	*Contracted Rate	N
SS162	U2	PERS Monthly Service: GPS	MN	*Contracted Rate	N
SS163	U3	PERS Monthly Service: Medication Reminder	MN	*Contracted Rate	N
SS165	UA	Environmental Modifications	EA	\$700/\$4000 for ramp (ETR allowed)	N
SS165	UB	Residential Environmental Modifications (RCL only)	EA	\$700/\$4000 for ramp (ETR allowed)	N
SS170		Home Delivered Meals	EA	\$0.01-\$6.80	N
SA075		Assistive Technology	EA	\$0.01-\$5000	N
SA075	U1	Assistive Technology: CFC	EA	\$0.01-\$5000	N
SA075	U2	Assistive Technology: Non-CFC	EA	\$0.01-\$5000	N
SA106		Caregiver Support	EA	\$15.00-\$186.52	N
SA260		Community Guide - Individual	HR	\$21.08	N
SA260		Community Guide - Agency	HR	\$26.72	N
SA263		Community Choice Guide	OF	\$0.27-\$18.00	N
SA266		Shopping/paying-client not present	OF	\$2.75-\$16.25	N
SA290		Residential Care Discharge Allowance - Not subject to VRI	EA	Total to \$816.00 (ETR allowed to \$2500)	N
SA290, SA296		Community Transition/Stabilization - Items	EA	Total to \$850 (ETR allowed)	N
SA291, SA297		Community Transition/Stabilization - Service	EA	Total to \$850 (ETR allowed)	N
SA294		Housing Subsidies (with approval only) [WA Roads only]	EA	\$0.01-\$2500.00	N
SA298		Emergency Rental Assistance (WA Roads only)		\$0.01-\$2000.00	N
SA300, T1005, T1019		In-home Personal Care	1/4 HR	\$4.18	
SA392		Home Care Agency 2532HE000L	1/4 HR	\$7.91	
SA396		Home Care Agency 253200000X	1/4 HR	\$0.1-10.00	
SA685		Bed-Hold - First Seven Days (New as of July 1, 2003)	DL	See Bed Hold Tab	N
SA686		Bed-Hold - Days Eight Through Twenty (New as of July 1, 2003) AFH and A	DL	See Bed Hold Tab	N
SA888		Physical Therapy (LTC, RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA889		Occupational Therapy (LTC, RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA890		Dietitian/Nutritionist	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA892		Speech/Hearing/Communication Evaluation (LTC, RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
T1000	TD	Private Duty Nursing: RN	1/4 HR	\$12.86	Y
T1000		Private Duty Nursing: LPN	1/4 HR	\$10.57	N
T1000	TE	Private Duty Nursing: LPN	1/4 HR	\$10.57	N
PDN_DD_HC51		PDN Hourly Holiday Pay: RN	1/4 HR	\$19.29	N
PDN_DD_HC52		PDN Hourly Holiday Pay: LPN	1/4 HR	\$15.86	N
T1001	CG	Nurse Consultation	EA	\$0.01-\$33.00	Y
T1005	U3	Respite in an Adult Day setting	OF	\$2.84	
T1005, T1019		Home Care Agency	1/4 HR	\$7.91	N
T1019	U2	Relief Care	DL	\$0.01-\$15.03	N
T1019	U3	Skills Acquisition: CARE Hours		See IP Tab / Base IP Rate listed below	N
T1019	U4	Skills Acquisition: Annual Limit		Derived	N
T1019	HQ,U1,U2,U3,U4	Home Care Agency	1/4 HR	\$7.91	N
T1019	U2, U3, U4	IP Base Wage	1/4 HR	\$4.18	N
T1020	U1	Adult Family Home	DL	See Community Rates Tab	N
T1020	U2	Adult Residential Care	DL	See Community Rates Tab	N
T1020	U3	EARC	DL	See Community Rates Tab	N
T1020	U5	ESF	DL	\$455.00	N
T1020	U1	AFH/HV	EA	\$101.31	N
T1020	TD	AFH PDN Spec Home	DL	\$760.21	N
T1021		Home Health Aide	VS	\$0.01-\$18.43	N
T1030		Skilled Nursing	DL	\$57.22	Y
T1030	U1	Skilled Nursing Extra Visit (ETR Required over \$57.22)	DL	\$95.55	Y
T1030	CG	Skilled Nursing Special Circumstances	DL	\$95.55	Y
T2003		Non-emergency Transportation	EA	\$0.00	N
T2025	U1	Chronic Disease Self-management Program (CD SMP)	EA	\$50.00	N
T2025	U2	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	EA	\$75.00-\$167.00	N
T2025	U3	ECS Behavioral Support	EA	\$150.00	N
T2031		Assisted Living	DL	See Community Rates Tab	N
T2033	U3	ECS add on for AL and EARC	DL	See Community Rates Tab	N
T2033	U6	Meaningful Day - King	HR	\$30.00	
T2033	U6	Meaningful Day - MSA	HR	\$30.00	
T2033	U6	Meaningful Day - NMSA	HR	\$30.00	
T2033	U5	AFH SBS	DL	\$153.00	
Varies		IP Orientation, Safety, Training and Hourly service		See IP Tab / Base IP Rate listed below	N

