

AGENCY FOR HEALTH CARE ADMINISTRATION

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

Monthly Base Rates

**Effective Date: October 1, 2019 through September 30, 2020
NOT FOR USE UNLESS APPROVED BY CMS**

Region	Certified Non-HCBS Rate ¹	Certified HCBS Rate ¹	HCBS Transition	CHRP ²
1	\$5,803.30	\$1,849.94	3.00%	\$94.39
2	\$5,524.40	\$1,642.28	3.00%	\$32.62
3	\$5,743.14	\$1,513.78	3.00%	\$21.85
4	\$5,793.25	\$1,678.88	3.00%	\$89.30
5	\$5,647.99	\$1,540.89	3.00%	\$62.76
6	\$5,651.20	\$1,572.44	3.00%	\$23.25
7	\$5,751.07	\$1,821.88	3.00%	\$75.03
8	\$6,064.67	\$1,764.36	3.00%	\$46.83
9	\$6,123.84	\$1,834.53	3.00%	\$30.83
10	\$6,214.58	\$1,828.13	3.00%	\$34.76
11	\$6,619.08	\$1,831.96	3.00%	\$9.47

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

1. Home and Community-Based Service (HCBS)

2. 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.

Region	October 2019 through June 2020 Public Emergency Medical Transportation Uniform Payment PMPM
1	\$4.10
2	\$13.49
3	\$9.19
4	\$14.56
5	\$12.64
6	\$13.65
7	\$16.87
8	\$9.95
9	\$11.09
10	\$13.88
11	\$5.08