## DDDS MEDICAID HCBS WAIVER FY 2021 PROVIDER RATES

| Rates effective as of July 1, 2020 through June 30, 2021   |                   |                             |
|--|-------------------|-----------------------------|
|  | Rates per Hour    | Rates per 15<br>Minute Unit |
| Residential Habilitation *   |                   |                             |
| Neighborhood Group Home/Community Living Arrangement (CLA) Shared Living Arrangement                       | \$26.89<br>\$9.80 |                             |
| Supported Living   | \$41.25           |                             |
| Medical Residential Habilitation   |                   |                             |
| Registered Nurse - Neighborhood Group Home/Community Living Arrangement (CLA)                              |                   |                             |
| 1 service recipient  | \$89.81           |                             |
| 2 service recipients   | \$44.90           |                             |
| 3 service recipients Licensed Practical Nurse - Neighborhood Group Home/Community Living Arrangement (CLA) | \$29.93           |                             |
| 1 service recipient  | \$67.05           |                             |
| 2 service recipients   | \$33.52           |                             |
| 3 service recipients   | \$22.35           |                             |
| Shared Living Arrangement  |                   |                             |
| 1 service recipient  | \$38.33           |                             |
| 2 service recipients   | \$19.16           |                             |
| 3 service recipients   | \$12.78           |                             |
| Day Habilitation and Prevocational Service*  |                   |                             |
| Facility-based   | \$28.04           | \$7.01                      |
| Non Facility-based   | \$31.09           | \$7.77                      |
| Community Participation  | <b>.</b>          | <b>.</b>                    |
| 1 service recipient  | \$42.49           | \$10.62                     |
| 2 service recipient  | \$22.11           | \$5.53                      |
| Day Service Add-on Rates:  |                   |                             |
| DART Transportation Add-on   | \$5.92            | \$1.48                      |
| Door to Door Transportation Add-on - NCC   | \$7.90            | \$1.98                      |
| Door to Door Transportation Add-on - Kent/Sussex   | \$16.75           | \$4.19                      |
| Supported Employment - Individual **   | \$54.18           | \$13.55                     |
| Supported Employment - Group **  |                   |                             |
| 2 service recipients   | \$27.22           | \$6.81                      |
| 3 service recipients   | \$18.85           | \$4.71                      |
| 4 service recipients   | \$14.66           | \$3.67                      |
| 5 service recipients   | \$12.15           | \$3.04                      |
| 6 service recipients   | \$10.47           | \$2.62<br>\$2.32            |
| 7 service recipients   | \$9.27            | <b>Φ</b> 2.32               |
| Respite Care/Personal Care ***   |                   |                             |
| (In effect from October 1 through September 30) Self-Directed  | Manual pricing    |                             |
| Home Health  | \$35.60           |                             |
| PASA   | \$26.70           |                             |
| Camp   | Manual pricing    |                             |
| Shared Living  | \$9.80            |                             |
| Neighborhood Group Home/Community Living Arrangement   | \$26.89           |                             |
| ICF-IID  | \$1,119.81        |                             |
| Nursing Consultation **  | \$53.44           | \$13.36                     |
| Behavioral Consultation **   | \$56.32           | \$14.08                     |
| Assistive Technology Assessment **   |                   |                             |
| Occupational Therapy Assessment/Reassessment - Licensed Professional                                       |                   | \$24.02                     |
| Physical Therapy Assistive Technology Assessment/Reassessment - Licensed Professional                      |                   | \$24.02                     |
| Assistive Technology Assessment - Non-Licensed Professional  |                   | \$20.10                     |
| Assistive Technology Training **   |                   |                             |
| Patient Education, Licensed OT   |                   | \$24.02                     |
| Patient Education, Licensed PT   |                   | \$24.02<br>\$20.10          |
| Patient Education, Non Licensed  | Manual Divis      | \$20.10                     |
| Community Transition   | Manual Pricing    |                             |
| Assistive Technology Equipment   | Manual Pricing    |                             |
| Specialized Medical Equipment/Supplies   | Manual Pricing    |                             |
|  |                   |                             |

<sup>\*</sup>Hourly rates may be multiplied by a client's ICAP hours to create a per diem payment for each client. For Day Habilitation and Prevocational service, services can also be paid in 15 minute increments for individuals who split their day between two services. Hourly amounts are only shown for ease of display.

<sup>\*\*</sup> These services are paid in 15 minute increments. Hourly amounts are only shown for ease of display.

<sup>\*\*\*</sup> DDDS HCBS Personal Care/Respite Rates are renewed contingent upon the DMMA's announcement of Home Health Aid Rates which are published in October of each year.