

COMMUNITY SUPPORTS PRICING RESOURCE

December 2025

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INTRODUCTION

As part of California Advancing and Innovating Medi-Cal (CalAIM), the Department of Health Care Services (DHCS) authorized 14 Community Supports that Medi-Cal managed care plans (MCPs) had the option to begin offering to members starting January 1, 2022. To implement these Community Supports, MCPs contracted with a new set of “non-traditional” providers delivering services and supports historically not well integrated into the health care system.

To support these novel contracting and payment relationships, DHCS released pricing information for each of the Community Supports via a 2021 publication titled “Non-Binding ILOS Pricing Guidance”, which has been updated alongside this addendum with current terminology and small revisions to address concerns that have been raised since the original publication (see Appendix, now titled Non-Binding Community Supports Pricing Resource). This document provided non-binding pricing information, including benchmarks and key cost drivers, for each Community Support and was intended to assist MCPs and providers in negotiating contracting and payment arrangements.

Since 2021, DHCS has refined select Community Supports service definitions and further distinguished subservices of others. To continue supporting contracting between MCPs and their Community Supports Providers, DHCS is releasing this Addendum to the 2021 publication to provide more information on these newly defined and distinguished subservices. Specifically, for these subservices the Addendum includes:

- » “2021 pricing benchmarks” (i.e., pricing information based on data and assumptions most relevant in August 2021) to maintain consistency with the original approach, which DHCS will comprehensively update in the future,
- » Healthcare Common Procedure Coding System (HCPCS) codes and modifiers, and
- » Supplemental benchmarks and pricing information from other California programs and other states—not used to inform the “2021 pricing benchmarks” but potentially valuable for further supporting MCP and provider negotiations and for DHCS’ comprehensive update in the future.

ADDENDUM TO THE 2021 COMMUNITY SUPPORTS PRICING RESOURCE

Background

The Department of Health Care Services (DHCS) is providing a limited update to the Non-Binding Community Supports Pricing Resource (formerly titled “2021 Non-Binding ILOS Pricing Guidance”, see Appendix) published in August 2021 in the form of an Addendum. This Pricing Resource Addendum will focus on select Community Supports that have undergone substantial changes to service definitions or billing guidance since the beginning of the Community Supports program.

Scope of Update

Specifically, this update includes pricing benchmarks, and corresponding Healthcare Common Procedure Coding System (HCPCS) codes and modifiers for newly defined and distinguished subservices, as outlined in the 2025 Community Supports Policy Guide (Volume 1) (e.g., Produce Prescriptions and Healthy Food Vouchers, subservices of Medically Tailored Meals/Medically Supportive Food). All services included in the Addendum are listed below:

- » Assisted Living Facility (ALF) Transitions
 - Transition Services and Expenses (T2038 U4)
 - Ongoing Assisted Living Services (H2022 U5)
- » Community or Home Transition Services
 - Non-recurring Set-up Expenses (H0044 U5)
- » Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF)
 - Medically Supportive Groceries (S9977 U7)
 - Produce Prescription:
 - Retail (S9977 U5)
 - Box Based (S9977 U4)
 - Healthy Food Voucher (S9977 U9)
 - Food Pharmacy (S9977 U8)
 - Nutrition Education:

- Individual (S9452 U5)
- Group (S9452 U6)

Approach

To maintain consistency with the broader Non-Binding Community Supports Pricing Resource document, the new pricing benchmarks are based on data and assumptions most relevant to August 2021 to create a “2021 pricing benchmark.” This approach serves as a key interim milestone in DHCS’ goal to comprehensively update all Community Supports services’ pricing benchmarks in the future. Where possible, DHCS provides supplemental benchmarks and pricing information from other California programs and other states as a resource to managed care plans (MCPs) and providers; however, the pricing benchmarks in this Pricing Resource Addendum do not take this more recent information into account at this time.

Key Considerations

The Non-Binding Community Supports Pricing Resource, including this Pricing Resource Addendum, is only one tool to support MCP and provider negotiations. This resource is **non-binding; MCPs and their Community Supports Providers can agree to payment rates that are below or above the pricing benchmark ranges** in this document. In addition, **MCPs and their Community Supports Providers can agree to alternative payment models** (e.g., fee-for-service, capitated, episodic, value- or outcome-based, etc.) that differ from those described in this document. DHCS encourages MCPs and providers to negotiate reasonable and appropriate rates that are reflective of Community Supports Providers’ service offerings, staffing ratios, service intensity, population risk, quality of care delivered, and regional conditions such as labor, rental, food, and transportation costs. Negotiated rates need not fall within the benchmark ranges in the 2021 Non-Binding Community Supports Pricing Resource and this limited-scope Pricing Resource Addendum.

Future Updates

For future updates, DHCS may consider a broad range of inputs and feedback, including a review of managed care encounter data, and a refresh of the cost information used to develop the initial and Addendum 2021 pricing benchmark ranges, including supplemental benchmarks and pricing information from other California programs or other states. DHCS recognizes that MCPs and Community Supports Providers have made considerable efforts to operationalize these services. DHCS will consider experience data to the extent they are available but reminds MCPs, Providers and other

stakeholders using this document that the purpose of this document is to serve as a resource and not a comprehensive view of all price points and/or payment methodologies which may be agreed upon between each MCP and Community Supports Provider.

Considerations Relevant to this Pricing Resource Addendum

Variation on Midpoint Prices and Pricing Benchmark Ranges

In collaboration with Mercer, DHCS's contracted actuary, and Manatt, a contracted partner of DHCS, the midpoint pricing benchmarks and pricing benchmark ranges in this Pricing Resource Addendum reflect the same methodology and approach as the 2021 Non-Binding Community Supports Pricing Resource. That document describes how the pricing resource was developed by DHCS based on a set of statewide assumptions and data from national and statewide sources. In general, the low, mid and high ends of the benchmark ranges reflect the use of wage rates in the 25th, 50th and 75th percentiles of the statewide average wage rate for the relevant occupation, as well as caseload summaries as reported by respondents in a statewide survey.

Actual contracted provider rates may vary significantly from these illustrative pricing benchmark ranges, and these ranges should not be interpreted as establishing a ceiling or floor on what may be reasonable for the provision of Community Supports. There are many reasons the rate agreed to between an MCP and Community Supports Providers could fall outside of the pricing benchmark range presented in this Pricing Resource Addendum, including but not limited to:

- » Variation in program structure, staffing ratios and facility size;
- » Geographic variation;
- » Use of value-based rather than cost-based payment models;
- » Service intensity;
- » Underlying risk mix or health care / social services needs of the providers' target or enrolled population; and
- » Quality of care delivered.

Please refer to the "Variation on Midpoint Prices and Pricing Benchmark Ranges" section of the original Non-Binding Community Supports Pricing Resource for more details.

Methodology for Developing Pricing Resource

Similarly to the original Non-Binding Community Supports Pricing Resource released in 2021, DHCS worked with Mercer and Manatt to develop the 2021 non-binding pricing benchmark ranges newly provided in this Pricing Resource Addendum.

DHCS and its partners worked to review each Community Supports definition, establish key pricing assumptions, and then develop a pricing benchmark range and midpoint for each Community Support. As described above, pricing benchmark ranges and midpoint prices, which were developed using statewide average cost inputs, are subject to geographic variation in the cost of rent, transportation, labor and other cost drivers. Additionally, more or less intensive or specialized service delivery models may increase or decrease costs relative to the “standard approach” that was modeled for this document. Additional resources for reference on the impact of such variation on prices are available in the 2021 resource document.

To develop the methodology for pricing specific services, DHCS and its partners relied on appropriate benchmarks for each service based on the service description and unit. 2021 benchmark pricing was used where possible and in instances when 2021 pricing benchmark ranges did not exist for an appropriate benchmark, DHCS and its partners created an applicable 2021 pricing benchmark range using pricing relativities seen from supplemental benchmarks and pricing information. A more thorough discussion of these approaches is found in each service section later in this document.

In addition, for this Pricing Resource Addendum, DHCS worked with its partners to review information from other California programs or other states for each new or updated Community Support to provide supplemental benchmarks and pricing information to the non-binding 2021 pricing benchmark ranges. Those supplemental benchmarks and pricing information included:

- » Pricing benchmarks for similar services in the original 2021 Non-Binding Community Supports Pricing Resource
- » Payment rates used by Medi-Cal and other California programs that fund similar services for different populations or in different circumstances including:
 - 1915(c) Home- and Community-Based Services (HCBS) Assisted Living Waiver
 - 1915(c) HCBS Waiver for Californians with Developmental Disabilities
 - 1915(c) HCBS Alternatives Waiver
 - 1915(c) HCBS Multipurpose Senior Services Program (MSSP) Waiver

- Meals on Wheels programs across the State
- California Community Transition Program
- Vouchers 4 Veggies
- » Additional references from other state Medicaid programs that cover similar services including from Arizona, Massachusetts, Michigan, North Carolina, Oregon, and Washington.

Please refer to the “Methodology for Developing Pricing Guidance” section of the original Non-Binding Community Supports Pricing Resource (see Appendix) for details on methodology for developing the original pricing resource including definitions of payment approaches and detailed explanations of pricing inputs.

Summary Pricing Resource

This document presents the following information for each Community Supports:

- » High-level service description and eligibility criteria, (note: Full service definitions and eligibility criteria are available in the Community Supports Policy Guide Volume 1 and Community Supports Policy Guide Volume 2)
- » Midpoint service price benchmark,
- » Pricing benchmark range,
- » Pricing unit and Healthcare Common Procedure Coding System (HCPCS) codes,
- » Direct cost drivers and assumptions, and a
- » Summary table of Community Supports supplemental benchmarks and pricing information.

1. Assisted Living Facility Transitions (T2038 U4) and (H2022 U5)¹

High-level pricing approach: The pricing for these services remains consistent with the 2021 Non-Binding Community Supports Pricing Resource. This Pricing Resource Addendum includes updates on naming conventions and HCPCS Billing Codes and provides supplemental benchmarks and pricing information.

Please refer to the “Nursing Facility Transition/Diversion to Assisted Living Facilities, Such as Residential Care Facilities for Elderly and Adult Residential Facilities” section of the original Non-Binding Community Supports Pricing Resource for details on Community Supports pricing resource components.

