



UTAH DEPARTMENT
OF HEALTH &
HUMAN SERVICES
*Office of Reimbursement,
Coordinated Care &
Audit*

Home and Community Based Services
(HCBS) Rate Study

Final
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Home and Community-Based Services (HCBS) Executive Summary

Home and Community Based Services are an array of support services that are provided to older adults and individuals with intellectual or developmental disabilities in their homes and communities instead of through an institutional setting. Utah Medicaid administers these services through various waiver programs.

The HCBS rate study compares Utah Medicaid reimbursement rates to the service costs and the reimbursement rates from other state Medicaid programs. *Table 1* provides a high-level summary of the HCBS rate study. We expand upon the details of these figures in the following sections of our report.

Table 1. Summary of HCBS Comparison

Procedure Code	Description	Waiver	Date Last Rate Increase	MEI Inflation (since rate increase)	Utah Medicaid Rate	Cost Coverage		Other State Comparison	
						Cost per Unit Billed	Utah as % of Cost	Average of Other State Medicaid Rates	Utah as % of Other State Medicaid Rates
H0034	Medication Administration	NCW	07/01/23	4%	\$ 19.76	\$ 24.77	80%	\$ -	0%
H0038	Personal Budget Assistance	Aging	10/01/24	0%	\$ 5.32	\$ 7.28	73%	\$ 9.20	58%
H0038	Personal Budget Assistance	NCW	07/01/23	4%	\$ 4.72	\$ 7.28	65%	\$ 9.20	51%
H0043	Adult Res Services - CILF	NCW	07/01/23	4%	\$ 40.00	\$ 122.94	33%	\$ 96.26	42%
H0045	Respite Care – Overnight	Aging	10/01/24	0%	\$ 203.02	\$ 473.30	43%	\$ 189.58	107%
H0045	Respite Care – Overnight	NCW	07/01/23	4%	\$ 138.50	\$ 473.30	29%	\$ 189.58	73%
S5102	Adult Day Care	Aging	10/01/24	0%	\$ 43.24	\$ 162.21	27%	\$ 78.30	55%
S5102	Adult Day Care	NCW	07/01/23	4%	\$ 37.66	\$ 162.21	23%	\$ 78.30	48%
S5125	Attendant Care Services	Aging	10/01/24	0%	\$ 4.62	\$ 7.93	58%	\$ 6.65	70%
S5125	Attendant Care Services	NCW	07/01/23	4%	\$ 7.50	\$ 7.93	95%	\$ 6.65	113%
S5130	Homemaker Services	Aging	10/01/24	0%	\$ 8.02	\$ 10.00	80%	\$ 7.02	114%
S5130	Homemaker Services	NCW	07/01/23	4%	\$ 6.21	\$ 10.00	62%	\$ 7.02	89%
S5135	Companion Care Adult	Aging	10/01/24	0%	\$ 4.97	\$ 8.72	57%	\$ 7.07	70%
S5150	Respite Care – Unskilled	Aging	10/01/24	0%	\$ 5.64	\$ 8.28	68%	\$ 7.31	77%
S5150	Respite Care – Unskilled	MCCW	07/01/19	21%	\$ 5.32	\$ 8.28	64%	\$ 7.31	73%
S5150	Respite Care – Unskilled	NCW	07/01/23	4%	\$ 7.01	\$ 8.28	85%	\$ 7.31	96%
S5170	Home Delivered Meals	Aging	10/01/24	0%	\$ 7.34	\$ 5.10	144%	\$ 10.34	71%
S5170	Home Delivered Meals	NCW	07/01/23	4%	\$ 7.05	\$ 5.10	138%	\$ 10.34	68%
T1000	Extended State Plan Svc	TDW	07/01/19	21%	\$ 14.91	\$ 37.07	40%	\$ 15.29	98%
T1005	Respite Care Services	Aging	10/01/24	0%	\$ 14.91	\$ 16.90	88%	\$ 5.32	280%
T1005	Respite Care Services	MCCW	07/01/19	21%	\$ 14.91	\$ 16.90	88%	\$ 5.32	280%
T1005	Respite care Services	TDW	07/01/19	21%	\$ 14.91	\$ 16.90	88%	\$ 5.32	280%
T1016	Case Management	Aging	10/01/24	0%	\$ 26.42	\$ 20.64	128%	\$ 14.02	188%



Procedure Code	Description	Waiver	Date Last Rate Increase	MEI Inflation (since rate increase)	Utah Medicaid Rate	Cost Coverage		Other State Comparison		
						Cost per Unit Billed	Utah as % of Cost	Average of Other State Medicaid Rates	Utah as % of Other State Medicaid Rates	
T1016	Case Management	NCW	07/01/23	4%	\$ 25.39	\$ 20.64	123%	\$ 14.02		181%
T1019	Personal Attendant Svc	Aging	10/01/24	0%	\$ 6.91	\$ 14.58	47%	\$ 7.57		91%
T1021	Supportive Maintenance – HHA or CNA	Aging	10/01/24	0%	\$ 49.43	\$ 60.56	82%	\$ 60.03		82%
T1021	Supportive Maintenance – HHA or CNA	NCW	07/01/23	4%	\$ 49.43	\$ 60.56	82%	\$ 60.03		82%
T1021	Supportive Maintenance – HHA or CNA	TDW	07/01/19	21%	\$ 49.43	\$ 60.56	82%	\$ 60.03		82%
T1027	Family Training & Counseling for Child Dev.	TDW	07/01/05	45%	\$ 17.45	\$ 24.47	71%	\$ 13.84		126%
T2003	Non-medical Transportation	Aging	10/01/24	0%	\$ 14.95	\$ 21.61	69%	\$ 14.16		106%
T2003	Non-medical Transportation	NCW	07/01/23	4%	\$ 14.94	\$ 21.61	69%	\$ 14.16		106%
T2016	Adult Residential Services – Licensed ALF, MCU	NCW	07/01/23	4%	\$ 90.92	\$ 92.61	98%	\$ 207.37		44%
T2017	Habilitation Services	NCW	07/01/23	4%	\$ 22.65	\$ 28.74	79%	\$ 27.76		82%
T2031	Adult Residential Services (ALF Level I, II, & Type N)	NCW	07/01/23	4%	\$ 79.00	\$ 82.87	95%	\$ 119.98		66%
T2033	Adult Residential Services (Licensed CRC)	NCW	07/01/23	4%	\$ 132.16	\$ 77.76	170%	\$ 217.30		61%
T2040	Financial Management Services	Aging	10/01/24	0%	\$ 95.25	\$228.75	42%	\$ 149.92		64%
T2040	Financial Management Services	MCCW	07/01/15	32%	\$ 51.67	\$228.75	23%	\$ 149.92		34%
T2040	Financial Management Services	NCW	07/01/23	4%	\$ 48.00	\$228.75	21%	\$ 149.92		32%
T2040	Financial Management Services	TDW	03/01/10	45%	\$ 48.00	\$228.75	21%	\$ 149.92		32%

- Procedure codes in this study were identified by the Utah Department of Health and Human Services (DHHS).
- The percentage inflationary increase is calculated from the date the Utah Department of Health and Human Services (DHHS) last received legislative appropriation to increase the above rates to December 31, 2024 (midpoint of state fiscal year [SFY] 2025) using the Medicare Economic Index (MEI) published by the [Centers for Medicare and Medicaid Services](#) (CMS).
- Cost data are based on cost and unit data collected by Myers and Stauffer's through an online cost survey format.
- This table uses the average of the rates for comparable services provided in the surrounding states of Arizona, Colorado, Idaho, Kentucky, Montana, Nevada, New Mexico, and Wyoming. Montana was selected due to proximity to Utah, and Kentucky was selected due to availability to the research team.



Background

The Utah Department of Health and Human Services, Office of Reimbursement, Coordinated Care & Audit engaged Myers and Stauffer LC (Myers and Stauffer) to review and compare Utah Medicaid reimbursement rates to certain reimbursement benchmarks, including Medicare reimbursement rates (if applicable), reimbursement rates from other state Medicaid programs, or cost coverage based on provider costs of services. As part of this project, we have issued a series of separate reports by service category. This report provides the results for selected Home and Community-Based Services and is accompanied by an Excel workbook titled *Utah Rate Study 2025 – HCBS Exhibits* containing rate comparisons for the services analyzed.

Utah Medicaid provided a list of HCBS procedure codes (presented in *Table 1* above) to include in the study. Myers and Stauffer relied on the Utah Medicaid fee schedule and the most recent publicly available information regarding fee schedules from the sample of other states.



