

**Home and Community Based Services
 Medicaid Aged & Disabled and Traumatic Brain Injury Waiver
 Assisted Living Rates
 Effective July 1, 2026**

**Level 30/40 RURAL Single Occupancy	**Level 31/41 RURAL Multiple Occupancy <i>(Prior DHHS Approval Consent Signed)</i>	**Level 32/42 *URBAN Single Occupancy	**Level 33/43 *URBAN Multiple Occupancy <i>(Prior DHHS Approval Consent Signed)</i>
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ON-GOING MONTHLY RATE <i>Time on Medicaid Claims: Total ALF Days and all out of facility days.</i>				
Medicaid Share	\$2,248.00	\$1,664.00	\$2,248.00	\$1,664.00
Client Share - Room & Board	\$919.00	\$919.00	\$919.00	\$919.00
Standard Rate	\$3,167.00	\$2,583.00	\$3,167.00	\$2,583.00

ADMISSION AND DISCHARGE MONTHS <i>Providers are paid for day of discharge.</i>					
***Daily standard rate for all days the client is physically present.	Client Share - Room & Board \$919.00 <i>(Pro-Rated)</i>	\$73.91	\$54.71	\$73.91	\$54.71

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

**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

These services are only billable if the participant is eligible and pre-authorized through the waiver.

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 may result in the facility being required to reimburse the Department for days the client was out of the facility for medical reasons. Failure to report medical absences to the Service Coordinator and on the claim may result in sanctions.

Please note rates do not reflect an increase from the previous fee schedule as there were no rate increase appropriations for this State Fiscal Year 2027

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.