Table 1 — Service Pricing Benchmarks

Service Type	Transition Services and Expenses	Ongoing Assisted Living Services
Midpoint Service Benchmark	\$459	\$33
Pricing Benchmark Range	\$422–\$496	\$29–\$38
Unit of Service	Per Member Per Month (PMPM)	Per Hour
HCPCS Billing Code	T2038 U4	H2022 U5

1(a): Assisted Living Facility Transitions: Transition Services and Expenses

Time-limited transition services and expenses enable a person to establish residence in an ALF. These expenses include but are not limited to: assessing the Member’s housing and service needs, assisting in securing an ALF residence, moving expenses to support a Member’s transition, communicating and coordinating with facility administration, and establishing procedures and contacts to retain ALF residence.

¹ This service is included in the Nursing Facility Transition/Diversion to Assisted Living Facilities, Such as Residential Care Facilities for Elderly and Adult Residential Facilities section in the “ILOS Pricing Guidance Updated 8-5-2021.” It is now named ALF Transitions, as seen in the “Community Supports Policy Guide Volume 1” as of 2025.

Table 2

Cost Drivers and Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	Primarily in-person; some services may be completed via telephone
Provider Staffing Qualifications and Hourly Salaries	Care Manager (bachelor's degree or higher): \$36.51 Supervisor (nurse): \$44.55
Staffing Ratio/Caseload	One Care Manager: 20 to 30 Members One Supervisor: 10 Care Managers
Other Pricing Inputs	Non-Billable Time: Training 40 hours per year, PTO 25 days/year Transportation: 10 miles per day Indirect Expenses: 5% program costs, 10% administration

Table 3

Supplemental Information on Related 2022–2025 Benchmarks²
<p>1915(c) HCBS Assisted Living Waiver (2024):³:</p> <ul style="list-style-type: none"> » Care Coordination and Nursing Facility Transition: <ul style="list-style-type: none"> ○ Care Coordination Compensation (G9002) \$320 per participant per month ○ Transitional Care Coordination from a Nursing Facility (G9001), the coordinator receives a one-time fee of \$1,600 per participant

² Benchmarks are provided for context only and were not factored into the benchmark ranges in this Addendum.

³DHCS. Assisted Living Waiver Reimbursement Rates. 2024. Available at [ALW-Reimbursement-Rates-2024.pdf](#). Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

[1915\(c\) HCBS Home- and Community-Based Alternatives \(HCBA\) Waiver](#) (2023):⁴

- » \$45.43 per hour for transition and care planning services and transitional case management services

[California Community Transitions](#) (Revised 2023):⁵

- » \$45.43 per hour for transition and care planning services (up to 100 hours or \$4,543)

[Arizona H2O Fee Schedule](#) (2024):⁶

- » \$3,000 one-time payment for move-in assistance (per lifetime of waiver demonstration)

[Washington Housing Transition Navigation Services Fee Schedule](#) (2024):⁷

- » Relocation expenses: Up to \$1,500

[North Carolina Healthy Opportunities Pilots \(HOP\) Fee Schedule](#) (2024):⁸

- » Housing Move-In Support: \$1,159–\$1,570.83 per month based on unit size

1(b): Assisted Living Facility Transitions: Ongoing Assisted Living Services

Ongoing assisted living services include assistance with Activities of Daily Living (ADLs) and Instrumental ADLs, meal preparation, transportation, companion services, medication administration and oversight, and therapeutic social and recreational

⁴ DHCS. Home Health Agencies/Home and Community-Based Services Manual. September 2023. Available at [HCBA-Waiver-2023-2027.PDF](#). Accessed December 2025.

⁵ DHCS. California Community Transitions (CCT) Treatment Authorization Request (TAR) Data Entry Information. October 2023. Available at [CCT-Service-Code-Overview-Revised-2023.pdf](#). Accessed December 2025.

⁶ CMS. Arizona H2O Fee Schedule. October 2024. Available at [az-hccc-st-cms-approved-housing-and-health-opportunities-\(h2o\)-rate-methodology.pdf](#). Accessed December 2025.

⁷ Washington State Health Care Authority. Washington Housing Transition Navigation Services Fee Schedule. November 2024. Available at <https://www.hca.wa.gov/assets/program/housing-transition-navigation-services-rate-schedule.pdf>. Accessed December 2025.

⁸ North Carolina Department of Health and Human Services. Updated Healthy Opportunities Pilots Fee Schedule. July 2024. Available at <https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open>. Accessed December 2025.

programming provided in a home-like environment. The service definition clarifies that 24-hour on-site staff will be available to meet unpredictable needs to promote maximum dignity and independence, and provide supervision, safety, and security. Ongoing activities may also include coordination with the MCP to screen for eligibility and support enrollment of Members in Enhanced Care Management (ECM) and other Community Supports.

Table 4

Cost Drivers and Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (High School Diploma/On-the-Job Training): \$15.00 Supervisor (High School Diploma or higher): \$21.95
Staffing Ratio/Caseload	One Direct Care Worker: One Member One Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours per year, PTO 25 days per year Transportation: 30 miles per day Indirect Expenses: 5% program costs, 10% administration All standard employee-related expenses (ERE) components included. Consideration for ERE and indirect expenses varies widely by county.

Table 5

Supplemental Information on Related 2022–2025 Benchmarks²
1915(c) HCBS Waiver for Californians with Developmental Disabilities (2024): ⁹

⁹ DHCS. Application for a §1915(c) Home and Community Based Services Waiver. 2024. Available at [HCBS-DDS-CA-0336R0503.pdf](#) Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

- » Homemaker: \$21.27 per hour unit
- » Home Health Aide: \$28.36 per hour unit

[1915\(c\) HCBS Assisted Living Waiver Minimum Wage Update](#) (2025):¹⁰

- » Tier 1 — Tier 5 Assisted Living Services — Homemaker; Home Health Aid; Personal Care: \$93.86–\$264.97 per diem

[1915\(c\) HCBS HCBA Waiver](#) (2023):¹¹

- » Certified Home Health Aide services: \$28.36 per hour

[CA In-Home Supportive Services \(IHSS\) Program](#) (2025):¹²

- » \$16.50–\$22.50 per hour for IHSS wage

[1915\(c\) HCBS MSSP Waiver](#) (2024):^{13,14}

- » Supplemental Homemaker Services: \$40 per hour; \$168 per diem
- » Supplemental Personal Care: \$40 per hour; \$286 per diem
- » Transportation: \$34 per hour; \$37 per one-way trip (each)
- » Social Support: \$32 per hour; \$100 per diem
- » Supplemental Protective Supervision: \$40 per hour; \$150 per diem

¹⁰ DHCS. Assisted Living Waiver. November 2025. Available at <https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>. Accessed December 2025.

¹¹ DHCS. Home Health Agencies/Home and Community-Based Services Manual. September 2023. Available at [HCBA-Waiver-2023-2027.PDF](#). Accessed December 2025.

¹² IHSS Advocates. IHSS Wages By County. 2025. Available at <https://ihssadvocate.com/ihss-wages-by-county/>. Accessed December 2025.

¹³ DHCS. July 2024. Application for a §1915(c) Home and Community Based Services Waiver. Available at <https://www.dhcs.ca.gov/services/medi-cal/Documents/CA0141R0700-MSSP-Waiver-Renewal.PDF>. Accessed December 2025.

¹⁴ For MSSP, the rates reflected above represent the ceiling. California Department of Aging (CDA) allows MSSP sites to negotiate within those rates.

2. Community or Home Transition Services: Non-Recurring Set-Up Expenses (H0044 U5)¹⁵

High-level pricing approach: Pricing considers MCPs' provision of non-recurring set-up expenses as a component of more robust transition support services to support Members in transitioning from a licensed nursing facility to a living arrangement in a private residence or public subsidized housing where the Member is responsible for identifying funding for their living expenses.

The pricing considers the services required to initially establish a basic household. The pricing is intended to cover set-up expenses, excluding room and board, necessary to enable a Member to establish a basic household including initial costs such as security deposits, utility or service setup fees and up to six months' payment in arrears, services necessary for the individual's health and safety such as pest eradication, one-time cleaning, repairs, air conditioning or heating, and adaptive aids to preserve an individual's health and safety in the home.

The cap for this service is aligned with spending caps in place within other programs in California to promote consistency between programs and services.

Table 6 — Service Pricing Benchmarks

Service Price Benchmark	Unit of Service	HCPCS Billing Code
\$7,500 ¹⁶	Cap ¹⁷	H0044 U5

Table 7 — Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed

¹⁵ Note: This service is included in the Community Transition Services/Nursing Facility Transition to a Home section of the "ILOS Pricing Guidance Updated 8-5-2021." It is now named Community or Home Transition Services, as seen in the "Community Supports Policy Guide Volume 1" as of 2025.

¹⁶ The only exception to the \$7,500.00 total maximum is if the Member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence or public subsidized housing through circumstances beyond his or her control.

¹⁷ Requires billed amount(s) to be reported on the encounter.

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Duration (if applicable)	Lifetime maximum of \$7,500 (consistent with caps available under HCBS programs)
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	N/A
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	

Table 8

Supplemental Information on Related 2022–2025 Benchmarks ²
<p>California Community Transitions (Revised 2023):¹⁸</p> <ul style="list-style-type: none"> » \$45.43 per hour for transition and care planning services (up to 100 hours or \$4,543) » Home Set-Up Pricing: <ul style="list-style-type: none"> ○ New Apartment: \$5,000 initially ○ Established Housing: \$2,000 initially ○ Maximum: \$7,500 <p>Medi-Cal T2038 Community Transition, Waiver (2024):^{19,20}</p> <ul style="list-style-type: none"> » Per Transition: \$2,500

¹⁸ DHCS. California Community Transitions (CCT) Treatment Authorization Request (TAR) Data Entry Information. October 2023. Available at [CCT-Service-Code-Overview-Revised-2023.pdf](#). Accessed December 2025.

¹⁹ Medi-Cal. Home and Community-Based Services (HCBS) Billing Codes and Reimbursement Rates. May 2024. Available at https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/2F1C6A6A-98C6-4E83-9308-CA1BBC16669C/homecd.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO. Accessed December 2025.