Data Sources

Utah Medicaid Rate Data

The Utah Medicaid fee schedules for Aging and New Choices Waivers were obtained for each procedure code. The rates were in effect on October 1, 2024 and on July 1, 2023, respectively. Fee schedules for Medically Complex Children's Waiver and Technology Dependent Waiver were not available, so the reimbursement rates and effective dates were obtained directly from DHHS.

Procedure codes are reimbursed using various unit bases such as 15-minute, per hour, per visit, per meal, and per diem. In some cases, we converted the 15-minute unit to an hourly unit to more logically match the fee to the cost.

Service Descriptions

We compared rates by Healthcare Common Procedure Coding System code for HCBS. Procedure codes are not waiver specific and are shared among multiple waivers. The selected services fall under four waiver programs:

- Waiver for Individuals Age 65 or Older (Aging).
- Medically Complex Children's Waiver (MCCW).
- New Choices Waiver (NCW).
- Waiver for Technology Dependent, Medically Fragile Individuals (TDW).

Additional information on Utah's HCBS can be found in the waiver under the links section of the Department's HCBS website: <https://medicaid.utah.gov/ltc-2/>

Inflation

The inflation rate is calculated from the date each procedure code's rate was last updated to December 31, 2024 (the midpoint of SFY 2025), using the Medicare Economic Index (MEI) published by the Centers for Medicare and Medicaid Services (CMS) at: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-program-rates-statistics/market-basket-data>.

As this study uses data collected in a previous study conducted in 2023, cost data from the 2023 study were inflated from the midpoint of December 31, 2022 (the midpoint of SFY 2023) to December 31, 2024 (the midpoint of SFY 2025), using the same MEI source noted above.



Cost Data

A cost survey was designed in collaboration with DHHS and the Homecare and Hospice Association of Utah. It was designed to capture service cost and related information with a focus on optimizing participation over detail. The survey collected total operational, administrative, salary, employee benefit, and service specific costs along with some non-cost related service delivery information for each identified procedure code. All requested data were from the provider's fiscal year ended 2024 as this was the most recent information at the time of the survey. The providers' participation in completing the cost survey was not compulsory and all submissions were provided on a voluntary basis.

The project achieved a response rate of 33%, with 404 surveys issued and 133 surveys submitted. To enhance the dataset for the analysis, cost data from the 2023 project for providers who did not participate in the current survey were incorporated into this project.

Medicare Rates

This rate comparison study does not include Medicare rates because Medicare does not cover HCBS.

Surrounding States

The comparative analysis evaluates Utah Medicaid rates for HCBS to the reimbursement rates from eight other states based on proximity to Utah or availability of data: Arizona, Colorado, Idaho, Kentucky, Montana, Nevada, New Mexico, and Wyoming. The Medicaid rates for these states were obtained in May/June 2025 from published schedules. The other state services used in the comparative analysis were matched based on the code descriptions. It is important to understand comparisons of service rates between states are problematic at best due to numerous factors such as, but not limited to, variation of service definitions for the same service and rate method factors not easily evident such as staffing ratio requirements.

Reimbursement Rate Comparisons

The HCBS comparisons are summarized in this section. These rate comparisons serve as points of reference only, providing the opportunity to identify those service categories where Utah Medicaid rates appear high or low when compared to the cost of providing services and the rates paid by the comparison Medicaid states.

The comparison of Utah rates to costs and a sample of other states is not intended to suggest a desired rate or level of reimbursement. Health care payers differ in how they determine benefits and define services, the limitations they place on services, who is eligible for the services, who the providers are that deliver the services, and numerous other factors that affect reimbursement methodologies and fees.

State legislation determines Medicaid agency budgets based on state revenues, and appropriations are authorized by the Legislature and provide agencies with the authority to expend funds. Therefore, state agencies are limited in amounts for reimbursement rates based on state budgets. In addition, the federal government's share of a state's expenditures through the Federal Medical Assistance Percentage (FMAP) varies by state and provides differing levels of federal support across states. Of the states included in the research sample, the highest FMAP rate for federal fiscal year 2025 is 71.68% for New Mexico, and the lowest is 50.00% for Colorado (the FMAP for Utah is 64.36%). Factors relating to state budgetary levels and federal financial assistance are not considered in this analysis.

It is important to consider the following limitations when comparing reimbursement rates:

- A comparison of fee schedule reimbursement rates may not provide a complete representation of reimbursement levels between Utah Medicaid and the other states in the research sample.
- Government payers maintain more detailed information about fee schedules and underlying payment policies that may not be reflected in the information obtained from published fee schedules. Methodologies that state Medicaid programs use and the resulting rates are specific to their overall policies and economic environment, and it is important to understand there are policy decisions and unpublished context underlying the rate values. For example, a comparatively high or low Utah Medicaid rate when compared to other states may signify a rate that is updated more frequently by Utah Medicaid than the other states.
- Payment policies are often designed to address specific policy initiatives, so a Utah rate that appears higher than the comparison rate may result from a particular policy initiative designed to encourage access to or use of a particular service. Alternatively, a Utah rate that appears lower than the comparison rate may result because other states may have made targeted increases for specific services.



- The rate comparisons presented in this report did not include a comparison of underlying rate assumptions for rates from other payers or an analysis of broader economic factors. Doing so would have been outside the scope of this project.
- The rate comparison serves to identify where Utah Medicaid rates fall in comparison to rates from a selection of other government payers.
- Differences in rate levels may not always be meaningful; they could be due to limited sample sizes, and/or differences in payment methodologies, and/or services covered. Additional research may be necessary to understand these variations.
- The rate comparison was limited in scope to comparing reimbursement rates. The comparison study and this report make no conclusions regarding the sufficiency of Utah Medicaid reimbursement rates or recommendations that Utah Medicaid should take any specific action on. Information is presented for comparison purposes only.

Unit Cost Calculations

In this section, we present how the unit cost of the procedure codes in this study were determined.

Table 2. Summary of Reimbursement Rates by Waiver Type

Procedure Code	Description	Waiver	Date Last Rate Increase	Utah Medicaid Rate	Unit of Service
H0034	Medication Administration	NCW	07/01/23	\$ 19.76	15 Minute
H0038	Personal Budget Assistance	Aging	10/01/24	\$ 5.32	15 Minute
H0038	Personal Budget Assistance	NCW	07/01/23	\$ 4.72	15 Minute
H0043	Adult Residential Services - Certified Independent Living Facility	NCW	07/01/23	\$ 40.00	Per Diem
H0045	Respite Care - Overnight, Out of Home, Room & Board included or Respite Care Services - LTC facility	Aging	10/01/24	\$ 203.02	Per Diem
H0045	Respite Care - Overnight, Out of Home, Room & Board included or Respite Care Services - LTC facility	NCW	07/01/23	\$ 138.50	Per Diem
S5102	Adult Day Care (Adult Day Health) or Adult Day Health Services	Aging	10/01/24	\$ 43.24	Per Diem
S5102	Adult Day Care (Adult Day Health) or Adult Day Health Services	NCW	07/01/23	\$ 37.66	Per Diem
S5125	Attendant Care Services or Personal Attendant Service, Participant Employed	Aging	10/01/24	\$ 4.62	15 Minute
S5125	Attendant Care Services or Personal Attendant Service, Participant Employed	NCW	07/01/23	\$ 7.50	15 Minute
S5130	Homemaker Services	Aging	10/01/24	\$ 8.02	15 Minute
S5130	Homemaker Services	NCW	07/01/23	\$ 6.21	15 Minute
S5135	Companion Care Adult	Aging	10/01/24	\$ 4.97	15 Minute
S5150	Respite Care Services or Respite Care Services - Unskilled	Aging	10/01/24	\$ 5.64	15 Minute
S5150	Respite Care Services or Respite Care Services - Unskilled	MCCW	07/01/19	\$ 5.32	15 Minute
S5150	Respite Care Services or Respite Care Services - Unskilled	NCW	07/01/23	\$ 7.01	15 Minute



