

Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: Jan. 3, 2025
To: APD Adult Foster Home Providers
From: Safety, Oversight and Quality Unit
Topic: **2025 Medicaid Rate Schedule**

Below is the rate schedule to be issued to APD Adult Foster Home providers effective January 1, 2025.

The attached rate schedule has the following changes effective January 2025:

- Per the Collective Bargaining Agreement (CBA), Adult Foster Homes (AFH) will receive a 4.5% increase effective January 1, 2025.
- Per the CBA, effective January 12, 2025, Home Care Workers will receive a \$.50 increase.
- The PACE Rate will change effective January 1, 2025, for PACE providers.
- CBC Room and Board rates, as well as CBC and NF Personal Allowance (PIF) will increase.

For any questions, please email apd.afhteam@odhs.oregon.gov

Rate Schedule – Effective January 1, 2025

Rates apply to Medicaid Services funded by Aging and People with Disabilities.

Room and Board	In-Home Allowance	Personal Incidental Funds
AB \$752.00	As of January 1, 2022, APD will be able to keep their entire income.	NF \$79.07
AD/OAA \$752.00		CBC \$215.00

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes	Assisted Living Facilities	
Base	\$2,393	\$2,120	Level 1	\$1,922
Base plus 1 add-on	\$2,859	\$2,506	Level 2	\$2,382
Base plus 2 add-ons	\$3,325	\$2,892	Level 3	\$2,989
Base plus 3 add-ons	\$3,791	\$3,278	Level 4	\$3,753
Hourly Exception Rate	\$20.18 / Hr.	\$19.50 / Hr.	Level 5	\$4,513
Standard Ventilator (1-2)		\$17,000		
Standard Ventilator (3)		\$15,500		
Standard Ventilator (4-5)		\$14,000		

Memory Care (Endorsed Units Only)	\$6,276
--	----------------

Nursing Facility	Daily Rate	Monthly Comparable	AFH Specific Needs Contract Types		Homecare Workers (HCW) Effective 1/12/2025	
Basic	\$518.22	\$15,011.22	Advanced	\$9,769	Hourly Step 1*	\$20.00
Bariatric	\$958.71	\$28,410.04	Bariatric	\$9,769	CPR/First Aid	+ \$0.25
Complex	\$725.51	\$21,316.56	Basic	\$8,548	Enhanced	+ \$1.00
Enhanced	\$725.51	\$21,316.56	Complex	\$12,546	Professional Dev.	+ \$0.75
Pediatric	\$1,314.10	\$39,220.29	ECOS	\$3,830	Enhanced w/ PDC	+ \$1.75
Ventilator	\$1,217.82	\$36,291.65	TBI	\$8,998	Exceptional	+ \$3.00

***HCW may qualify for a higher step. See Appendix A of Collective Bargaining Agreement. DO NOT CHANGE THE HOURLY RATE**

Rate Schedule – Effective January 1, 2025

PACE Organization	Medicaid Only Rate	Medicare/Medicaid Rate
Providence ElderPlace	\$9,205.07	\$6,792.61

Other Services	ICP Monthly Benefit Calculation
<p>Home Delivered Meals: \$12.25/meal</p> <p>Long Term Care Community Nursing Services: \$20.00/15-minute unit of service</p> <p>In-Home Agencies: \$38.08/Hr.</p> <p>Service Assessment: \$114.24</p> <p>Mileage, non-medical: \$0.56/Mile</p> <p>Adult Day Services: \$109.75</p> <p>Contact List for Specific Needs Contracts</p>	<p style="text-align: center;">Multiply Total Assessed Hours by:</p> <ul style="list-style-type: none"> • PSW Rate \$20.00 (+\$3.00 if VDQ) + • FICA = 7.65% + • FUTA = .9% + • SUTA= 2.4% + • WBF = .01 cents/Hr. <p style="text-align: center;">Add: Assessed Mileage x \$.56/Mile = Total Service Payment</p>