*For contracted rates, the case manager should look in the AAA contractor list for the correct rate.

**Metropolitan Counties: Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, and Yakima Counties.

***Non-Metropolitan Counties: Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Skamania, Stevens, Wahkiakum, Walla Walla, and Whitman.

****Shared Medical Service are services offered by both AL TSA and HCA. HCA sets the rate for shared services.

Contacts:

- o CFC: Victoria Nuesca
- o COPES: Jamie Tong
- o RCL/WA Roads, RCDA: Julie Cope
- o CD SMP: Sapphire Knight
- o PEARLS: Dawn Williams
- o ECS: Sandy Spiegelberg
- o Skilled Nursing: Jerome Spearman
- o Private Duty Nursing: Whitney Hightower
- o Nurse Delegation: Mario Moss
- o Adult Day Services: Jerome Spearman
- o MAC and TSOA: Debbie Johnson, Adrienne Cotton

MAC/TSOA Rates Effective 04/01/2021

Program	Step 3 Monthly Benefit Level for 04/01/2021 - 06/30/2021 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$735 per month not to exceed \$4,410 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$735 per month not to exceed \$4,410 in a six month period
TSOA individual without an unpaid family caregiver	\$735 per month

Program	Step 3 Monthly Benefit Level for 01/01/2021 - 3/31/2021 without COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$648 per month not to exceed \$3,888 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$648 per month not to exceed \$3,888 in a six month period
TSOA individual without an unpaid family caregiver	\$648 per month

Contacts:

- o MAC and TSOA: Debbie Johnson, Adrienne Cotton Benefit Level related WAC 388-106-1920

Historical Step 3 Monthly Benefit Levels

Program	Step 3 Monthly Benefit Level for 01/01/2021 - 3/31/2021 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$738 per month not to exceed \$4,428 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$738 per month not to exceed \$4,428 in a six month period
TSOA individual without an unpaid family caregiver	\$738 per month
TSOA individual without an unpaid family caregiver	\$727 per month

Program	Step 3 Monthly Benefit Level for 7/1/2020 - 9/30/2020
MAC dyad (unpaid family caregiver & care receiver)	an average of \$732 per month not to exceed \$4,392 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$732 per month not to exceed \$4,392 in a six month period
TSOA individual without an unpaid family caregiver	\$732 per month

Program	Effective 5/1/2020 - 6/30/2020 (Due to COVID)
MAC dyad (unpaid family caregiver & care receiver)	an average of \$774 per month not to exceed \$4,644 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$774 per month not to exceed \$4,644 in a six month period
TSOA individual without an unpaid family caregiver	\$774 per month

Program	Effective 1/1/2019- 4/30/2020
MAC dyad (unpaid family caregiver & care receiver)	an average of \$625 per month not to exceed \$3,750 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$625 per month not to exceed \$3,750 in a six month period
TSOA individual without an unpaid family caregiver	\$625 per month

Program	Effective 7/1/2019 - 12/31/2019
MAC dyad (unpaid family caregiver & care receiver)	an average of \$615 per month not to exceed \$3,690 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$615 per month not to exceed \$3,690 in a six month period
TSOA individual without an unpaid family caregiver	\$615 per month

Program	Effective 1/1/2019 - 6/30/2019
MAC dyad (unpaid family caregiver & care receiver)	an average of \$594 per month not to exceed \$3,564 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$594 per month not to exceed \$3,564 in a six month period
TSOA individual without an unpaid family caregiver	\$594 per month

