FY 2025 - OPI IN-HOME SERVICE FEE SCHEDULE
Effective 03/01/25
Household of One

			GERAS LLC		CARE GIVERS	VISITING ANGELS		HOME INSTEAD		STORE	HOME CARE	VOLUNTEERS OF AMERICA	
			(Family Resource Home Care)		NORTHWEST	(Meany Family Care)		(HD Industries)		TO DOOR	WORKER	TBD	
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	Sundown
From	To	Rate	Hour Rate	Hour Rate	Hour Rate	Mon - Fri	Sat,Sun	Hour Rate	Hour Rate	Trip Rate	Hour Rate	Day Rate	Services
			$ 31.00	$ 32.00	$ 34.00	$ 38.00	$ 38.00	$ 38.50	$ 40.50	$ 30.00	$ 25.38		
$ -	$ 1,956	0.0%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ 1,957	$ 2,282	5.0%	$ 1.55	$ 1.60	$ 1.70	$ 1.90	$ 1.90	$ 1.93	$ 2.03	$ 1.50	$ 1.27	$ -	$ -
$ 2,283	$ 2,608	10.0%	$ 3.10	$ 3.20	$ 3.40	$ 3.80	$ 3.80	$ 3.85	$ 4.05	$ 3.00	$ 2.54	$ -	$ -
$ 2,609	$ 2,934	20.0%	$ 6.20	$ 6.40	$ 6.80	$ 7.60	$ 7.60	$ 7.70	$ 8.10	$ 6.00	$ 5.08	$ -	$ -
$ 2,935	$ 3,260	30.0%	$ 9.30	$ 9.60	$ 10.20	$ 11.40	$ 11.40	$ 11.55	$ 12.15	$ 9.00	$ 7.61	$ -	$ -
$ 3,261	$ 3,586	40.0%	$ 12.40	$ 12.80	$ 13.60	$ 15.20	$ 15.20	$ 15.40	$ 16.20	$ 12.00	$ 10.15	$ -	$ -
$ 3,587	$ 3,913	50.0%	$ 15.50	$ 16.00	$ 17.00	$ 19.00	$ 19.00	$ 19.25	$ 20.25	$ 15.00	$ 12.69	$ -	$ -
$ 3,914	$ 4,239	60.0%	$ 18.60	$ 19.20	$ 20.40	$ 22.80	$ 22.80	$ 23.10	$ 24.30	$ 18.00	$ 15.23	$ -	$ -
$ 4,240	$ 4,565	70.0%	$ 21.70	$ 22.40	$ 23.80	$ 26.60	$ 26.60	$ 26.95	$ 28.35	$ 21.00	$ 17.77	$ -	$ -
$ 4,566	$ 4,891	80.0%	$ 24.80	$ 25.60	$ 27.20	$ 30.40	$ 30.40	$ 30.80	$ 32.40	$ 24.00	$ 20.30	$ -	**$ -**
$ 4,892	$ 5,217	90.0%	$ 27.90	$ 28.80	$ 30.60	$ 34.20	$ 34.20	$ 34.65	$ 36.45	$ 27.00	$ 22.84	$ -	**$ -**
$ 5,218	and up	100.0%	$ 31.00	$ 32.00	$ 34.00	$ 38.00	$ 38.00	$ 38.50	$ 40.50	$ 30.00	$ 25.38	$ -	**$ -**

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 eligiblity 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 <u>DOES NOT</u> pay the $25.00 one-time-only fee.

