

# Missouri Department of Health and Senior Services: Rate Study for 1915(c) Waiver and Select State Plan Services

January 13, 2025

The State of Missouri (State) Department of Health and Senior Services (DHSS) contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to perform a rate study on various Medicaid 1915(c) waiver and State Plan services. The two key goals of the study included: 1) complying with the Centers for Medicare & Medicaid Services (CMS) requirement to formally review 1915(c) waiver rates at least once every five years and 2) understanding whether the fee schedule rates being paid to providers were reasonable and appropriate given current market conditions. The following document provides a summary of the analysis conducted and outlines the results of the rate study.

## Background

DHSS and the Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) work closely with CMS to administer federal programs that provide home and community-based services (HCBS) to seniors, individuals with disabilities, and other Missourians with special health care needs. By offering these services, DHSS aims to establish and maintain a community-based system of care and meet each individual's support needs. Under the guidance of MHD, the two DHSS divisions involved in this rate study included the Division of Senior and Disability Services (DSDS) and the Division of Community and Public Health (DCPH). Each of these divisions performs various functions, one of which is to oversee the delivery of community-based services for specific Missouri populations and programs.

DSDS administers Medicaid State Plan personal care, the Healthy Children and Youth (HCY) program, and six 1915(c) waivers that provide HCBS to seniors and individuals with disabilities. The waivers administered by DSDS include the Aged and Disabled Waiver (ADW), Adult Day Care Waiver (ADCW), Brain Injury Waiver (BIW), Independent Living Waiver (ILW), Structured Family Caregiving Waiver, and Medically Fragile Adult Waiver (MFAW). DCPH administers the AIDS Waiver. Through these HCBS, DHSS offers an array of services to support each individual. In some cases, the waivers offer additional units of service to an individual whose service limits have been met within the State Plan.

To ensure ongoing federal funding, CMS expects states to review provider payment rates at least once every five years. Given roughly five years had passed since the prior rate study, DHSS requested that Mercer conduct a subsequent rate study for all services in Table 1.

**Table 1: Service Summary**

Service Type	DHSS Services Included in the Rate Study <sup>1</sup>
Basic In-Home Services	In-Home Respite, Homemaker, Chore, Attendant Care, Personal Care
Advanced In-Home Services	Advanced Respite, Advanced Personal Care
Nursing	Authorized Nurse Visits and Private Duty Nursing (PDN)
Consumer Directed Services	Consumer Directed Personal Care
Other Services	Adult Day Services, Home Delivered Meals, Case Management, Financial Management Services
Professional Services	Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), Applied Behavior Analysis (ABA), Cognitive Rehabilitation Therapy, Neuropsychological Evaluation

The majority of the services included in the study are delivered through the agency model by agency-based providers. However, there are two services, State Plan Personal Care and Waiver Personal Care, that can be delivered via the consumer directed services (CDS) model. Under the CDS model, the individual has more choice, control, and authority over their supports due to their ability to hire, train, and schedule their personal care attendants (PCAs) (i.e., the individual is the employer of the PCA).

## Project Overview

Mercer initiated the rate study in May 2024 and completed the analysis and modeling work in November 2024. Over the course of the project, Mercer met weekly with DHSS to ensure alignment of the rate study process with DHSS's expectations for service delivery. DHSS and Mercer also shared information with stakeholders at various times during the course of the project and collected their feedback. The key mechanisms used to involve stakeholders included:

- Review of provider-specific data from Year 2 National Core Indicators — Aging and Disabilities (NCI-AD) Survey and CDS Operational Survey related to direct service worker (DSW) and PCA workforce issues, wages, and other service delivery issues (DHSS collected this data in late 2023 and early 2024)

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<sup>1</sup> Note that Personal Care, Advanced Personal Care, and Authorized Nurse Visits can be provided in an individual's home or in a Residential Care Facility (RCF) or Assisted Living Facility (ALF).

- Initiation of a survey to Area Agencies on Aging in July 2024 to collect provider-specific cost data on the Home Delivered Meals service and collect other data related to service delivery
- Facilitation of a virtual stakeholder meeting on August 7, 2024<sup>2</sup> to explain the rate study process, share market data for wages and employee-related expenses (ERE), answer questions, and collect feedback on the information presented
- Collection of written feedback after the August 7, 2024 stakeholder meeting and development of a question and answer document
- Initiation of a survey in August 2024 to providers of PDN and Authorized Nurse Visit services to collect data on specific cost components
- Facilitation of a second virtual stakeholder meeting on October 16, 2024<sup>3</sup> to summarize the feedback collected after the August 7, 2024 meeting, share additional rate study assumptions, present modeled rate ranges for each service, answer questions, and collect stakeholder feedback on the information presented
- Collection of written feedback after the October 16, 2024 stakeholder meeting and development of a question and answer document

## Key Process Steps

The rate study process involved several key steps. First, Mercer obtained and reviewed relevant service definitions, provider qualifications, and staffing requirements to ensure a clear understanding of each service. To synthesize this information, Mercer developed the detailed service summary in Appendix A, discussed it with DHSS, and used this to guide future rate modeling steps. Next, Mercer identified and considered the following key cost components incurred by providers to deliver each service:

- Wages and overtime costs for DSW, PCA, and other program staff
- ERE (e.g., health insurance, other employee benefits, employer taxes) for DSW, PCA, and other program staff
- Productivity (i.e., paid time off [PTO], staff training time, other non-billable staff time)
- Other service-related costs (e.g., supplies, mileage costs associated with transportation integral to a service, electronic visit verification [EVV] system costs)
- Administration/overhead

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<sup>2</sup> Slide deck available at: <https://health.mo.gov/seniors/hcbs/pdf/07-24-02-dhss-aug-meeting-slides.pdf>

<sup>3</sup> Slide deck available at: <https://health.mo.gov/seniors/hcbs/info-docs/dhss-october-rate-study-09-24-02.pdf>

To inform the pricing assumptions for each cost component, Mercer obtained and analyzed various data sources. These data sources included publicly available market data to align with CMS rate study expectations and Missouri provider-specific data including:

- Bureau of Labor Statistics (BLS) market data on wages and ERE
- Internal Revenue Service (IRS) data related to employer tax rates and mileage reimbursement rates
- Missouri Department of Labor (DOL) and Department of Insurance (DOI) information on unemployment taxes and worker's compensation insurance
- NCI-AD and CDS Operational provider survey data on DSW and PCA wages, benefits, overtime, supervisor costs, and other service delivery costs
- AAA provider survey data on food, delivery, and packaging costs for the home delivered meals service
- DSS PDN survey data on licensed practical nurse (LPN) and registered nurse (RN) wages and utilization of LPNs versus RNs
- DHSS PDN and authorized nurse visit survey data related to LPN and RN overtime, training time, and productivity
- Feedback from HCBS associations, providers, and other stakeholders
- Proposition A enacted on November 5, 2024

For each service, Mercer projected a modeled rate range specific to the state fiscal year (SFY) 2026 rate study period (July 1, 2025 through June 30, 2026). The modeled rate ranges consist of a lower bound and upper bound rate, which provide a range of reasonable rates based on market conditions and stakeholder input.

