



DSHS: Aging & Long-Term Support Administration (Long-Term Care) Program & Budget Overview

Presentation to the
House Appropriations Committee

January 25, 2021

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ALTSA serves many kinds of clients

...older adults, adults with a disability, families, caregivers

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How do clients qualify for services?

...clients must be both *functionally* and *financially* eligible

1. Functional Need

- Activities of Daily Living (*i.e. eating, bathing, toileting*)
- Instrumental ADLs (*i.e. shopping, laundry, meal prep.*)
- “CARE assessment”
- “Nursing Facility Level of Care” (NFLOC)



2. Limited Income

- State Plan = Depends on Medicaid group
 - <100% of SSI for ABD/CN (\$794/mth)
- Waivers = 300% of SSI (*in most cases*)
- “Client Participation”
- “Income Disregard”



3. Limited Assets

- < \$2,000 for individual
- < \$58,075 if married*
- “Estate Recovery”
- “Spend Down”

*If both spouses are applying for Medicaid medical coverage, the resource standard is \$3,000



Where do clients receive services?

...Institutions, community settings, and in their own homes

Medicaid State Plan

Institutional

Nursing Homes

Facility-based 24-hour
“convalescent or
chronic” care for 3+
individuals; may include
rehabilitative services.

Medicaid rate
methodology is in
statute.

(179 Nursing Homes
w/Medicaid contracts)

In-home

Personal and respite care provided by:

Individual Providers (IPs) = approx. 30,800

Client handles many employer functions.

Agency Providers (APs) = 47 contracted homecare agencies

Licensed agency whose employees provide personal/respite care

*IP are collectively bargained; AP have “parity” with IP

Community Settings

Adult Family Homes (AFHs) = 3,009 Medicaid contracts

Personal care, special care, room & board to up to 8 adults

AFH owners are collectively-bargained.

Assisted Living Facilities (ALFs) = 319 Medicaid contracts

Housing, basic services, and may provide personal care to
7+ adults.

Adult Residential Care (ARC)/Enhanced ARC =

228 Medicaid contracts

Form of Assisted Living that may provide personal care and
nursing services

This slide is illustrative and is not all-inclusive of ALTA care settings or services.

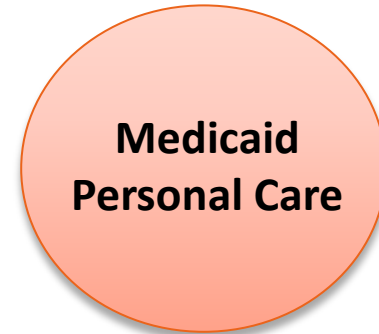


How do clients access AL TSA services?

...Medicaid (State Plan or Waiver), State Only, Federal Only

Medicaid State Plan

- “Entitlement”
- Mandatory Services
- Optional Services
- Statewide
- No cap & no targets
- ~77% of FY20 spending



Medicaid Waiver

- Optional Services
- Not an “entitlement”
- Can be capped/targeted
- ~5% of FY20 spending



Other

- State Only
- Federal Only
- ~4% of FY20 spending



*Percentages do not total to 100% because not all of AL TSA’s budget can be classified in one of the three groups here. In FY 2020, 2% of AL TSA spending was of federal CARES Act funding.

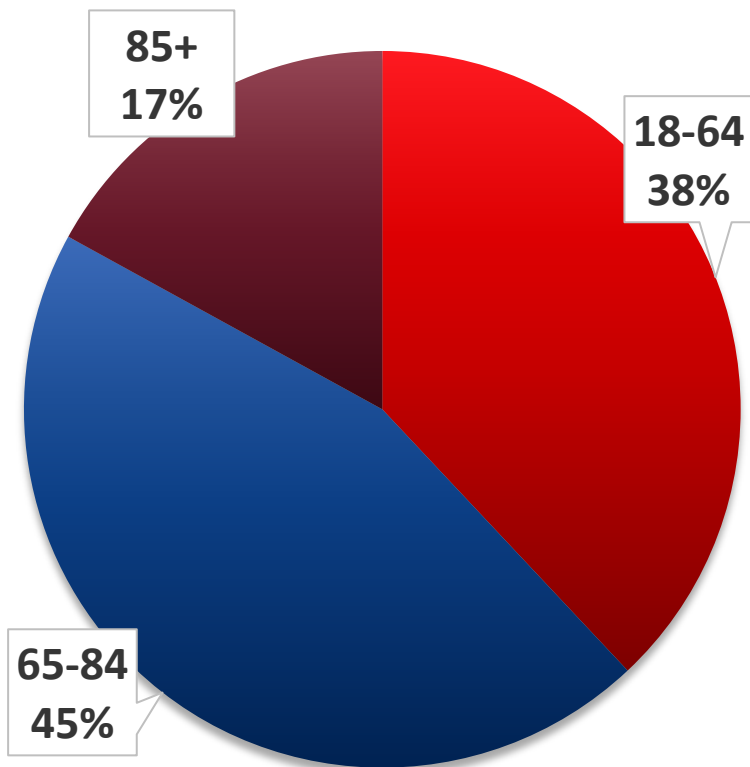


Client Demographics*

....distribution by age, gender, and race/ethnicity

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Est. Client Distribution by Age



ALTSA Clients		
Age	Clients	%
18-64	33,000	38%
65-84	39,200	45%
85+	14,900	17%
Gender		
Male	31,200	36%
Female	56,000	64%
Race Ethnicity^		
White	60,500	72%
Asian/Pac. Islander	10,900	13%
Amer./Alaskan Native	2,300	3%
Afr. American/Black	6,200	7%
Unreported or Other	4,000	5%

*Reflects percentages for non-NH clients with a complete assessment in 2020 plus NH clients with a paid claim in June 2020. Demographic categories on this slide are taken from the DSHS data, and were not determined by legislative staff.



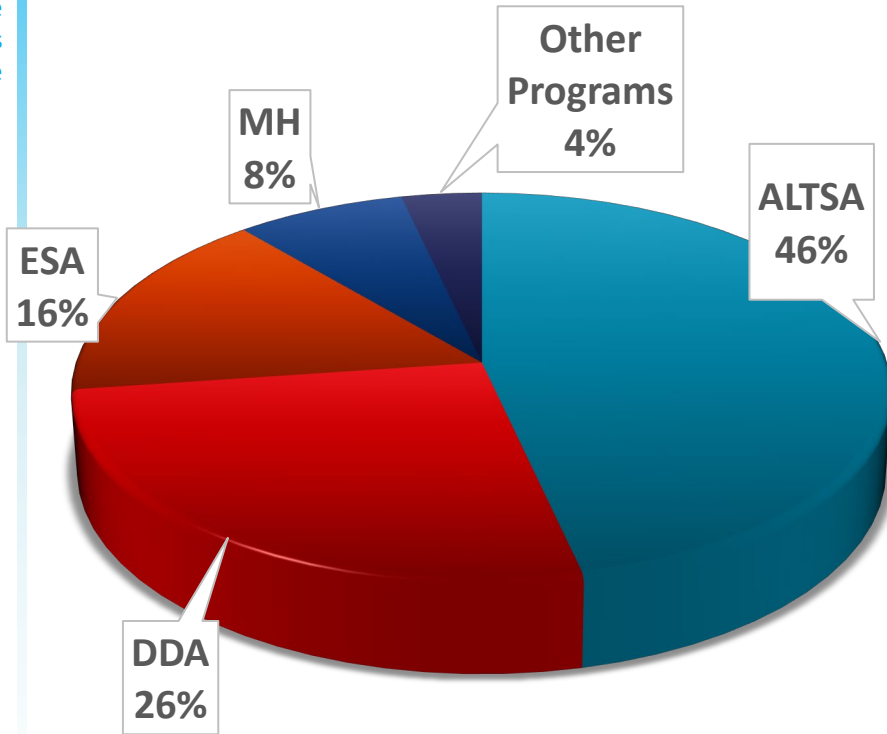
Budget Overview

- »» ALTSA Budget in Context
- Budget Overview by Area
- FTE Overview
- Biennial Budget History



AL TSA is the largest DSHS program

...46% of DSHS' total budget in 2019-21, and 6% of the state operating budget.*



DSHS Budget* (2019-21, total funds)

TOTAL = \$13.9 billion

DDA = \$3.7 billion

AL TSA = \$6.5 billion

ESA = \$2.2 billion

MH = \$1.1 billion

Other Programs^ = \$0.5 billion

AL TSA Budget 2019-21 (at a glance)

\$6.5 billion total

\$2.8 billion GF-State

\$3.6 billion other funds
(~98% federal Medicaid)

~87,200 clients

~2,430 FTE^^

*2019-21 budget after the 2020 Supplemental. Does not include the impact of funding provided through the UAR process for Covid-19.