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Procedure Code	Description	Waiver	Date Last Rate Increase	Utah Medicaid Rate	Unit of Service
S5170	Home Delivered Meals or Supplemental Meals (Liquid and Solid)	Aging	10/01/24	\$ 7.34	Per Meal
S5170	Home Delivered Meals or Supplemental Meals (Liquid and Solid)	NCW	07/01/23	\$ 7.05	Per Meal
T1000	Extended State Plan Service - Private Duty Nursing	TDW	07/01/19	\$ 14.91	15 Minute
T1005	Respite Care Services	Aging	10/01/24	\$ 14.91	15 Minute ¹
T1005	Respite Care Services	MCCW	07/01/19	\$ 14.91	15 Minute
T1005	Respite Care Services	TDW	07/01/19	\$ 14.91	15 Minute
T1016	Case Management	Aging	10/01/24	\$ 26.42	15 Minute
T1016	Case Management	NCW	07/01/23	\$ 25.39	15 Minute
T1019	Personal Attendant Service; Agency Based	Aging	10/01/24	\$ 6.91	15 Minute
T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist	Aging	10/01/24	\$ 49.43	Per Visit ²
T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist	NCW	07/01/23	\$ 49.43	Per Visit ²
T1021	Supportive Maintenance, Home Health Aide or Home Health Aide or Certified Nurse Assist	TDW	07/01/19	\$ 49.43	Per Visit
T1027	Family Training & Counseling for Child Development	TDW	07/01/05	\$ 17.45	15 Minute
T2003	Non-medical Transportation	Aging	10/01/24	\$ 14.95	Per Trip
T2003	Non-medical Transportation	NCW	07/01/23	\$ 14.94	One Way Trip
T2016	Adult Residential Services - (Licensed Assisted Living Facility, Memory Care Unit)	NCW	07/01/23	\$ 90.92	Per Diem
T2017	Habilitation Services	NCW	07/01/23	\$ 22.65	Per Hour
T2031	Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)	NCW	07/01/23	\$ 79.00	Per Diem
T2033	Adult Residential Services (Licensed Community Residential Care)	NCW	07/01/23	\$ 132.16	Per Diem
T2040	Financial Management Services	Aging	10/01/24	\$ 95.25	Per Month
T2040	Financial Management Services	MCCW	07/01/15	\$ 51.67	Per Month
T2040	Financial Management Services	NCW	07/01/23	\$ 48.00	Per Month
T2040	Financial Management Services	TDW	03/01/10	\$ 48.00	Per Month

¹ The reimbursement rate for code T1005 varies from \$59.64 per hour of service under the Aging Waiver to \$14.91 per 15 min under the other waivers. As the hour rate of \$59.64 is a multiple of \$14.91 (14.91 x 4 = 59.64), the reimbursement rate for T1005 under the Aging Waiver is presented at the 15 min unit value of \$14.91 for ease of presentation.

² Under the Technology Dependent waiver the unit is visit but per the rate sheets for NCW and Aging, the unit is per hour. State claims data lists visit as the service unit. The reimbursement rate for T1021 under the Aging and New Choices Waiver is presented as Per Visit.

As most procedure codes have an hourly element, a per hour cost was calculated for each agency. The table below presents the hourly cost calculation. This calculation starts with the calculated hourly wage and adds a percentage increase for Employee Related Expenses (ERE) and Program Related Expenses (PRE). As the Administrative and General Expenses (A&G) were calculated as the percentage of total expenses, the total estimated hourly cost also considers A&G as a percentage of the cost per hour rather than a percentage increase.

The blanks in the table below indicate areas where the respective agencies did not report specific data. In these instances, the hourly cost was calculated based on the available information.

Table 3. Hourly Cost Calculation

Agency Name	Calculated Hourly Wage Expense	Calculated Employee Related Expense (ERE %)	Calculated Program Related Expense (PRE %)	Calculated Administrative & General Expense (A&G %)	Total Estimated Hourly Cost (Hrly Wage + ERE + PRE/1- A&G)
ABILITY AND CHOICE SERVICES	\$ 17.66	17%	72%	17%	\$ 40.14
LEGACY VILLAGE OF PROVO	\$ 17.14	23%	19%	17%	\$ 29.29
HEBER VALLEY ASSISTED LIVING	\$ 19.18	15%	29%	7%	\$ 29.66
A GENTLE TOUCH HOME CARE	\$ 29.00	20%	63%	6%	\$ 56.46
MONROE CANYON ASSISTED LIVING	\$ 18.00	30%	35%	12%	\$ 33.66
RAINTREE SENIOR LIVING	\$ 18.14	8%	1%	8%	\$ 21.58
ROSECREST ASSISTED LIVING	\$ 15.00	7%	109%	7%	\$ 34.95
BRIGHTSTAR CARE MOUNTAINSIDE	\$ 18.50	16%	32%	11%	\$ 30.68
HEALTH WATCH PROVO	\$ 34.00	6%	14%	7%	\$ 43.64
ADVOCATES FOR INDEPENDENCE	\$ 29.49	5%	96%	17%	\$ 71.62
TURN COMMUNITY SERVICES	\$ 19.19	24%	50%	14%	\$ 38.89
RMC - GROVE CREEK	\$ 17.84	13%	20%	25%	\$ 31.75
AVAMERE AT MOUNTAIN RIDGE	\$ 17.98		24%		\$ 22.28
TRANSITIONS	\$ 18.87	9%	18%	20%	\$ 29.87
RMC - LANDMARK	\$ 18.65	12%	36%	26%	\$ 37.07
RMC - HAVEN CREEK	\$ 16.96	10%	11%	22%	\$ 26.23
RMC - RIVER POINTE	\$ 19.58	15%	31%	18%	\$ 34.90
SARAH DAFT HOME	\$ 22.32	15%	90%	25%	\$ 61.21
RMC - SPRING HOLLOW	\$ 18.31	11%	18%	24%	\$ 30.97
MONARCH SUPPORTS & SERVICES	\$ 7.78		0%	10%	\$ 8.62
FOUNDATIONS FOR INDPENDENCE	\$ 21.85	16%	15%	17%	\$ 34.43
GARDENS ASSISTED LIVING	\$ 18.00	11%	26%	46%	\$ 45.62
APPLE VILLAGE ASSISTED LIVING	\$ 17.54	5%	11%	3%	\$ 21.02
SEGO LILY ASSISTED LIVING	\$ 16.08	10%	14%	9%	\$ 22.02
GABLES OF BRIGHAM CITY	\$ 21.72	9%	11%	7%	\$ 27.90
GABLES OF N. LOGAN ASSISTED LIVING	\$ 25.01	9%	11%	8%	\$ 32.39



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Agency Name	Calculated Hourly Wage Expense	Calculated Employee Related Expense (ERE %)	Calculated Program Related Expense (PRE %)	Calculated Administrative & General Expense (A&G %)	Total Estimated Hourly Cost (Hrly Wage + ERE + PRE/1- A&G)
RMC - PERSONAL CARE	\$ 19.82	26%	19%	32%	\$ 42.37
ZIONS WAY HOME HEALTH	\$ 36.20	16%	99%	34%	\$ 117.80
LIVE EMPOWERED	\$ 20.94	6%	100%	5%	\$ 45.61
RIDGEVIEW GARDENS ASSISTED LIVING	\$ 26.98	17%	19%	17%	\$ 44.23
RMC - CLEARFIELD	\$ 29.71	4%	11%	20%	\$ 42.46
DEVENIR SUPPORTS	\$ 23.07	13%	45%	9%	\$ 40.30
OUR HOUSE OF TOOKE	\$ 18.99	10%	23%	21%	\$ 32.28
BIRCH CREEK ASSISTED LIVING	\$ 20.50	7%	11%	23%	\$ 31.52
TRADITION ASSISTED LIVING	\$ 23.27	10%	17%	17%	\$ 35.68
BLACKSMITH FORK ASSISTED LIVING	\$ 32.95	10%	20%	29%	\$ 60.77
CACHE VALLEY ASSISTED LIVING	\$ 31.11	9%	15%	25%	\$ 51.31
HELPERLY	\$ 16.50		104%		\$ 33.63
TENNEY OHANA CARE	\$ 28.29		1%	8%	\$ 31.12
SPRING GARDENS HEBER	\$ 24.21	4%	98%	26%	\$ 66.17
SPRING GARDENS MAPLETON	\$ 16.06	3%	33%	24%	\$ 28.75
SUNRIDGE ASSISTED LIVING OF ROY	\$ 26.02	13%	16%	18%	\$ 40.95
SPRING GARDENS MIDVALE	\$ 16.64	5%	44%	27%	\$ 33.73
SUNRIDGE ASSISTED LIVING OF LAYTON	\$ 26.85	12%	14%	17%	\$ 40.73
SPRING GARDENS LINDON	\$ 16.28	4%	21%	25%	\$ 27.02
SPRING GARDENS ST. GEORGE	\$ 16.87	5%	21%	21%	\$ 26.94
RIVERWAY ASSISTED LIVING	\$ 26.18	9%	12%	19%	\$ 39.00
FAMILY CARE DSPD	\$ 10.00		104%		\$ 20.40
THE BEAUMONT	\$ 30.84	14%	21%	18%	\$ 50.37
OUR HOUSE OF OGDEN	\$ 40.10	11%	12%	23%	\$ 63.95
OUR HOUSE OF TREMONTON	\$ 30.99	9%	25%	20%	\$ 51.78
SUNRIDGE ASSISTED LIVING	\$ 38.74	8%	8%	16%	\$ 53.77
MOANA SUPPORT	\$ 18.39	9%	19%	9%	\$ 25.81
NIITSUMA LIVING CENTER	\$ 25.00		67%	36%	\$ 65.41
OUR HOUSE OF CEDAR CITY	\$ 34.25	9%	13%	25%	\$ 55.48
WHISPER COVE ASSISTED LIVING	\$ 36.60	10%	10%	23%	\$ 56.93
ACUMEN FISCAL AGENT	\$ 19.52	32%	0%	1%	\$ 26.12
LEGACY HOUSE OF LOGAN	\$ 10.80	16%	16%	40%	\$ 24.04
LEGACY HOUSE OF OGDEN	\$ 16.40	22%	17%	41%	\$ 38.93
LEGACY HOUSE OF BOUNTIFUL	\$ 16.77	13%	13%	53%	\$ 45.23
LEGACY HOUSE ASSISTED LIVING	\$ 18.25	22%	14%	54%	\$ 54.39
LEGACY HOUSE OF TAYLORSVILLE	\$ 17.38	27%	18%	51%	\$ 51.02
LEGACY HOUSE OF SPANISH FRK	\$ 17.51	25%	15%	51%	\$ 49.89

