

BOSTON CONSORTIUM REQUEST FOR PROPOSALS 2025

ATTACHMENT D

SERVICE RATES

The following rates are set by the Division of Health Care Finance and Policy:

Adult Day Health:

Basic Level: \$106.32/day

Complex Level: \$136.72/day

Home Health Aide:

\$40.72/hr

Complex Care Training & Oversight (formally Skilled Nursing):

\$107.88/visit

Skilled Nursing/Med Admin

\$66.53/visit

Physical Therapy:

\$94.05/visit

Home Safety/Independence Evaluations (formally Occupational Therapy):

\$97.06/visit

Speech Therapy:

\$99.55/visit

Respite in a Nursing Facility:

Provider specific MMQ rates

PERS/PERS Cellular – monthly service:

\$20.00/month

The following program specific rates are set by the Executive Office of Elder Affairs:

Enhanced PERS: Negotiated add-on to PERS rate

Transportation rates are established by local municipalities (meter rates for taxi service) and/or are negotiated.

Unless otherwise noted, all of the above rates are NOT subject to negotiation, and completion of the following section of Attachment D is not required by the bidder for those services. The Executive Office of Elder Affairs recommends that ASAPs pay the average MMQ rate for Respite in a Nursing Facility.

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SERVICE RATES

COMPLETE FOR EACH SERVICE RESPONDENT IS REQUESTING TO PROVIDE

Provider Name: _____
Service Type: _____

Non-Homemaker

SERVICE(S)	RATE	PER UNIT (Hour, Meal, etc.)

A completed copy of this page must be signed by both parties, attached to the Provider Agreement, and kept on file at the ASAP.

_____ Provider Authorized Signature Date	_____ Printed Name Title
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_____ ASAP Authorized Signature Date	_____ Printed Name Title
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