^Other Programs = SCC, DVR, Admin, Payments to other agencies

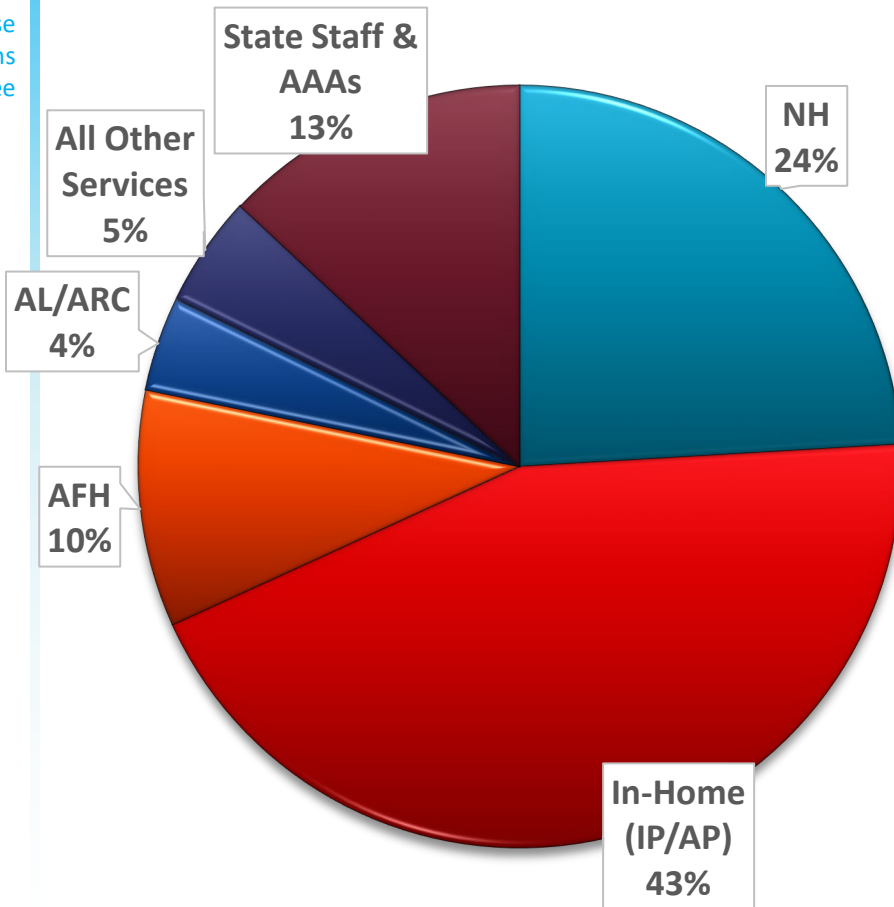
^^ Avg. FTE allotment for 2019-21 as of the enacted 2020 Supplemental budget.



Budget Overview*

...The majority of the ALTSA budget (87%) goes towards client services.

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**FY 2020 Actuals + FY 2021 Allotments
(Total Funds, \$ in Millions)**

	Budget	% Budget	Clients**
Nursing Homes	\$ 1,600	24%	8,870
In-Home (IP/AP)	\$ 3,030	44%	45,780
Adult Family Homes	\$ 700	10%	7,670
Assisted Living/ARC^	\$ 300	4%	6,760
All Other Services	\$ 360	5%	5,300
State Staff & AAAs	\$ 870	13%	-

*This slide shows FY 2020 actuals + FY 2021 allotments, not the enacted budget as of the 2020 Supplemental.

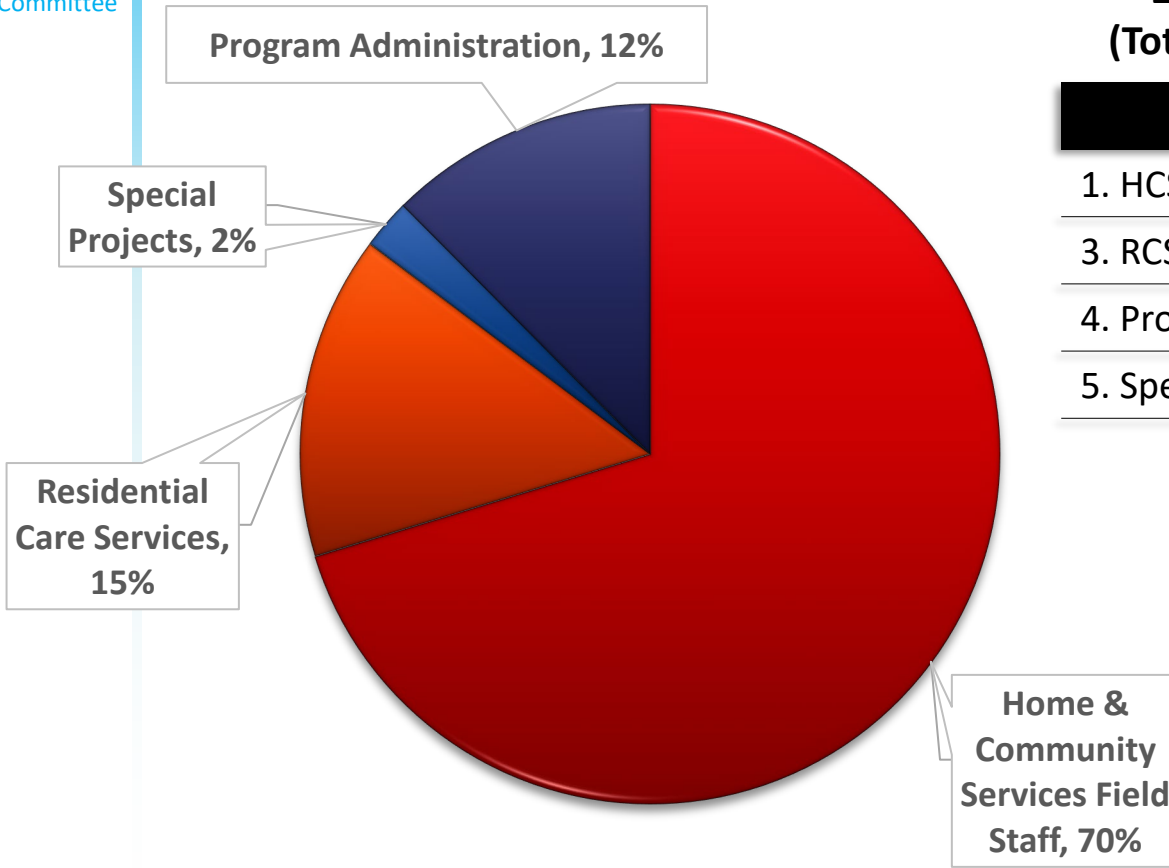
** Client counts generally show the avg. monthly caseload for the 2019-21 biennium as of the November 2020 forecast.

^ARC = Adult Residential Care



FTE Overview:

...70% of AL TSA FTEs work in the field on Home & Community services.



**2020 Actuals + 2021 Allotments
(Total Funds, \$ in Millions, Rounded)**

	Budget	FTE
1. HCS Field	\$370	1,700
3. RCS Field	\$110	360
4. Program Admin	\$160	300
5. Special Projects	\$140	60

*Proportions in pie chart represent relative share of AL TSA FTEs.