Agency Name	Calculated Hourly Wage Expense	Calculated Employee Related Expense (ERE %)	Calculated Program Related Expense (PRE %)	Calculated Administrative & General Expense (A&G %)	Total Estimated Hourly Cost (Hrly Wage + ERE + PRE/1- A&G)
LEGACY HOUSE OF PARK LANE	\$ 18.46	22%	15%	53%	\$ 53.99
LEGACY RETIREMENT CENTER	\$ 16.63	31%		88%	\$ 185.69
LEGACY VILLAGE HEALTHCARE	\$ 17.78	26%	19%	27%	\$ 34.90
LEGACY VILLAGE OF ST. GEORGE	\$ 19.89	22%	15%	61%	\$ 69.82
BROOKLYN CREEK	\$ 30.00	5%		3%	\$ 32.39
MORNING SUN FINANCIAL SVCS. OF UTAH	\$ 13.91	16%		5%	\$ 16.94
GUNNISON VALLEY HHA	\$ 20.52	36%	109%	28%	\$ 69.47
COUNTRY VIEW ASSISTED LIVING	\$ 9.63	13%	62%	54%	\$ 36.41
RMHC BLANDING	\$ 49.29	12%	6%	32%	\$ 85.34
FLEXCARE VALLEY MENTAL HEALTH	\$ 32.27	27%	27%	29%	\$ 69.51
SUPERIOR CARE DSPD	\$ 16.44	14%	30%	19%	\$ 29.36
SANPETE COMMUNITY TRAINING CENTER	\$ 19.88	16%	74%	17%	\$ 45.70
MISSION AT COMMUNITY	\$ 17.24	10%	5%	39%	\$ 32.25
CARE ADVOCATES	\$ 22.05	7%	19%	6%	\$ 29.68
MY HEROES	\$ 13.23	3%	61%	5%	\$ 22.82
TKJ DSPD	\$ 16.78	16%	20%	12%	\$ 25.99
PERFECT STAY GROUP DSPD	\$ 15.00	17%	58%	7%	\$ 28.16
SIX COUNTY AAA	\$ 25.01	14%	59%	6%	\$ 45.76
SIX COUNTY AAA (MEALS)	\$ 18.00	20%	86%	6%	\$ 39.46
ALOFA CARE	\$ 18.86		10%		\$ 20.75
GOOD LIFE SENIOR LIVING	\$ 20.97	14%	12%		\$ 26.28
PREMIER FINANCIAL MANAGEMENT SVCS.	\$ 19.38	20%		24%	\$ 30.90
CHRYSALIS UTAH	\$ 18.40	15%	43%	11%	\$ 32.88
CORNERSTONE CARE & FAMILY SERVICES	\$ 20.00				\$ 20.00
DE NOVO SERVICES	\$ 32.36		4%		\$ 33.66
HIDDEN VALLEY ASSISTED LIVING ¹		1%	19%	10%	
LIFE INCLUDED	\$ 15.72	8%	11%	9%	\$ 20.47
RMHC PRICE	\$ 43.74	14%	15%	18%	\$ 68.74
COTTAGE GLEN ASSISTED LIVING ¹		2%	43%	9%	
CHP LAYTON UT TENANT CORP	\$ 18.58	14%	14%	52%	\$ 49.56
EATON ALLIANCE	\$ 18.47	10%	28%	10%	\$ 28.18
FAMILY HAVEN ENTERPRISES	\$ 14.32	32%	12%	4%	\$ 21.51
COUNTRY CARE II	\$ 21.50	14%	122%	17%	\$ 61.08
PARKSIDE MANOR	\$ 15.34	8%	21%	55%	\$ 43.49
PHEASANT HOLLOW VALLEY BH	\$ 18.85	19%	94%	34%	\$ 60.46
DANVILLE SERVICES OF UTAH	\$ 18.36	19%	18%	3%	\$ 25.91
AUGUST SUN	\$ 16.10	9%	116%	17%	\$ 43.80

Agency Name	Calculated Hourly Wage Expense	Calculated Employee Related Expense (ERE %)	Calculated Program Related Expense (PRE %)	Calculated Administrative & General Expense (A&G %)	Total Estimated Hourly Cost (Hrly Wage + ERE + PRE/1- A&G)
SAFE HARBOR INDIVIDUAL & FAMILY CARE	\$ 11.00		45%		\$ 16.00
COMMUNITY OPTIONS	\$ 18.57	20%	58%	18%	\$ 40.06
HOMESTYLE DIRECT	\$ 20.20	18%	19%	66%	\$ 81.63
WENDY LLOYD	\$ 69.78	6%	16%	13%	\$ 97.87
DOTS CARE	\$ 17.51		15%		\$ 20.16
HAVEN VIEW	\$ 20.53	8%	8%	15%	\$ 27.99
LIFE SOLUTIONS MANAGEMENT	\$ 12.69		34%	16%	\$ 20.24
QUALITY SUPPORT SOLUTIONS	\$ 20.01	12%	47%	6%	\$ 33.84
TRAINING IN LIFE CHOICES	\$ 21.56	5%	44%	28%	\$ 44.56
PINEVIEW ASSISTED LIVING OF EDEN ²	\$ 3.48	8%	2%	2%	\$ 3.92
STONEY BROOKE OF RIVERDALE	\$ 19.82	8%	11%		\$ 23.56
RISE SERVICES	\$ 12.94	18%	19%	12%	\$ 20.08
DAVIS COUNTY AGING SERVICES	\$ 31.69	33%	52%	21%	\$ 74.00
SAFE HAVEN FAMILY SERVICES	\$ 15.37		20%	17%	\$ 22.36
LIFE SKILLS AND INDIVIDUAL NEEDS CTR.	\$ 17.17		19%	65%	\$ 58.30
UTAH PAYEE SERVICES	\$ 26.67		29%	20%	\$ 43.33
BRIGHTWORK VILLA AMERICAN FORK	\$ 15.09	8%	113%	12%	\$ 37.74
BRIGHTWORK VILLA PARK PLACE	\$ 14.20	8%	87%	12%	\$ 31.32
Average	\$ 21.41	14%	34%	22%	\$ 41.22

¹ These agencies did not report hours worked. However, they represented they only provide per-dem services (T2016 and T2031), which do not use hourly cost to calculate unit cost.

² The hourly cost for this agency is unreasonable. However, this agency represented they only provide a per diem service (T2031), which does not use the hourly cost to calculate unit cost.

The tables below present the average calculated unit cost for each procedure code in the study. Distinct tables are presented below based on reimbursement units. However, as multiple codes are reimbursed at the same unit, each table is separately grouped by the procedure codes that reimburse at that respective unit. For example, *Table 4* displays the calculated average unit cost for codes that reimburse at the hour or 15-minute unit. As there are 12 codes that are reimbursed at the hour or 15-minute unit, *Table 4* is grouped into 12 sections.