FY 2025- OPI IN-HOME SERVICE FEE SCHEDULE
Effective 03/01/25
Household of Two

			GERAS LLC		CARE GIVERS	VISITING ANGELS		HOME INSTEAD		STORE	HOME CARE	VOLUNTEERS OF AMERICA	
			(Family Resource Home Care)		NORTHWEST	(Meany Family Care)		(HD Industries)		TO DOOR	WORKER	TBD	
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	Sundown
From	To	Rate	Hour Rate	Hour Rate	Hour Rate	Mon - Fri	Sat,Sun	Hour Rate	Hour Rate	Trip Rate	Hour Rate	Day Rate	Services
			$ 31.00	$ 32.00	$ 34.00	$ 38.00	$ 38.00	$ 38.50	$ 40.50	$ 30.00	$ 25.83		
$ -	$ 2,644	0.0%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ 2,645	$ 3,084	5.0%	$ 1.55	$ 1.60	$ 1.70	$ 1.90	$ 1.90	$ 1.93	$ 2.03	$ 1.50	$ 1.29	$ -	$ -
$ 3,085	$ 3,525	10.0%	$ 3.10	$ 3.20	$ 3.40	$ 3.80	$ 3.80	$ 3.85	$ 4.05	$ 3.00	$ 2.58	$ -	$ -
$ 3,526	$ 3,966	20.0%	$ 6.20	$ 6.40	$ 6.80	$ 7.60	$ 7.60	$ 7.70	$ 8.10	$ 6.00	$ 5.17	$ -	$ -
$ 3,967	$ 4,406	30.0%	$ 9.30	$ 9.60	$ 10.20	$ 11.40	$ 11.40	$ 11.55	$ 12.15	$ 9.00	$ 7.75	$ -	$ -
$ 4,407	$ 4,847	40.0%	$ 12.40	$ 12.80	$ 13.60	$ 15.20	$ 15.20	$ 15.40	$ 16.20	$ 12.00	$ 10.33	$ -	$ -
$ 4,848	$ 5,288	50.0%	$ 15.50	$ 16.00	$ 17.00	$ 19.00	$ 19.00	$ 19.25	$ 20.25	$ 15.00	$ 12.92	$ -	$ -
$ 5,289	$ 5,728	60.0%	$ 18.60	$ 19.20	$ 20.40	$ 22.80	$ 22.80	$ 23.10	$ 24.30	$ 18.00	$ 15.50	$ -	$ -
$ 5,729	$ 6,169	70.0%	$ 21.70	$ 22.40	$ 23.80	$ 26.60	$ 26.60	$ 26.95	$ 28.35	$ 21.00	$ 18.08	$ -	$ -
$ 6,170	$ 6,609	80.0%	$ 24.80	$ 25.60	$ 27.20	$ 30.40	$ 30.40	$ 30.80	$ 32.40	$ 24.00	$ 20.66	$ -	$ -
$ 6,610	$ 7,050	90.0%	$ 27.90	$ 28.80	$ 30.60	$ 34.20	$ 34.20	$ 34.65	$ 36.45	$ 27.00	$ 23.25	$ -	$ -
$ 7,051	and up	100.0%	$ 31.00	$ 32.00	$ 34.00	$ 38.00	$ 38.00	$ 38.50	$ 40.50	$ 30.00	$ 25.83	$ -	$ -

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 eligiblity 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 <u>DOES NOT</u> pay the $25.00 one-time-only fee.

FY 2025 - OPI IN-HOME SERVICE FEE SCHEDULE
Effective 03/01/25
Household of Three

			GERAS LLC		CARE GIVERS	VISITING ANGELS		HOME INSTEAD		STORE	HOME CARE	VOLUNTEERS OF AMERICA	
			(Family Resource Home Care)		NORTHWEST	(Meany Family Care)		(HD Industries)		TO DOOR	WORKER	TBD	
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	Sundown
From	To	Rate	Hour Rate	Hour Rate	Hour Rate	Mon - Fri	Sat,Sun	Hour Rate	Hour Rate	Trip Rate	Hour Rate	Day Rate	Services
			$ 31.00	$ 32.00	$ 34.00	$ 38.00	$ 38.00	$ 38.50	$ 40.50	$ 30.00	$ 25.38		
$ -	$ 3,331	0.0%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
$ 3,332	$ 3,886	5.0%	$ 1.55	$ 1.60	$ 1.70	$ 1.90	$ 1.90	$ 1.93	$ 2.03	$ 1.50	$ 1.27	$ -	$ -
$ 3,887	$ 4,442	10.0%	$ 3.10	$ 3.20	$ 3.40	$ 3.80	$ 3.80	$ 3.85	$ 4.05	$ 3.00	$ 2.54	$ -	$ -
$ 4,443	$ 4,997	20.0%	$ 6.20	$ 6.40	$ 6.80	$ 7.60	$ 7.60	$ 7.70	$ 8.10	$ 6.00	$ 5.08	$ -	$ -
$ 4,998	$ 5,552	30.0%	$ 9.30	$ 9.60	$ 10.20	$ 11.40	$ 11.40	$ 11.55	$ 12.15	$ 9.00	$ 7.61	$ -	$ -
$ 5,553	$ 6,107	40.0%	$ 12.40	$ 12.80	$ 13.60	$ 15.20	$ 15.20	$ 15.40	$ 16.20	$ 12.00	$ 10.15	$ -	$ -
$ 6,108	$ 6,663	50.0%	$ 15.50	$ 16.00	$ 17.00	$ 19.00	$ 19.00	$ 19.25	$ 20.25	$ 15.00	$ 12.69	$ -	$ -
$ 6,664	$ 7,218	60.0%	$ 18.60	$ 19.20	$ 20.40	$ 22.80	$ 22.80	$ 23.10	$ 24.30	$ 18.00	$ 15.23	$ -	$ -
$ 7,219	$ 7,773	70.0%	$ 21.70	$ 22.40	$ 23.80	$ 26.60	$ 26.60	$ 26.95	$ 28.35	$ 21.00	$ 17.77	$ -	$ -
$ 7,774	$ 8,328	80.0%	$ 24.80	$ 25.60	$ 27.20	$ 30.40	$ 30.40	$ 30.80	$ 32.40	$ 24.00	$ 20.30	$ -	$ -
$ 8,329	$ 8,883	90.0%	$ 27.90	$ 28.80	$ 30.60	$ 34.20	$ 34.20	$ 34.65	$ 36.45	$ 27.00	$ 22.84	$ -	$ -
$ 8,884	and up	100.0%	$ 31.00	$ 32.00	$ 34.00	$ 38.00	$ 38.00	$ 38.50	$ 40.50	$ 30.00	$ 25.38	$ -	$ -

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 eligiblity 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 <u>DOES NOT</u> pay the $25.00 one-time-only fee.