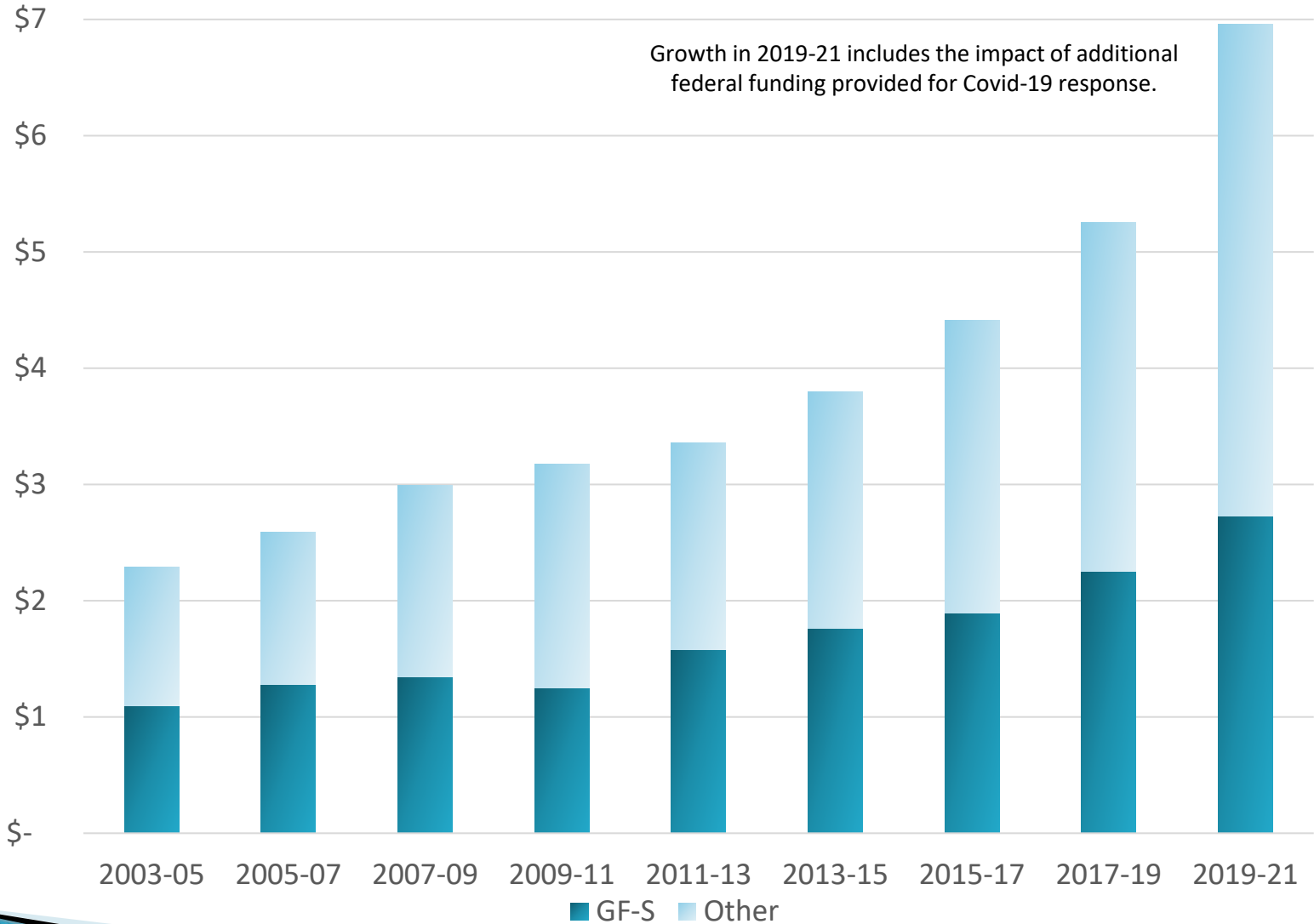
**This slide portrays 2020 actuals + 2021 allotments, and differs from the enacted budget as of the 2020 Supplemental.*



Biennial Budget* Change:

...Growth averages 15% per biennium (on a nominal basis).

Dollars in Billions (Total Funds)



*2019-21 shows 2020 actuals + 2021 allotments from the LEAP reporting system..



Clients and Services



The “Age Wave”

Nursing Homes

Home & Community-Based Services

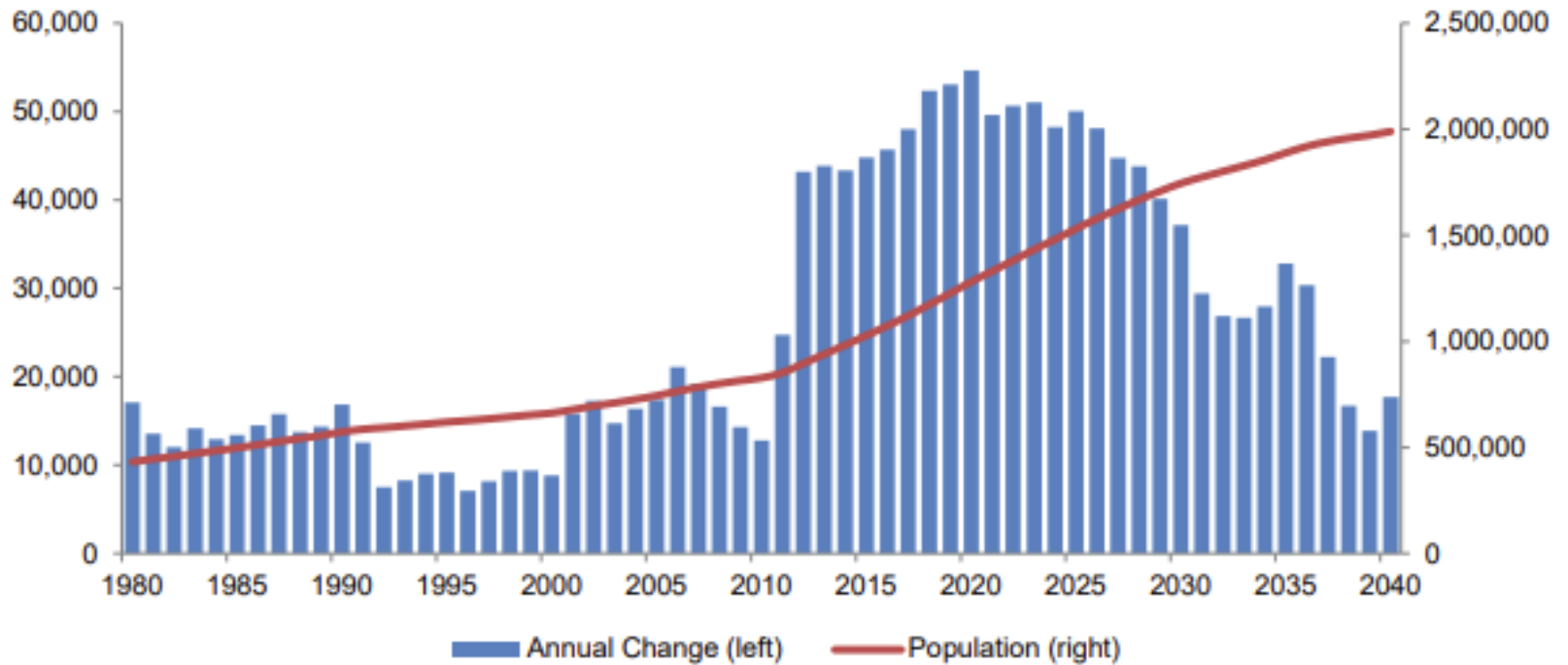
Adult Protective Services



The “Age Wave”: Growth in the older adult population

...Seniors age 65+ are expected to represent 22% of the state population by 2040.