## Cost Component Assumptions

The assumptions used to generate the rate study modeled rate ranges are described below for each key cost component.

### Wages

For Basic In-Home services (e.g., State Plan Personal Care, CDS Personal Care), the provider-specific wage data in the Year 2 NCI-AD and CDS Operational provider surveys was reviewed. This data was based on the calendar year 2022 (NCI-AD) or July 2023–December 2023 (CDS) time period and fell in the \$13.00–\$13.50 per hour range. An inflationary factor based on BLS wage trends was applied to project the survey wage data to the SFY 2026 time period, which resulted in wages around \$14.50–\$15.00 per hour. Due to workforce challenges being experienced by providers of these services, DHSS believes that DSW and PCA wages must be competitive with adjacent industries to attract and

retain staff and fill vacancies. To inform this, Mercer analyzed BLS wages for job positions that reportedly compete with the DSW and PCA labor pool. Examples included fast food workers, childcare workers, retail, and packers/delivery drivers. DHSS also considered that some providers utilize certified nursing assistants (CNAs) to deliver Basic Personal Care (this is not a requirement in the service definition, but DHSS understands it is necessary at times). The historical BLS wage data for these positions was blended together to develop the modeled wage ranges for the Basic In-Home services and then projected to the SFY 2026 time period of the rate study using an inflationary factor based on BLS wage trends.

To develop the modeled wage ranges for most other types of staff and services, Mercer reviewed the job categories available in the most recent Missouri-specific BLS wage data publication (released in April 2024). Job positions were compared to the service definitions, provider qualifications, licensing requirements, and staffing requirements for each service. For most services, the 50<sup>th</sup> percentile BLS wage data was used to model the lower bound of the wage range and the 75<sup>th</sup> percentile BLS wage data was used to model the upper bound of the wage range. For Nursing services, Mercer blended BLS LPN and RN wage data together with LPN and RN provider-specific wage data from a DSS PDN provider survey. Mercer applied an inflationary factor based on BLS wage trends to project the wage data to the SFY 2026 time period. The resulting SFY 2026 modeled wage ranges by service for DSWs, PCAs, and other program staff are summarized in Appendix B.

### Supervisors and Other Program Staff

In addition to the staff who are directly delivering services to individuals, some services have other staff costs in the form of a DSW supervisor and/or other staff integral to service delivery (e.g., RN oversight). The modeled wage ranges for these other staff are included in Appendix B. Supervisor and other program staff ratio assumptions are used to incorporate these costs into the modeled rate ranges. For example, a ratio of one supervisor to ten DSWs means that one tenth of the cost of a supervisor’s wage is included in the rate study for each DSW. Table 2 summarizes the other staff ratio assumptions for each service.

**Table 2: Supervisor and Other Program Staff Ratios**

Service	Assumed Ratios
<ul style="list-style-type: none"> <li>• Basic In-Home Respite and Personal Care (Agency)<sup>4</sup></li> <li>• Homemaker and Chore</li> <li>• Attendant Care</li> <li>• Adult Day Services</li> </ul>	1 Supervisor: 10 DSWs 1 Nurse: 25 DSWs

<sup>4</sup> DSW Supervisor and Nursing Oversight positions and wages were not included for CDS Personal Care due to the nature of the CDS delivery model.

Service	Assumed Ratios
<ul style="list-style-type: none"> <li>Advanced Respite and Personal Care</li> </ul>	
<ul style="list-style-type: none"> <li>PDN</li> <li>Authorized Nursing Services</li> </ul>	1 RN Supervisor: 10 Nurses
<ul style="list-style-type: none"> <li>Home Delivered Meals</li> </ul>	1 Supervisor: 5 Cooks 1 Dietician: 20 Cooks 1 Driver: 6 Cooks 1 Meal Packager: 10 Cooks
<ul style="list-style-type: none"> <li>Case Management (ILW)</li> <li>Financial Management Services (ILW)</li> </ul>	1 Supervisor: 10 Staff
<ul style="list-style-type: none"> <li>ABA</li> </ul>	Registered Behavioral Technician (RBT): 1 Licensed Behavior Analyst (LBA) to 5 RBTs Licensed Applied Behavior Analyst (LaBA): 1 LBA: 20 LaBAs

### Overtime

The NCI-AD survey responses from providers of In-Home, Residential, or Non-Residential supports and the CDS Operational survey responses indicated that a high percentage of DSWs and PCAs had a part-time employment status and generally did not work many overtime hours. The survey data showed that DSW/PCA overtime accounted for 1% or less of total hours worked. Based on this, no overtime adjustment was included in the rate study for these services.

In general, an overtime adjustment was not included for any of the other rate study services. The one exception was for PDN services. After the August 7, 2024 stakeholder meeting, feedback was provided that due to nursing shortages, PDN providers were incurring overtime hours to cover needed shifts. DHSS initiated a survey in August 2024 to PDN providers to collect data on overtime costs. Survey responses from PDN providers indicated that, on average, overtime expenses accounted for roughly 8% of total payroll expenses. Based on this data, an 8% overtime adjustment was included in the rate study for PDN services.

### ERE

As part of the ERE cost component, Mercer included consideration for provider costs associated with worker’s compensation insurance and employer taxes (Federal Insurance Contributions Act [FICA]/Federal Unemployment Tax Act [FUTA]/State Unemployment Tax Act [SUTA]) for full-time and

part-time staff in both the agency and CDS model. Mercer assumed the following additional benefits for full-time staff in the agency model<sup>5</sup>:

- Health insurance
- Retirement benefits
- Other benefits (e.g., short-term disability [STD]/long-term disability [LTD], and life insurance)

ERE assumptions were based on BLS market data for Missouri private sector employers in comparable industries, as well as information from the IRS, Missouri DOL, and Missouri DOI. Table 3 summarizes the assumptions for each ERE component. The ERE assumptions were benchmarked against provider survey data for reasonability.

**Table 3: ERE Assumptions**

ERE Component	Applicability	Assumption
Health Insurance	Full-time staff in agency model	Roughly \$7,000 per DSW per year
Retirement Benefit	Full-time staff in agency model	3.0% add-on to wages
STD/LTD/Life Insurance	Full-time staff in agency model	0.5% add-on to wages
FICA	Full-time and part-time staff	7.65% add-on to wages
FUTA and SUTA	Full-time and part-time staff	Roughly \$280 per DSW/PCA per year
Worker's Compensation Insurance	Full-time and part-time staff	1.5% add-on to wages for Case Management and Financial Management Services 3.0% add-on to wages for all other services in study

As mentioned in Table 3, full-time and part-time staff assumptions were needed in order to incorporate ERE assumptions into the rate study. This is due to the fact that employers often require employees to have a full-time status to be eligible for certain benefits. Table 4 summarizes the full-time and part-time staff assumptions for each service; these assumptions were based on survey data, where available.

