

FY 2018/19- OPI IN-HOME SERVICE FEE SCHEDULE
Updated 12/29/2021 - Effective 01/02/22
Household of Two

			GERAS LLC		CARE GIVERS	VISITING ANGELS		HOME INSTEAD		STORE	HOME CARE	VOLUNTEERS
			(Family Resource Home Care)		NORTHWEST	(Meany Family Care)		(HD Industries)		TO DOOR	WORKER	
Monthly		%	Minimum 3 hours		Minimum 2 hours	Minimum 2 hours		Minimum 4 hours				
Net Income		of	Home Care	Personal Care	HC or PC	HC or PC	HC or PC	Home Care	Personal Care	Shopping	Service	Full Day
From	To	Rate	Hour Rate	Hour Rate	Hour Rate	Mon - Fri	Sat,Sun	Hour Rate	Hour Rate	Trip Rate	Hour Rate	Day Rate
			\$ 31.00	\$ 32.00	\$ 34.00	\$ 32.00	\$ 34.00	\$ 32.00	\$ 34.00	\$ 30.00	\$ 20.89	\$ 95.00
\$ -	\$ 2,178	0.0%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2,179	\$ 2,540	5.0%	\$ 1.55	\$ 1.60	\$ 1.70	\$ 1.60	\$ 1.70	\$ 1.60	\$ 1.70	\$ 1.50	\$ 1.04	\$ 4.75
\$ 2,541	\$ 2,903	10.0%	\$ 3.10	\$ 3.20	\$ 3.40	\$ 3.20	\$ 3.40	\$ 3.20	\$ 3.40	\$ 3.00	\$ 2.09	\$ 9.50
\$ 2,904	\$ 3,266	20.0%	\$ 6.20	\$ 6.40	\$ 6.80	\$ 6.40	\$ 6.80	\$ 6.40	\$ 6.80	\$ 6.00	\$ 4.18	\$ 19.00
\$ 3,267	\$ 3,629	30.0%	\$ 9.30	\$ 9.60	\$ 10.20	\$ 9.60	\$ 10.20	\$ 9.60	\$ 10.20	\$ 9.00	\$ 6.27	\$ 28.50
\$ 3,630	\$ 3,992	40.0%	\$ 12.40	\$ 12.80	\$ 13.60	\$ 12.80	\$ 13.60	\$ 12.80	\$ 13.60	\$ 12.00	\$ 8.36	\$ 38.00
\$ 3,993	\$ 4,355	50.0%	\$ 15.50	\$ 16.00	\$ 17.00	\$ 16.00	\$ 17.00	\$ 16.00	\$ 17.00	\$ 15.00	\$ 10.45	\$ 47.50
\$ 4,356	\$ 4,718	60.0%	\$ 18.60	\$ 19.20	\$ 20.40	\$ 19.20	\$ 20.40	\$ 19.20	\$ 20.40	\$ 18.00	\$ 12.53	\$ 57.00
\$ 4,719	\$ 5,081	70.0%	\$ 21.70	\$ 22.40	\$ 23.80	\$ 22.40	\$ 23.80	\$ 22.40	\$ 23.80	\$ 21.00	\$ 14.62	\$ 66.50
\$ 5,082	\$ 5,444	80.0%	\$ 24.80	\$ 25.60	\$ 27.20	\$ 25.60	\$ 27.20	\$ 25.60	\$ 27.20	\$ 24.00	\$ 16.71	\$ 76.00
\$ 5,445	\$ 5,807	90.0%	\$ 27.90	\$ 28.80	\$ 30.60	\$ 28.80	\$ 30.60	\$ 28.80	\$ 30.60	\$ 27.00	\$ 18.80	\$ 85.50
\$ 5,808	and up	100.0%	\$ 31.00	\$ 32.00	\$ 34.00	\$ 32.00	\$ 34.00	\$ 32.00	\$ 34.00	\$ 30.00	\$ 20.89	\$ 95.00

If participant income is at 0.0%, they pay no monthly co-pay. They do, however, pay a one-time \$25.00 fee. The case manager bills them for the \$25.00; the participant mails a check for the \$25.00 to ADVSD. The one-time fee is NOT paid annually. Case manager does review financial eligibility annually. Invoice for the \$25.00 fee is posted on the provider page under CS Case Management.

If participant pays a monthly co-pay for OPI in-home services at any time during the year, the participant **DOES NOT** pay the \$25.00 one-time-only fee.