

**Home and Community Based Services  
Medicaid Aged and Disabled Waiver Assisted Living Rates  
Effective January 1, 2022**

Providers are paid for day of discharge	Room and Board Paid by Client	Level 40 Rural Single Occupancy	Level 41 Rural Multiple Occupancy	Level 42 Urban* Single Occupancy	Level 43 Urban* Multiple Occupancy
Report on Medicaid Claims: Total ALF days All out of facility days Failure to timely report resident medical absences to the Services Coordinator and on claims may result in sanctions	Multiple Occupancy Prior DHHS Approval Consent Signed	Total amount received from client and Medicaid (minus any Share of Cost) Not pro-rated Notice from the Department	Total amount received from client and Medicaid (minus any Share of Cost) Not pro-rated Notice from the Department	Total amount received from client and Medicaid (minus any Share of Cost) Not pro-rated Notice from the Department	Total amount received from client and Medicaid (minus any Share of Cost) Not pro-rated Notice from the Department
On-Going Monthly Rate					
Standard (Std.)	\$777.00	\$2,583.00	\$2,091.00	\$2,906.00	\$2,351.00
Admission and Discharge Months					
Daily standard rate for all days client is physically present**	\$777.00 Pro-rated	\$59.38	\$43.20	\$69.99	\$51.75

\*Urban Counties-Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward and Washington

\*\*Daily rates equal the daily net amount from Medicaid

The facility must notify the Services Coordinator by the next working day of a medical absence in which a client is admitted to a hospital or nursing facility. This notice is required in order for the Services Coordinator and Central Office to determine continued appropriateness of the assisted living authorization. Failure to report medical absences to the Services Coordinator may result in the facility being required to reimburse the Department for days the client was out of the facility for medical reasons.