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<sup>5</sup> In the CDS model, the provider is not the employer of record, which means there is no mechanism for the provider to offer health insurance, retirement, or other benefits to PCAs.



**Table 4: Staff Full-Time and Part-Time Assumptions**

Service	Full-Time Percentage	Part-Time Percentage
<ul style="list-style-type: none"> <li>Basic In-Home Respite and Agency Personal Care</li> <li>Homemaker and Chore</li> <li>Advanced Respite and Advanced Personal Care</li> </ul>	35%	65%
Adult Day Services	95%	5%
Home Delivered Meals	66%	34%
Nursing Services	50%	50%
<ul style="list-style-type: none"> <li>Case Management (ILW)</li> <li>Financial Management Services (ILW)</li> </ul>	22%	78%
Professional Services (OT, PT, ST, ABA, Cognitive Rehabilitation Therapy, Neuropsychological Evaluation)	100%	0%

## Productivity

As part of a DSW's job, there are certain tasks that are considered non-billable (i.e., the DSW is being paid by the provider but is not delivering services that can be billed as a Medicaid unit of service). Some examples include PTO, time the DSW spends attending training sessions, and time the DSW spends during a workday on non-billable activities such as shift changes, staff meetings, and notes/documentation.

The first component of productivity that was considered was PTO. This includes consideration for holidays, vacation, and sick time. For all agency model services<sup>6</sup>, an assumption of 27 days of PTO for full-time employees and seven days of PTO for part-time employees was included in the rate study. Refer to Table 4 above for the full-time and part-time assumptions for each service.

The second component of productivity is annual staff training time. In many cases, State regulations outline the minimum training hours that agency model provider direct care staff need to complete each year. For example, 13 CSR 91.010 (specific to Personal Care) indicates that newly employed aides must receive a minimum of 12 hours of training within 30 days of employment and aides must receive at least five hours of training annually thereafter. To include consideration for additional training that agency personal care providers may require, the rate study included training assumptions of 13 hours per year for first year staff and six hours per year annually thereafter. Table 5 summarizes the assumptions

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<sup>6</sup> In the CDS model, the provider is not the employer of record, which means there is no mechanism for the provider to offer paid time off to PCAs.



included for DSW training time for each agency model service<sup>7</sup>. These assumptions were based on State regulations and/or survey data, where available.

**Table 5: DSW Training Time Assumptions**

Service Type	First Year Staff	Annually Thereafter
<ul style="list-style-type: none"> <li>• Basic In-Home Respite, Attendant Care, and Agency Basic In-Home Personal Care</li> <li>• Homemaker and Chore</li> <li>• Adult Day Services</li> <li>• Case Management and Financial Management Services (ILW)</li> </ul>	13 hours per year	6 hours per year
Advanced Respite and Advanced Personal Care	19 hours per year	12 hours per year
Nursing Services	19 hours per year	12 hours per year
Home Delivered Meals	18 hours per year	8 hours per year
Professional Services (OT, PT, ST, ABA, Cognitive Rehabilitation Therapy, Neuropsychological Evaluation)	12 days per year	6 days per year

The third component of productivity is non-billable time that occurs during an agency model<sup>8</sup> DSW's workday. Examples include time spent attending staff meetings, documenting case notes, and drive time. Table 6 summarizes the assumptions included for other non-billable time, which were based on survey data, where available.

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<sup>7</sup> In the CDS model, the provider is not the employer of record, which means there is no mechanism for the provider to offer paid training time to PCAs. Note that time associated with new consumer and attendant paperwork, as well as provider orientation for the consumer and their attendant, was considered as part of the Other Service Related cost assumption.

<sup>8</sup> In the CDS model, the provider is not the employer of record, which means there is no mechanism for the provider to reimburse the PCA for non-billable time.

**Table 6: Billable Time Assumptions**

Service	Productivity Assumption for Direct Staff Delivering Services
Basic and Advanced In-Home Services — Agency Model	<ul style="list-style-type: none"> <li>• In-Home: 94% billable</li> <li>• RCF/ALF: 100% billable</li> </ul>
Consumer Directed Personal Care	<ul style="list-style-type: none"> <li>• 100% billable</li> </ul>
Adult Day Services	<ul style="list-style-type: none"> <li>• 94% billable</li> </ul>
PDN and Authorized Nurse Visits	<ul style="list-style-type: none"> <li>• PDN: 94% billable</li> <li>• Authorized Nurse Visits: 80% billable</li> <li>• Authorized Nurse Visits in RCF/ALF: 100% billable</li> </ul>
Other Services	<ul style="list-style-type: none"> <li>• Home Delivered Meals: 100% billable</li> <li>• Case Management (ILW): 100% billable</li> <li>• Financial Management Services (ILW): 100% billable</li> </ul>
Professional Services	<ul style="list-style-type: none"> <li>• Therapies [PT, OT, ST]: 81% billable</li> <li>• ABA LBA: 63% billable</li> <li>• ABA LaBA: 69% billable</li> <li>• ABA RBT: 81% billable</li> <li>• Cognitive Rehabilitation Therapy and Neuropsychological Evaluation: 81% billable</li> </ul>

### Other Service-Related Costs and Administration/Overhead Expenses

Mercer considered other service-related costs that providers incur to deliver the rate study services such as annual face-to-face monitoring visits with participants, monthly service review and case management activities, service-related supplies, costs for DSW training sessions, costs associated with new consumer and attendant paperwork, costs associated with provider orientation for the consumer and their attendant, mileage costs for transportation integral to a service, EVV systems costs, and other service-related costs necessary for service delivery. For the CDS State Plan Personal Care service, the other service-related cost assumption was 3% based on provider survey data and stakeholder feedback. For most agency model services, the assumption was 5% due to the additional types of other service costs that agencies incur for those services. Exceptions included Home Delivered Meals and Adult Day Services, where the assumption was 8% to account for the facility costs necessary to deliver those services. There were no other service-related costs assumed for the ILW CDS Personal Care service since those costs were accounted for under the standalone ILW Case Management service.

Mercer also considered administration/overhead costs such as wages/salaries and ERE for administrative staff, payroll and claims processing functions, administrative building space costs (e.g.,

rent/mortgage, utilities, maintenance), costs for administrative staff travel not related to service delivery, office equipment and supplies, information technology, professional/liability insurance, State-required reporting, and other administrative costs necessary for program operations. Based on survey data, industry standards and Federal guidance, a 15% administrative/overhead cost load factor was included for most services. The one exception was ILW CDS Personal Care, for which no load was included due to those costs being accounted for under the standalone ILW Financial Management Service.