Program	Effective 7/1/2018 - 12/31/2018
MAC dyad (unpaid family caregiver & care receiver)	an average of \$573 per month not to exceed \$3,438 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$573 per month not to exceed \$3,438 in a six month period
TSOA individual without an unpaid family caregiver	\$573 per month

Program	Effective 1/1/2018 - 6/30/2018
MAC dyad (unpaid family caregiver & care receiver)	an average of \$558 per month not to exceed \$3,348 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$558 per month not to exceed \$3,348 in a six month period
TSOA individual without an unpaid family caregiver	\$558 per month

Program	Effective 9/1/2017 - 12/31/2017
MAC dyad (unpaid family caregiver & care receiver)	an average of \$550 per month not to exceed \$3,300 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$550 per month not to exceed \$3,300 in a six month period
TSOA individual without an unpaid family caregiver	\$550 per month

Community Residential Daily Rates Current as of July 1, 2020

MSA Service Area Designations						
Service Area	Counties Included	Classification	SDC	AFH	AFH + CI	ECS add-on for AFH
King County	King	1) A Low	\$120.88	\$85.24	\$87.72	\$49.76
		2) A Med	\$120.88	\$88.56	\$91.04	\$46.44
		3) A High	\$120.88	\$96.28	\$98.76	\$38.72
		4) B Low	\$120.88	\$86.96	\$89.44	\$48.04
		5) B Med	\$120.88	\$94.56	\$97.04	\$40.44
		6) B Med-High	\$120.88	\$102.62	\$105.10	\$32.38
		7) B High	\$120.88	\$105.60	\$108.08	\$29.40
		8) C Low	\$120.88	\$96.05	\$98.53	\$38.95
		9) C Med	\$120.88	\$110.68	\$113.16	\$24.32
		10) C Med-High	\$120.88	\$113.20	\$115.68	\$21.80
		11) C High	\$120.88	\$115.83	\$118.31	\$19.17
		12) D Low	\$120.88	\$102.51	\$104.99	\$32.49
		13) D Med	\$120.88	\$112.97	\$115.45	\$22.03
		14) D Med-High	\$122.92	\$129.07	\$131.55	\$5.93
		15) D High	\$132.86	\$136.51	\$138.99	\$0.00
		16) E Med	\$0.00	\$165.12	\$167.60	\$0.00
		17) E High	\$0.00	\$192.59	\$195.07	\$0.00
Metropolitan Counties	Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, and Yakima.	1) A Low	\$109.07	\$82.75	\$85.12	\$52.25
		2) A Med	\$109.07	\$85.91	\$88.28	\$49.09
		3) A High	\$109.07	\$93.26	\$95.63	\$41.74
		4) B Low	\$109.07	\$84.38	\$86.75	\$50.62
		5) B Med	\$109.07	\$91.62	\$93.99	\$43.38
		6) B Med-High	\$109.07	\$99.30	\$101.67	\$35.70
		7) B High	\$109.07	\$102.13	\$104.50	\$32.87
		8) C Low	\$109.07	\$93.04	\$95.41	\$41.96
		9) C Med	\$109.07	\$106.98	\$109.35	\$28.02
		10) C Med-High	\$109.07	\$109.37	\$111.74	\$25.63
		11) C High	\$109.07	\$111.88	\$114.25	\$23.12
		12) D Low	\$109.07	\$99.19	\$101.56	\$35.81
		13) D Med	\$109.07	\$109.16	\$111.53	\$25.84
		14) D Med-High	\$120.00	\$124.49	\$126.86	\$10.51
		15) D High	\$129.22	\$131.57	\$133.94	\$3.43
		16) E Med	\$0.00	\$159.52	\$161.89	\$0.00
		17) E High	\$0.00	\$185.65	\$188.02	\$0.00
Non-Metropolitan Counties	Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Grays Harbor, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Skamania, Stevens, Wahkiakum, Walla Walla, and Whitman.	1) A Low	\$102.79	\$80.25	\$82.50	\$54.75
		2) A Med	\$102.79	\$83.25	\$85.50	\$51.75
		3) A High	\$102.79	\$90.24	\$92.49	\$44.76
		4) B Low	\$102.79	\$81.80	\$84.05	\$53.20
		5) B Med	\$102.79	\$88.68	\$90.93	\$46.32
		6) B Med-High	\$102.79	\$95.98	\$98.23	\$39.02
		7) B High	\$102.79	\$98.67	\$100.92	\$36.33
		8) C Low	\$102.79	\$90.03	\$92.28	\$44.97
		9) C Med	\$102.79	\$103.27	\$105.52	\$31.73
		10) C Med-High	\$102.79	\$105.55	\$107.80	\$29.45
		11) C High	\$102.79	\$107.93	\$110.18	\$27.07
		12) D Low	\$102.79	\$95.87	\$98.12	\$39.13
		13) D Med	\$102.79	\$105.34	\$107.59	\$29.66
		14) D Med-High	\$113.35	\$119.90	\$122.15	\$15.10
		15) D High	\$122.17	\$126.63	\$128.88	\$8.37
		16) E Med	\$0.00	\$151.12	\$153.37	\$0.00
		17) E High	\$0.00	\$175.84	\$178.09	\$0.00