Table 4. Unit Cost for Services Reimbursed per Hour or 15 Minutes

H0034 Medication Administration – Medication Set-up			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	DANVILLE SERVICES OF UTAH	\$ 25.91	\$ 6.48
HCBS RS Survey	RISE SERVICES	\$ 20.08	\$ 5.02
HCBS RS Survey	RAINTREE SENIOR LIVING	\$ 21.58	\$ 5.40
HCBS RS Survey	AVAMERE AT MOUNTAIN RIDGE	\$ 22.28	\$ 5.57
Prior Study	ALL ABOUT HOME CARE		\$ 34.93
Prior Study	APPLEGATE HOMECARE		\$ 31.23
Prior Study	COUNTRY VIEW ASSISTED LVNG		\$ 46.69
Prior Study	MISSION AT COMMUNITY		\$ 62.84
Average			\$ 24.77

H0038 Personal Budget Assistance			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	ABILITY AND CHOICE SERVICES	\$ 40.14	\$ 10.04
HCBS RS Survey	SAFE HAVEN FAMILY SERVICES	\$ 22.36	\$ 5.59
HCBS RS Survey	TRANSITIONS	\$ 29.87	\$ 7.47
HCBS RS Survey	MONARCH SUPPORTS & SERVICES	\$ 8.62	\$ 2.16
HCBS RS Survey	FOUNDATIONS FOR INDEPENDENCE	\$ 34.43	\$ 8.61
HCBS RS Survey	LIVE EMPOWERED	\$ 45.61	\$ 11.40
HCBS RS Survey	DEVENIR SUPPORTS	\$ 40.30	\$ 10.08
HCBS RS Survey	MOANA SUPPORT	\$ 25.81	\$ 6.45
HCBS RS Survey	BROOKLYN CREEK	\$ 32.39	\$ 8.10
HCBS RS Survey	SUPERIOR CARE DSPD	\$ 29.36	\$ 7.34
HCBS RS Survey	TKJ DSPD	\$ 25.99	\$ 6.50
HCBS RS Survey	PERFECT STAY GROUP DSPD	\$ 28.16	\$ 7.04
HCBS RS Survey	LIFE INCLUDED	\$ 20.47	\$ 5.12
HCBS RS Survey	EATON ALLIANCE	\$ 28.18	\$ 7.04
HCBS RS Survey	FAMILY HAVEN ENTERPRISES	\$ 21.51	\$ 5.38
HCBS RS Survey	DANVILLE SERVICES OF UTAH	\$ 25.91	\$ 6.48



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H0038 Personal Budget Assistance				
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit	
HCBS RS Survey	COMMUNITY OPTIONS	\$ 40.06	\$	10.02
HCBS RS Survey	LIFE SOLUTIONS MANAGEMENT	\$ 20.24	\$	5.06
HCBS RS Survey	TRAINING IN LIFE CHOICES	\$ 44.56	\$	11.14
HCBS RS Survey	RISE SERVICES	\$ 20.08	\$	5.02
HCBS RS Survey	UTAH PAYEE SERVICES	\$ 43.33	\$	10.83
Prior Study	BEEHIVE STATE PAYEE		\$	3.27
Average				\$ 7.28

S5125 Attendant Care Services or Personal attendant service, participant employed				
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit	
HCBS RS Survey	RMC - PERSONAL CARE	\$ 42.37	\$	10.59
HCBS RS Survey	HELPERLY	\$ 33.63	\$	8.41
HCBS RS Survey	ACUMEN FISCAL AGENT	\$ 26.12	\$	6.53
HCBS RS Survey	MORNING SUN FINANCIAL SVCS. OF UTAH	\$ 16.94	\$	4.24
HCBS RS Survey	PREMIER FINANCIAL MANAGEMENT SVCS.	\$ 30.90	\$	7.72
HCBS RS Survey	TRAINING IN LIFE CHOICES	\$ 44.56	\$	11.14
Prior Study	ALL ABOUT HOME CARE		\$	8.71
Prior Study	MORNING SUN FINANCIAL SVCS. OF UTAH		\$	6.08
Average				\$ 7.93

S5130 Homemaker services				
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit	
HCBS RS Survey	A GENTLE TOUCH HOME CARE	\$ 56.46	\$	14.11
HCBS RS Survey	RMC - PERSONAL CARE	\$ 42.37	\$	10.59
HCBS RS Survey	ZIONS WAY HOME HEALTH	\$ 117.80	\$	29.45
HCBS RS Survey	DEVENIR SUPPORTS	\$ 40.30	\$	10.08
HCBS RS Survey	HELPERLY	\$ 33.63	\$	8.41
HCBS RS Survey	ACUMEN FISCAL AGENT	\$ 26.12	\$	6.53
HCBS RS Survey	MORNING SUN FINANCIAL SVCS. OF UTAH	\$ 16.94	\$	4.24
HCBS RS Survey	GUNNISON VALLEY HHA	\$ 69.47	\$	17.37
HCBS RS Survey	CORNERSTONE CARE & FAMILY SERVICES	\$ 20.00	\$	5.00
HCBS RS Survey	LIFE INCLUDED	\$ 20.47	\$	5.12
Prior Study	ALL ABOUT HOME CARE		\$	8.77
Prior Study	ELEVATE HOME HEALTH		\$	6.55



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S5130 Homemaker services			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
Prior Study	MORNING SUN FINANCIAL SVCS. OF UTAH		\$ 9.21
Prior Study	STONEBRIDGE HOME CARE		\$ 4.51
Average			\$ 10.00

S5135 Companion care adult			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	A GENTLE TOUCH HOME CARE	\$ 56.46	\$ 14.11
HCBS RS Survey	TURN COMMUNITY SERVICES	\$ 38.89	\$ 9.72
HCBS RS Survey	RMC - PERSONAL CARE	\$ 42.37	\$ 10.59
HCBS RS Survey	HELPERLY	\$ 33.63	\$ 8.41
HCBS RS Survey	LIFE INCLUDED	\$ 20.47	\$ 5.12
Prior Study	STONEBRIDGE HOME CARE		\$ 4.37
Average			\$ 8.72

S5150 Respite care services or Respite care services – Unskilled			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	A GENTLE TOUCH HOME CARE	\$ 56.46	\$ 14.11
HCBS RS Survey	BRIGHTSTAR CARE MOUNTAININSIDE	\$ 30.68	\$ 7.67
HCBS RS Survey	RMC - PERSONAL CARE	\$ 42.37	\$ 10.59
HCBS RS Survey	HELPERLY	\$ 33.63	\$ 8.41
HCBS RS Survey	ACUMEN FISCAL AGENT	\$ 26.12	\$ 6.53
HCBS RS Survey	MORNING SUN FINANCIAL SVCS. OF UTAH	\$ 16.94	\$ 4.24
HCBS RS Survey	GUNNISON VALLEY HHA	\$ 69.47	\$ 17.37
HCBS RS Survey	SUPERIOR CARE DSPD	\$ 29.36	\$ 7.34
HCBS RS Survey	SANPETE COMMUNITY TRAINING CENTER	\$ 45.70	\$ 11.43
HCBS RS Survey	ALOFA CARE	\$ 20.75	\$ 5.19
HCBS RS Survey	PREMIER FINANCIAL MANAGEMENT SVCS.	\$ 30.90	\$ 7.72
HCBS RS Survey	DANVILLE SERVICES OF UTAH	\$ 25.91	\$ 6.48
HCBS RS Survey	RISE SERVICES	\$ 20.08	\$ 5.02
HCBS RS Survey	LIFE SKILLS AND INDIVIDUAL NEEDS CTR.	\$ 58.30	\$ 14.58
HCBS RS Survey	RAINTREE SENIOR LIVING	\$ 21.58	\$ 5.40
HCBS RS Survey	AVAMERE AT MOUNTAIN RIDGE	\$ 22.28	\$ 5.57
Prior Study	MORNING SUN FINANCIAL SVCS. OF UTAH		\$ 5.91
Prior Study	STONEBRIDGE HOME CARE		\$ 5.41
Average			\$ 8.28



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T1000 Extended State Plan Service – Private Duty Nursing			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	ZIONS WAY HOME HEALTH	\$ 117.80	\$ 29.45
Prior Study	IVY LANE PEDIATRICS		\$ 44.69
Average			\$ 37.07

T1005 Respite care services			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	HEALTH WATCH PROVO	\$ 43.64	\$ 10.91
HCBS RS Survey	TURN COMMUNITY SERVICES	\$ 38.89	\$ 9.72
HCBS RS Survey	MORNING SUN FINANCIAL SVCS. OF UTAH	\$ 16.94	\$ 4.24
HCBS RS Survey	PREMIER FINANCIAL MANAGEMENT SVCS.	\$ 30.90	\$ 7.72
HCBS RS Survey	RAINTREE SENIOR LIVING	\$ 21.58	\$ 5.40
Prior Study	IVY LANE PEDIATRICS		\$ 46.38
Prior Study	KIND HEARTS SENIOR CARE		\$ 36.47
Prior Study	MORNING SUN FINANCIAL SVCS. OF UTAH		\$ 14.33
Average			\$ 16.90