### Additional Home Delivered Meals Cost Component

Additional cost components were considered for Home Delivered Meals due to the nature of the service; these costs included food, supplies, packaging, and meal delivery costs. To inform the cost assumption for these components, Mercer reviewed July 2023–April 2024 Home Delivered Meals cost survey data submitted by the Missouri AAAs. Where possible, this data was benchmarked against market data for reasonability. In addition, an inflation factor was applied to project the historical data to the SFY 2026 rate effective period. Based on this data, a \$4.12 per meal cost assumption was included to reflect consideration for food, supplies, packaging, and delivery costs. This assumption was in addition to the other cost components described previously.

### Unit Definitions

The SFY 2026 modeled rate ranges were developed on a per hour basis and then a factor was applied to convert each rate range to the applicable unit definition. The conversion factors were informed by provider survey data (where available), research, and discussions with DHSS. Please see Table 7 for the unit definition and conversion factor utilized for each service.

**Table 7: Unit Definitions and Conversion Factors**

Service	Unit Definition	Conversion Factor Applied to Hourly Rate
Attendant Care (AIDS Waiver)	Per Diem	Multiplied by 11.25 hours per day
Authorized Nurse Visit	Per Visit	Not applicable since a visit was assumed to take 1 hour
Case Management (ILW)	Per Year	Multiplied by 12 hours per year
Financial Management Services (ILW)	Per Month	Multiplied by 4 hours per month
Home Delivered Meals	Per Meal	Divided by 10 meals per hour
Neuropsychological Evaluation	Per Evaluation	Multiplied by 6 hours per evaluation
All Other Services	Per 15 Minute	Divided by 4 quarter-hour units per hour

### Individual versus Group Rates

The majority of the rate study services are delivered via a one-to-one (1:1) staffing ratio, meaning that one DSW delivers services to one individual at a time. However, the rate study did include two services

that involve service delivery in a group setting. To develop rate ranges for services provided in a group setting, an average group size assumption was utilized. Mercer worked with DHSS to establish average group size assumptions for each of the group services, and then Mercer divided the rate ranges that were developed for a one-to-one (1:1) staffing ratio by the average group size assumption to generate the group rate ranges. For Adult Day Services, an average group size of four was assumed. For Applied Behavior Treatment Social Skills Group, an average group size of eight was assumed.

## **Rate Range Summary**

Mercer compiled the rate study assumptions described in this document to generate the SFY 2026 modeled rate ranges for each service. These rate ranges are summarized in Appendix C, which includes a comparison against each service's Medicaid fee schedule rate effective July 1, 2024. For most services, the July 1, 2024 fee schedule rates fell below the lower bound of the SFY 2026 rate study modeled rate range; this result suggests that based on current market conditions, the rates should be increased for the SFY 2026 rate effective period. In some cases, the July 1, 2024 fee schedule rates fell within the SFY 2026 modeled rate range or fell above the SFY 2026 modeled rate range. These results suggest that the July 1, 2024 rates for these services are at levels that are reasonable, or potentially higher than market, for the SFY 2026 rate effective period.

In terms of next steps, DHSS will incorporate the Appendix C modeled rate range results into their fiscal impact analysis and share the information with the Governor's Office, Division of Budget and Planning, and the legislature for consideration in the SFY 2026 budget.

## **Limitations and Caveats**

It is important to note that each provider's actual costs may differ from the individual assumptions utilized in the rate study; however, Mercer and DHSS believe the overall modeled rate ranges are reasonable based on service delivery requirements and current market conditions.

In preparing the assumptions and modeled rate ranges summarized in this document, Mercer considered publicly available market information, stakeholder data and feedback, and other information provided by DHSS. Mercer reviewed the data and information for consistency and reasonableness, but did not audit them. If the data or information are incomplete or inaccurate, the modeled rate ranges may need to be revised accordingly. Assumptions were developed based upon information available as of November 2024. Should additional information become available, the assumptions and modeled rate ranges may need to be updated accordingly.

All projection estimates are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimates. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use.

Assumptions and rates developed by Mercer are projections of future contingent events. Actual provider costs may differ from these projections. Mercer has developed these ranges on behalf of DHSS for

purposes of the SFY 2026 rate study. Use of this information for any purpose beyond that stated may not be appropriate. This document should only be reviewed in its entirety.

## **Appendix A: Rate Study Service Definition Summary**

One of the key steps that Mercer conducted during the rate study was to review the service definitions, provider qualifications, and staffing requirements in order to ensure a clear understanding of each rate study service. To synthesize this information, Mercer developed a detailed service summary, discussed it with DHSS, and used the information to guide the rate modeling process. The subsequent tables provide a high-level description of each rate study service and include the associated procedure code and unit definition. The tables also present various service definition and DHSS regulation requirements that impact key cost components and were considered during the rate study process.

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<b>Basic In-Home Services</b>					
Basic In-Home Respite	Maintenance and supervisory services provided on a short-term basis to a participant with nonskilled needs because of the absence or need for relief of those persons who normally provide care for the participant. Encompasses all the needs of a participant that might come up during service provision that fall under supervision, companionship and direct participant assistance (i.e., all the services that are required to maintain the participant in their home). Comply with 19 CSR 15-7.021	In the individual's home	ADW: S5150 — 15 minutes	1:1	<p>DSW</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• Not an immediate family member</li> <li>• Able to read, write, and follow directions</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>• At least 21-years old</li> <li>• RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>• Not required if Supervisor is an RN</li> <li>• Could be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>



Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
Homemaker	<p>The performance of general household tasks (e.g., meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Comply with 19 CSR 15-7.021</p>	In the individual's home	ADW: S5130 — 15 minutes	1:1	<p>DSW</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• Not an immediate family member</li> <li>• Able to read, write, and follow directions</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>• At least 21-years old</li> <li>• RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>• Not required if Supervisor is an RN</li> <li>• Could be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
Chore	<p>Short-term, intermittent tasks necessary to maintain a clean, safe, sanitary, and habitable home environment and critical in maintaining the participant's health and safety.</p> <p>Comply with 19 CSR 15-7.021</p>	In the individual's home	ADW: S5120 — 15 minutes	1:1	<p>DSW</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• Not an immediate family member</li> <li>• Able to read, write, and follow directions</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>• At least 21-years old</li> <li>• RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>• Not required if Supervisor is an RN</li> <li>• Could be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<p>Attendant Care (MFAW)</p>	<p>Provides hand-on care with Activities of Daily Living (ADLs). Supportive and health-related services that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.</p> <p>Bound by 13 CSR 70-3.020 and 13 CSR 70-91.010</p>	<p>In the individual's home</p> <p>Can also be provided outside of the home</p>	<p>MFAW: S5125U5 — 15 minutes</p>	<p>1:1</p>	<p>DSW</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• At least six months paid work experience as agency homemaker, nurse aide, maid, or household worker OR at least one year of experience caring for sick or aged individuals OR completion of formal training (e.g., nursing assistant aide or home health aide)</li> <li>• Able to read, write, and follow directions</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>• At least 21-years old</li> <li>• RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>• Not required if Supervisor is an RN</li> <li>• Could be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<p>Attendant Care (AIDS Waiver)</p>	<p>Provides hand-on care with ADLs. Supportive and health-related services that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.</p> <p>Bound by 13 CSR 70-3.020 and 13 CSR 70-91.010</p>	<p>In the individual's home</p>	<p>AIDS Waiver: S5126U4 — Day</p>	<p>1:1</p>	<p>Includes same staffing as outlined above for Attendant Care — MFAW (DSW, Supervisor, Staff RN/RN Consultant)</p> <p>Also includes time from Advanced DSWs (defined below)</p> <p>Advanced DSW</p> <ul style="list-style-type: none"> <li>• Meets the criteria for a basic DSW listed above</li> <li>• LPN or CNA</li> <li>• Have completed the test required by DHSS and 42 CFR 484.36 or have received personal care training and worked successfully as in-home aide for an agency for at least 15 hours per week for at least three consecutive months</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
Basic State Plan Personal Care	Medically oriented, maintenance services to assist with ADL. The basic level applies to situations where the assistance does not require devices or procedures related to altered body functions.  Subject to 13 CSR 70-91.010 and 19 CSR 15-7.021	In the individual's home	State Plan: T1019 — 15 Minutes  HCY: T1019EP — 15 Minutes	1:1	DSW <ul style="list-style-type: none"> <li>At least 18-years old</li> <li>Not an immediate family member</li> <li>Able to read, write, and follow directions</li> </ul> Supervisor <ul style="list-style-type: none"> <li>At least 21-years old</li> <li>RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> Staff RN or RN Consultant <ul style="list-style-type: none"> <li>Not required if Supervisor is an RN</li> <li>Could be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>
		In a RCF/ ALF	State Plan: T1019U3 — 15 Minutes	1:1	

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<p>Waiver Personal Care (BIW)</p>	<p>Scope and nature of these services is equivalent to State Plan Personal Care. Comply with 19 CSR 15-7.021</p>	<p>In the individual's home  May also be provided outside of individual's home</p>	<p>BIW: T1019HB — 15 minutes</p>	<p>1:1</p>	<p>DSW</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• Able to read, write, and follow directions</li> <li>• At least six months paid work experience as agency homemaker, nurse aide, or household worker OR at least one year of experience caring for sick or aged individuals OR completion of formal training in the nursing arts (e.g., nursing assistant aide or home health aide)</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>• At least 21-years old</li> <li>• RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>• Not necessary if Supervisor is an RN</li> <li>• Could also be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<p>Waiver Personal Care (AIDS Waiver)</p>	<p>Scope and nature of these services is equivalent to State Plan Personal Care. Comply with 19 CSR 15-7.021</p>	<p>In the individual's home</p>	<p>AIDS Waiver: T1019U4 — 15 minutes</p>	<p>1:1</p>	<p>Includes same staffing as outlined above for Waiver Personal Care — BIW (DSW, Supervisor, Staff RN/RN Consultant)</p> <p>Also includes time from Advanced DSWs (defined below):</p> <p>Advanced DSW</p> <ul style="list-style-type: none"> <li>• Meet requirements for Basic Personal Care DSW</li> <li>• Be an LPN or CNA</li> <li>• Have completed the test required by DHSS and 42 CFR 484.36 or have received personal care training and worked successfully as in-home aide for an agency for at least 15 hours per week for at least three consecutive months</li> <li>• Not related to participant</li> </ul>



Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<b>Advanced In-Home Services</b>					
Advanced Respite	<p>Respite for participants with complex needs that require specialized training. Involves maintenance and supervisory services provided on a short-term basis due to the absence or need for relief of those persons who normally provide care for the participant. Encompasses all needs of a participant that might come up during service provision (supervision, companionship, and direct participant assistance) (i.e., all services required to maintain the participant in their home).</p> <p>Comply with 19 CSR 15-7.021</p>	In the individual's home	ADW: S5150TF — 15 minutes	1:1	<p>DSW</p> <ul style="list-style-type: none"> <li>• LPN or CNA</li> <li>• Completed required testing (42 CFR 484.36) or received personal care training and worked successfully as in-home aide for an agency for at least 15 hours per week for at least three consecutive months</li> <li>• Not related to participant</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>• At least 21-years old</li> <li>• RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>• Not necessary if Supervisor is an RN</li> <li>• Could also be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<p>Advanced State Plan Personal Care</p>	<p>Medically-oriented, maintenance services to assist with ADL. The advanced level applies to situations where the assistance requires devices or procedures related to altered body functions.</p> <p>Subject to 13 CSR 70-91.010 and 19 CSR 15-7.021</p>	<p>In the individual's home</p>	<p>State Plan: T1019TF — 15 minutes</p> <p>HCY: T1019TFEP — 15 minutes</p>	<p>1:1</p>	<p>DSW</p> <ul style="list-style-type: none"> <li>LPN or CNA</li> <li>Completed required testing (42 CFR 484.36) or received personal care training and worked successfully as in-home aide for an agency for at least 15 hours per week for at least three consecutive months</li> <li>Not related to participant</li> </ul> <p>Supervisor</p> <ul style="list-style-type: none"> <li>At least 21-years old</li> <li>RN or Bachelor's or LPN with one year of direct care experience to DHSS populations or individual with two years of direct care experience to DHSS populations</li> </ul> <p>Staff RN or RN Consultant</p> <ul style="list-style-type: none"> <li>Not necessary if Supervisor is an RN</li> <li>Could also be performed by LPN or Graduate Nurse who is supervised by an RN</li> </ul>
		<p>In an RCF/ALF</p>	<p>State Plan: T1019U3TF — 15 minutes</p>		

