

Service Code	Modifier	Service Name	Unit Type	Current Rates (as of January 1, 2023)	Shared Medical Service?
54240		Phlebotomy	EA	*Contracted Rate	N
90863		Medication Management - Psychiatric	EA	*Contracted Rate	Y
92507		Speech/Hearing/Communication Therapy (LIC, 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
H0044		Supportive Housing	MN	\$575.00 (\$609.38 with COVID enhancement)	N
H0045	U1	Respite-Daily-Dedicated-Bed-Child	DL	*Contracted Rate	N
H0045	U2	Respite-Daily-Enhanced-Child-Integrated	DL	\$376.05	N
H0045	U2	Respite-Daily-Enhanced-Child-Standalone	DL	\$485.00	N
H0045	U3	Respite-Daily-Dedicated-Bed-Adult	DL	*Contracted Rate	N
H0047		Substance Abuse Services (LIC, RCL and WA Roads only)	EA	\$15.00-\$84.97	Y
H0047	U1	Skills training and dev, 15 min: Interview Skills Training	OF	\$0.01-\$20.00	N
H0047	U2	Skills training and dev, 15 min: Identify and Avoid Abuse Training	OF	\$0.01-\$20.00	N
H0047	U3	Skills training and dev, 15 min: Client Training: Medical	OF	\$0.01-\$46.63	N
H0047	U5	RN Delegation Per 15 Minute Unit	OF	\$12.46	Y
H0047	U6	Skills training and dev, 15 min (Client Training: Non-medical)	OF	\$0.01-\$46.63	N
H0047	U7	Skills training and dev, 15 min (Client Training: Medical)	OF	\$27.00-\$31.00	N
H0019	LD	Behavior Support-Individual	OF	\$0.01-\$37.50	Y
H0019	HQ	Behavior Support - Group	OF	*Contracted Rate	N
H0019	U9	AHCA Behavior Support	OF	*Contracted Rate	N
H0028		Sexual Deviancy Therapy	OF	*Contracted Rate	N
H0028	HQ	Sexual Deviancy Therapy-Group	OF	*Contracted Rate	N
H0079		Repair/Exc OME non oxygen eq	OF	\$24.67	N
S0215	U1	Transportation - IP	MI	\$0.66	N
S0215	U2	Transportation - Other	MI	\$0.66	N
S0215	U3	Transportation - Other	MI	\$0.66	N
S0215	U4	Transportation - Other	MI	\$0.66	N
S0215	U6	Transportation - (AHCA)	MI	\$0.66	N
S5100		Adult Day Care King County	15 mins	\$4.07	N
S5100		Adult Day Care Metropolitan Counties	15 mins	\$3.71	N
S5100	U9	Adult Day Care Non-Metropolitan Counties	15 mins	\$3.55	N
S5102	CG	Adult Day Health Intake evaluation	DL	\$40.79-\$78.34	N
S5102	TG	Adult Day Health King County	DL	\$124.94	Y
S5102	TG	Adult Day Health Metropolitan Counties	DL	\$98.22	Y
S5102	TG	Adult Day Health, Non-Metropolitan Counties	DL	\$81.78	Y
S5102	TG	Adult Day Health, Non-Metropolitan Counties	DL	\$88.33	Y
S5102	HQ	Adult Day Care King	DL	\$65.16	N
S5102	HQ	Adult Day Care Metropolitan Counties	DL	\$59.30	N
S5102	HQ	Adult Day Care Non-Metropolitan Counties	DL	\$56.83	N
S5115	U6	Technical Assistance-Staff/Family Consultation & Training: Medical	OF	\$0.01-\$75.00	N
S5115	U7	Technical Assistance-Staff/Family Consultation & Training: Non-medical	OF	\$0.01-\$75.00	N
S5160		PECS installation	EA	*Contracted Rate	N
S5161		PECS Monthly Service	MN	*Contracted Rate	N
S5161	U1	PECS Monthly Service: Fall Detection	MN	*Contracted Rate	N
S5162	U1	PECS Monthly Service: GPS	MN	*Contracted Rate	N
S5163	U3	PECS Monthly Service: Medication Reminder	MN	*Contracted Rate	N
S5165	U6	Residential Environmental Modifications (RCL only)	EA	*Contracted Rate	N
S5170		Home Delivered Meals	EA	\$0.01-\$8.50	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	\$13.00 - \$186.52	N
SA260		Community Guide - Individual	HR	\$21.08	N
SA260		Community Guide - Agency	HR	\$26.77	N
SA263		Community Choice Guide	OF	\$0.27 - \$18.00	N
SA266		Shopping/Leaving-client not present	OF	\$10.00	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
SA296_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)	EA	\$0.01-\$4,000.00	N
SA299	U1	Supportive Housing Specialist (Pre-Tenancy)	1/4 HR	16.25 (\$17.22 with COVID enhancement)	N
SA330	U1	Wellness Programs and Activities - Care Receiver	EA	\$0.01-\$100.00	N
SA330	U2	Wellness Programs and Activities - Caregiver	EA	\$0.01-\$100.00	N
SA392		Housework & Errands (Home Care Agency - 2532H0000)	1/4 HR	\$8.70	N
SA392	U1	Heavy Housework - 1 Worker	1/4 HR	\$8.70 + \$0.75	N