County Cost Designations										
Service Area	Counties Included	Classification	AL	AL + Capital Add-on	EARC	EARC + Capital Add-on	ARC	ARC + Capital Add-on	ECS Add-on for AL	ECS Add-on for EARC
High Cost	King, Pierce, and Snohomish	1) A Low	\$73.34	\$81.44	\$65.83	\$68.51	\$63.16	\$65.84	\$44.09	\$65.41
		2) A Med	\$84.41	\$92.51	\$84.41	\$87.09	\$80.54	\$83.22	\$38.08	\$58.48
		3) A High	\$97.08	\$105.18	\$97.08	\$99.76	\$92.38	\$95.06	\$28.44	\$52.73
		4) B Low	\$73.34	\$81.44	\$67.19	\$69.87	\$64.43	\$67.11	\$44.09	\$65.41
		5) B Med	\$95.41	\$103.51	\$95.41	\$98.09	\$90.82	\$93.50	\$35.65	\$51.54
		6) B Med-High	\$101.91	\$110.01	\$101.91	\$104.59	\$96.90	\$99.58	\$24.89	\$47.39
		7) B High	\$108.41	\$116.51	\$108.41	\$111.09	\$102.97	\$105.65	\$20.04	\$37.46
		8) C Low	\$88.16	\$96.26	\$88.16	\$90.84	\$84.04	\$86.72	\$38.08	\$58.48
		9) C Med	\$99.06	\$107.16	\$99.06	\$101.74	\$94.23	\$96.91	\$28.44	\$43.57
		10) C Med-High	\$110.64	\$118.74	\$103.93	\$106.61	\$98.79	\$101.47	\$6.79	\$19.16
		11) C High	\$111.74	\$119.84	\$108.81	\$111.49	\$103.35	\$106.03	\$5.69	\$18.21
		12) D Low	\$98.48	\$106.58	\$98.48	\$101.16	\$93.69	\$96.37	\$35.65	\$37.93
		13) D Med	\$101.27	\$109.37	\$101.27	\$103.95	\$96.30	\$98.98	\$26.64	\$25.41
		14) D Med-High	\$117.26	\$125.36	\$116.86	\$119.54	\$116.86	\$119.54	\$0.17	\$0.57
		15) D High	\$126.30	\$134.40	\$126.30	\$128.98	\$126.30	\$128.98	\$0.00	\$0.00
		16) E Med	\$152.53	\$160.63	\$152.53	\$155.21	\$152.53	\$155.21	\$0.00	\$0.00
		17) E High	\$178.76	\$186.86	\$178.76	\$181.44	\$178.76	\$181.44	\$0.00	\$0.00
Medium-High Cost	Clallam, Clark, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Whatcom	1) A Low	\$67.30	\$74.90	\$62.68	\$65.36	\$60.22	\$62.90	\$50.13	\$65.41
		2) A Med	\$79.85	\$87.45	\$79.85	\$82.53	\$76.27	\$78.95	\$46.49	\$60.79
		3) A High	\$91.54	\$99.14	\$91.54	\$94.22	\$87.20	\$89.88	\$30.84	\$55.72
		4) B Low	\$67.30	\$74.90	\$63.94	\$66.62	\$61.40	\$64.08	\$50.13	\$65.41
		5) B Med	\$90.00	\$97.60	\$90.00	\$92.68	\$85.76	\$88.44	\$40.50	\$55.00
		6) B Med-High	\$96.00	\$103.60	\$96.00	\$98.68	\$91.37	\$94.05	\$30.34	\$51.08
		7) B High	\$102.00	\$109.60	\$102.00	\$104.68	\$96.99	\$99.67	\$22.45	\$39.70