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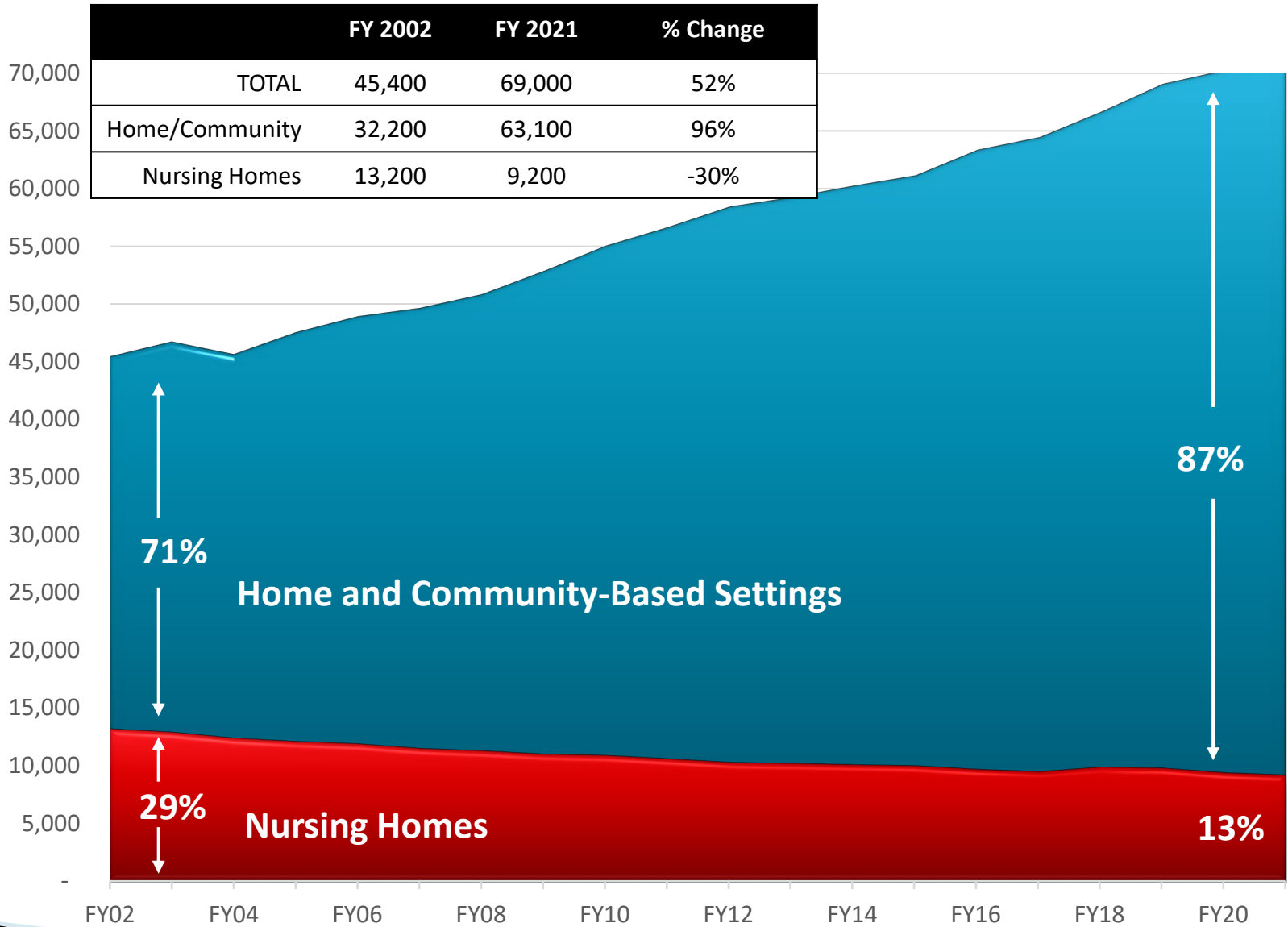
OFM state population forecast (November 2020).



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How has the residential caseload changed over time?

...Growth driven by home & community settings, and decline in nursing homes



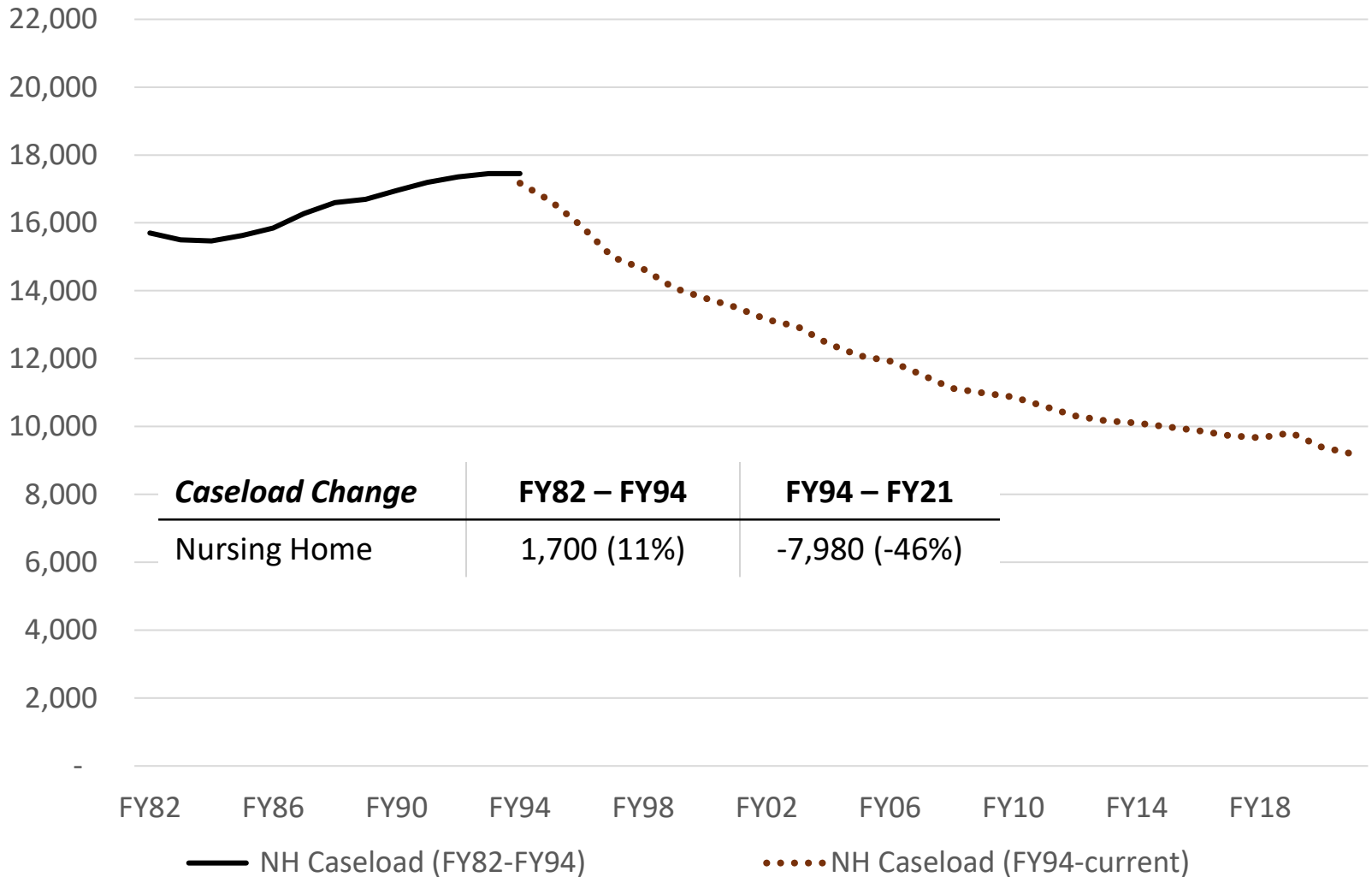


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The Nursing Home Caseload: An Extended View

...major shift in the mid-1990s...~46% caseload decrease since 1994

Client Caseload (Avg./Month)



Data extends through the FY 2020 and FY 2021 caseload forecasts as of November 2020.