SA392	U1	Heavy Housework - 2 Workers	1/4 HR	\$8.70 + \$1.50	N
SA392	U1	Heavy Housework - 3 Workers	1/4 HR	\$8.70 + \$4.50	N
SA392	U2	Yardwork	1/4 HR	\$0.01-\$15.00	N
SA396		Bath Aide (Home Care Agency - 253200000)	1/4 HR	\$0.01-\$10.00	N
SA421		Non-Medical Equipment & Supplies	EA	\$0.01-\$10,000	N
SA421	U2	Non-Medical Equipment & Supplies - Wipes	EA	\$0.01-\$500.00	N
SA604	U1	1095 Vendor Supplemental Payment	EA	\$0.01-\$10,000.00	N
SA636	U1	Assistive Technology Services: Evaluation	EA	\$60.00	N
SA636	U2	Assistive Technology Services: Installation or Repair	EA	\$60.00	N
SA636	U3	Assistive Technology Services: Training	EA	\$60.00	N
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-Nine (New as of July 1, 2003) AFH and AL	DL	See Bed Hold Tab	N
GA888		Physical Therapy (LIC, RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
GA889		Occupational Therapy (LIC, RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
GA890		Dietary/Nutritionist	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
GA892		Speech/Hearing/Communication Evaluation (LIC, RCL and WA Roads only)	EA	\$0.01-\$186.52 (not to exceed Medicaid rate)	Y
SA896	U1	Massage Therapy - Care Receiver	OF	\$0.01 - \$30.00	N
SA896	U2	Massage Therapy - Caregiver	OF	\$0.01 - \$30.00	N
SA897	U1	Acupuncture - Care Receiver	OF	\$0.01 - \$20.00	N
SA897	U2	Acupuncture - Caregiver	OF	\$0.01 - \$20.00	N
T1000	TD	Private Duty Nursing: RN, Individual	1/4 HR	\$12.86	Y
T1000	TD	Private Duty Nursing: RN, Agency	1/4 HR	\$15.43	Y
T1000	TE	Private Duty Nursing: LPN, Individual	1/4 HR	\$10.57	N
T1000	TE	Private Duty Nursing: LPN, Agency	1/4 HR	\$12.68	N
PON_DD_HCS1		PON Hourly Holiday Pay, RN, Individual	1/4 HR	\$39.29	N
PON_DD_HCS2		PON Hourly Holiday Pay, LPN, Individual	1/4 HR	\$15.86	N
PON_DD_HCS3		PON Hourly Holiday Pay, RN, Agency	1/4 HR	\$23.14	N
PON_DD_HCS4		PON Hourly Holiday Pay, LPN, Agency	1/4 HR	\$19.02	N
T1001	CG	Nurse Consultation	EA	\$0.01-\$33.00	Y
T1005	U1	25300CDEL Consumer Directed Employer - Respite Care	1/4 HR	\$7.58 (\$7.98 with COVID enhancement)	N
T1005	U3	Respite in an Adult Family Home (up to 9 hours per day) - MAC & TSOA clients only	OF	\$4.50	N
T1005	U1	Respite in an Adult Family Home (9 hours or more in a 24-hour period) - MAC & TSOA clients only	OF	\$12.00	N
T1005	U3	Respite in an Adult Day setting	OF	\$3.40	N
T1005_T1019		Home Care Agency	1/4 HR	\$8.70 (\$9.24 with COVID enhancement)	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 U2 U3 U4 U6	Home Care Agency - Personal Care	1/4 HR	\$8.70 (\$9.24 with COVID enhancement)	N
T1019	U2 U3 U4 U6	25300CDEL Consumer Directed Employer - Personal Care	1/4 HR	\$7.58 (\$7.98 with COVID enhancement)	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	\$45.00	N
T1020	U1	AFH HBV	DL	\$101.31	N
T1020	TD	AFH PON Spec Home	DL	\$836.23	N
T1021		Home Health Aide	VS	\$0.01-\$18.43	N
T1030	U3	Skilled Nursing	DL	\$57.22	N
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 (CDSPM)	EA	\$50.00	N
T2025	U2	Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	EA	\$75.00-\$167.00	N
T2025	U3	Client Training - Intensive Behavior Support	EA	\$150.00	N
T2031		Assisted Living	DL	See Community Rates Tab	N
T2033	U1	ECS add on for AFH	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	N
T2033	U6	Meaningful Day - MSA	HR	\$30.00	N
T2033	U6	Meaningful Day - NMSA	HR	\$30.00	N
T2033	U5	AFH SBS	DL	\$153.00	N
T2033	U7	EARC Medically Complex Add-On	DL	\$45.00	N
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, Clallam, Clatsop, 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 COFES: Grace Brower
- o RCL/WA Roads, RCDA: Julie Cope
- o CDMAP: Sophie Knight
- o PEARLS: Dawn Williams
- o ECS: James Selby
- o Skilled Nursing: Susan Worthington
- o Private Duty Nursing: Kala O'Dell
- o Nurse Delegation: Janet Wakefield
- o Adult Day Services: Susan Worthington
- o MAC and TSOA: Debbie Johnson, Adrienne Cotton, Resa Lee-Bell

