

FY 2015/2016 - OPI IN-HOME SERVICE FEE SCHEDULE
Updated 3/15/2016

			MARQUIS AT HOME			SYNERGY		CAREGIVERS NORTHWEST					STORE	HOME CARE	VOLUNTEERS	
													TO DOOR	WORKER	OF AMERICA	
Monthly		%	Home	Personal	Respite	Home	Personal									
Net Income		of	Care*	Care*	Care*	Care**	Care**	Service*	Service***	Respite*	Respite***	Weekend	Shopping	Service	Full Day	Partial Day
From	To	Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Hour Rate	Trip Rate	Hour Rate	Day Rate	Rate
			\$ 19.00	\$ 22.50	\$ 22.50	\$ 21.00	\$ 23.00	\$ 21.75	\$ 26.75	\$ 21.75	\$ 26.75	\$ 22.75	\$ 20.00	\$ 14.00	\$ 75.00	\$ 31.00
\$ -	\$ 2,520	0.0%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2,521	\$ 2,940	5.0%	\$ 0.95	\$ 1.13	\$ 1.13	\$ 1.05	\$ 1.15	\$ 1.09	\$ 1.34	\$ 1.09	\$ 1.34	\$ 1.14	\$ 1.00	\$ 0.70	\$ 3.75	\$ 1.55
\$ 2,941	\$ 3,360	10.0%	\$ 1.90	\$ 2.25	\$ 2.25	\$ 2.10	\$ 2.30	\$ 2.18	\$ 2.68	\$ 2.18	\$ 2.68	\$ 2.28	\$ 2.00	\$ 1.40	\$ 7.50	\$ 3.10
\$ 3,361	\$ 3,780	20.0%	\$ 3.80	\$ 4.50	\$ 4.50	\$ 4.20	\$ 4.60	\$ 4.35	\$ 5.35	\$ 4.35	\$ 5.35	\$ 4.55	\$ 4.00	\$ 2.80	\$ 15.00	\$ 6.20
\$ 3,781	\$ 4,200	30.0%	\$ 5.70	\$ 6.75	\$ 6.75	\$ 6.30	\$ 6.90	\$ 6.53	\$ 8.03	\$ 6.53	\$ 8.03	\$ 6.83	\$ 6.00	\$ 4.20	\$ 22.50	\$ 9.30
\$ 4,201	\$ 4,620	40.0%	\$ 7.60	\$ 9.00	\$ 9.00	\$ 8.40	\$ 9.20	\$ 8.70	\$ 10.70	\$ 8.70	\$ 10.70	\$ 9.10	\$ 8.00	\$ 5.60	\$ 30.00	\$ 12.40
\$ 4,621	\$ 5,040	50.0%	\$ 9.50	\$ 11.25	\$ 11.25	\$ 10.50	\$ 11.50	\$ 10.88	\$ 13.38	\$ 10.88	\$ 13.38	\$ 11.38	\$ 10.00	\$ 7.00	\$ 37.50	\$ 15.50
\$ 5,041	\$ 5,460	60.0%	\$ 11.40	\$ 13.50	\$ 13.50	\$ 12.60	\$ 13.80	\$ 13.05	\$ 16.05	\$ 13.05	\$ 16.05	\$ 13.65	\$ 12.00	\$ 8.40	\$ 45.00	\$ 18.60
\$ 5,461	\$ 5,880	70.0%	\$ 13.30	\$ 15.75	\$ 15.75	\$ 14.70	\$ 16.10	\$ 15.23	\$ 18.73	\$ 15.23	\$ 18.73	\$ 15.93	\$ 14.00	\$ 9.80	\$ 52.50	\$ 21.70
\$ 5,881	\$ 6,300	80.0%	\$ 15.20	\$ 18.00	\$ 18.00	\$ 16.80	\$ 18.40	\$ 17.40	\$ 21.40	\$ 17.40	\$ 21.40	\$ 18.20	\$ 16.00	\$ 11.20	\$ 60.00	\$ 24.80
\$ 6,301	\$ 6,720	90.0%	\$ 17.10	\$ 20.25	\$ 20.25	\$ 18.90	\$ 20.70	\$ 19.58	\$ 24.08	\$ 19.58	\$ 24.08	\$ 20.48	\$ 18.00	\$ 12.60	\$ 67.50	\$ 27.90
\$ 6,721	and up	100.0%	\$ 19.00	\$ 22.50	\$ 22.50	\$ 21.00	\$ 23.00	\$ 21.75	\$ 26.75	\$ 21.75	\$ 26.75	\$ 22.75	\$ 20.00	\$ 14.00	\$ 75.00	\$ 31.00

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

* 3 Hour minimum required

** 2 Hour minimum required

*** Less than 3 Hour minimum at higher rate