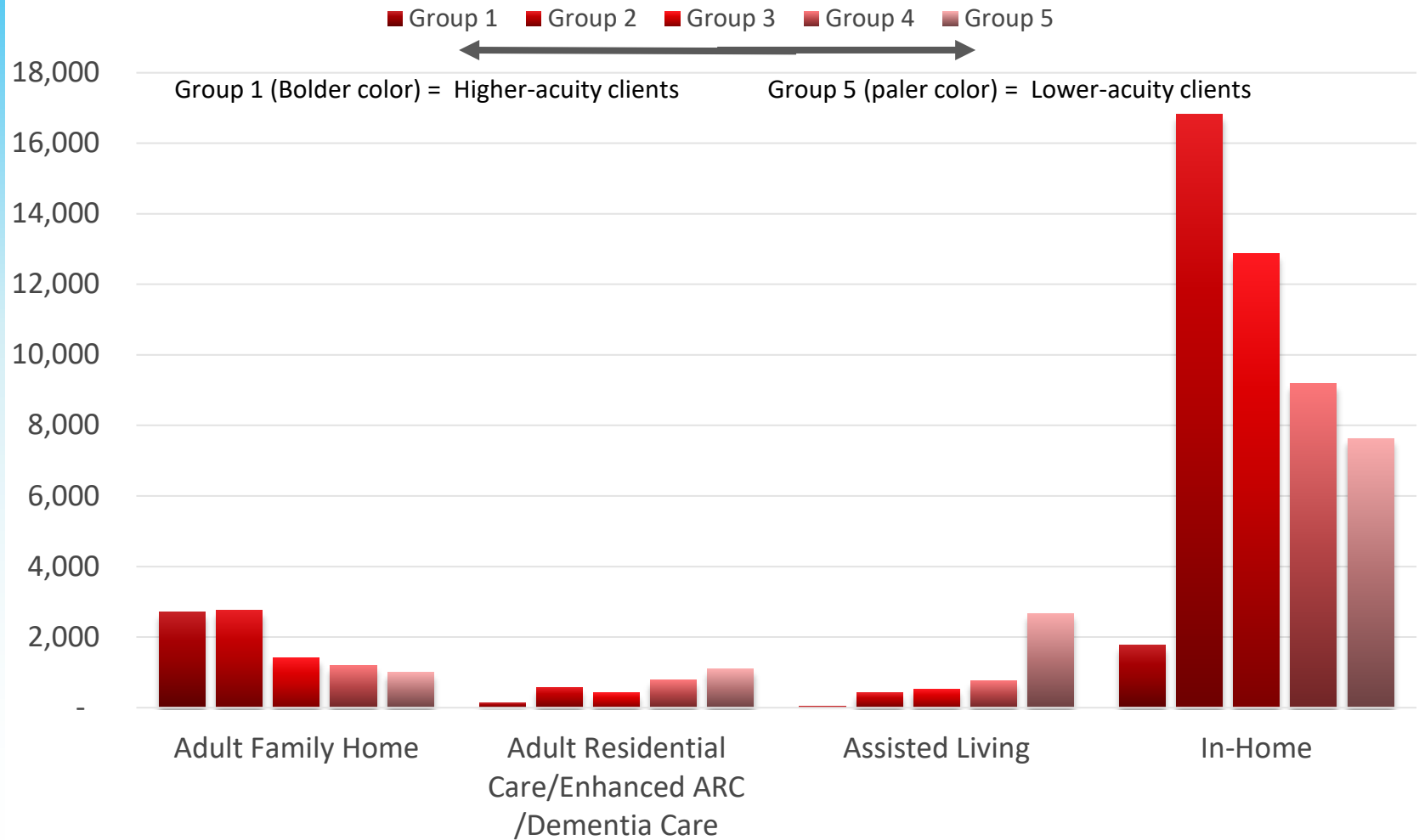


A declining NH caseload...why?

...high-acuity clients served in all home and community settings*

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Client Caseload

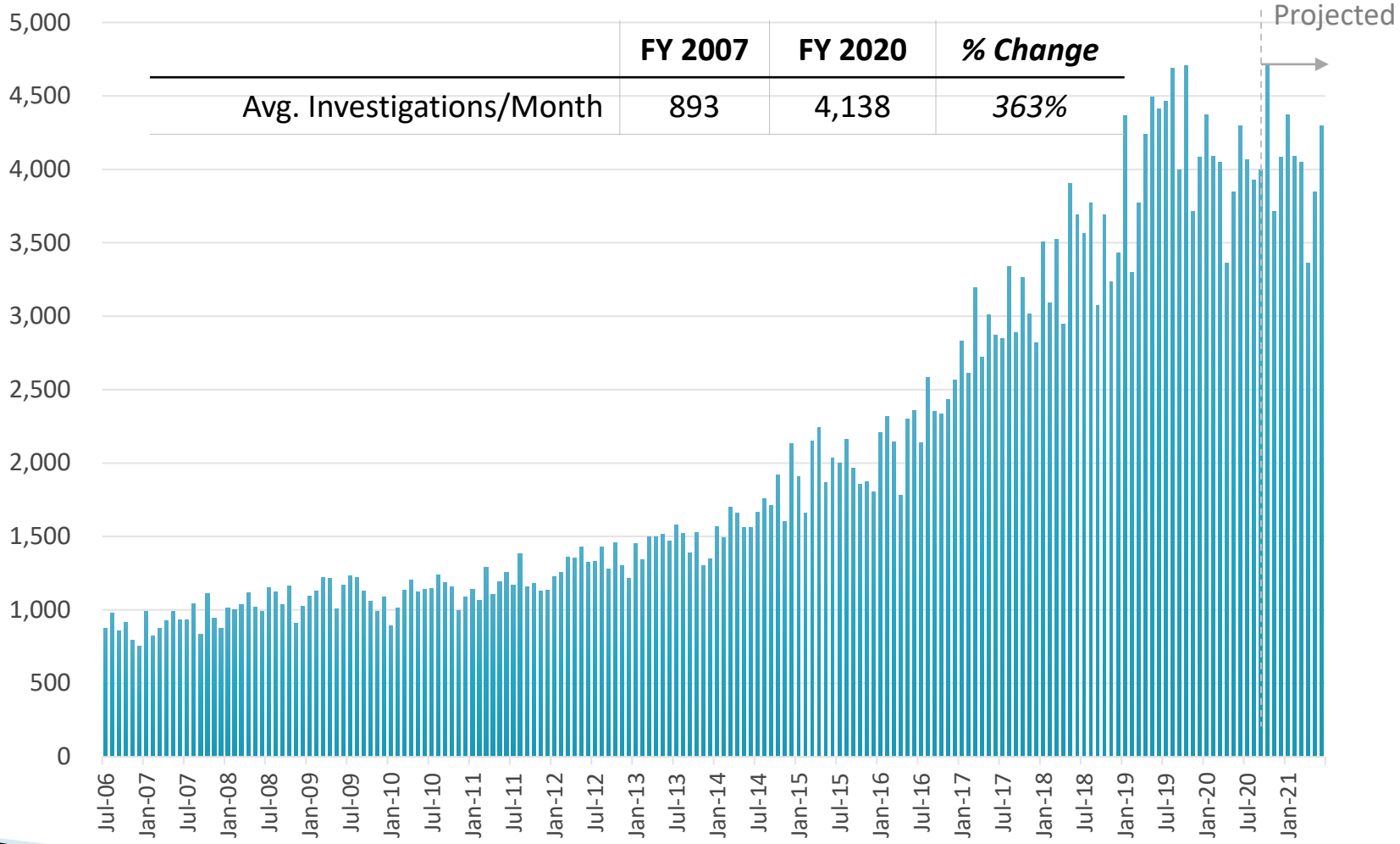


*Nursing Homes are not shown in this chart because they do not use the same measure of client acuity as other settings.

DSHS data, 1/15/2021



Adult Protective Services: Investigation have increased significantly due to more screened-in reports of older adult abuse and neglect.



Data from October 2020 through June 2021 is from the Fall 2020 APS forecast.



COVID-19 & Long-Term Care

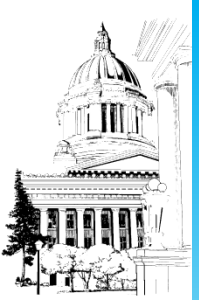
- » Impacts on Clients & Providers
- » COVID-19 Response & Funding



What are the major fiscal impacts on the provision of long-term care services during the COVID-19 pandemic?*

- ▶ Revenue loss (fewer clients)
- ▶ Increased PPE needs
- ▶ Staff time spent reviewing guidance from federal, state, and local authorities
- ▶ Quarantining and responding when a client or staff member tests positive for COVID-19
- ▶ Staffing issues
- ▶ Enhanced infection control practices
- ▶ Coordinating visits
- ▶ Equipment for virtual work
- ▶ COVID-19 testing

*While COVID-19 has impacts on LTC services regardless of payor source, this presentation focuses on the impact to Medicaid providers & services. The list is not all-inclusive. Additional detail on the impact of COVID-19 is available upon member request.



