

AGENCY FOR HEALTH CARE ADMINISTRATION

Statewide Medicaid Managed Care (SMMC) Long-term Care (LTC) Program

Monthly Base Rates

Effective Date: September 1, 2016 to September 30, 2017
NOT FOR USE UNLESS APPROVED BY CMS

Region	Certified Non-HCBS Rate ¹	Certified HCBS Rate ¹	HCBS Transition ²	CHRP ³
1	\$5,690.92	\$1,434.92	3.00%	\$15.15
2	\$5,621.21	\$1,309.95	3.00%	\$26.87
3	\$5,705.75	\$1,328.11	3.00%	\$5.42
4	\$5,658.89	\$1,288.60	3.00%	\$18.85
5	\$5,552.83	\$1,404.73	3.00%	\$15.46
6	\$5,543.54	\$1,421.87	3.00%	\$15.86
7	\$5,685.41	\$1,366.64	3.00%	\$40.69
8	\$6,008.76	\$1,479.70	3.00%	\$24.73
9	\$6,062.20	\$1,521.76	3.00%	\$20.26
10	\$6,245.23	\$1,502.97	3.00%	\$6.36
11	\$6,387.60	\$1,484.93	3.00%	\$8.96

Rates are on a per member per month (PMPM) basis and net of patient liability.

1. Home and Community-Based Service (HCBS)

2. The required 3% transition from Non-HCBS to HCBS will be adjusted each month, to avoid weighting HCBS at more than 65%, in the calculation of the final blended rate. This will start as a .25% transition and increase each month to get to 3% in the 12th month of the rate year.

3. On a monthly basis, the Agency will pay each LTC plan a "final blended rate" by region. The CHRP (Community High Risk Pool) component will be deducted, to calculate the HCBS base rate. The CHRP may be updated throughout the year. The HCBS base rate will then be blended with the Non-HCBS base rate, based on each plan's monthly enrollment mix, adjusted by the agency-required transition percent. The Agency will send an email to LTC plans regarding each plan's actual final blended rate on a monthly basis.