²⁰ DHCS. Medi-Cal Rates. 2025. Available at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?page=1&tab=rates>. Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

- » Lifetime Max: \$5,000

[1915\(c\) HCBS Waiver for Californians with Developmental Disabilities](#) (2024):²¹

- » \$4,492.70 per transition for Transition/Set Up Expenses

[Arizona H2O Fee Schedule](#) (2024):²²

- » \$1,000 one-time payment for utilities arrears (per lifetime of waiver demonstration)
- » \$3,000 one-time payment for move-in assistance (per lifetime of waiver demonstration)
- » \$5,000 for home accessibility and safety modifications (per lifetime of waiver demonstration)

[Oregon Health-Related Social Needs \(HRSN\) Fee Schedule](#) (2025):²³

- » Utilities arrears per month (varies by region and unit size) \$318–\$1,214
- » Utilities set up (varies by region and unit size) \$552–\$1,358
- » Medically Necessary Home Remediations: \$3,350 max allowable
- » Air conditioner: \$680 max allowable
- » Heater (delivered): \$290 max allowable

[Washington Housing Transition Navigation Services Fee Schedule](#) (2024):²⁴

- » Security Deposits: Up to 200% fair market rent based on home size

²¹ DHCS. Application for a §1915(c) Home and Community Based Services Waiver. 2024. Available at [HCBS-DDS-CA-0336R0503.pdf](#) Accessed December 2025.

²² CMS. Arizona H2O Fee Schedule. October 2024. Available at [az-hccc-st-cms-approved-housing-and-health-opportunities-\(h2o\)-rate-methodology.pdf](#). Accessed December 2025.

²³ Oregon Health Authority. Health-Related Social Needs (HRSN) Fee Schedules. September 2025. Available at <https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/HRSN-Fee-Schedule0125.pdf>. Accessed December 2025.

²⁴ Washington State Health Care Authority. Washington Housing Transition Navigation Services Fee Schedule. November 2024. Available at <https://www.hca.wa.gov/assets/program/housing-transition-navigation-services-rate-schedule.pdf>. Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

- » Utility Arrears: Up to 130% estimated utility expenses based on home size for up to six months
- » Utility Setup Fees: Up to \$200 per utility service

[North Carolina Healthy Opportunities Pilot Fee Schedule](#) (2024):²⁵

- » One-time payment for security deposit: Up to 230% fair market rent based on unit size
- » Essential Utility Set-up:
 - Utility deposit: Up to \$588.33
 - Utility arrears: Up to \$588.33
- » Healthy Home Goods: Up to \$2,941.66 per year
- » Home accessibility and safety modifications: Up to \$13,000 per lifetime of waiver demonstration
- » Home Remediation Services: Up to \$5,883.33 per year

[Massachusetts HRSN Fee Schedule](#) (2025):²⁶

- » Transitional goods (security deposits, first month's rent, movers, furnishings, etc.): Up to \$5,500
- » Purchase/delivery/installation of goods: \$150 (\$183 max) per purchase/delivery/installation
- » Healthy Homes Goods and Services: Varies
- » Contracted remediation services: Up to \$5,000

²⁵ North Carolina Department of Health and Human Services. Updated Healthy Opportunities Pilots Fee Schedule. July 2024. Available at <https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open>. Accessed December 2025.

²⁶ MassHealth. HRSN Supplemental Services Fee Schedule. July 2025. Available at <https://www.mass.gov/doc/hrsn-supplemental-services-fee-schedule-3/download>. Accessed December 2025.

3. Medically Supportive Groceries, (S9977 U7)

High-level pricing approach: The pricing considers weekly food costs per the United States Department of Agriculture (USDA) and the average delivery costs associated with transporting whole foods and/or food boxes in the U.S.

Medically Supportive Groceries include preselected foods that follow the federal Dietary Guidelines for Americans and meet recommendations for the nutrition sensitive health conditions of the recipients to whom they are prescribed. Unlike Medically Tailored Meals (MTM) or Medically Tailored Groceries, Medically Supportive Food (MSF) is intended to supplement, rather than replace, all or most of the Member's diet.

An adjustment factor was calculated to price Medically Supportive Groceries based on the pricing benchmark for California's Medically Tailored Groceries provided in the 2021 Non-Binding Community Supports Pricing Resource. The adjustment factor was derived by comparing the relative pricing differences between medically tailored and medically supportive or "healthy" meals delivered in other similar state programs. This adjustment factor was then applied to the pricing benchmark for California's Medically Tailored Groceries provided in the 2021 Non-Binding Community Supports Pricing Resource to determine the pricing benchmark range for Medically Supportive Groceries.

Consistent with the previously developed MTM/MSF resource, DHCS acknowledges that variation in program designs and staffing models from the assumptions below are possible, resulting in different costs and therefore prices. For example, some MTM/MSF programs may offer a more specialized or intensive model, with higher staff and facility costs relative to those modeled below, while others may utilize a less intensive staffing model and may have lower staff/facility costs relative to those modeled below.

Table 9 — Service Pricing Benchmarks

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$62.50	\$48.00–\$77.00	Per Weekly Grocery Box Delivered	S9977 U7

Table 10 — Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	
Duration (if applicable)	MTM/MSF can be authorized for up to 12 weeks and may be reauthorized thereafter if medically necessary
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	Dietician (associate degree or higher): \$29.34
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	Food Costs: \$58.40 per week for food box (based on USDA weekly food costs) Delivery: \$7.50 per weekly box Pricing also considers administrative costs associated with ongoing meal planning

Table 11

Supplemental Information on Related 2022–2025 Benchmarks²
California Non-Binding Pricing Guidance (2021): ²⁷ <ul style="list-style-type: none"> » \$52–\$81 per week for medically tailored grocery box delivered
North Carolina HOP Fee Schedule (2024): ²⁸ <ul style="list-style-type: none"> » \$104.97–\$176.51 per week for delivered Healthy Food Box

²⁷ DHCS. Non-Binding ILOS Pricing Guidance. 2021. Available at <https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Pricing-Guidance-Updated-8-5-2021.pdf>. Accessed December 2025.

²⁸ North Carolina Department of Health and Human Services. Updated Healthy Opportunities Pilots Fee Schedule. July 2024. Available at <https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open>. Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

[Michigan ILOS Pricing Guidance](#) (2025):²⁹

- » \$76.47–\$106.51 per week for Healthy Food Pack

[Washington Nutrition Supports Services Fee Schedule](#) (2024):³⁰

- » Up to \$584 per month for short-term grocery provision
- » Biweekly: Up to \$500 for meals or pantry stocking

²⁹ Michigan Department of Health and Human Services. Michigan’s Comprehensive Health Care Program: Optional In Lieu of Services (ILOS) Pricing Guidance. April 2025. Available at [20241107 MI Optional ILOS Pricing Guidance.pdf](#) Accessed December 2025.

³⁰ Washington State Health Care Authority. Nutrition supports services fee schedule. November 2024. Available at <https://www.hca.wa.gov/assets/program/mtp-nutrition-supports-fee-schedule.pdf>. Accessed December 2025.

4. Produce Prescription — Retail (S9977 U5) and Box (S9977 U4)

High-level pricing approach: The pricing considers costs to provide vouchers or cards that can be used by the member to purchase fruits and vegetables from retail settings such as grocery stores or farmers’ markets.

An adjustment factor was calculated to price Produce Prescription based on the pricing benchmark for California’s Medically Tailored Meals provided in the 2021 Non-Binding Community Supports Pricing Resource. The adjustment factor was derived by comparing the relative pricing differences between Medically Tailored Meals and Produce Prescriptions delivered in other similar state programs. This adjustment factor was then applied to the pricing benchmark for California’s Medically Tailored Meals provided in the 2021 Non-Binding Community Supports Pricing Resource and converted to both a weekly and monthly value to determine the pricing benchmark range for Produce Prescription.

Table 12 — Service Pricing Benchmarks

Service Type	Retail	Box
Midpoint Service Benchmark	\$43.00	\$50.50
Pricing Benchmark Range	\$33.00–\$52.50	\$40.50–\$60.00
Unit of Service	Per Weekly Produce Prescription	Per Weekly Produce Prescription
HCPCS Billing Code	S9977 U5	S9977 U4

Table 13 — Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	MTM/MSF can be authorized for up to 12 weeks and may be reauthorized thereafter if medically necessary
Setting	Retail, such as grocery stores or farmers’ markets, obtained via a financial mechanism such as a physical or electronic voucher or card, or Home-delivered box

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Provider Staffing Qualifications and Hourly Salaries	Dietician (associate degree or higher): \$29.34
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	Pricing also considers administrative costs associated with providing produce prescriptions

Table 14

Supplemental Information on Related 2022–2025 Benchmarks ²
<p>North Carolina HOP Fee Schedule (2024):³¹</p> <ul style="list-style-type: none"> » \$248.43 per month (max) for Fruit and Vegetable Prescription <p>Michigan ILOS Pricing Guidance (2025):³²</p> <ul style="list-style-type: none"> » Weekly: \$43.77–\$60.26 for Produce Prescription » Monthly: \$189.67–\$261.11 for Produce Prescription <p>Massachusetts HRSN Supplemental Services Fee Schedule (2025):³³</p> <ul style="list-style-type: none"> » Monthly: \$122.00–\$152.50 for Nutritionally Appropriate Food Prescriptions and Vouchers <p>Vouchers 4 Veggies (2025):³⁴</p> <ul style="list-style-type: none"> » Monthly: \$40.00–\$150.00 for Produce Prescription

³¹ North Carolina Department of Health and Human Services. Updated Healthy Opportunities Pilots Fee Schedule. July 2024. Available at <https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open>. Accessed December 2025.

³² Michigan Department of Health and Human Services. Michigan’s Comprehensive Health Care Program: Optional In Lieu of Services (ILOS) Pricing Guidance. April 2025. Available at [20241107 MI Optional ILOS Pricing Guidance.pdf](https://www.michigan.gov/20241107/MI-Optional-ILOS-Pricing-Guidance.pdf). Accessed December 2025.

³³ MassHealth. HRSN Supplemental Services Fee Schedule. July 2025. Available at <https://www.mass.gov/doc/hrsn-supplemental-services-fee-schedule-3/download>. Accessed December 2025.