What are the major COVID-19 response activities funded to date?*

COVID-19 Response	Fund Source**	Total Funding (2019-21 Biennium) \$ in 000s	Description
COVID-19 Rate Enhancements	Coronavirus Relief Fund (FY 2020 – Q2 FY 2021) Enhanced Federal/GF-S (Q3 FY 2021)	\$ 341,500	Provides rate add-ons, and in some cases PPE, to contracted providers to help address increased costs related to COVID-19. Table shows estimated funding through 3/2021.
Transitional Care Center of Seattle (TCCS)	Coronavirus Relief Fund	\$ 13,500	Purchased a former nursing facility to provide additional capacity for clients. Operated by EmpRes, a provider under contract with the state. May ultimately serve up to 150 residents. Current census is 16 residents.
COVID-Dedicated Nursing Home Contracts	Coronavirus Relief Fund	\$ 4,300	Provides 268 beds for COVID-positive seniors in 'cohorted' facilities that meet special requirements in areas such as air flow and separation from non-COVID-positive residents. As of 1/21/2021, 160 beds are occupied. Table shows funding through 12/2020.

*This slide is not all-inclusive of funding provided to AL TSA for COVID-19 in the unanticipated receipts (UAR) process, nor does it include relief funds that contracted service providers may apply directly to the federal government for. Additional detail is available on member request.

**This slide reflects fund sources at the time of this presentation. Some fund sources may be subject to change.

NOTE: This slide does not include funding proposed in the Governor's 2021 Supplemental or 2021-23 budgets, or in any other proposed legislation.



What funding have the state and federal governments provided to address Covid-19 in long-term care services?

COVID-19 Response	Fund Source	Total Est. Funding (2019-21 Biennium) \$ in 000s	Description
"Hospital Surge" Project (FY 2020)	Coronavirus Relief Fund	\$ 16,900	Provides enhanced rates to incentivize contracted providers to accept clients being discharged from acute care hospitals through 12/2020.
Nursing Home Transitions (through 12/2020)	Coronavirus Relief Fund	\$ 1,600	Provides one-time incentive payments of up to \$6,000 for 250 individuals dually-eligible individuals over age 65 to transition from acute care hospitals to nursing homes through 12/30/2020.
Strike Teams (through 12/2020)	Coronavirus Relief Fund	\$ 1,200	Purchases 6 teams of 8 staff to provide emergency staffing in care facilities that have staff/caregiver Covid-19 outbreaks. Table includes funding for strike teams that serve both ALTA and DDA-contracted facilities.
Home-Delivered Meals	Federal Grant	\$ 15,500	Distributed to AAAs in spring 2020 for meals for seniors and related services like nutritional counseling.

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Four key takeaways...

- **Clients must meet functional and financial eligibility criteria to access Medicaid services through the state plan or waiver. Most ALTSA clients receive services through the state plan (Community First Choice Option).**
- **A continuum of care providers in various settings, some of which are collectively-bargained, serve the Medicaid ALTSA population.**
- **As the ALTSA budget has grown over time, along with growth in the older adult population, a shift towards home- and community-based settings has occurred.**
- **Going forward, growth in the older adult population is expected continue to increase demand for ALTSA services.**



Questions?



Appendix



- Medicaid State Plan & Waivers
- Terminology
- Avg. Client Per-Capita Costs by Setting
- Budget Detail
- FTE History
- Proposed 2021-23 IP Collective-Bargaining Agreement/AP Parity
- Provider Rate Basics
- Covid-19 Rate Enhancements



Appendix A: Medicaid State Plan & Waivers

- **Medicaid State Plan: Medicaid Personal Care (MPC)**....approx. 600 ALTSA clients
 - Client lives in community setting...does not exhibit nursing facility level of care
 - Typical service(s): personal care
 - CARE assessment determines need for services
- **Medicaid State Plan: Community First Choice Option (CFCO)**....approx. 58,300 clients
 - Client lives in community setting...exhibits nursing facility level of care
 - Typical service(s): personal care, Personal Emergency Response System (PERS), skill development training, training on how to manage personal care providers
 - CARE assessment determines need for services
- **Medicaid Waiver: Community Options Program Entry System (COPES)**...approx. 38,500 clients
 - Client lives in community setting...exhibits nursing facility level of care
 - Typical service(s): Personal Emergency Response System (PERS), specialized medical equipment, Adult Day Health, home modification
 - CARE assessment determines need for services
- **Medicaid Waiver: Medicaid Transformation (1115) Waiver**...3,447 clients as of March 2020
 - 100% Federally-funded waiver for a five-year period
 - Medicaid Alternative Care (MAC)...serves clients currently eligible for Medicaid services but who choose not to receive them
 - Tailored Support for Older Adults (TSOA)...serves clients at risk of becoming Medicaid-eligible in the future
 - Both MAC and TSOA support client receivers and their unpaid family caregivers
- **Medicaid Waiver: New Freedom**....approx. 423 clients
 - Client lives in community setting...exhibits nursing facility level of care
 - Typical service(s): personal care, home modification, specialized medical equipment, home delivered meals, therapeutic treatment
 - Individual budget & spending plan that client may use for personal care, home modifications, & more
 - CARE assessment determines need for services; provides basis for calculating budget
 - Currently only available within King County and Pierce County
- **Medicaid Waiver: Residential Supports**....approx. 2,100 clients
 - Client lives in a community setting
 - Typical services: behavioral supports, supervision related to mental health/chemical dependency disorders
 - CARE assessment determines need for services

**Client counts may include duplication; for example, many clients receive both CFCO and the COPES waiver. Client counts are provided by ALTSA fact sheets and agency staff (1/15/2021)*