T1016 Case management			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	ADVOCATES FOR INDEPENDENCE	\$ 71.62	\$ 17.91
HCBS RS Survey	FOUNDATIONS FOR INDPENDENCE	\$ 34.43	\$ 8.61
HCBS RS Survey	FLEXCARE VALLEY MENTAL HEALTH	\$ 69.51	\$ 17.38
HCBS RS Survey	CARE ADVOCATES	\$ 29.68	\$ 7.42
HCBS RS Survey	SIX COUNTY AAA	\$ 45.76	\$ 11.44
HCBS RS Survey	DE NOVO SERVICES	\$ 33.66	\$ 8.41
HCBS RS Survey	DAVIS COUNTY AGING SERVICES	\$ 74.00	\$ 18.50
Prior Study	AFI ADVANCED CARE HOME HEALTH		\$ 29.23
Prior Study	COUNCIL ON AGING		\$ 41.74
Prior Study	ENVISION QUALITY SUPPORTS		\$ 45.77
Average			\$ 20.64



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T1019 Personal attendant service, agency-based			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	A GENTLE TOUCH HOME CARE	\$ 56.46	\$ 14.11
HCBS RS Survey	RMC - PERSONAL CARE	\$ 42.37	\$ 10.59
HCBS RS Survey	ZIONS WAY HOME HEALTH	\$ 117.80	\$ 29.45
HCBS RS Survey	HELPERLY	\$ 33.63	\$ 8.41
HCBS RS Survey	RMHC BLANDING	\$ 85.34	\$ 21.33
HCBS RS Survey	LIFE INCLUDED	\$ 20.47	\$ 5.12
Prior Study	RAINTREE SENIOR LIVING		\$ 23.22
Prior Study	STONEBRIDGE HOME CARE		\$ 4.43
Average			\$ 14.58

T1027 Family Training & Counseling for child development			
Source	Agency Name	Estimated Hrly Cost	Cost per 15 Min Unit
HCBS RS Survey	WENDY LLOYD	\$ 97.87	\$ 24.47
Average			\$ 24.47

T2017 Habilitation Services			
Source	Agency Name	Estimated Hrly Cost	Cost per 1 Hour Unit
HCBS RS Survey	TURN COMMUNITY SERVICES	\$ 38.89	\$ 38.89
HCBS RS Survey	TKJ DSPD	\$ 25.99	\$ 25.99
HCBS RS Survey	ALOFA CARE	\$ 20.75	\$ 20.75
HCBS RS Survey	CHRYsalis UTAH	\$ 32.88	\$ 32.88
HCBS RS Survey	DANVILLE SERVICES OF UTAH	\$ 25.91	\$ 25.91
HCBS RS Survey	COMMUNITY OPTIONS	\$ 40.06	\$ 40.06
HCBS RS Survey	LIFE SOLUTIONS MANAGEMENT	\$ 20.24	\$ 20.24
HCBS RS Survey	QUALITY SUPPORT SOLUTIONS	\$ 33.84	\$ 33.84
HCBS RS Survey	RISE SERVICES	\$ 20.08	\$ 20.08
Average			\$ 28.74



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Table 5. Unit Cost for Services Reimbursed per Month

T2040 Financial Management Services		
Source	Agency Name	Cost per Month
Prior Study	ACUMEN FISCAL AGENT	\$ 228.75
Average		\$ 228.75

Table 6. Unit Cost for Services Reimbursed per Visit

T1021 Supportive Maintenance, home health aide or Home Health Aide or Certified Nurse Assistant					
Source	Agency Name	Estimated Hrly Cost	Ave Length of Visit (Hours)	Cost per Visit	
HCBS RS Survey	ABILITY AND CHOICE SERVICES	\$ 40.14	2.38	\$	95.54
HCBS RS Survey	A GENTLE TOUCH HOME CARE	\$ 56.46	1.25	\$	70.57
HCBS RS Survey	RMC - PERSONAL CARE	\$ 42.37	1.00	\$	42.37
HCBS RS Survey	ZIONS WAY HOME HEALTH	\$ 117.80	1.53	\$	180.62
HCBS RS Survey	GUNNISON VALLEY HHA	\$ 69.47	1.00	\$	69.70
HCBS RS Survey	RMHC BLANDING	\$ 85.34	1.10	\$	93.87
HCBS RS Survey	RMHC PRICE	\$ 68.74	0.78	\$	53.39
Prior Study	AFI ADVANCED CARE HOME HEALTH			\$	39.58
Prior Study	APPLEGATE HOMECARE			\$	14.38
Prior Study	ELEVATE HOME HEALTH			\$	32.81
Prior Study	FIRST CHOICE HOME HEALTH & HOSPICE			\$	37.14
Prior Study	IRON COUNTY HOME HEALTH AGENCY			\$	45.08
Prior Study	IVY LANE PEDIATRICS			\$	46.28
Prior Study	SILVER LAKE HEALTHCARE			\$	44.73
Prior Study	STONEBRIDGE HOME CARE			\$	42.31
Average				\$	60.56

Table 7. Unit Cost for Services Reimbursed per One-Way Trip

T2003 Non-medical Transportation				
Source	Agency Name	Estimated Hrly Cost	Ave Time for One Trip (Minutes)	Cost per Trip
HCBS RS Survey	ABILITY AND CHOICE SERVICES	\$ 40.14	15.00	\$ 10.04
HCBS RS Survey	HELPERLY	\$ 33.63	15.00	\$ 8.41
HCBS RS Survey	LIFE SKILLS AND INDIVIDUAL NEEDS CTR.	\$ 58.30	9.23	\$ 8.97
Prior Study	ALL ABOUT HOME CARE			\$ 59.02
Average				\$ 21.61

Table 8. Unit Cost for Services Reimbursed per Meal Delivered

S5170 Home Delivered Meals or Supplemental Meals (Liquid and Solid)		
Source	Agency Name	Cost per Meal ¹
HCBS RS Survey	SIX COUNTY AAA	\$ 6.11
HCBS RS Survey	HOMESTYLE DIRECT	\$ 4.09
Average		\$ 5.10

¹ The data reported for this procedure code varied from total production costs with number of meals prepared and delivered to estimated hours per preparation and delivery. See supporting Excel file for further details.

Table 9. Unit Cost for Services Reimbursed per Day

H0043 Adult Residential Services – Certified Independent Living Facility							
Source	Agency Name	Total Census	Total Expenses	Total Room and Board	Allowable Total Expenses	Cost Per Unit	
HCBS RS Survey	WILLIAMSBURG RETIREMENT COMMUNITY	23,394	\$ 1,277,343.49	\$ 416,603.69	\$ 860,739.80	\$ 36.79	
HCBS RS Survey	DOTS CARE	325	\$ 16,616.00	\$ 14,852.00	\$ 1,764.00	\$ 5.43	
HCBS RS Survey	HAVEN VIEW	30	\$ 12,800.00	\$ 1,530.00	\$ 11,270.00	\$ 375.67	
HCBS RS Survey	MONARCH SUPPORTS & SERVICES	3,369	\$ 626,429.00	\$ 245.00	\$ 626,184.00	\$ 185.87	
HCBS RS Survey	WEBER HUMAN SERVICES					\$ 10.95	
Average						\$ 122.94	

H0045 Respite Care – Overnight, Out of Home, Room & Board included or Respite Care Services – LTC facility				
Source	Agency Name	Estimated Hrly Cost	Ave Length of Visit (Hours)	Cost per Diem
HCBS RS Survey	MONARCH SUPPORTS & SERVICES	\$ 8.62	24.00	\$ 206.90
HCBS RS Survey	DEVENIR SUPPORTS	\$ 40.30	20.00	\$ 806.04
HCBS RS Survey	CHRYsalis UTAH	\$ 32.88	12.00	\$ 394.60
HCBS RS Survey	DANVILLE SERVICES OF UTAH	\$ 25.91	24.00	\$ 621.78
HCBS RS Survey	SAFE HARBOR INDIVIDUAL & FAMILY CARE	\$ 16.00	12.00	\$ 192.00
HCBS RS Survey	COMMUNITY OPTIONS	\$ 40.06	24.00	\$ 961.45
HCBS RS Survey	RISE SERVICES	\$ 20.08	6.49	\$ 130.32
Average				\$ 473.30