MAC/TSOA Rates Effective 01/01/2023

Program	Step 3 Monthly Benefit Level for 01/01/2023 - 6/30/2023 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$763 per month not to exceed \$4,548 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$758 per month not to exceed \$4,548 in a six month period
TSOA individual without an unpaid family caregiver	an average of \$758 per month not to exceed \$4,548 in a six month period

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

Historical Step 3 Monthly Benefit Levels

Program	Step 3 Monthly Benefit Level for 07/01/2022 - 12/31/2022 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$759 per month not to exceed \$4,554 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$759 per month not to exceed \$4,554 in a six month period
TSOA individual without an unpaid family caregiver	an average of \$759 per month not to exceed \$4,554 in a six month period

Program	Step 3 Monthly Benefit Level for 01/01/2022 - 06/30/2022 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$743 per month not to exceed \$4,458 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$743 per month not to exceed \$4,458 in a six month period
TSOA individual without an unpaid family caregiver	an average of \$743 per month not to exceed \$4,458 in a six month period

Program	Step 3 Monthly Benefit Level for 04/01/2022 - 06/30/2022 without COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$671 per month not to exceed \$4,026 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$671 per month not to exceed \$4,026 in a six month period
TSOA individual without an unpaid family caregiver	an average of \$671 per month not to exceed \$4,026 in a six month period

Program	Step 3 Monthly Benefit Level for 07/01/2021 - 12/31/2021 with COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$736 per month not to exceed \$4,416 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$736 per month not to exceed \$4,416 in a six month period
TSOA individual without an unpaid family caregiver	\$736 per month

Program	Step 3 Monthly Benefit Level for 07/01/2021 - 12/31/2021 without COVID rate enhancement
MAC dyad (unpaid family caregiver & care receiver)	an average of \$663 per month not to exceed \$3,978 in a six month period
TSOA dyad (unpaid family caregiver & care receiver)	an average of \$663 per month not to exceed \$3,978 in a six month period
TSOA individual without an unpaid family caregiver	\$663 per month