		8) C Low	\$83.31	\$90.91	\$83.31	\$85.99	\$79.50	\$82.18	\$46.49	\$60.56
		9) C Med	\$93.37	\$100.97	\$93.37	\$96.05	\$88.91	\$91.59	\$30.84	\$44.51
		10) C Med-High	\$107.01	\$114.61	\$97.87	\$100.55	\$93.12	\$95.80	\$10.42	\$26.10
		11) C High	\$108.09	\$115.69	\$102.37	\$105.05	\$97.33	\$100.01	\$9.34	\$20.30
		12) D Low	\$92.84	\$100.44	\$92.84	\$95.52	\$88.41	\$91.09	\$40.50	\$39.02
		13) D Med	\$95.41	\$103.01	\$95.41	\$98.09	\$90.82	\$93.50	\$29.09	\$27.25
		14) D Med-High	\$113.42	\$121.02	\$113.99	\$116.67	\$113.99	\$116.67	\$4.01	\$3.44
		15) D High	\$122.85	\$130.45	\$122.85	\$125.53	\$122.85	\$125.53	\$0.00	\$0.00
		16) E Med	\$147.82	\$155.42	\$147.82	\$150.50	\$147.82	\$150.50	\$0.00	\$0.00
		17) E High	\$172.77	\$180.37	\$172.77	\$175.45	\$172.77	\$175.45	\$0.00	\$0.00
Standard Cost	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Thurston, Walla Walla, Whitman, Yakima	1) A Low	\$66.13	\$74.05	\$61.46	\$64.14	\$59.08	\$61.76	\$51.30	\$65.41
		2) A Med	\$78.07	\$85.99	\$78.07	\$80.75	\$74.61	\$77.29	\$46.49	\$61.93
		3) A High	\$89.39	\$97.31	\$89.39	\$92.07	\$85.19	\$87.87	\$30.84	\$56.70
		4) B Low	\$66.13	\$74.05	\$62.68	\$65.36	\$60.22	\$62.90	\$50.13	\$65.41
		5) B Med	\$87.89	\$95.81	\$87.89	\$90.57	\$83.79	\$86.47	\$40.50	\$56.16
		6) B Med-High	\$93.70	\$101.62	\$93.70	\$96.38	\$89.22	\$91.90	\$30.34	\$52.32
		7) B High	\$99.51	\$107.43	\$99.51	\$102.19	\$94.66	\$97.34	\$22.45	\$43.88
		8) C Low	\$81.42	\$89.34	\$81.42	\$84.10	\$77.74	\$80.42	\$46.49	\$61.93
		9) C Med	\$91.15	\$99.07	\$91.15	\$93.83	\$86.84	\$89.52	\$30.84	\$48.47
		10) C Med-High	\$107.01	\$114.93	\$95.51	\$98.19	\$90.92	\$93.60	\$10.42	\$29.56
		11) C High	\$108.09	\$116.01	\$99.87	\$102.55	\$94.99	\$97.67	\$9.34	\$25.60
		12) D Low	\$90.64	\$98.56	\$90.64	\$93.32	\$86.36	\$89.04	\$40.50	\$43.29
		13) D Med	\$93.14	\$101.06	\$93.14	\$95.82	\$88.69	\$91.37	\$29.09	\$32.15
		14) D Med-High	\$113.42	\$121.34	\$107.76	\$110.44	\$107.76	\$110.44	\$4.01	\$9.67
		15) D High	\$116.14	\$124.06	\$116.14	\$118.82	\$116.14	\$118.82	\$1.29	\$1.29
		16) E Med	\$139.74	\$147.66	\$139.74	\$142.42	\$139.74	\$142.42	\$0.00	\$0.00
		17) E High	\$163.33	\$171.25	\$163.33	\$166.01	\$163.33	\$166.01	\$0.00	\$0.00