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S5102 Adult Day Care (Adult Day Health) or Adult Day Health Services					
Source	Agency Name	Estimated Hrly Cost	Ave Length of Visit (Hours)	Cost per Diem	
HCBS RS Survey	ABILITY AND CHOICE SERVICES	\$ 40.14	2.50	\$	100.35
HCBS RS Survey	TURN COMMUNITY SERVICES	\$ 38.89	6.00	\$	233.31
HCBS RS Survey	DEVENIR SUPPORTS	\$ 40.30	6.00	\$	241.81
HCBS RS Survey	FAMILY CARE DSPD	\$ 20.40	5.00	\$	102.00
HCBS RS Survey	SANPETE COMMUNITY TRAINING CENTER	\$ 45.70	0.25	\$	11.43
HCBS RS Survey	MY HEROES	\$ 22.82	6.00	\$	136.90
HCBS RS Survey	PERFECT STAY GROUP DSPD	\$ 28.16	6.00	\$	168.98
HCBS RS Survey	EATON ALLIANCE	\$ 28.18	6.00	\$	169.06
HCBS RS Survey	AUGUST SUN	\$ 43.80	0.25	\$	10.95
HCBS RS Survey	TRAINING IN LIFE CHOICES	\$ 44.56	6.00	\$	267.34
HCBS RS Survey	LIFE SKILLS AND INDIVIDUAL NEEDS CTR.	\$ 58.30	5.87	\$	342.23
Average				\$	162.21

T2016 Adult Residential Services – (Licensed Assisted Living Facility, Memory Care Unit)						
Source	Agency Name	Total Census	Total Expenses	Total Room and Board	Allowable Total Expenses	Cost Per Unit
HCBS RS Survey	BLACKSMITH FORK ASSISTED LIVING	11,496	\$ 1,126,399.16	\$ 205,942.90	\$ 920,456.26	\$ 80.07
HCBS RS Survey	OUR HOUSE OF TREMONTON	7,405	\$ 741,896.02	\$ 171,875.75	\$ 570,020.27	\$ 76.98
HCBS RS Survey	LEGACY VILLAGE HEALTHCARE	13,541	\$ 10,297,373.85	\$ 1,264,614.95	\$ 9,032,758.90	\$ 667.07
HCBS RS Survey	ALTA RIDGE - SANDY MEMORY CARE					\$ 71.59
HCBS RS Survey	APPLE VILLAGE ASSISTED LIVING					\$ 88.24
HCBS RS Survey	BEL AIRE SENIOR LIVING					\$ 145.13
HCBS RS Survey	LEGACY HOUSE OF BOUNTIFUL					\$ 24.57
HCBS RS Survey	LEGACY HOUSE OF LOGAN					\$ 21.50
HCBS RS Survey	LEGACY HOUSE OF OGDEN					\$ 17.34
HCBS RS Survey	LEGACY HOUSE OF PARK LANE					\$ 32.50
HCBS RS Survey	LEGACY HOUSE OF SOUTH JORDAN					\$ 22.86
HCBS RS Survey	LEGACY HOUSE OF SPANISH FRK					\$ 18.07
HCBS RS Survey	LEGACY VILLAGE OF PROVO					\$ 24.31
HCBS RS Survey	LEGACY VILLAGE OF TAYLORSVILLE					\$ 131.06
HCBS RS Survey	OAK RIDGE OF BOUNTIFUL					\$ 40.90
HCBS RS Survey	RIDGEVIEW GARDENS ASSISTED LIVING					\$ 57.82
HCBS RS Survey	STONEBRIDGE HOME CARE					\$ 54.43
Average						\$ 92.61



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T2031 Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)						
Source	Agency Name	Total Census	Total Expenses	Total Room and Board	Allowable Total Expenses	Cost Per Unit
HCBS RS Survey	HEBER VALLEY ASSISTED LIVING	4,930	\$ 701,357.00	\$ 24,220.00	\$ 677,137.00	\$ 137.35
HCBS RS Survey	MONROE CANYON ASSISTED LIVING	8,400	\$ 843,000.00	\$ 54,590.00	\$ 788,410.00	\$ 93.86
HCBS RS Survey	ROSECREST ASSISTED LIVING	2,920	\$ 258,172.00	\$ 203,500.00	\$ 54,672.00	\$ 18.72
HCBS RS Survey	RMC - GROVE CREEK	19,994	\$ 1,785,138.00	\$ 721,620.00	\$ 1,063,518.00	\$ 53.19
HCBS RS Survey	RMC - LANDMARK	9,994	\$ 1,109,956.00	\$ 373,893.00	\$ 736,063.00	\$ 73.65
HCBS RS Survey	RMC - HAVEN CREEK	18,841	\$ 2,552,064.00	\$ 395,638.00	\$ 2,156,426.00	\$ 114.45
HCBS RS Survey	RMC - RIVER POINTE	18,897	\$ 2,063,367.00	\$ 807,848.00	\$ 1,255,519.00	\$ 66.44
HCBS RS Survey	SARAH DAFT HOME	13,920	\$ 1,577,906.00	\$ 250,262.00	\$ 1,327,644.00	\$ 95.38
HCBS RS Survey	GARDENS ASSISTED LIVING	23,310	\$ 1,909,598.00	\$ 471,707.00	\$ 1,437,891.00	\$ 61.69
HCBS RS Survey	SEGO LILY ASSISTED LIVING	3,161	\$ 316,589.00	\$ 83,943.00	\$ 232,646.00	\$ 73.60
HCBS RS Survey	RIDGEVIEW GARDENS ASSISTED LIVING	10,851	\$ 1,232,609.79	\$ 62,274.13	\$ 1,170,335.66	\$ 107.86
HCBS RS Survey	OUR HOUSE OF TOOKE	19,338	\$ 2,161,154.37	\$ 323,461.47	\$ 1,837,692.90	\$ 95.03
HCBS RS Survey	TRADITION ASSISTED LIVING	19,607	\$ 1,544,894.28	\$ 259,637.93	\$ 1,285,256.35	\$ 65.55
HCBS RS Survey	SPRING GARDENS HEBER	308,877	\$ 3,853,004.72	\$ 2,839,382.47	\$ 1,013,622.25	\$ 3.28
HCBS RS Survey	SPRING GARDENS MAPLETON	21,406	\$ 2,720,157.63	\$ 1,717,486.36	\$ 1,002,671.27	\$ 46.84
Prior Study	SPRING GARDENS MIDVALE	12,385	\$ 1,858,474.96	\$ 747,057.73	\$ 1,111,417.23	\$ 89.74
Prior Study	SPRING GARDENS LINDON	34,164	\$ 3,509,129.51	\$ 2,080,677.69	\$ 1,428,451.82	\$ 41.81
Prior Study	SPRING GARDENS ST. GEORGE	31,924	\$ 3,396,974.67	\$ 2,013,638.65	\$ 1,383,336.02	\$ 43.33
Prior Study	LEGACY RETIREMENT CENTER	56,248	\$ 3,210,007.68	\$ 1,858,076.40	\$ 1,351,931.28	\$ 24.04
Prior Study	MISSION AT COMMUNITY	4,696	\$ 489,578.00	\$ 102,979.00	\$ 386,599.00	\$ 82.33
Prior Study	GOOD LIFE SENIOR LIVING	5,840	\$ 678,274.00	\$ 226,639.00	\$ 451,635.00	\$ 77.33
Prior Study	COUNTRY CARE II	8,988	\$ 821,045.57	\$ 330,885.10	\$ 490,160.47	\$ 54.53
Prior Study	PARKSIDE MANOR	5,835	\$ 506,613.57	\$ 147,105.13	\$ 359,508.44	\$ 61.61
Prior Study	PINEVIEW ASSISTED LIVING OF EDEN	2,974	\$ 573,262.00	\$ 319,508.00	\$ 253,754.00	\$ 85.32
Prior Study	STONEY BROOKE OF RIVERDALE	3,946	\$ 521,650.00	\$ 236,208.00	\$ 285,442.00	\$ 72.34
Prior Study	BRIGHTWORK VILLA AMERICAN FORK	365	\$ 362,649.00	\$ 256,492.00	\$ 106,157.00	\$ 290.84
Prior Study	BRIGHTWORK VILLA PARK PLACE	365	\$ 296,712.00	\$ 57,880.00	\$ 238,832.00	\$ 654.33
Prior Study	NIITSUMA LIVING CENTER	185	\$ 63,912.70	\$ 45,855.91	\$ 18,056.79	\$ 97.60
Prior Study	ALTA RIDGE - HOLLADAY					\$ 46.94
Prior Study	ALTA RIDGE - SANDY ASSISTED LIVING					\$ 50.47
Prior Study	APPLE VILLAGE ASSISTED LIVING					\$ 130.97
Prior Study	BEL AIRE SENIOR LIVING					\$ 84.24
Prior Study	COUNTRY VIEW ASSISTED LVNG					\$ 47.48
Prior Study	HERITAGE SENIOR COMMUNITIES					\$ 99.50
Prior Study	LEGACY HOUSE OF BOUNTIFUL					\$ 61.77
Prior Study	LEGACY HOUSE OF LOGAN					\$ 17.91
Prior Study	LEGACY HOUSE OF OGDEN					\$ 29.55
Prior Study	LEGACY HOUSE OF PARK LANE					\$ 48.88