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<b>CDS</b>					
State Plan CDS Personal Care	<p>Basic State Plan Personal Care services delivered through the CDS model to individuals who are physically disabled.</p> <p>Subject to 19 CSR 15-8</p>	<p>In the individual's home or outside the home in the community</p>	<p>State Plan: T1019U2 — 15 minutes</p>	<p>1:1</p>	<p>PCA</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• Be able to meet the physical and mental demands required to perform specific tasks required by a particular participant</li> <li>• Not a spouse or guardian of participant or consumer</li> </ul>
Waiver CDS Personal Care	<p>Scope and nature of these services is equivalent to State Plan Personal Care, but delivered through the CDS model where participant has authority to recruit, hire, train, monitor, and fire his/her attendant.</p> <p>Comply with 19 CSR 15-8 and Section 208.900 through 208.930, RSMo</p>	<p>In the individual's home or outside the home in the community</p>	<p>ILW: T1019U6 — 15 minutes</p>	<p>1:1</p>	<p>PCA</p> <ul style="list-style-type: none"> <li>• At least 18-years old</li> <li>• Be able to meet the physical and mental demands required to perform specific tasks required by a particular participant</li> <li>• Not a spouse or guardian of the participant or consumer</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<b>Nursing Services</b>					
Authorized Nurse Visits	Assists individual with various medical-oriented tasks (e.g., clipping nails). Also provides increased supervision of the personal care aide, in addition to assessment of the participant's health and suitability of the care plan in meeting his/her needs. Subject to 13 CSR 70-91.010 and 19 CSR 15-7.021	In the individual's home	State Plan: T1001 — per visit HCY: T1001EP — per visit HCY: T1001TDEP — per visit	1:1	DSW • RN or • LPN or Graduate Nurse (both under direction of RN or physician) Supervisor • RN
		In an RCF/ALF	State Plan: T1001U3 — per visit	1:1	
PDN	The delivery of individual and continuous care provided under the direction of a physician by a licensed nurse acting within the scope of the Missouri Nurse Practice Act. Includes shift care by an LPN or RN  Generally involves tasks such as administering medications, tube feedings, tracheostomy care, ventilator support, etc.  State Home Health Agency under 197.400-475 RSMo and comply with 13 CSR 70-95.010	In the individual's home or outside the home	AIDS Waiver: T1000U4 — 15 minutes MFAW: T1000U5 — 15 minutes  MFAW Exception: T1000SC — 15 minutes  HCY: T1000 — 15 minutes	1:1	DSW • Delivered by an LPN or RN Supervisor • RN with at least three years of nursing experience Provider must satisfy one of the following: • Medicare certified and MO HealthNet enrolled home health agency provider • Joint Commission on Accreditation of Healthcare Organization or Community Health Accreditation Partner accredited • Submit a PDN provider agreement addendum to Missouri Medicaid Audit and Compliance

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<b>Adult Day Services</b>					
Adult Day Services	<p>Provides continuous care and supervision of disabled adults in a licensed adult day care setting. Services include, but are not limited to, assistance with ADL, planned group activities, food services, client observation, skilled nursing services as specified in the plan of care, and transportation.</p> <p>Subject to Chapter 192, RSMo and 19 CSR 30-90</p>	Adult day care facility	<p>ADCW: S5100HB — 15 minutes</p> <p>ADW: S5100HC — 15 minutes</p>	Two staff for groups of 2-16 participants; three staff for groups of 17-24 participants	<p>DSW</p> <ul style="list-style-type: none"> <li>At least 18-years old</li> <li>Qualified by education, training, experience, or demonstrated competence in order to perform the duties required by the written job description</li> </ul> <p>Program Director</p> <ul style="list-style-type: none"> <li>Responsible for day-to-day operation of the program</li> <li>Qualified by demonstrated competence, specialized background, education, or experience to manage day-to-day operations</li> </ul> <p>Nurse</p> <ul style="list-style-type: none"> <li>Oversees medical services, if offered by facility</li> </ul>
<b>Other Services</b>					
Home Delivered Meals	<p>Provide aged and disabled individuals with one or two meals per day. Each meal contains at least one-third of the recommended daily nutritional requirements.</p> <p>Comply with 19 CSR 15-7.010, 19 CSR 15-4.240, 19 CSR 15-4.25, and Older Americans Act. PL 114-144</p>	In the individual's home	ADW: S5170 — meal	Service is generally conducted without the individual present. When delivering meals to the participant, the ratio is 1:1	<p>Various staff needed including:</p> <ul style="list-style-type: none"> <li>Cook</li> <li>Assistant to cook</li> <li>Administrative staff to develop menu and maintain records</li> <li>Nutritionist or Registered Dietician to review menus or provide diet counseling services</li> </ul> <p>No specific staff education or experience requirements outlined for cook/assistant, cook, or staff developing menus</p>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
Case Management — ILW	<p>Assist participants in gaining access to waiver and other State plan services, as well as medical, social, educational, and other services. Perform ongoing review and review of services in care plan.</p> <p>Comply with Sections 208.900 through 208.930, RSMo and 19 CSR 15-8.</p>	Generally not while in the individual's home	ILW: T2024U6 — one year (minimum of 12 hours)	<p>Mix of conducting the service with and without the individual being present.</p> <p>When present, the staffing ratio is 1:1</p>	No specific staff education or experience requirements outlined in the service definition.
Financial Management Services — ILW	<p>Assists participant or their designee to facilitate the employment of staff by performing as the participant's agent. Functions performed include processing timesheets, processing payroll, providing information to the participant to help them manage their services, etc.</p> <p>Comply with Sections 208.900 through 208.930, RSMo and 19 CSR 15-8.</p>	Generally not while in the individual's home	ILW: T2040U6 — per month	<p>Mix of conducting the service with and without the individual being present.</p> <p>When present, the staffing ratio is 1:1</p>	No specific staff education or experience requirements outlined in the service definition.

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
<b>Professional Services</b>					
ABA —BIW	<p>ABA services are designed to help individuals demonstrating significant deficits (challenges) in the areas of behavior, social, and communication skills acquire functional skills in their homes and communities and/or to prevent hospitalizations or out-of-home placements</p> <p>Services performed include: Behavioral Identification Assessment, Follow-up Assessments, Adaptive Behavior Treatment, Family Behavior Treatment, and Behavior Treatment Social Skills Group</p>	Multiple Settings	All 15 minute units		Refer to 20 CSR 2063-3.005 for Behavioral Analyst certification and RSMo Section 337.315.1 for license and practice requirements for ABA
			Behavior Identification Assessment <ul style="list-style-type: none"> <li>97151HBHO (LBA)</li> </ul>	1:1	<ul style="list-style-type: none"> <li>Performed by physician or other qualified health care professional (QHCP)                             <ul style="list-style-type: none"> <li>QHCP defined as licensed psychologist with experience in ABA, LBA, or LaBA</li> </ul> </li> </ul>
			Observational Behavioral Follow-Up Assessment <ul style="list-style-type: none"> <li>97152HBHO (LBA)</li> <li>HBHN (LaBA)</li> <li>HBHM (RBT)</li> </ul>	1:1	<ul style="list-style-type: none"> <li>HM modifier service performed by a RBT under the direction of a QHCP (LBA) or LaBA</li> </ul>
			Exposure Behavior Follow-up Assessment: <ul style="list-style-type: none"> <li>0362THBHO (LBA)</li> </ul>	1:1	<ul style="list-style-type: none"> <li>Administered by the QHCP (LBA) with the assistance from one or more technicians</li> </ul>
			Adaptive Behavior Treatment by Protocol by Technician <ul style="list-style-type: none"> <li>97153HBHN (LaBA)</li> <li>HBHM (RBT)</li> </ul>	1:1	<ul style="list-style-type: none"> <li>Performed by a RBT or LaBA under the direction of a QHCP (LBA)</li> </ul>



Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
			Adaptive Behavior Treatment by Protocol Modification • 97155HBHO (LBA) • HBHN (LaBA)	1:1	<ul style="list-style-type: none"> <li>Performed by a QHCP (LBA) or LaBA</li> </ul>
			Exposure Adaptive Behavior Treatment by Protocol Modification • 0373THBHO (LBA)		
			Family Adaptive Behavior Treatment Guidance • 97156HBHO (LBA) • HBHN (LaBA)	1:1	<ul style="list-style-type: none"> <li>Provided by two or more RBTs with direct supervision by QHCP (LBA)</li> <li>Performed by a QHCP (LBA) or LaBA</li> </ul>
			Adaptive Behavior Treatment Social Skill, Group • 97158HBHO (LBA) • HBHN (LaBA)	1:1  Group size cannot exceed eight individuals	<ul style="list-style-type: none"> <li>Performed by a QHCP or LaBA</li> </ul>

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
Cognitive Rehabilitation Therapy — BIW	Cognitive Rehabilitation Therapy includes goal oriented counseling to maximize strengths and reduce behavior problems and/or functional deficits, which interfere with an individual's personal, familial, and vocational or community adjustment. It can be provided to individuals and families when the participant is present with the family	In the individual's home or a clinic/office setting	15 minute units 97129HB (initial) 97130HB (additional)	1:1	<ul style="list-style-type: none"> <li>Individual enrolled as a licensed psychologist, counselor, or social worker licensed in accordance with RSMo. Chapter 337</li> </ul>
Neuropsychological Evaluation — BIW	<p>Consists of the administration and interpretation of a standardized battery of neuropsychological tests to provide information about a participant's cognitive strengths and weaknesses following a traumatic brain injury (TBI)</p> <p>Comply with 20 CSR 2235-1.015 and RSMo 337.010.1</p>	Multiple settings	<ul style="list-style-type: none"> <li>96118HB – Per Evaluation</li> </ul>	1:1	Provided by Licensed Psychologist with at least one year experience in TBI

Service Name	Key Elements of Service	Service Setting	Code and Unit Definition	Staffing Ratio	Provider Qualification Requirements
OT — BIW	The service includes evaluation, plan development, direct therapy, consultation, and training of caretakers and others who work with the individual. It may also include therapeutic activities carried out by others under the direction of an occupational therapist or certified occupational therapeutic assistant (COTA).	In the individual's home or a clinic/office setting	<ul style="list-style-type: none"> <li>97535HB — 15 Minutes</li> </ul>	1:1	<ul style="list-style-type: none"> <li>Certified Occupational Therapist by RSMO 324.050-324.089 and CSR 2205-3.010 — CSR 2205.3.070 OR</li> <li>COTA under the supervision of an OT by RSMo 334.735</li> </ul>
PT — BIW	This service treats physical motor dysfunction through various modalities as prescribed by a physician and following a physical motor evaluation. It is provided to individuals who demonstrate developmental, habilitative, or rehabilitative needs in acquiring skills for adaptive functioning at the highest possible level of independence	Not specified	<ul style="list-style-type: none"> <li>97110HB — 15 Minutes</li> </ul>	1:1	<ul style="list-style-type: none"> <li>Licensed Physical Therapist per RSMo 334.530-334.625 and 20 CSR 2150-3.010-20 CSR 2150-3.110 OR</li> <li>Certified Physical Therapeutic Assistant under the supervision of a Physical Therapist</li> </ul>
ST — BIW	This service provides treatment for delayed speech, stuttering, spastic speech, aphasic disorders, and hearing disabilities requiring specialized auditory training, lip reading, signing, or use of a hearing aid	In the individual's home or a professional clinic/office setting	<ul style="list-style-type: none"> <li>92507HB — 15 Minutes</li> </ul>	1:1	<ul style="list-style-type: none"> <li>Licensed Speech Therapist per RSMo 345.010-345.080</li> </ul>

## **Appendix B: SFY 2026 Modeled Wage Ranges**

### Appendix B: SFY 2026 Modeled Wage Ranges

In-Home Services and Adult Day Services	SFY 2026 Modeled Wage Range			
	Hourly Wage		Annual Salary	
	Lower Bound	Upper Bound	Lower Bound	Upper Bound
<b>DSW</b>				
- In-Home Respite - Homemaker - Chore - Attendant Care - Personal Care - CDS Personal Care - AIDS Personal Care - Adult Day Services	\$17.48	\$19.93	\$36,348	\$41,445
- AIDS Waiver Attendant Care	\$18.41	\$20.21	\$38,300	\$42,038
- Advanced Respite - Advanced State Plan Personal Care	\$19.35	\$20.50	\$40,252	\$42,630
<b>DSW Supervisor<sup>1</sup></b>				
Supervisor	\$26.19	\$30.18	\$54,467	\$62,766
<b>Nursing Oversight<sup>1</sup></b>				
RN	\$39.08	\$42.93	\$81,281	\$89,303

**Note:**

1. DSW Supervisor and Nursing Oversight positions not included for CDS Personal Care due to nature of the delivery model.

Nursing Services	SFY 2026 Modeled Wage Range			
	Hourly Wage		Annual Salary	
	Lower Bound	Upper Bound	Lower Bound	Upper Bound
<b>Nurse</b>				
- PDN - Authorized Nurse Visits	\$35.11	\$38.16	\$73,031	\$79,365
<b>Supervisor</b>				
RN	\$39.08	\$42.93	\$81,281	\$89,303

Home Delivered Meals	SFY 2026 Modeled Wage Range			
	Hourly Wage		Annual Salary	
	Lower Bound	Upper Bound	Lower Bound	Upper Bound
Cook	\$15.43	\$18.15	\$32,100	\$37,758
Meal Packager	\$18.83	\$21.18	\$39,166	\$44,062
Driver	\$18.87	\$27.37	\$39,259	\$56,925
Cook Supervisor	\$19.34	\$23.96	\$40,228	\$49,835
Nutritionist	\$30.81	\$39.08	\$64,084	\$81,288

Case Management and Financial Management Services	SFY 2026 Modeled Wage Range			
	Hourly Wage		Annual Salary	
	Lower Bound	Upper Bound	Lower Bound	Upper Bound
Financial Management Services Staff	\$22.78	\$27.98	\$47,387	\$58,195
Case Manager	\$21.97	\$25.22	\$45,690	\$52,468
Supervisor	\$25.59	\$31.78	\$53,218	\$66,093

Professional Services	SFY 2026 Modeled Wage Range			
	Hourly Wage		Annual Salary	
	Lower Bound	Upper Bound	Lower Bound	Upper Bound
<b>ABA</b>				
RBT <sup>2</sup>	\$22.68	\$29.40	\$47,180	\$61,151
LaBA <sup>2</sup>	\$32.30	\$38.45	\$67,186	\$79,973
LBA	\$44.75	\$64.23	\$93,089	\$133,595
<b>Therapies</b>				
ST	\$42.84	\$52.02	\$89,117	\$108,192
OT	\$46.48	\$53.15	\$96,668	\$110,548
PT	\$49.18	\$55.75	\$102,303	\$115,951
<b>Other Services</b>				
Cognitive Rehabilitation Therapy	\$40.93	\$58.24	\$85,124	\$121,136
Neuropsychological Evaluation	\$44.75	\$64.23	\$93,089	\$133,595

**Notes:**

2. RBT and LaBA supervised by LBA.

Supporting documentation can be found in the Missouri DHSS: Rate Study for 1915(c) Waiver and Select State Plan Services dated January 13, 2025.