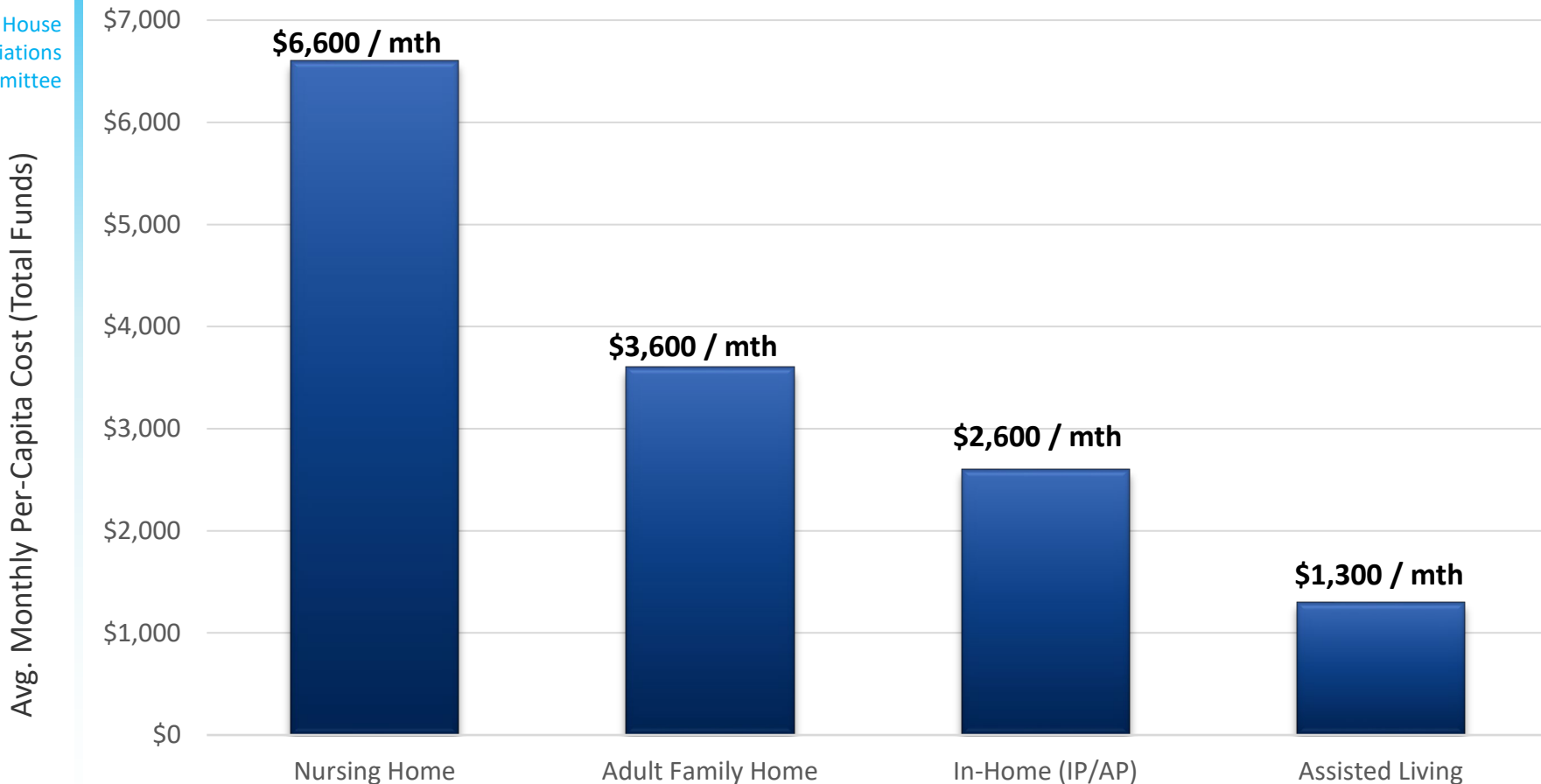


Appendix B: Brief descriptions of frequently-used terms

- ▶ **Activities of Daily Living (ADL)** = Examples include bathing, personal hygiene, eating, & dressing ([WAC 388-106-0010](#)).
- ▶ **Instrumental Activities of Daily Living (IADL)** = Routine activities performed around the home or in the community such as meal preparation, ordinary housework, & travel to medical services ([WAC 388-106-0010](#)).
- ▶ **Nursing Facility Level of Care (NFLOC)** = Functional eligibility standard for institutional settings and for Community First Choice (a Medicaid State Plan service) and ALTA Medicaid waivers. Requires that the client has a daily need for Registered Nurse or Licensed Practical Nurse services, *or* a higher level of need (assistance with 3+ ADLs; cognitive impairment and hands-on assistance with 1+ ADLs; or hands-on assistance with 2+ ADLs). ([WAC 388-106-0355](#)).
- ▶ **Nursing Homes** = Facilities that provide 24-hour convalescent or chronic care for 3+ patients. This may include medicine administration, preparation of special diets, and treatment from licensed medical practitioners ([RCW 18.51.010](#)).
- ▶ **Individual Provider** = A person who is contracted with DSHS to provide personal care or respite care to eligible individuals ([RCW 74.39A.240](#)). The care receiver handles most employer functions but there are exceptions (for example, the state is the employer for collective bargaining and has established policies regarding overtime). A shift to providing IP services through a Consumer-Directed Employer model is underway.
- ▶ **Agency Provider** = Similar to an IP, but the provider is employed by a licensed agency. The agency is the provider's employer and the agency contracts with the state.
- ▶ **Adult Family Home** = A residential home in which a person or persons provide personal care, special care, and room & board to 1-8 adults not related by blood or marriage to the service provider ([RCW 70.128.010](#)).
- ▶ **Assisted Living Facility** = A facility that provides housing, basic services (i.e. housekeeping, meals), and assumes general responsibility for the safety and well-being of 7+ residents. May also provide domiciliary care such as assistance with Activities of Daily Living or health support services ([RCW 18.20.020](#)).
- ▶ **Adult Residential Care** = A package of services provided by a specially licensed Assisted Living Facility that has a contract with DDA to provide personal care. Serves 7+ adults. [WAC 388-110-020](#).
- ▶ **Enhanced Adult Residential Care** = A package of services provided by a specially licensed Assisted Living Facility that has a contract with DDA to provide personal care, intermittent nursing services, and medication administration. Serves 7+ adults. [WAC 388-110-020](#).



Appendix C: Avg. Monthly Per-Capita Cost by Setting



*Client per-caps vary by individual needs as well as setting and may not be represented by the average per-cap. Not all care settings have equal levels of client acuity, and high-acuity clients tend to have higher costs regardless of setting.

Graph represents the average monthly per-capita cost by setting as of the Fall 2020 forecast.



Appendix D: FY 2020 Actuals + FY 2021 Allotments

Activity/Service	GF-State	Total	Clients**	FTE	% of Total \$
TOTAL	\$ 2,800	\$ 6,900		2,390	
1. Nursing Homes	\$ 705	\$ 1,626	8,870	-	24%
2. In-Home (IP/AP/other in-home services)	\$ 1,160	\$ 3,029	45,780	-	44%
3. Adult Family Homes	\$ 280	\$ 703	7,670	-	10%
4. Assisted Living	\$ 50	\$ 127	3,780	-	2%
5. Adult Residential Care	\$ 75	\$ 177	2,980	-	3%
6. Adult Day Health	\$ 8	\$ 19	720	-	0%
7. Private Duty Nursing	\$ 26	\$ 57	130	-	1%
8. Managed Care	\$ 31	\$ 73	970	-	1%
9. AAA Federal Grant Programs	\$ 1	\$ 74	See Note	-	1%
10. AAA State-Only Programs	\$ 54	\$ 54	See Note	-	1%
11. Medicaid Transformation Waiver	\$ -	\$ 85	3,447	-	1%
12. Home & Comm. Svcs/APS Field Staff	\$ 213	\$ 368	See Note	3,667	5%
13. Area Agencies on Aging (AAAs)	\$ 93	\$ 189	See Note	-	3%
14. Residential Care Services	\$ 22	\$ 111	See Note	380	2%
15. Headquarters	\$ 58	\$ 132	-	343	2%
16. All Other	\$ 11	\$ 67	-	-	1%

Source: AFRS data provided by agency staff on 1/20/2021

*Table includes the impact of COVID-19 response funding and differs from the appropriation in the 2020 Supplemental budget.

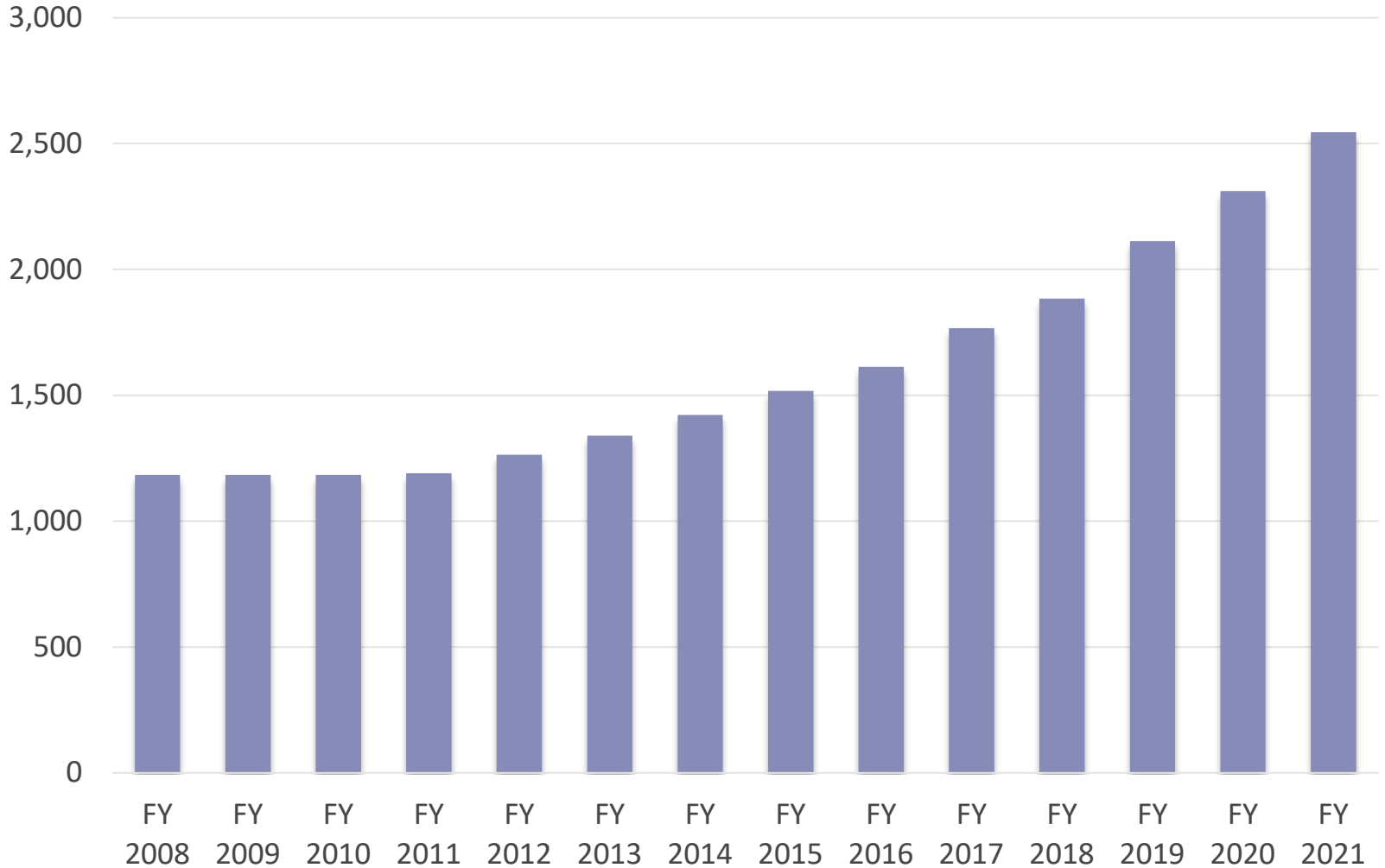
**Client counts represent average monthly caseloads for all rows except for #11-Medicaid Transformation Waiver. The #11 client count represents the caseload as of March 2020, and is taken from a November 2020 DSHS Research & Data Analysis report.