³⁴ Vouchers4Veggies. 2025. Available at <https://eatsfvoucher.org/produce-prescriptions-for-healthcare/>. Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

[Washington Nutrition Supports Services Fee Schedule](#) (2024):³⁵

- » \$83.33 per month maximum for Fruit and Vegetable Prescription

³⁵ Washington State Health Care Authority. Nutrition supports services fee schedule. November 2024. Available at <https://www.hca.wa.gov/assets/program/mtp-nutrition-supports-fee-schedule.pdf>. Accessed December 2025.

5. Healthy Food Vouchers, (S9977 U9)

High-level pricing approach: The pricing considers the cost to provide members vouchers that can be used to procure pre-selected healthy foods, at retail settings, which follow the federal Dietary Guidelines for Americans.

An adjustment factor was calculated to price Healthy Food Vouchers based on the pricing benchmark for California’s Medically Tailored Meals (MTMs) provided in the 2021 Non-Binding Community Supports Pricing Resource. The adjustment factor was derived by comparing the relative pricing differences between MTMs and Healthy Food Vouchers delivered in other similar state programs. This adjustment factor was then applied to the pricing for California’s MTMs provided in the 2021 Non-Binding Community Supports Pricing Resource and converted to a monthly value to determine the pricing benchmark range for Healthy Food Vouchers.

Table 15 — Service Pricing Benchmarks

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$187.00	\$143.50–\$228.00	Per Monthly Healthy Food Voucher	S9977 U9

Table 16 — Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	MTM/MSF can be authorized for up to 12 weeks and may be reauthorized thereafter if medically necessary
Setting	Retail
Provider Staffing Qualifications and Hourly Salaries	N/A
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	Pricing also considers administrative costs associated with providing healthy food vouchers

Table 17

Supplemental Information on Related 2022–2025 Benchmarks ²	
Massachusetts HRSN Supplemental Services Fee Schedule (2025): ³⁶	
»	Monthly: \$122.00–\$152.50 for Nutritionally Appropriate Food Prescriptions and Vouchers

³⁶ MassHealth. HRSN Supplemental Services Fee Schedule. July 2025. Available at <https://www.mass.gov/doc/hrsn-supplemental-services-fee-schedule-3/download>. Accessed December 2025.

6. Food Pharmacy, (S9977 U8)

High-level pricing approach: The pricing considers the cost to maintain and supply a food pharmacy within, or managed by, a health care setting, which provides coordinated clinical, food, and nutritional education services. The pricing considers that a “session” at the food pharmacy combines nutritional counseling and a week’s worth of medically tailored groceries.

The pricing considers the costs for Medically Tailored Groceries (weekly) and Nutrition Assessment (per assessment) as previously provided in the 2021 Non-Binding Community Supports Pricing Resource.

Table 18 — Service Pricing Benchmarks

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$100.00	\$77.50–\$122.50	Per Session	S9977 U8

Table 19 — Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	MTM/MSF can be authorized for up to 12 weeks and may be reauthorized thereafter if medically necessary
Setting	Location within, or managed by, a health care provider
Provider Staffing Qualifications and Hourly Salaries	Dietician (associate degree or higher): \$29.34
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	Food Costs: \$58.40 per week for food box (based on USDA weekly food costs) Pricing also considers administrative costs associated with operating a food pharmacy

Supplemental Information on Related 2022–2025 Benchmarks
See sections for “Medically Supportive Groceries” and “Nutrition Education”

7. Nutrition Education, Individual (S9452 U5) and Group (S9452 U6)

High-level pricing approach: The pricing considers the cost of health coaching, counseling, classes, behavioral supports, and tools, including equipment and materials, that are based on a Member's health conditions and needs.

Pricing for nutrition education is provided for a 1:1 basis and a group setting using the pricing levels for Nutrition Assessment and Consultation in the 2021 pricing resource after converting them to a 30-minute basis from the previously assumed one hour assessment benchmark pricing range. Nutrition Education is not required to be delivered by a Registered Dietitian Nutritionist.

Table 20 — Service Pricing Benchmarks

Service Type	Nutrition Education 1:1	Nutrition Education Group
Midpoint Service Benchmark	Benchmark Information Forthcoming	Benchmark Information Forthcoming
Pricing Benchmark Range	Benchmark Information Forthcoming	Benchmark Information Forthcoming
Unit of Service	Per 30 minutes	Per 30 minutes
HCPCS Billing Code	S9452 U5	S9452 U6

Table 21 — Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	MTM/MSF can be authorized for up to 12 weeks and may be reauthorized thereafter if medically necessary
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	Does not require delivery by RDN (Registered Dietitian Nutritionist) Dietician (associate degree or higher): \$29.34
Staffing Ratio/Caseload	
Other Pricing Inputs	N/A

Table 22

Supplemental Information on Related 2022–2025 Benchmarks ²
<p>California Non-Binding Pricing Guidance (2021):³⁷</p> <ul style="list-style-type: none"> » \$33–49 per nutritional assessment <p>1915(c) HCBS Waiver for Californians with Developmental Disabilities (2024):³⁸</p> <ul style="list-style-type: none"> » \$46.31 per hour for Nutritional Counseling <p>Oregon HRSN Fee Schedule (2025):³⁹</p> <ul style="list-style-type: none"> » \$25 per 30 minutes for Nutritional Education <p>North Carolina HOP Fee Schedule (2024):⁴⁰</p> <ul style="list-style-type: none"> » \$25.11 per Evidence-Based Group Nutrition Class <p>Massachusetts HRSN Supplemental Services Fee Schedule (2025):⁴¹</p> <ul style="list-style-type: none"> » Nutrition Education — Classes <ul style="list-style-type: none"> ○ \$92–\$115 per class » Nutrition Education — 1:1 Nutrition Education <ul style="list-style-type: none"> ○ \$17.37–\$21.71 per 15 minutes

³⁷ DHCS. Non-Binding ILOS Pricing Guidance. 2021. Available at <https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Pricing-Guidance-Updated-8-5-2021.pdf>. Accessed December 2025.

³⁸ DHCS. Application for a §1915(c) Home and Community Based Services Waiver. January 2024. Available at [HCBS-DDS-CA-0336R0503.pdf](https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Pricing-Guidance-Updated-8-5-2021.pdf). Accessed December 2025.

³⁹ Oregon Health Authority. Health-Related Social Needs (HRSN) Fee Schedules. September 2025. Available at <https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/HRSN-Fee-Schedule0125.pdf>. Accessed December 2025.

⁴⁰ North Carolina Department of Health and Human Services. Updated Healthy Opportunities Pilots Fee Schedule. July 2024. Available at <https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open>. Accessed December 2025.

⁴¹ MassHealth. HRSN Supplemental Services Fee Schedule. July 2025. Available at <https://www.mass.gov/doc/hrsn-supplemental-services-fee-schedule-3/download>. Accessed December 2025.

Supplemental Information on Related 2022–2025 Benchmarks²

[DHCS Medi-Cal Services](#) (2025):⁴²

- » Medical Nutrition Therapy —
 - Initial Assessment (97802): \$30.35-\$33.81 per 15 minutes
 - Re-Assessment and Intervention (97803): \$26.11 - \$29.47 per 15 minutes
 - Group Therapy (97804): \$13.91 - \$15.42 per 30 minutes

⁴² DHCS. Medi-Cal Rates. 2025. Available at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?page=1&tab=rates>. Accessed December 2025.

APPENDIX: 2021 NON-BINDING COMMUNITY SUPPORTS PRICING RESOURCE



Background on Community Supports

A key feature of California Advancing and Innovating Medi-Cal (CalAIM) is the introduction of a new menu of Community Supports, approved either as in lieu of services (ILOS) or under a Section 1115 demonstration. ILOS are medically appropriate and cost-effective alternatives to services covered under the State Plan.⁴³ The Department of Health Care Services (DHCS) has pre-approved a list of 14 Community Supports that managed care plans (MCPs) are strongly encouraged to offer. MCPs may offer some or all of these Community Supports starting on January 1, 2022. Based on California's experience with home and community-based care waivers, the Whole Person Care (WPC) Pilots, stakeholder input, and experiences elsewhere in the nation, these Community Supports are designed to be highly valuable to Members with some of the most complex health issues, including conditions caused or exacerbated by lack of food, housing or other social drivers of health. Consistent with federal regulations, the pre-approved ILOS are expected to be a cost-effective substitute for covered Medi-Cal benefits, such as hospital care, nursing facility care and emergency department (ED) use. For more detailed information on each of the Community Supports, see DHCS' Revised CalAIM Proposal, released on January 8, 2021, and the forthcoming Community Supports Policy Guide, to be posted online at [Enhanced Care Management & Community Supports](#).

Purpose of Community Supports Pricing Resource

Overview

The Cal-AIM initiative and, in particular, the introduction of the 14 pre-approved health-related Community Supports prompt MCPs to work and contract with a new set of "non-traditional" Providers that offer services and supports that historically have not been well integrated into the health care system. These Providers include, but are not limited to, housing service providers, home modification companies, sobering centers, and organizations that prepare and deliver medically supportive food and nutrition. While many MCPs and Community Support Providers have some experience working together, particularly in WPC Pilot counties, Cal-AIM is designed to encourage and support broader contracting and partnerships throughout the State. In recognition that this requires MCPs and Community Support Providers to engage in new contracting and payment relationships, DHCS has prepared this Community Supports Pricing Resource. It offers information on potential pricing benchmarks for each of the 14 pre-approved

⁴³ 42 CFR 438.3(e)(2).

Community Supports, including midpoint benchmarks, a range around the benchmarks, and a discussion of key cost drivers for MCPs and Community Support Providers to consider as they establish their own contracting and payment arrangements.

Critically, this pricing resource is designed to serve as a tool to support discussions regarding pricing; **it is in no way binding on MCPs or Community Supports**

Providers. MCPs and Community Supports Providers have full flexibility and discretion to agree to Community Supports rates that are different from those outlined in this document, particularly because the benchmarks in the pricing resource are based on data and assumptions that reflect the statewide average cost of inputs.

DHCS reserves the right to make modifications to the pricing resource on an as-needed basis based on experience with the Community Supports initiative and its evolution over time.