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

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, 2022

MSA Service Area Designations						County Cost Designations										
Service Area	Counties Included	Classification	AFH	AFH + CI	ECS add-on for AFH	Service Area	Counties Included	Classification	AL	AL + Capital Add-on	EARC	ARC	ECS Add-on for AL	ECS Add-on for EARC	SDC	
King County	King	1) A Low	\$95.67	\$98.15	\$44.33	High Cost	King, Pierce, and Snohomish	1) A Low	\$88.87	\$94.29	\$88.87	\$85.92	\$44.09	\$65.41	\$148.33	
		2) A Med	\$99.14	\$101.62	\$40.86			2) A Med	\$111.19	\$116.61	\$111.19	\$106.89	\$38.08	\$58.48	\$148.33	
		3) A High	\$107.19	\$109.67	\$32.81			3) A High	\$126.39	\$131.81	\$126.39	\$121.19	\$28.44	\$52.73	\$148.33	
		4) B Low	\$97.47	\$99.95	\$42.53			4) B Low	\$90.51	\$95.93	\$90.51	\$87.45	\$44.09	\$65.41	\$148.33	
		5) B Med	\$105.40	\$107.88	\$34.60			5) B Med	\$124.39	\$129.81	\$124.39	\$119.30	\$35.65	\$51.54	\$148.33	
		6) B Med-High	\$113.82	\$116.30	\$26.18			6) B Med-High	\$132.19	\$137.61	\$132.19	\$126.64	\$24.89	\$47.39	\$148.33	
		7) B High	\$116.92	\$119.40	\$23.08			7) B High	\$140.00	\$145.42	\$140.00	\$133.98	\$20.04	\$37.46	\$148.33	
		8) C Low	\$106.96	\$109.44	\$33.04			8) C Low	\$115.69	\$121.11	\$115.69	\$111.12	\$38.08	\$58.48	\$148.33	
		9) C Med	\$122.23	\$124.71	\$17.77			9) C Med	\$128.77	\$134.19	\$128.77	\$123.42	\$28.44	\$43.57	\$148.33	
		10) C Med-High	\$124.86	\$127.34	\$15.14			10) C Med-High	\$134.63	\$140.05	\$134.63	\$128.92	\$6.79	\$19.16	\$148.33	
		11) C High	\$127.61	\$130.09	\$12.39			11) C High	\$140.48	\$145.90	\$140.48	\$134.43	\$5.69	\$18.21	\$148.33	
		12) D Low	\$113.70	\$116.18	\$26.30			12) D Low	\$128.08	\$133.50	\$128.08	\$122.77	\$35.65	\$37.93	\$148.33	
		13) D Med	\$124.62	\$127.10	\$15.38			13) D Med	\$131.43	\$136.85	\$131.43	\$125.92	\$26.64	\$25.41	\$148.33	
		14) D Med-High	\$141.43	\$143.91	\$0.00			14) D Med-High	\$140.08	\$145.50	\$140.08	\$134.05	\$0.17	\$0.57	\$150.64	
		15) D High	\$149.19	\$151.67	\$0.00			15) D High	\$148.73	\$154.15	\$148.73	\$142.18	\$0.00	\$0.00	\$161.91	
		16) E Med	\$170.08	\$172.56	\$0.00			16) E Med	\$159.48	\$164.90	\$159.48	\$154.05	\$0.00	\$0.00	\$0.00	
		17) E High	\$198.38	\$200.86	\$0.00			17) E High	\$180.28	\$185.70	\$180.28	\$180.28	\$0.00	\$0.00	\$0.00	
Metropolitan Counties	Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, and Yakima.	1) A Low	\$93.07	\$95.44	\$46.93	Medium-High Cost	Clark, Cowlitz, Kitsap, Skagit, Skamania, and Thurston	1) A Low	\$84.86	\$90.28	\$84.86	\$82.14	\$50.13	\$65.41	\$134.95	
		2) A Med	\$96.37	\$98.74	\$43.63			2) A Med	\$105.35	\$110.77	\$105.35	\$101.41	\$46.49	\$60.79	\$134.95	
		3) A High	\$104.04	\$106.41	\$35.96			3) A High	\$119.32	\$124.74	\$119.32	\$114.53	\$30.84	\$55.72	\$134.95	
		4) B Low	\$94.77	\$97.14	\$45.23			4) B Low	\$86.36	\$91.78	\$86.36	\$83.55	\$50.13	\$65.41	\$134.95	
		5) B Med	\$102.33	\$104.70	\$37.67			5) B Med	\$117.48	\$122.90	\$117.48	\$112.80	\$40.50	\$55.00	\$134.95	
		6) B Med-High	\$110.35	\$112.72	\$29.65			6) B Med-High	\$124.65	\$130.07	\$124.65	\$119.54	\$30.34	\$51.08	\$134.95	
		7) B High	\$113.31	\$115.68	\$26.69			7) B High	\$131.82	\$137.24	\$131.82	\$126.28	\$22.45	\$39.70	\$134.95	
		8) C Low	\$103.81	\$106.18	\$36.19			8) C Low	\$109.49	\$114.91	\$109.49	\$105.29	\$46.49	\$60.56	\$134.95	
