

HOPE Waiver FY18 Reimbursement Rates*

Service	Rate/hour	Rate/unit
Nursing	\$49.76	\$12.44
Homemaker	\$25.24	\$6.31
Personal Care	\$25.24	\$6.31
Adult Companion	\$25.24	\$6.31
Respite Care	\$25.24	\$6.31
Chore Services	\$25.24	\$6.31

Service	Daily Rate	Monthly Rate
Assisted Living Waiver Reimbursement	\$40.62	\$1235.53

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 fee schedule
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 fee schedule
Nutritional Supplements	Usual and customary fee

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