Variation on Midpoint Prices and Pricing Benchmark Ranges

In collaboration with Mercer, an actuarial firm, the midpoint service benchmarks and pricing benchmark ranges in this pricing resource were developed by DHCS based on a set of statewide assumptions and data from national and statewide sources; the methodology is described in more detail below. In general, the low, mid and high ends of the ranges reflect use of wage rates at the 25th, 50th and 75th percentiles of the statewide average wage rate for the relevant occupation, as well as caseload assumptions as reported by respondents in a statewide survey. Actual contracted Provider rates still may vary significantly from these illustrative benchmark ranges, and these ranges should not be interpreted as establishing a ceiling or floor on what may be reasonable for the provision of Community Supports. There are many reasons the rate agreed to between an MCP and Community Support Providers could fall outside of the pricing benchmark range presented in this pricing resource, including but not limited to:

- » **Variation in program structure, staffing ratios and facility size:** The pricing benchmark ranges and midpoint service benchmark for each of the Community Supports were developed based on statewide average data on key assumptions regarding how the service would be operationalized. In practice, Provider structure and staffing intensity, staff availability, and facility sizes could drive changes in caseloads and administrative expenses that would affect pricing even beyond the variation reflected in the pricing benchmark range.

- Caseload variation: A Community Supports Provider might determine it is necessary to adopt a lower caseload per staff member than was assumed for purposes of the pricing resource (e.g., if the Medi-Cal beneficiaries expected to receive the Community Support service have relatively intensive needs). This could result in a higher price, given that the time and costs of the staff member would need to be spread across fewer enrollees.

Caseload variation example

If a housing navigation coordinator salary is \$5,000 per month and they are providing a service to 35 enrollees within the month, the rate paid for that service per person per month must cover 1/35th of the \$5,000 monthly wage cost—i.e., ~\$143. However, if the direct care worker is able to effectively provide services to only 25 enrollees per month, the rate paid would need to cover 1/25th of the monthly wage cost—i.e., ~\$200.

- Facility size differences: Larger facility sizes could result in lower staffing costs, as a supervisor or other staff may be able to provide care to more enrollees within the same time period in a larger facility than in a smaller one.
- Actual employee-related expenses: The pricing resource assumes a consistent set of employer-paid taxes and benefits for all direct care workers, supervisors, program specialists, etc. Depending on the actual benefit levels paid by the employer, the benefit costs per employee could result in lower or higher workforce cost considerations and, thus, lower or higher prices.
- Variable program models and expertise: The pricing resource assumes a “basic model” for all Community Supports. Some programs may operate a specialized or intensive model—for example, a recuperative care program, short-term post hospitalization program, or sobering center that operates a specialty behavioral health model may have more costly/intensive staffing and facility costs relative to the “basic model.” Or, similarly, a medically tailored meals/medically supportive food program may include

appropriate incremental value added services, and therefore could be more intensive and have higher costs.

- Considerations for other workforce investments over time: Importantly, the [California Master Plan on Aging](#) and [California's HCBS Spending Plan](#) both recommend and anticipate increasing investments in the Home and Community-Based Services (HCBS) workforce, including training, upskilling and other professional development, which could affect reasonable prices for certain Community Supports that rely on this workforce.

» **Geographic variation:** The midpoint service benchmark and pricing benchmark ranges displayed in this pricing resource are based on average costs across the State of California. However, the costs of key service inputs vary widely by geographic area within the State. In particular, the cost of transportation and the amount of time spent in transit, “brick and mortar” costs, and wage costs can vary markedly by urban versus rural and/or high- versus low-cost areas even beyond what is captured in the pricing benchmark ranges. As MCP and Community Support Providers consider the implications of this geographic variation on negotiated Community Supports service rates, the following resources and examples may offer useful reference points.

- Labor/wage costs: The Bureau of Labor Statistics (BLS) provides [wage and employee-related expenses data](#) specific to metropolitan statistical areas (MSAs) and non-metropolitan areas within California. These data may be helpful for Providers and MCPs to consider when establishing payment rates. As the main cost driver for all the pre-approved Community Supports is direct care wages, this geographic variation in direct care wages may contribute to markedly different rates. The pricing benchmark ranges presented here capture some of the variation in wage costs by using the 25th and 75th percentile average wage in California for the lower and upper bound of the ranges, but, any given MCP and Provider still may find that the range does not encompass the appropriate wage rate for the Community Support in a particular community.
- Rent/brick-and-mortar costs: Square footage rental cost research specific to California metropolitan areas are publicly available from sources such as [Colliers](#) and [Avison Young; California's fair market rent \(FMR\) values](#), defined by the Department of Housing and Urban Development (HUD), also are readily available. Research related to rental costs for facility space identified large variability by geography. While this pricing resource used

the statewide average cost of \$4 per square foot for all services with a facility cost (inclusive of rent and utilities), this regional variability in brick-and-mortar costs may lead to the cost of a service falling outside the pricing benchmark range.

- Transportation costs: Although there are no national data sources that capture within-state variation in transportation costs, it is important to acknowledge that transportation costs may vary between rural and urban areas due to increased mileage between contacts for services. In some urban areas, transportation costs may be significantly affected by traffic congestion and the amount of time required for transportation.

» **Use of a value-based—rather than a cost-based—payment model:**

- While the prices in this resource are established using costs of providing the service, it could also be appropriate to reimburse some services based on the value, outcomes or portion of averted costs resulting from the services. In this case, rates may not be paid on a fee-for-service basis, or fees could be constructed differently to account for a broader value-based approach to service offerings.

» **History of payment strategies for WPC Pilots, which may offer in some places and circumstances an existing**

successful payment structure: Many of the pre-approved Community Supports were provided as part of WPC Pilots and/or HCBS waivers, which may offer in

Rent/brick-and-mortar variation examples

Rental costs for the Inland Empire area are less than \$2.25 per square foot, compared to nearly \$80 per square foot in the San Francisco area, so a 2,000-square-foot space in the Inland Empire area may cost \$4,500 per month compared to \$160,000 in San Francisco. If such a space allowed 15 individuals to receive support for 30 days, the facility cost would be \$10 per individual per day in the Inland Empire compared to nearly \$356 per individual per day in San Francisco.

The statewide average used in this guidance was \$4 per square foot, inclusive of rent and utilities. If this per-square-foot cost was increased to \$20, the assumed service rate and rate range for Short-Term Post Hospitalization Housing, for example, would increase by nearly 66%.

some places and circumstances an existing successful structure and payment strategy that may be a more natural and appropriate starting place for rate-setting discussions than the midpoint prices and benchmark ranges presented here. However, historical WPC Pilot costs may also include some cost drivers (e.g., capacity building) that are not appropriate to include in service rates. These cost drivers may be better addressed outside of the rates used to reimburse for the delivery of a particular service, such as through the funding available under the Enhanced Care Management (ECM)/Community Supports performance incentive program.

Methodology for Developing Pricing Resource

DHCS worked with its contracted actuary, Mercer, and contracted partner Manatt to review each Community Support definition, establish key pricing assumptions, and then develop a pricing benchmark range and midpoint for each Community Support. As described above, pricing benchmark ranges and midpoint service benchmarks, which were developed using statewide average cost inputs, are subject to geographic variation in the cost of rent, transportation, labor and other cost drivers. Additionally, more intensive or specialized service delivery models may increase costs relative to the “basic approach” that was modeled for this document. Additional resources for reference on the impact of such variation on prices are available above.

To develop the methodology for developing pricing benchmarks for specific services, DHCS and its partners relied on the following tools:

- » **Stakeholder engagement:** DHCS consulted with national, state and local experts—including health care providers and payers, community-based organizations, advocates, and finance experts—through various forums to inform the service definitions, caseload assumptions and other considerations relevant to this pricing resource. Strategies DHCS employed included:
 - Conducting robust stakeholder engagement to design the list of pre-approved Community Supports and refine service descriptions for each Community Support
 - Reviewing stakeholder feedback on the 2021 release of the Revised CalAIM Proposal related to Community Supports service definitions
 - Providing regular updates and engagement with MCPs and WPC counties
- » **Cost input survey:** DHCS released a structured survey in 2021 to stakeholders to gather data on pricing drivers for existing service offerings that are similar to

Community Supports. DHCS received more than 50 responses, which were then compiled and used to inform the development of the midpoint prices and underlying assumptions used in the pricing resource.

- » **Review of benchmark-setting approaches:** Mercer used the Center for Medicare & Medicaid (CMS) guidance on developing rates for HCBS and rate-setting strategies within California and other states to inform its methodology for developing midpoint service benchmarks and pricing benchmark ranges for the pre-approved services.
- » **Other market research on cost inputs:** Mercer reviewed typical costs for key rate inputs, such as salaries, employee-related expenses (EREs) and square footage expenses, from publicly available data sources. Sources include the following:
 - BLS wage and ERE data specific to the State of California for relevant occupations
 - Internal Revenue Service (IRS) data for applicable payroll taxes and mileage reimbursement rates
 - Square footage rental costs specific to California metropolitan areas, publicly available from sources such as Colliers and Avison Young
 - Social Security Administration for cost-of-living adjustment (COLA) information

When these resources offered benchmarks that varied by region within California, Mercer used the statewide average pricing benchmark as a representative midpoint approach for resource purposes. To create the benchmark pricing ranges, Mercer used the 25th and 75th percentile of statewide wages, as well as caseload assumptions as reported by respondents to the cost input survey. As noted above, individual MCPs and Community Support Providers may want to substitute region-specific rates and/or use other strategies to take into account geographic variation in costs.

- » **Benchmark analysis:** Mercer also reviewed payment rates used by Medi-Cal and other California programs that fund similar services for different populations or in different circumstances. Existing payment rates for Community Support-like services covered within the following programs were reviewed in the process of establishing the midpoint service benchmarks in the pricing resource:
 - 1915(c) HCBS Waiver for Californians with Developmental Disabilities
 - 1915(c) Home and Community-Based Alternatives Waiver

- Meals on Wheels programs across the State

Service Payment Approach and Methodology

For purposes of developing the pricing resource, DHCS divided the pre-approved Community Supports into three major types, each of which requires a different approach to establishing illustrative pricing benchmarks. Table 1 outlines the payment approaches used to develop midpoint pricing benchmarks for each of these three major groups of pre-approved Community Supports.