		9) C Med	\$118.36	\$120.73	\$21.64			9) C Med	\$121.50	\$126.92	\$121.50	\$116.58	\$30.84	\$44.51	\$134.95	
		10) C Med-High	\$120.87	\$123.24	\$19.13			10) C Med-High	\$126.88	\$132.30	\$126.88	\$121.64	\$10.42	\$26.10	\$134.95	
		11) C High	\$123.48	\$125.85	\$16.52			11) C High	\$132.26	\$137.68	\$132.26	\$126.70	\$9.34	\$20.30	\$134.95	
		12) D Low	\$110.23	\$112.60	\$29.77			12) D Low	\$120.87	\$126.29	\$120.87	\$115.99	\$40.50	\$39.02	\$134.95	
		13) D Med	\$120.64	\$123.01	\$19.36			13) D Med	\$123.94	\$129.36	\$123.94	\$118.88	\$29.09	\$27.25	\$134.95	
		14) D Med-High	\$136.64	\$139.01	\$3.36			14) D Med-High	\$131.89	\$137.31	\$131.89	\$126.35	\$4.01	\$3.44	\$147.33	
		15) D High	\$144.04	\$146.41	\$0.00			15) D High	\$139.84	\$145.26	\$139.84	\$133.82	\$0.00	\$0.00	\$157.78	
		16) E Med	\$164.31	\$166.68	\$0.00			16) E Med	\$149.70	\$155.12	\$149.70	\$149.34	\$0.00	\$0.00	\$0.00	
		17) E High	\$191.23	\$193.60	\$0.00			17) E High	\$174.29	\$179.71	\$174.29	\$174.29	\$0.00	\$0.00	\$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	\$90.46	\$92.71	\$49.54	Standard Cost	Adams, Asotin, Benton, Chelan, Clallam, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Spokane, Stevens, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima	1) A Low	\$82.63	\$88.05	\$82.63	\$80.05	\$51.30	\$65.41	\$127.83	
		2) A Med	\$93.60	\$95.85	\$46.40			2) A Med	\$102.12	\$107.54	\$102.12	\$98.37	\$46.49	\$61.93	\$127.83	
		3) A High	\$100.89	\$103.14	\$39.11			3) A High	\$115.40	\$120.82	\$115.40	\$110.85	\$30.84	\$56.70	\$127.83	
		4) B Low	\$92.08	\$94.33	\$47.92			4) B Low	\$84.06	\$89.48	\$84.06	\$81.39	\$51.30	\$65.41	\$127.83	
		5) B Med	\$99.27	\$101.52	\$40.73			5) B Med	\$113.65	\$119.07	\$113.65	\$109.20	\$40.50	\$56.16	\$127.83	
		6) B Med-High	\$106.88	\$109.13	\$33.12			6) B Med-High	\$120.47	\$125.89	\$120.47	\$115.61	\$30.34	\$52.32	\$127.83	
		7) B High	\$109.69	\$111.94	\$30.31			7) B High	\$127.28	\$132.70	\$127.28	\$122.02	\$22.45	\$43.88	\$127.83	
		8) C Low	\$100.67	\$102.92	\$39.33			8) C Low	\$106.05	\$111.47	\$106.05	\$102.06	\$46.49	\$61.93	\$127.83	
		9) C Med	\$114.49	\$116.74	\$25.51			9) C Med	\$117.47	\$122.89	\$117.47	\$112.80	\$30.84	\$48.47	\$127.83	
		10) C Med-High	\$116.87	\$119.12	\$23.13			10) C Med-High	\$122.59	\$128.01	\$122.59	\$117.61	\$10.42	\$29.56	\$127.83	
		11) C High	\$119.36	\$121.61	\$20.64			11) C High	\$127.70	\$133.12	\$127.70	\$122.42	\$9.34	\$25.60	\$127.83	
		12) D Low	\$106.77	\$109.02	\$33.23			12) D Low	\$116.87	\$122.29	\$116.87	\$112.24	\$40.50	\$43.29	\$127.83	
		13) D Med	\$116.65	\$118.90	\$23.35			13) D Med	\$119.80	\$125.22	\$119.80	\$114.99	\$29.09	\$32.15	\$127.83	
		14) D Med-High	\$131.86	\$134.11	\$8.14			14) D Med-High	\$127.35	\$132.77	\$127.35	\$122.09	\$4.01	\$9.67	\$139.80	
		15) D High	\$138.88	\$141.13	\$1.12			15) D High	\$134.91	\$140.33	\$134.91	\$129.19	\$1.29	\$1.29	\$149.79	
		16) E Med	\$155.66	\$157.91	\$0.00			16) E Med	\$144.29	\$149.71	\$144.29	\$141.26	\$0.00	\$0.00	\$0.00	
		17) E High	\$181.12	\$183.37	\$0.00			17) E High	\$164.85	\$170.27	\$164.85	\$164.85	\$0.00	\$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
EARC	Enhanced Adult Residential Care
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		
Insert client personal care rate (include ETR)	Insert Client add-on Rate Here	Bed Hold Rate (70%)
\$ 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.

