

			GERAS LLC		CARE GIVERS
			(Family Resource Home Care)		NORTHWEST
Monthly		%	Minimum 3 hours		Minimum 2 hours
Net Income		of	Home Care	Personal Care	HC or PC
From	To	Rate	Hour Rate	Hour Rate	Hour Rate
			\$ 31.00	\$ 32.00	\$ 34.00
\$ -	\$ 1,699	0.0%	\$ -	\$ -	\$ -
\$ 1,700	\$ 1,982	5.0%	\$ 1.55	\$ 1.60	\$ 1.70
\$ 1,983	\$ 2,265	10.0%	\$ 3.10	\$ 3.20	\$ 3.40
\$ 2,266	\$ 2,548	20.0%	\$ 6.20	\$ 6.40	\$ 6.80
\$ 2,549	\$ 2,832	30.0%	\$ 9.30	\$ 9.60	\$ 10.20
\$ 2,833	\$ 3,114	40.0%	\$ 12.40	\$ 12.80	\$ 13.60
\$ 3,115	\$ 3,398	50.0%	\$ 15.50	\$ 16.00	\$ 17.00
\$ 3,399	\$ 3,681	60.0%	\$ 18.60	\$ 19.20	\$ 20.40
\$ 3,682	\$ 3,964	70.0%	\$ 21.70	\$ 22.40	\$ 23.80
\$ 3,965	\$ 4,247	80.0%	\$ 24.80	\$ 25.60	\$ 27.20
\$ 4,248	\$ 4,530	90.0%	\$ 27.90	\$ 28.80	\$ 30.60
\$ 4,531	and up	100.0%	\$ 31.00	\$ 32.00	\$ 34.00

If participant income is at 0.0%, they pay no monthly co-pay. They do, however, pay \$25.00 to ADVSD. The one-time fee is NOT paid annually. Case manager does CS Case Management.

If participant pays a monthly co-pay for OPI in-home services at any time during the year, the co-pay is applied to the monthly co-pay.

? - OPI IN-HOME SERVICE FEE SCHEDULE
Updated 03/29/22 - Effective 04/01/22
Household of One

VISITING ANGELS		HOME INSTEAD		STORE
(Meany Family Care)		(HD Industries)		TO DOOR
Minimum 2 hours		Minimum 4 hours		
HC or PC	HC or PC	Home Care	Personal Care	Shopping
Mon - Fri	Sat, Sun	Hour Rate	Hour Rate	Trip Rate
\$ 32.00	\$ 34.00	\$ 32.00	\$ 34.00	\$ 30.00
\$ -	\$ -	\$ -	\$ -	\$ -
\$ 1.60	\$ 1.70	\$ 1.60	\$ 1.70	\$ 1.50
\$ 3.20	\$ 3.40	\$ 3.20	\$ 3.40	\$ 3.00
\$ 6.40	\$ 6.80	\$ 6.40	\$ 6.80	\$ 6.00
\$ 9.60	\$ 10.20	\$ 9.60	\$ 10.20	\$ 9.00
\$ 12.80	\$ 13.60	\$ 12.80	\$ 13.60	\$ 12.00
\$ 16.00	\$ 17.00	\$ 16.00	\$ 17.00	\$ 15.00
\$ 19.20	\$ 20.40	\$ 19.20	\$ 20.40	\$ 18.00
\$ 22.40	\$ 23.80	\$ 22.40	\$ 23.80	\$ 21.00
\$ 25.60	\$ 27.20	\$ 25.60	\$ 27.20	\$ 24.00
\$ 28.80	\$ 30.60	\$ 28.80	\$ 30.60	\$ 27.00
\$ 32.00	\$ 34.00	\$ 32.00	\$ 34.00	\$ 30.00

pay a one-time \$25.00 fee. The case manager bills them for the \$25.00; the participant mails review financial eligibility annually. Invoice for the \$25.00 fee is posted on the provider page

ring the year, the participant **DOES NOT** pay the \$25.00 one-time-only fee.

HOME CARE	VOLUNTEERS OF AMERICA	
WORKER		
Service	Full Day	Sundown
Hour Rate	Day Rate	Services
\$ 20.89	\$ 95.00	\$ 105.00
\$ -	\$ -	\$ -
\$ 1.04	\$ 4.75	\$ 5.25
\$ 2.09	\$ 9.50	\$ 10.50
\$ 4.18	\$ 19.00	\$ 21.00
\$ 6.27	\$ 28.50	\$ 31.50
\$ 8.36	\$ 38.00	\$ 42.00
\$ 10.45	\$ 47.50	\$ 52.50
\$ 12.53	\$ 57.00	\$ 63.00
\$ 14.62	\$ 66.50	\$ 73.50
\$ 16.71	\$ 76.00	\$ 84.00
\$ 18.80	\$ 85.50	\$ 94.50
\$ 20.89	\$ 95.00	\$ 105.00

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