Table 1. Payment Approaches and Methodology for Determining Pricing Benchmarks

Payment Approach	Description	Methodology
Bundled Payments (per Person per Month (PMPM))	Single, distinct payment per Member or case payable each month a person is enrolled with a Provider (regardless of specific level of services or number of interactions provided to that person)	<ul style="list-style-type: none"> » Research benchmarks and market data for estimated total cost and utilization of a direct care worker or team providing services » Divide total cost by caseload to determine PMPM benchmark
Fee for Service (per Unit of Time, per Meal, etc.)	Single, distinct payment for a discrete good or defined length of time (e.g., per hour, per diem) or other unit (e.g., per meal)	<ul style="list-style-type: none"> » Research benchmarks and market standards for estimated cost and utilization where available » For services without benchmarks, calculate total cost of providing service based on various inputs (e.g., length of interaction, labor costs, staffing ratios)
Cost-Based Reimbursement Up to a Cap	A cap on the total amount of services/goods that will be reimbursed for a specified service or set of services	<ul style="list-style-type: none"> » Reflect a reasonable cap that meets policy objectives

Service Pricing Inputs for Benchmark Build-Ups

Where the pricing methodology relied on building up a pricing benchmark based on estimated market costs (i.e., bundled and fee-for-service rates), DHCS and Mercer used one or more of the following inputs. Not all inputs were relevant for all services. Note that the key assumptions are outlined in the service-specific sections below. These assumptions are based on research and not intended to serve as State-required minimums or maximums for purposes of service delivery.

- » **Labor:** Statewide average wages based generally on 25th-to-75th-percentile wages and EREs, according to BLS data for California
 - Wages for all assumed staff varied by anticipated occupation type for each service. These wages are summarized in each service section below.
 - The following ERE assumptions were used across all priced services unless noted otherwise:
 - Federal Insurance Contributions Act (FICA): 7.65% of wages
 - Federal Unemployment Tax Act (FUTA)/State Unemployment Tax Act (SUTA): \$280 per year
 - Retirement and workers' compensation: 4.45% of wages
 - Long Term Disability (LTD)/Short Term Disability (STD)/life insurance: 0.35% of wages
 - Employer-paid health care: \$498 per employee per month
 - Mileage reimbursement rate: \$0.56 per mile
- » **Staffing ratios:** Caseload estimates based on market research and survey responses
- » **Non-billable personnel time:** Time spent on paid time off, training, travel and documentation time
- » **Transportation:** Time and mileage for service providers, where appropriate
- » **Program supplies:** Cost of program materials (e.g., food) and other supplies/facility expenses (e.g., rent for facility-based services)
- » **Indirect costs:** Administrative staff costs and overhead allocations

Summary of Community Support Pricing Resource Components

This document includes the service name, unit of service, a pricing benchmark range and corresponding midpoint service benchmark, a high-level service definition, and eligibility criteria for each Community Support. Full service definitions available in [Appendix J in the Revised CalAIM Proposal](#) provide additional detail on each pre-approved Community Support, including eligibility criteria. This guidance document also describes the major “cost drivers” that help determine the midpoint service benchmark and ranges.

Service-specific pricing resource: For each of the 14 pre-approved Community Supports, this document provides:

- » **High-level service description and eligibility criteria:** Summary of what the service is and who is eligible to receive it.
- » **Midpoint service benchmark:** An average midpoint benchmark based on a set of assumptions that drive service costs (as detailed below). Midpoint benchmarks are non-binding and do not reflect a service rate floor or ceiling. Rather, midpoint benchmarks represent one data point that MCPs and Community Support Providers can reference when negotiating service rates for the provision of Community Supports. Some Community Supports are subject to a limit or “cap” on the total amount that may be spent per Member on that particular service (e.g., Environmental Modifications) as defined by the community supports service definitions. These capped amounts are referenced in the pricing resource where applicable.
- » **Pricing benchmark range:** In addition to the average midpoint benchmark, this document also provides a range of pricing benchmarks to consider. These ranges are based on the 25th-to-75th percentile statewide BLS wage data research, and where appropriate, on caseload ranges provided via the cost input survey. Actual contracted Provider rates may vary significantly from these illustrative pricing benchmark ranges, and they should not be interpreted as a ceiling or floor on reasonable prices. In particular, these statewide average data points do not reflect full regional variability in wages, nor regional variability in brick-and-mortar or transportation costs. As a result, it may be important to consider prices outside of the ranges presented here.
- » **Pricing unit and Healthcare Common Procedure Coding System (HCPCS) codes:** Proposal for how the service could be paid for (e.g., PMPM payment, reimbursement up to a cap) and the HCPCS codes associated with each service

that will be used to generate encounters. Notably, HCPCS codes may differ from how a Community Support is billed.

- » **Direct cost drivers and assumptions:** Summary of assumptions made on key components of cost that generated the midpoint Community Support service benchmark. Cost drivers include:
- Frequency (if applicable): How often a service is provided to the Member (will not be applicable for some Community Supports)
 - Duration (if applicable): How long a service lasts (will not be applicable for some Community Supports)
 - Setting: Where the Community Support is provided to a Member (e.g., in a home, in an office setting)
 - Provider staffing (qualifications, salaries, caseloads): Who is providing the Community Support, what their qualifications are, and what the caseload or the ratio of staff to Members served is
 - Other pricing inputs: Other relevant drivers of pricing (e.g., transportation-related time and mileage for service providers, as appropriate)
 - Relevant benchmarks (if applicable): Other similar services provided in other programs/initiatives that helped inform the midpoint pricing benchmark of this service

Across all pre-approved Community Supports, DHCS also considered the indirect costs that affect pricing benchmarks, including administrative staff costs, overhead allocations, non-billable personnel time (e.g., training, time spent on paid time off) and program supplies. Indirect costs were based on review of the administrative considerations within other programs in California and generally accepted CMS limits. Broader capacity-building funding (such as IT investments) are not reflected in these benchmarks but could be supported through other funding streams such as performance incentives.

Summary table of midpoint Community Support service benchmarks and pricing units: The resource document includes a summary table with each of the Community Supports, their pricing benchmark ranges, midpoint service benchmarks and unit of pricing.

1. Housing Transition Navigation Service

High-level pricing approach: The pricing considers a housing care manager with a college degree providing services face-to-face in an office as well as in the community and via phone/other technology to a midpoint caseload of 1:35 individuals concurrently. The caseload range in the available research and based on stakeholder input varies from 1:20 to 1:50 individuals concurrently. Pricing also includes 1 housing specialist per 6 housing care managers and 1 supervisor per 10 housing care managers. The caseloads also reflect time spent on behalf of enrollees, such as coordination with landlords or housing research.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$386	\$324–\$449	PMPM	H0043, H2016 (Modifier U6 for both)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	As needed
Setting	In-Person/Telephone/Video
Provider Staffing Qualifications and Hourly Salaries	Housing Care Manager (bachelor's degree or higher): \$34.62 Supervisor (bachelor's degree or higher): \$37.42 Housing Specialist (high school diploma or higher): \$34.29

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Staffing Ratio/Caseload	1 Housing Care Manager: 20 to 50 Enrollees 1 Supervisor: 10 Housing Care Managers 1 Housing Specialist: 6 Housing Care Managers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, paid time off (PTO) 25 days/year Transportation: 10 miles/day Indirect Expenses: 5% program costs, 10% administration
Relevant Benchmarks (if applicable)	1915(c) HCBS Waiver for Californians with Developmental Disabilities: » Housing Access Services per hour: \$65.00

2. Housing Deposits

High-level pricing approach: MCPs and Providers may want to consider California's FMR values defined by HUD (<https://www.huduser.gov/portal/datasets/fmr.html>) when establishing appropriate payment levels for this service. Per the service definition, both first and last month's rent could be considered under this service, as well as utility setup fees and goods and services needed for the individual's initial move-in. Therefore, the following payment structure may be considered:

- » Two times the FMR value as established under HUD, which would represent first and last month's rent + \$1,000 for discrete moving costs/initial utilities⁴⁴

⁴⁴ HUD's Housing Choice Voucher program also uses a 90% to 110% of the FMR to determine rental payment standards. The user of the voucher must also contribute 30% of the costs towards the voucher.
https://www.hud.gov/sites/dfiles/PIH/documents/HCV_Guidebook_Payment_Standards.pdf

Service Benchmark

Midpoint Service Benchmark	Unit of Service	HCPCS Billing Code
\$5,000 recommended maximum	Recommended maximum	H0044 (U2 Modifier)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	Once per lifetime
Duration (if applicable)	Until \$5,000 recommended maximum is reached
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	N/A
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	N/A
Relevant Benchmarks (if applicable)	Consistent with HCBS waiver limits

3. Housing Tenancy and Sustaining Service

High-level pricing approach: The pricing considers a housing care manager with a college degree providing services face-to-face in an office as well as in the community and via phone/other technology to a total caseload of 25 individuals concurrently. The caseload range in the available research and based on stakeholder input varies from 1:20 to 1:30 individuals concurrently. Pricing also includes 1 supervisor per 10 housing care managers. The caseloads also reflect time spent on behalf of enrollees when not directly engaging with them, such as coordination with landlords or housing research.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$444	\$413–\$475	PMPM	T2040, T2041 (Modifier U6 for both)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	As needed
Setting	In-Person/Telephone/Video
Provider Staffing Qualifications and Hourly Salaries	Housing Care Manager (bachelor's degree or higher): \$34.62 Supervisor (bachelor's degree or higher): \$37.42
Staffing Ratio/Caseload	1 Housing Care Manager: 20 to 30 Enrollees 1 Supervisor: 10 Housing Care Managers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Transportation: 30 miles/day Indirect Expenses: 5% program costs, 10% administration
Relevant Benchmarks (if applicable)	

4. Short-Term Post-Hospitalization Housing

High-level pricing approach: The pricing considers a direct care worker available 24 hours per day who provides monitoring/support to a facility of 15 to 30 beds. The pricing includes a supervisor in a 1:10 staffing ratio and additional support professionals as needed (e.g., staff on call to address behavioral health needs). The pricing also considers square footage costs and utility costs for a Provider-maintained facility along with food costs for the residents. Costs for Medicaid covered services (e.g., pharmacy costs) are excluded from the pricing resource for this service.

Based on the survey information and Provider feedback, alternative service locations, with similar levels of on-site care, are allowable settings for short-term post-hospitalization housing, which would influence the service costs. Additionally, as discussed in a prior section, the size of the facility and number of assumed beds per direct care worker impact total benchmark levels, where larger facilities tend to lower the benchmark.