7/1/2021

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	\$16.85	\$17.10	\$17.60
2001-4000	\$17.00	\$17.25	\$17.75
4001-6000	\$17.15	\$17.40	\$17.90
6001-8000	\$17.33	\$17.58	\$18.08
8001-10000	\$17.53	\$17.78	\$18.28
10001-12000	\$17.78	\$18.03	\$18.53
12001-14000	\$18.03	\$18.28	\$18.78
14001-16000	\$18.69	\$18.94	\$19.44
16001-20000	\$18.94	\$19.19	\$19.69
20001 and above	\$19.21	\$19.46	\$19.96

1/1/2022

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	\$16.98	\$17.23	\$17.73
2001-4000	\$17.13	\$17.38	\$17.88
4001-6000	\$17.28	\$17.53	\$18.03
6001-8000	\$17.46	\$17.71	\$18.21
8001-10000	\$17.66	\$17.91	\$18.41
10001-12000	\$17.91	\$18.16	\$18.66
12001-14000	\$18.17	\$18.42	\$18.92
14001-16000	\$18.83	\$19.08	\$19.58
16001-20000	\$19.08	\$19.33	\$19.83
20001 and above	\$19.35	\$19.60	\$20.10

7/1/2022

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	\$17.76	\$18.01	\$18.51
2001-4000	\$17.91	\$18.16	\$18.66
4001-6000	\$18.06	\$18.31	\$18.81
6001-8000	\$18.25	\$18.50	\$19.00
8001-10000	\$18.44	\$18.69	\$19.19
10001-12000	\$18.69	\$18.94	\$19.44
12001-14000	\$18.96	\$19.21	\$19.71
14001-16000	\$19.62	\$19.87	\$20.37
16001-20000	\$19.87	\$20.12	\$20.62
20001 and above	\$20.15	\$20.40	\$20.90

1/1/2023

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	\$18.14	\$18.39	\$18.89
2001-4000	\$18.30	\$18.55	\$19.05
4001-6000	\$18.44	\$18.69	\$19.19
6001-8000	\$18.63	\$18.88	\$19.38
8001-10000	\$18.82	\$19.07	\$19.57
10001-12000	\$19.08	\$19.33	\$19.83
12001-14000	\$19.35	\$19.60	\$20.10
14001-16000	\$20.01	\$20.26	\$20.76
16001-20000	\$20.26	\$20.51	\$21.01
20001 and above	\$20.55	\$20.80	\$21.30