

DEPT. OF HEALTH AND HUMAN SERVICES

Home and Community Based Services Medicaid Aged and Disabled Waiver Assisted Living Rates

Effective September 1, 2023



Level 40	Level 41	Level 42	Level 43
RURAL Single	RURAL Multiple	*URBAN	*URBAN Multiple
Occupancy	Occupancy	Single	Occupancy
	(Prior DHHS Approval Consent Signed)	Occupancy	(Prior DHHS Approval 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 and on the claim may result in sanctions.

Medicaid Share	\$1,908.00	\$1,391.00	\$2,248.00	\$1,664.00
Client Share	\$839.00	\$839.00	\$839.00	\$839.00
Standard Rate	\$2,747.00	\$2,230.00	\$3,087.00	\$2,503.00

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.	\$839.00 (Pro-Rated)	Ş02.75	\$45.75	\$73.91	\$54.71			

*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 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.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.