DHCS acknowledges that variation in staffing models from the assumptions below are possible, resulting in different costs and therefore prices. For example, some short-term post-hospitalization programs may operate a specialized or intensive model (e.g., a program focused on addressing opioid addiction) with higher staff and facility costs relative to those modeled below, while others may utilize a less intensive staffing model (e.g., on call clinical staff instead of onsite clinical staff) and so may have lower staff/facility costs relative to those modeled below.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$108	\$97–\$119	Per Diem	H0044 (Modifier U3)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	Once per lifetime
Duration (if applicable)	Not to exceed a duration of six months
Setting	In-Person

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (high school diploma or higher with training/certification): \$22.43 Psychiatric Professional (bachelor's degree or higher): \$30.77 Supervisor (bachelor's degree or higher): \$37.42
Staffing Ratio/Caseload	1 Direct Care Worker: 15 to 30 Residents 1 Psychiatric Professional: 6 Direct Care Workers 1 Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Indirect Expenses: 5% program costs, 10% administration Facility Costs and Utilities: 100 square feet per enrollee and 400 square feet in common/staff space at \$4.00 per square foot Daily Food and Supply Costs: \$25 per day per resident
Relevant Benchmarks (if applicable)	

5. Recuperative Care (Medical Respite)

High-level pricing approach: The recuperative care service is more medical and intensive than the short-term post-hospitalization service; thus, the pricing assumes more highly trained staff and the need for lower caseloads. The pricing considers medically trained direct care workers providing 24 hours per day of monitoring/support to a facility of 10 to 20 beds. The pricing also includes a supervisor in a 1:10 staffing ratio and an available psychiatric professional. The pricing considers square footage costs and utility costs for a Provider-maintained facility along with food costs for the

residents. Costs for Medicaid covered services (e.g., pharmacy costs) are excluded from the pricing resource for this service. Additionally, as discussed in a prior section, the size of the facility and assumed beds per direct care worker impact total benchmark levels, where larger facilities tend to lower the modeled benchmark. DHCS also acknowledges that variation in staffing models from the assumptions below are possible, resulting in different costs and therefore prices. For example, some recuperative care programs may operate a specialized or intensive model with higher staff and facility costs relative to those modeled below, while others may utilize a less intensive staffing model (e.g., on call clinical staff instead of onsite clinical staff) and so may have lower staff/facility costs relative to those modeled below.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$204	\$181–\$226	Per Diem	T1002, T2033 (Modifier U6 for both)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	No more than 90 days in continuous duration
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (bachelor's degree or higher): \$44.55 Psychiatric Professional (bachelor's degree or higher): \$30.77 Supervisor (bachelor's degree or higher): \$47.84

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Staffing Ratio/Caseload	1 Direct Care Worker: 10 to 20 Residents 1 Psychiatric Professional: 4 Direct Care Workers 1 Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Indirect Expenses: 5% program costs, 10% administration Facility Costs and Utilities: 100 square feet per enrollee and 400 square feet in common/staff space at \$4.00 per square foot Daily Food and Supply Costs: \$25 per day per resident
Relevant Benchmarks (if applicable)	

6. Respite Services

High-level pricing approach: This service provides short-term relief to an enrollee's usual caregiver on an as-needed basis. Respite services are non-medical and may be provided within the enrollee's home or in a facility setting. Pricing assumes use of an agency model, and as such, assumes a supervisor at a ratio of 1 to 10 direct care workers and also includes consideration for all EREs and benefits (e.g., employer-paid health care, retirement, disability insurance) for the direct care worker and supervisor, administrative cost considerations, and a travel allowance of 30 miles per day for the direct care worker. Facility-based respite in an institutional setting may lead to total benchmark and cost variability compared to these assumptions. Additionally, this service is well established in California's Medicaid program, so other comparable programs may serve as benchmarks in determining appropriate funding levels.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$33	\$29–\$38	Hourly	H0045, S5151, S9125

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	As needed
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (High School diploma/on-the-job training): \$15 Supervisor (HS Diploma or higher): \$21.95
Staffing Ratio/Caseload	1 Direct Care Worker: 1 Enrollee 1 Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Transportation: 30 miles/day Indirect Expenses: 5% program costs, 10% administration All standard ERE components included
Relevant Benchmarks (if applicable)	1915(c) Home and Community-Based Alternatives Waiver: Home Respite: \$5.91 per 15-minute unit

7. Day Habilitation Programs

High-level pricing approach: The pricing considers a high school-educated direct care worker employed by a Day Habilitation Provider or agency delivering this service face-to-face in the community to 6 individuals concurrently. Pricing also includes 1 supervisor per 10 direct care workers. The per diem benchmark assumes 8 hours of continuous service being provided. As discussed in a prior section, payment for smaller group sizes (i.e., less than 6) and training/certification may require higher payment than illustrated. Additionally, daily rates with shorter assumed durations than 8 hours may require lower payment rates than illustrated.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$56 per day	\$46–\$67	Per Diem	T2012, T2014, T2018, T2020, H2014, H2024, H2026 (Modifier U6 for all)
\$7 per hour	\$6–\$8	Hourly	

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (HS Diploma/On-the-Job Training): \$21.95 Supervisor (HS Diploma/On-the-Job Training): \$24.21
Staffing Ratio/Caseload	1 Direct Care Worker: 6 Enrollees 1 Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
	Transportation: 10 miles/day Indirect Expenses: 5% program costs, 10% administration
Relevant Benchmarks (if applicable)	1915(c) HCBS Waiver for Californians with Developmental Disabilities: » Community-based Day Program per diem: \$64.05

8. Nursing Facility Transition/Diversion to Assisted Living Facilities, Such as Residential Care Facilities for Elderly and Adult Residential Facilities

High-level pricing approach: This service has two components: transition services to the Assisted Living Facility, and other services provided in the facility as needed to meet Member needs on an ongoing basis. These components are priced separately below, but could be combined in a single rate as appropriate.

The pricing for the transition services below considers a social worker with a college degree working as a care manager providing transition education and support services face-to-face in the community and via phone/other technology to a total caseload of 25 individuals concurrently. The caseload range in the available research and based on stakeholder input varies from 1:20 to 1:30 individuals concurrently. Pricing also includes one supervisor (nurse) per 10 care managers.

The pricing for the ongoing services is separately noted below in the “Ongoing Support for ADLs/IADLs” column of the table. These ongoing activities should be consistent with the service definition, and as such can include assistance with Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs) as needed, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment. Note that the service definition also anticipates 24-hour on-site staff will be available to meet unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security. Ongoing activities may also include coordination with the Medi-Cal managed care plan to ensure that the needs of Members who need enhanced services to be safely and stably housed in

RCFE/ARF settings have in lieu of services and/or enhanced care management services that provide the necessary enhanced services. Room and board expenses are not included in the service definition or the pricing below. The hourly benchmark below for ongoing support services, which assumes an agency-based model and was developed using the same assumptions and methodology as the respite services midpoint service benchmark, is illustrative and may support MCPs and Community Support Providers in determining reasonable reimbursement for this ongoing assistance, but it is not binding. MCPs and Community Support Providers are permitted to utilize different payment approaches to cover the ongoing services described above (i.e., not an hourly rate) that meet the unique needs of their localities. Other payment approaches may include, for example, PMPM or per diem payments. The Assisted Living Waiver [rate schedule](#) may also be a relevant benchmark for ongoing services.

Service Benchmark

Service Component	Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPSC Billing Code
Nursing Facility Transition/Diversion (PMPM)	\$459	\$422–\$496	PMPM	T2038 (Modifier U4)
Ongoing Support Services (hourly)	\$33	\$29–\$38	Per Hour	N/A

Cost Drivers and Assumptions: Nursing Facility Transition PMPM

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	Primarily In-Person; some services may be completed via telephone
Provider Staffing Qualifications and Hourly Salaries	Care Manager (bachelor's degree or higher): \$36.51 Supervisor (nurse): \$44.55

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Staffing Ratio/Caseload	1 Care Manager: 20 to 30 Enrollees 1 Supervisor: 10 Care Managers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Transportation: 10 miles/day Indirect Expenses: 5% program costs, 10% administration
Relevant Benchmarks (if applicable)	

Cost Drivers and Assumptions: Ongoing Support Services

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (HS Diploma/On-the-Job Training): \$15 Supervisor (HS Diploma or higher): \$21.95
Staffing Ratio/Caseload	1 Direct Care Worker: 1 Enrollee 1 Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Transportation: 30 miles/day Indirect Expenses: 5% program costs, 10% administration All Standard ERE components included. Consideration for ERE and indirect expenses varies widely by county.

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Relevant Benchmarks (if applicable)	<p>1915(c) HCBS Waiver for Californians with Developmental Disabilities:</p> <ul style="list-style-type: none"> » Homemaker: \$16.71 per hour unit » Home Health Aide: \$23.63 per hour unit <p>The Assisted Living Waiver rate schedule may also be a relevant benchmark for ongoing services.</p>

9. Community Transition Services/Nursing Facility Transition to a Home

High-level pricing approach: The pricing considers a social worker with a college degree working as a care manager providing transition education and support services face-to-face in the home and via phone/other technology to a total caseload of 25 individuals concurrently. The caseload range in the available research and based on stakeholder input varies from 1:20 to 1:30 individuals concurrently. Pricing also includes 1 supervisor (nurse) per 10 care managers.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$459	\$422–\$496	PMPM	T2038 (Modifier U5)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	Lifetime maximum of \$7,500 (consistent with caps available under HCBS programs)

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Setting	In-Person/Telephone
Provider Staffing Qualifications and Hourly Salaries	Care Manager (bachelor's degree or higher): \$36.51 Supervisor (nurse): \$44.55
Staffing Ratio/Caseload	1 Care Manager: 20 to 30 Enrollees 1 Supervisor: 10 Care Managers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Transportation: 10 miles/day Indirect Expenses: 5% program costs, 10% administration
Relevant Benchmarks (if applicable)	

10. Environmental Accessibility Adaptations (Home Modifications)

High-level pricing approach: The cap for this service is aligned with current spending caps in place within California's HCBS waiver programs to promote consistency between programs and services and in preparation for offering successful Community Supports as a statewide benefit in future years. Note that there is a requirement within the service definition that at least two bids from appropriate Providers must be obtained for each requested service or set of services.