Appendix E: FTE History

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Avg. Monthly FTEs by FY



Source: LEAP report H0040, 1/9/2021



Appendix F: Proposed 2021-23 IP Contract Fiscal Impact

(includes all funding for both ALTSA and DDA clients)

Dollars in Millions

IP	2021-23		2023-25	
	GF-State	Total	GF-State	Total
Wages	\$ 20.2	\$ 46.0	\$ 35.3	\$ 80.3
AP Experience Inclusion	\$ 2.4	\$ 5.4	\$ 5.9	\$ 14.5
Increased Holiday Pay	\$ 1.6	\$ 3.7	\$ 3.5	\$ 8.0
Training Contribution	\$ 0.3	\$ 0.6	\$ 0.3	\$ 0.7
Comprehensive Health Benefit	\$ 15.1	\$ 34.3	\$ 22.0	\$ 49.5
Retirement Contribution	\$ 0.1	\$ 0.3	\$ 0.2	\$ 0.4
All IP	\$ 39.7	\$ 90.3	\$ 67.2	\$ 153.4
AP Parity	\$ 10.4	\$ 23.6	\$ 17.5	\$ 39.7
Admin & IT*	\$ 0.3	\$ 0.8	\$ 0.1	\$ 0.2
Total Estimated Impact	\$ 50.4	\$ 114.7	\$ 84.8	\$ 193.4

* The Governor's budget does not fund the administrative and IT costs associated with the CBA and parity.



Appendix G: Proposed 2021-23 IP Contract: Base Wage Scale

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Cumulative Career Hours	Current	FY 2022		FY 2023	
		July 2021-Dec 2021	Jan 2022-June 2022	July 2022-Dec 2022	Jan 2023-June 2023
0-2000	\$ 16.72	\$ 16.85	\$ 16.98	\$ 17.11	\$ 17.24
2001-4000	\$ 16.87	\$ 17.00	\$ 17.13	\$ 17.26	\$ 17.40
4001-6000	\$ 17.02	\$ 17.15	\$ 17.28	\$ 17.41	\$ 17.54
6001-8000	\$ 17.20	\$ 17.33	\$ 17.46	\$ 17.60	\$ 17.73
8001-10000	\$ 17.40	\$ 17.53	\$ 17.66	\$ 17.79	\$ 17.92
10001-12000	\$ 17.65	\$ 17.78	\$ 17.91	\$ 18.04	\$ 18.18
12001-14000	\$ 17.90	\$ 18.03	\$ 18.17	\$ 18.31	\$ 18.45
14001-16000	\$ 18.55	\$ 18.69	\$ 18.83	\$ 18.97	\$ 19.11
16000-20000	\$ 18.80	\$ 18.94	\$ 19.08	\$ 19.22	\$ 19.36
20001+	\$ 19.07	\$ 19.21	\$ 19.35	\$ 19.50	\$ 19.65



Appendix H: ALTSA Provider Rate Basics (as of January 2021)

	NH	ALF	AFH	IP	AP
1. Hourly or Daily	Daily	Daily	Daily	Hourly	Hourly
2. Client or Facility	Facilty	Client	Client	Client	Client
3. Collectively Bargained	N	N	Y	Y	N (parity w/IP)
4. Location-based	Y	Y	Y	N	N
5. Client Acuity	Y	Y	Y	Y	N
6. Minimum Occupancy	Y	N	N	N	N
7. Safety Net Assessment	Y	N	N	N	N
8. Rate Range (low)	\$186.18	\$ 66.13	\$ 80.25	Seniority-based	-
9. Rate Range (high)	\$313.86	\$ 178.76	\$ 192.59	Seniority-based	-
10. Avg. Rate	\$ 249.83	\$ 76	\$ 116	\$ 23	\$ 29
11. License Fee (annual)	\$359/bed	\$116/bed	\$225/bed	-	-
12. License Fee (initial)	-	-	\$2,750/home	-	-

- Reflects basic rates as of 1/1/2021. Does not include the impact of COVID-19 rate add-ons or the impact of proposed 2021-23 contracts or other rate increases in the Governor's budget.
- NH avg. rate shows weighted avg. daily rate (budget dial). High rate range excludes the exceptional rate paid to Bailey-Boushay House for specialized services.
- ALF/AFH avg. rate show estimated weighted avg. based on caseload distribution information from the ALTSA rates unit. ALF figures exclude ALFs licensed as ARCs/EARCs.
- IP avg. rate shows fully-loaded weighted avg. compensation including benefits & pro-rated overtime impact for FY 2019.
- AP shows hourly rate for home care agencies as of 7/1/2020.

NH = Nursing Home
 AFH = Adult Family Home
 ALF = Assisted Living Facility
 IP = Individual Provider
 AP = Agency Provider



Appendix I: COVID-19 Rate Enhancements in Major AL TSA/DDA Service Areas

Provider Setting or Service	Q2 FY 2021 COVID-19 Rate Add-Ons	Q3 FY 2021 COVID-19 Rate Add-Ons
Nursing Homes	\$7.50/day	\$8.30/day
DDA Supported Living/Comm. Residential	11.5% increase/day	11.3% increase/day
Adult Day Health	Retainer payment	Retainer payment
Adult Family Homes	\$13.54/day + Retainer payment	\$13.05/day + \$1.1M for N95 masks + \$1.0M for N95 mask fit-testing + Retainer payment
Assisted Living	\$4.79/day + Retainer payment	\$4.79/day + Retainer payment
Enhanced Service Facility	\$54.66/day + Retainer payment	\$54.66/day + Retainer payment
Individual Providers	\$2.56/hour + \$10.2M for PPE + \$1.8M for DSHS staff time and warehousing associated with acquiring and storing PPE	\$2.54/hour + \$11.6M for N95 masks and fit-testing
Agency Providers	\$4.48/hour	\$4.35/hour, including \$0.78 for N95 masks and fit-testing, plus \$0.50/hour for AP administration
PACE (Program of All-Inclusive Care for the Elderly)	Retainer payment	Retainer payment
Community Choice Guides	\$0.99/15 mins.	\$0.99/15 mins.
Supportive Housing	6% increase/unit	6% increase/unit
Behavior Support	\$1.59/15 mins.	\$1.59/15 mins.
Nurse Delegation	\$0.69/15 mins.	\$0.69/15 mins.
Private Duty Nursing	\$1.50/15 mins.	\$1.50/15 mins.

*COVID-19 rate enhancements were also provided in the latter half of FY 2020 and in Q1 FY 2021. The most recent quarters are shown here. Additional detail is available on member request. Not all services receiving a rate enhancement are shown in this slide.