REIMBURSEMENT RATE COMPARISONS

Home and Community Based Services (HCBS) – Rate Study
June 30, 2025

T2031 Adult Residential Services (Assisted Living Facilities Level I, Level II, & Type N Facilities)						
Source	Agency Name	Total Census	Total Expenses	Total Room and Board	Allowable Total Expenses	Cost Per Unit
Prior Study	LEGACY HOUSE OF SOUTH JORDAN					\$ 46.62
Prior Study	LEGACY HOUSE OF SPANISH FORK					\$ 30.20
Prior Study	LEGACY HOUSE OF TAYLORSVILLE					\$ 42.57
Prior Study	LEGACY VILLAGE OF PROVO					\$ 42.99
Prior Study	LOTUS PARK ASSISTED LIVING					\$ 180.04
Prior Study	OAK RIDGE OF BOUNTIFUL					\$ 40.90
Prior Study	QUAIL MEADOW ASSISTED LIVING					\$ 40.58
Prior Study	RMC - PERSONAL CARE					\$ 44.38
Prior Study	SPRING WATER ASSISTED LIVING					\$ 104.21
Prior Study	STONEBRIDGE HOME CARE					\$ 54.43
Prior Study	THE VILLAS AT BAER CREEK					\$ 33.93
Average						\$ 82.87

T2033 Adult Residential Services – (Licensed Community Residential Care)						
Source	Agency Name	Total Census	Total Expenses	Total Room and Board	Allowable Total Expenses	Cost Per Unit
Prior Study	PHEASANT HOLLOW VALLEY BH	5,972	\$ 754,424.00	\$ 228,357.00	\$ 526,067.00	\$ 88.09
Prior Study	SAFE HAVEN FAMILY SERVICES	4,197	\$ 317,371.00	\$ 34,340.00	\$ 283,031.00	\$ 67.44
Average						\$ 77.76



Comparisons to Surrounding States

The second comparison rate is the average state Medicaid rate of the comparison states.

Table 10. HCBS Rate Comparison to Other States

Procedure Code - Waiver	Utah Rate	Medicaid Comparison		AZ	CO	ID	KY	MT	NV	NM	WY
		Average of Other State Medicaid Rates	Utah as % of Other State Medicaid Rates								
H0034 – NCW ¹	\$ 19.76	N/A	N/A								
H0038 – Aging	\$ 5.32	\$ 9.20	58%		\$ 9.20						
H0038 – NCW	\$ 4.72	\$ 9.20	51%		\$ 9.20						
H0043 – NCW	\$ 40.00	\$ 96.26	42%	\$ 96.26							
H0045 – Aging	\$ 203.02	\$ 189.58	107%		\$ 194.06						\$ 185.09
H0045 – NCW	\$ 138.50	\$ 189.58	73%		\$ 194.06						\$ 185.09
S5102 – Aging	\$ 43.24	\$ 78.30	55%	\$ 99.39						\$ 57.20	
S5102 – NCW	\$ 37.66	\$ 78.30	48%	\$ 99.39						\$ 57.20	
S5125 – Aging	\$ 4.62	\$ 6.65	70%	\$ 6.67		\$ 6.11	\$ 3.51		\$ 6.25	\$ 8.42	\$ 8.91
S5125 – NCW	\$ 7.50	\$ 6.65	113%	\$ 6.67		\$ 6.11	\$ 3.51		\$ 6.25	\$ 8.42	\$ 8.91
S5130 – Aging ²	\$ 8.02	\$ 7.02	114%	\$ 8.40	\$ 7.01	\$ 5.48	\$ 7.87	\$ 7.61	\$ 6.25		\$ 6.49
S5130 – NCW ²	\$ 6.21	\$ 7.02	89%	\$ 8.40	\$ 7.01	\$ 5.48	\$ 7.87	\$ 7.61	\$ 6.25		\$ 6.49
S5135 – Aging	\$ 4.97	\$ 7.07	70%	\$ 6.67		\$ 5.77	\$ 6.73	\$ 9.12			
S5150 – Aging	\$ 5.64	\$ 7.31	77%	\$ 6.67	\$ 7.27			\$ 6.02	\$ 6.25		\$ 10.36
S5150 – MCCW	\$ 5.32	\$ 7.31	73%	\$ 6.67	\$ 7.27			\$ 6.02	\$ 6.25		\$ 10.36
S5150 – NCW	\$ 7.01	\$ 7.31	96%	\$ 6.67	\$ 7.27			\$ 6.02	\$ 6.25		\$ 10.36
S5170 – Aging ³	\$ 7.34	\$ 10.34	71%	\$ 13.76	\$ 12.58	\$ 7.06	\$ 9.08	\$ 8.97	\$ 10.31		\$ 10.65
S5170 – NCW ³	\$ 7.05	\$ 10.34	68%	\$ 13.76	\$ 12.58	\$ 7.06	\$ 9.08	\$ 8.97	\$ 10.31		\$ 10.65
T1000 – TDW	\$ 14.91	\$ 15.29	98%			\$ 15.29					
T1005 – Aging	\$ 14.91	\$ 5.32	280%		\$ 8.43	\$ 5.77	\$ 3.70			\$ 3.38	
T1005 – MCCW	\$ 14.91	\$ 5.32	280%		\$ 8.43	\$ 5.77	\$ 3.70			\$ 3.38	
T1005 – TDW	\$ 14.91	\$ 5.32	280%		\$ 8.43	\$ 5.77	\$ 3.70			\$ 3.38	
T1016 – Aging	\$ 26.42	\$ 14.02	188%			\$ 14.02					
T1016 – NCW	\$ 25.39	\$ 14.02	181%			\$ 14.02					
T1019 – Aging	\$ 6.91	\$ 7.57	91%	\$ 8.83	\$ 6.60	\$ 6.11	\$ 7.37	\$ 8.92			
T1021 – Aging	\$ 49.43	\$ 60.03	82%	\$ 60.03							
T1021 – NCW	\$ 49.43	\$ 60.03	82%	\$ 60.03							
T1021 – TDW	\$ 49.43	\$ 60.03	82%	\$ 60.03							
T1027 – TDW ^{2,4}	\$ 17.45	\$ 13.84	126%			\$ 12.91		\$ 14.77			
T2003 – Aging ⁵	\$ 14.95	\$ 14.16	106%		\$ 13.41			\$ 14.90			



Procedure Code - Waiver	Utah Rate	Medicaid Comparison									
		Average of Other State Medicaid Rates	Utah as % of Other State Medicaid Rates	AZ	CO	ID	KY	MT	NV	NM	WY
T2003 – NCW ⁵	\$ 14.94	\$ 14.16	106%		\$ 13.41			\$ 14.90			
T2016 – NCW	\$ 90.92	\$ 207.37	44%		\$ 211.97		\$ 188.60			\$ 221.54	
T2017 – NCW ⁶	\$ 22.65	\$ 27.76	82%					\$ 30.52	\$ 25.00		
T2031 – NCW	\$ 79.00	\$ 119.98	66%		\$ 103.72		\$ 105.15	\$ 215.61	\$ 105.00		\$ 70.44
T2033 – NCW ⁷	\$ 132.16	\$ 217.30	61%				\$ 225.00	\$ 235.20		\$ 191.71	
T2040 – Aging	\$ 95.25	\$ 149.92	64%		\$ 103.21		\$ 196.63				
T2040 – MCCW	\$ 51.67	\$ 149.92	34%		\$ 103.21		\$ 196.63				
T2040 – NCW	\$ 48.00	\$ 149.92	32%		\$ 103.21		\$ 196.63				
T2040 – TDW	\$ 48.00	\$ 149.92	32%		\$ 103.21		\$ 196.63				

¹ A comparable service for code H0034 was not found in the surrounding states.

² Montana's unit of service is Staff Hour. The unit was divided by 4 to convert it to a 15 Minute unit.

³ Arizona's unit of service was not specified. Assumed a Per Meal unit.

⁴ In Idaho, this service is reimbursed as Code H0024; Family Education - Individual under the Children's DDA fee schedule. It appears to be a similar service and is included in the table above for comparison.

⁵ The unit of service for Colorado is "1 Trip" and "Per Ride/Trip" for Montana. Assumed a One-Way Trip for comparison purposes.

⁶ Nevada's unit of service is 15 Minutes. The unit was multiplied by 4 to convert to an hourly rate.

⁷ Montana's unit of service is Staff Hour. The rate of \$29.40 was multiplied by 8 to convert it to a daily rate. Assumed 8 hours of service.

Our supporting Excel file provides data for these comparisons, including each of the tables in this report. The supporting Excel file also contains a table showing the individual rates for each comparison state, as well as the highest and lowest other state rates.