Service Benchmark

Service Benchmark	Unit of Service	HCPCS Billing Code
\$7,500 Cap	Cap	S5165 (Modifier U6)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	Once per Lifetime
Duration (if applicable)	Lifetime maximum of \$7,500 (consistent with caps available under HCBS programs)
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	N/A
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	Service definition notes a requirement of at least two bids from appropriate Providers of the requested service
Relevant Benchmarks (if applicable)	Consistent with HCBS waiver limits

11. Medically Tailored Meals/Medically Supportive Food

11a. Meals and Grocery Boxes

High-level pricing approach: The pricing considers weekly food costs per the United States Department of Agriculture (USDA) and the average delivery costs associated with transporting meals and/or food boxes in the U.S.

DHCS acknowledges that variation in program designs and staffing models from the assumptions below are possible, resulting in different costs and therefore prices. For example, some medically tailored meals/medically supportive food programs may include appropriate incremental value added services that offer a more specialized or intensive model, with higher staff and facility costs relative to those modeled below, while others may utilize a less intensive staffing model and so may have lower staff/facility costs relative to those modeled below.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$9.50	\$7–\$12	Per Delivered Meal	S5170 (Modifier U6)
\$66	\$52–\$81	Per Weekly Grocery Box Delivered	S9977 (Modifier U6)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	Up to 3 delivered meals per day/delivered groceries for up to 3 meals per day
Duration (if applicable)	As needed for up to 12 weeks
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	Dietician (associate degree or higher): \$29.34
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	<p>Food Costs: \$58.40 per week for food box (based on USDA weekly food costs)</p> <p>Delivery: \$7.50 per weekly box</p> <p>Pricing also considers administrative costs associated with ongoing meal planning</p>
Relevant Benchmarks (if applicable)	<p>1915(c) HCBS Waiver for Californians with Developmental Disabilities:</p> <ul style="list-style-type: none"> » Nutritional Consultation per hour: \$42.50 <p>Meals on Wheels West Los Angeles</p> <ul style="list-style-type: none"> » \$7.00 per meal

11b. Nutrition Assessment

High-level pricing approach: The nutritional assessment assumes a session provided to only one person at a time from a registered dietitian. Consistent with the service definition, nutritional assessment should be based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and side effects to ensure the best possible nutrition-related health outcomes. The nutritional assessment will inform the ongoing menu-planning for the Member.

DHCS acknowledges that variation in program designs and staffing models from the assumptions below are possible, resulting in different costs and therefore prices. In addition, assessments and reassessments with a registered dietitian may require more or less time. Pricing could consider units that are in 15-minute or 30-minute increments to allow for flexibility in billing.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
Guidance Forthcoming	Benchmark Information Forthcoming	Per Nutritional Assessment	S9470 (Modifier U6)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As needed
Duration (if applicable)	N/A
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	Dietician (associate degree or higher): \$29.34
Staffing Ratio/Caseload	
Other Pricing Inputs	

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Relevant Benchmarks (if applicable)	1915(c) HCBS Waiver for Californians with Developmental Disabilities: <ul style="list-style-type: none"> » Nutritional Consultation per hour: \$42.50

12. Sobering Centers

High-level pricing approach: The pricing considers around-the-clock support from a team of staff in various staffing ratios (see Provider staffing and qualifications section of the table below). The pricing assumes this team would staff a facility size of 12 to 16 beds and also considers square footage costs for a Provider-maintained facility and food costs for the residents. Costs for Medicaid covered services (e.g., pharmacy costs) are excluded from the pricing resource for this service. Additionally, as discussed in a prior section, the size of the facility and assumed beds per direct care worker impact total benchmark levels, where larger facilities tend to lower the modeled benchmark.

DHCS acknowledges that variation in staffing models from the assumptions below are possible, resulting in different costs and therefore prices. For example, some sobering centers may operate a specialized or intensive model (e.g., a sobering center focused on addressing behavioral health crises) with higher staff and facility costs relative to those modeled below, while others may utilize a less intensive staffing model (e.g., on call clinical staff instead of onsite clinical staff) and so may have lower staff/facility costs relative to those modeled below.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$170	\$154–\$186	Per Diem	H0014 (Modifier U6)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	<p>Direct Care Worker (bachelor's degree or higher): \$29.47</p> <p>Licensed Practical Nurse (bachelor's degree or higher): \$30.85</p> <p>Supervisor (bachelor's degree or higher): \$37.42</p>
Staffing Ratio/Caseload	<p>1 Direct Care Worker: 12 to 16 Enrollees</p> <p>1 Licensed Practical Nurse: 3 Direct Care Workers</p> <p>1 Supervisor: 10 Direct Care Workers</p>
Other Pricing Inputs	<p>Non-Billable Time: Training 40 hours/year, PTO 25 days/year</p> <p>Indirect Expenses: 5% program costs, 10% administration</p> <p>Facility Costs and Utilities: 100 square feet per enrollee and 400 square feet in common/staff space at \$4.00 per square foot</p> <p>Daily Food and Supply Costs: \$25 per day per resident</p>
Relevant Benchmarks (if applicable)	

13. Personal Care Services

High-Level Pricing Approach: The pricing considers a high school-educated direct care worker or a direct care worker with on-the-job training providing one-on-one assistance with activities of daily living in the enrollee's home or in the community.

Different training/certification expectations will affect the pricing. The pricing is for an agency model which assumes a supervisor at a ratio of 1 to 10 direct care workers, and also includes consideration for all employee-related expenses and benefits (e.g., employer-paid healthcare, retirement, disability insurance) for the direct care worker and supervisor, agency administrative cost considerations, and a travel allowance of 30 miles per day for the direct care worker.

Service Benchmark

Midpoint Service Benchmark	Pricing Benchmark Range	Unit of Service	HCPCS Billing Code
\$33	\$29 - \$38	Hourly – Agency Model	S5130, T1019

Cost Drivers and Assumptions:

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	As Needed
Duration (if applicable)	As Needed
Setting	In-Person
Provider Staffing Qualifications and Hourly Salaries	Direct Care Worker (HS Diploma/On-the-Job Training): \$15 Supervisor (HS Diploma or higher): \$21.95
Staffing Ratio / Case Load	1 Direct Care Worker: 1 Enrollee 1 Supervisor: 10 Direct Care Workers
Other Pricing Inputs	Non-Billable Time: Training 40 hours/year, PTO 25 days/year Transportation: 30 miles/day Indirect Expenses: 5% program costs, 10% administration All Standard ERE components included

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Relevant Benchmarks (if applicable)	<p>1915(c) HCBS Waiver for Californians with Developmental Disabilities:</p> <ul style="list-style-type: none"> » Homemaker \$16.71 per hour unit » Home Health Aide \$23.63 per hour unit Department of Social Services In-Home Supportive Services Program (https://www.cdss.ca.gov/inforesources/ihss): » Rates differ by county, but the average rate is \$14.64 prior to any consideration for ERE or indirect expenses » Consideration for ERE and indirect expenses varies widely by county

14. Asthma Remediation

High-level pricing approach: The cap for this service is aligned with current spending caps in place within California’s HCBS waiver programs to promote consistency between programs and services and in preparation for offering successful Community Supports as a statewide benefit in future years.

Service Benchmark

Service Benchmark	Unit of Service	HCPCS Billing Code
\$7,500 Cap	Cap	S5165 (Modifier U5)

Cost Drivers and Assumptions

Assumptions Informing Midpoint Service Benchmark	
Cost Drivers	Assumptions
Frequency (if applicable)	Once per Lifetime
Duration (if applicable)	Lifetime maximum of \$7,500 (consistent with caps available under HCBS programs)
Setting	N/A
Provider Staffing Qualifications and Hourly Salaries	N/A
Staffing Ratio/Caseload	N/A
Other Pricing Inputs	N/A
Relevant Benchmarks (if applicable)	Consistent with HCBS waiver limits

Summary of Midpoint Service Benchmarks and Pricing Benchmark Ranges

Note: The Community Supports Pricing Resource is in no way binding on MCPs or Community Supports Providers. MCPs and Community Support Providers have full flexibility and discretion to agree to Community Support rates that are different than the benchmarks outlined in the table, and in some circumstances, it may be appropriate to select a price outside of the range. Pricing benchmark ranges and midpoint benchmark prices were developed using statewide average cost inputs, and may not fully capture geographic variation in the cost of rent, transportation, labor, and other cost drivers.

#	Service Name	Unit of Service	Midpoint Service Benchmark	Pricing Benchmark Range
1	Housing Transition Navigation Services	PMPM	\$386	\$324–\$449
2	Housing Deposits	Recommended Maximum	\$5,000	N/A
3	Housing Tenancy and Sustaining Service	PMPM	\$444	\$413–\$475
4	Short-Term Post-Hospitalization Housing	Per Diem	\$108	\$97–\$119
5	Recuperative Care (Medical Respite)	Per Diem	\$204	\$181–\$226
6	Respite Services (assumes agency model)	Hourly	Agency Model: \$33	Agency: \$29–\$38
7	Day Habilitation Programs	Hourly Per Diem	\$7 Per Hour \$56 Per Day	\$6–\$8 Per Hour \$46–\$67 Per Day
8	Nursing Facility Transition/Diversion to Assisted Living Facilities,	PMPM for Nursing Facility Transition	\$459 Agency Model \$33	\$422–\$496 Agency: \$29–\$38

#	Service Name	Unit of Service	Midpoint Service Benchmark	Pricing Benchmark Range
	such as Residential Care Facilities for Elderly and Adult Residential Facilities	Per Hour for Ongoing Support Services		
9	Community Transition Services/Nursing Facility Transition to a Home	PMPM	\$459	\$422–\$496
10	Environmental Accessibility Adaptations (Home Modifications)	Cap	\$7,500	N/A
11a	Medically Tailored Meals/Medically Supportive Food	Per Meal Per Weekly Grocery Box	\$9.50 Per Meal \$66 Per Grocery Box	\$7–\$12 Per Meal \$52–\$81 Per Grocery Box
11b	Nutritional Assessment	Per Nutritional Assessment	Benchmark Information Forthcoming	Benchmark Information Forthcoming
12	Sobering Centers	Per Diem	\$170	\$154–\$186
13	Personal Care and Homemaker Services	Hourly	Agency Model: \$33	Agency: \$29 - \$38
14	Asthma Remediation	Cap	\$7,500	N/A