

Home and Community Based Services Medicaid Aged/Disabled and Traumatic Brain Injury Waiver Assisted Living Rates



Effective January 1, 2024

**Level 30/40 RURAL Single Occupancy	**Level 31/41 RURAL Multiple Occupancy	**Level 32/42 *URBAN Single Occupancy	**Level 33/43 *URBAN Multiple Occupancy
	(Prior DHHS Approval		(Prior DHHS Approval
	Consent Signed)		Consent Signed)

ON-GOING MONTHLY RATE Report on Medicaid Claims: Total ALF Days and all out of facility days. Failure to time medical absences to the Service Coordinator							
nd on the claim may result in sanctions.							
Medicaid Share	\$1,908.00	\$1,391.00	\$2,248.00	\$1,664.00			
Client Share	\$868.00	\$868.00	\$868.00	\$868.00			
Standard Rate	\$2,776.00	\$2,259.00	\$3,116.00	\$2,532.00			

ADMISSION AND DISCHARGE MONTHS Providers are paid for day of discharge.								
***Daily standard rate for all days	Room & Board Paid by Client	\$62.73	\$45.73	\$73 91	\$54.71			
the client is physically present.	\$868.00 (Pro-Rated)	\$02.73	\$45.75	\$/3.91	Ş34.7 I			

^{*}URBAN Counties-Cass, Dakota, Dixon, Douglas, Lancaster, Sarpy, Saunders, Seward, and Washington.

The facility must notify the Service 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 Service Coordinator my result in the facility being required to reimburse the Department for days the client was out of the facility for medical reasons.

^{**}Level: TBI Waiver will utilize Level 30, 31, 32, and 33

AD Waiver will utilize Level 40, 41, 42, and 43

^{***}Daily rates equal the daily net amount from Medicaid