Service Descriptions

AFH	Adult Family Home
AFH + CI	Adult Family Home + Community Integration
AL	Assisted Living
AL + Capital Add-On	Assisted Living + Capital Add-On
ARC	Adult Residential Care
ARC + Capital Add-on	Adult Residential Care + Capital Add-On
EARC	Enhanced Adult Residential Care
EARC + Capital Add-On	Enhanced Adult Residential Care + Capital Add-On
ECS Add-On for AFH	Expanded Community Services Add-On for Adult Family Home
ECS Add-On for AL	Expanded Community Services Add-On for Assisted Living
ECS Add-On for EARC	Expanded Community Services Add-On for Enhanced Adult Residential Care
SDC	Specialized Dementia Care

January 1, 2020 Bed Hold Days 1-7 70% Conversion Calculator

WAC 388-105-0045 specifies that the department must hold a Medicaid eligible resident's bed or unit if:

- (a) The medicaid resident needs short-term care in a nursing home or hospital;
- (b) The medicaid resident is likely to return to the ESF, AFH, ARC, EARC, or AL

Rate Calculator Tool		
<u>Insert client personal care rate (include ETR)</u> 	<u>Insert Client add- on Rate Here</u> 	<u>Bed Hold Rate (70%)</u> 
\$ 75.00	\$ 25.00	\$ 70.00

Daily Unit Calculator Tool		
Service line start date	Service line end Date	# of Daily Units
1/25/2020	1/31/2020	7

Beds can be held for up to 20 days

The department will pay an ESF 70% of the resident's medicaid daily rate for days 1-20.

The department will pay an ARC, EARC, or AL 70% of the resident's medicaid daily rate for days 1-7 and \$11.66 per days 8-20.

The department will pay an AFH 70% of the resident's medicaid daily rate for days 1-7 and \$15.00 per day for days 8-20.

7/1/2019

Cumulative Career Hours	Home Care Aide (Without Certification)	Certified Home Care Aide OR Certified Nurse Assistant License	Advanced Home Care Aide Specialist (AHCAS)
0-2000	\$15.50	\$15.75	\$16.25
2001-4000	\$15.75	\$16.00	\$16.50
4001-6000	\$16.00	\$16.25	\$16.75
6001-8000	\$16.20	\$16.45	\$16.95
8001-10000	\$16.40	\$16.65	\$17.15
10001-12000	\$16.60	\$16.85	\$17.35
12001-14000	\$16.80	\$17.05	\$17.55
14001-16000	\$17.40	\$17.65	\$18.15
16001-20000	\$17.65	\$17.90	\$18.40
20001 and above	\$17.90	\$18.15	\$18.65

1/1/2020

Cumulative Career Hours	Home Care Aide (Without Certification)	Certified Home Care Aide OR Certified Nurse Assistant License	Advanced Home Care Aide Specialist (AHCAS)
0-2000	\$16.00	\$16.25	\$16.75
2001-4000	\$16.25	\$16.50	\$17.00
4001-6000	\$16.50	\$16.75	\$17.25
6001-8000	\$16.75	\$17.00	\$17.50
8001-10000	\$17.00	\$17.25	\$17.75
10001-12000	\$17.20	\$17.45	\$17.95
12001-14000	\$17.45	\$17.70	\$18.20
14001-16000	\$17.75	\$18.00	\$18.50
16001-20000	\$18.00	\$18.25	\$18.75
20001 and above	\$18.25	\$18.50	\$19.00

7/1/2020

Cumulative Career Hours	Home Care Aide (Without Certification)	Certified Home Care Aide OR Certified Nurse Assistant License	Advanced Home Care Aide Specialist (AHCAS)
0-2000	\$16.40	\$16.65	\$17.15
2001-4000	\$16.60	\$16.85	\$17.35
4001-6000	\$16.80	\$17.05	\$17.55
6001-8000	\$17.00	\$17.25	\$17.75
8001-10000	\$17.20	\$17.45	\$17.95
10001-12000	\$17.40	\$17.65	\$18.15
12001-14000	\$17.70	\$17.95	\$18.45
14001-16000	\$18.00	\$18.25	\$18.75
16001-20000	\$18.25	\$18.50	\$19.00
20001 and above	\$18.50	\$18.75	\$19.25

1/1/2021

Cumulative Career Hours	Home Care Aide (Without Certification)	Certified Home Care Aide OR Certified Nurse Assistant License	Advanced Home Care Aide Specialist (AHCAS)
0-2000	\$16.72	\$16.97	\$17.47
2001-4000	\$16.87	\$17.12	\$17.62
4001-6000	\$17.02	\$17.27	\$17.77
6001-8000	\$17.20	\$17.45	\$17.95
8001-10000	\$17.40	\$17.65	\$18.15
10001-12000	\$17.65	\$17.90	\$18.40
12001-14000	\$17.90	\$18.15	\$18.65
14001-16000	\$18.55	\$18.80	\$19.30
16001-20000	\$18.80	\$19.05	\$19.55
20001 and above	\$19.07	\$19.32	\$19.82