Rate Schedule

Effective July 1, 2026 (Updated July 9, 2026)

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

Room and Board	Personal Incidental Funds
AB: $773.00	NF: $81.28
AD/OAA: $773.00	CBC: $221.00

Community-Based Care (CBC) Monthly Rates

	Residential Care Facilities	Adult Foster Homes
Tier 1	$3,482.00	$2,332.00
Tier 2	$4,160.00	$3,327.00
Tier 3	$4,839.00	$3,863.00
Tier 4	$5,517.00	$5,916.00
Tier 5	$6,290.00	$7,773.00
ECOS	$6,290.00	Assessed tier
Hourly exception rate	$21.50 / hour	$21.50 / hour
Standard ventilator (1-2)		$17,510.00
Standard ventilator (3)		$15,965.00
Standard ventilator (4-5)		$14,420.00

Assisted Living Facilities

	Monthly rate
Level 1	$2,040.00
Level 2	$2,528.00
Level 3	$3,172.00
Level 4	$3,982.00
Level 5	$4,789.00
ECOS	$5,229.00

Memory Care (Endorsed units only)	$6,480.00

Nursing Facility (NF) Rates

	Daily rate	Monthly comparable
Basic	$568.23	$16,511.42
Bariatric	$1,051.23	$31,203.18
Complex	$795.52	$23,425.19
Enhanced	$795.52	$23,425.19
Pediatric	$1,538.80	$46,034.22
Ventilator	$1,335.34	$39,845.39

Adult Foster Home Specific Needs Contract Types

	Monthly rate
Advanced	$10,062.00
Bariatric	$10,062.00
Basic	$8,804.00
Complex	$12,922.00
TBI	$9,268.00

Homecare Workers (HCW)

	Rates
Hourly step 1*	$21.25
CPR/First aid	+ $0.25
Enhanced	+ $1.00
Professional development	+ $1.25
Enhanced with PDC	+ $2.25
Exceptional or VDQ	+ $3.00
Mileage	$0.70 / mile

*HCW may qualify for a higher step. See Appendix A of Collective Bargaining Agreement. **Do not change the hourly rate.**

PACE organization	**Medicaid only rate**	**Medicare / Medicaid rate**
Providence PACE	$10,434.94	$7,305.16
PacificSource PACE	$9,962.83	$6,909.49

Other services	**ICP monthly benefit calculation**
Home Delivered Meals: $12.25 / meal Long Term Care Community Nursing services (LTCCN): 15-minute unit of service: $25.00 Initial assessment: $425.00 In-home agencies: $40.40 / hour Service assessment: $121.20 Mileage, non-medical: $0.56 / mile Adult Day Services: $122.16	Multiply total assessed hours by: • PSW hourly rate: $21.25 (+$3.00 / VDQ) + • FICA = 7.65% + • FUTA = .6% + • SUTA = .9% + • WBF = $.01 cents / hour Add: Assessed mileage x $0.70 / mile = total service payment

Contact List for Specific Needs Contracts	

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.