The purpose of this document is to share the DHSS rate study SFY 2026 modeled wage ranges. It is not appropriate for any other use.

When performing this work, Mercer relied on publicly available market data, data submitted by providers, and information provided by DHSS. Mercer has reviewed the data and information for internal consistency and reasonableness, but did not audit it. The suppliers of data are solely responsible for its validity and completeness. If the data or information are incomplete or inaccurate, the assumptions may need to be revised accordingly.

Please note that all estimates (including the assumptions and projections developed for this analysis) are based upon the information available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. To the best of Mercer's knowledge, there are no conflicts of interest in performing this work.



## **Appendix C: SFY 2026 Modeled Rate Ranges**

**Appendix C: SFY 2026 Modeled Rate Ranges**

Service Grouping	Service Information			Rate Effective July 1, 2024	SFY 2026 Modeled Rate Range	
	Service	Procedure Code	Unit Definition		Lower Bound Modeled Rate	Upper Bound Modeled Rate
In-Home Services	Basic In-Home Respite	S5150	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Homemaker	S5130	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Chore	S5120	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Attendant Care (MFAW)	S5125 U5	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Attendant Care (AIDS Waiver)	S5126 U4	Per Diem	\$ 366.30	\$ 432.45	\$ 474.51
	State Plan Personal Care — Basic Level	T1019	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	State Plan Personal Care — Basic Level — RCF/ALF	T1019 U3	15 minutes	\$ 7.66	\$ 8.66	\$ 9.78
	HCY Personal Care	T1019 EP	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Waiver Personal Care (AIDS Waiver)	T1019 U4	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Waiver Personal Care (BIW)	T1019 HB	15 minutes	\$ 8.14	\$ 9.24	\$ 10.43
	Advanced In-Home Respite	S5150 TF	15 Minutes	\$ 8.14	\$ 10.01	\$ 10.69
	State Plan Personal Care — Advanced Level	T1019 TF	15 Minutes	\$ 8.17	\$ 10.01	\$ 10.69
	State Plan Personal Care — Advanced Level — RCF/ALF	T1019 U3 TF	15 Minutes	\$ 7.68	\$ 9.39	\$ 10.02
HCY Personal Care — Advanced Level	T1019 TF EP	15 Minutes	\$ 8.17	\$ 10.01	\$ 10.69	
Consumer Directed Services	State Plan CDS Personal Care	T1019 U2	15 minutes	\$ 5.23	\$ 5.94	\$ 6.76
	Waiver CDS Personal Care	T1019 U6	15 minutes	\$ 4.63	\$ 4.87	\$ 5.55
Nursing Services	State Plan Authorized Nurse Visits	T1001	Per Visit	\$ 60.99	\$ 77.60	\$ 84.10
	State Plan Authorized Nurse Visits — RCF/ALF	T1001 U3	Per Visit	\$ 57.18	\$ 62.08	\$ 67.28
	PDN	T1000 U4	15 minutes	\$ 15.20	\$ 17.69	\$ 19.17
		T1000 U5	15 minutes	\$ 15.20	\$ 17.69	\$ 19.17
		T1000 SC	15 minutes	\$ 15.20	\$ 17.69	\$ 19.17
	HCY PDN	T1000	15 minutes	\$ 15.20	\$ 17.69	\$ 19.17
	HCY Authorized Nurse Visits	T1001 EP	Per Visit	\$ 60.99	\$ 77.60	\$ 84.10
HCY Evaluation Visits	T1001 TD EP	Per Visit	\$ 60.99	\$ 77.60	\$ 84.10	
Other Waiver Services	Adult Day Services (ADCW)	S5100 HB	15 Minutes	\$ 3.32	\$ 5.00	\$ 5.60
	Adult Day Services (ADCW)	S5100 HC	15 Minutes	\$ 3.32	\$ 5.00	\$ 5.60
	Home Delivered Meals	S5170	Per Meal	\$ 6.21	\$ 10.07	\$ 10.99
	Case Management (ILW)	T2024 U6	Per Year	\$ 458.09	\$ 444.94	\$ 512.35
	Financial Management Services (ILW)	T2040 U6	Per Month	\$ 157.89	\$ 153.02	\$ 186.68
ABA Services	Behavior Identification Assessment	97151 HB HO	15 minutes	\$ 25.26	\$ 31.59	\$ 44.46
	Observational Behavioral Follow-Up Assessment	97152 HB HO	15 minutes	\$ 25.26	\$ 31.59	\$ 44.46
	Observational Behavioral Follow-Up Assessment	97152 HB HN	15 minutes	\$ 20.13	\$ 22.67	\$ 26.95
	Observational Behavioral Follow-Up Assessment	97152 HB HM	15 minutes	\$ 16.37	\$ 17.94	\$ 23.34
	Exposure Behavioral Follow-Up Assessment	97153 HB HN	15 minutes	\$ 20.13	\$ 22.67	\$ 26.95
	Adaptive Behavior Treatment with Protocol Mod.	97153 HB HM	15 minutes	\$ 16.37	\$ 17.94	\$ 23.34
	Adaptive Behavior Treatment with Protocol Mod.	0362 TH HB HO	15 minutes	\$ 25.26	\$ 31.59	\$ 44.46
	Exposure Adaptive Beh. Treatment w/Protocol Mod.	97155 HB HO	15 minutes	\$ 25.26	\$ 31.59	\$ 44.46
	Adaptive Beh. Treatment by Protocol by Technician	97155 HB HN	15 minutes	\$ 20.13	\$ 22.67	\$ 26.95
	Adaptive Beh. Treatment by Protocol by Technician	0373 TH HB HO	15 minutes	\$ 25.26	\$ 31.59	\$ 44.46
	Family Behavior Treatment Guidance	97156 HB HO	15 minutes	\$ 25.26	\$ 31.59	\$ 44.46
	Family Behavior Treatment Guidance	97156 HB HN	15 minutes	\$ 20.13	\$ 22.67	\$ 26.95
	Behavior Treatment Social Skills Group	97158 HB HO	15 minutes	\$ 3.16	\$ 3.95	\$ 5.56
Behavior Treatment Social Skills Group	97158 HB HN	15 minutes	\$ 2.52	\$ 2.83	\$ 3.37	
Therapy Services	OT	97535 HB	15 minutes	\$ 30.01	\$ 25.18	\$ 28.57
	PT	97110 HB	15 minutes	\$ 30.01	\$ 26.56	\$ 29.89
	ST	92507 HB	15 minutes	\$ 30.01	\$ 23.33	\$ 27.99
Other Professional Services	Cognitive Rehabilitation Therapy — Initial	97129 HB	15 minutes	\$ 19.53	\$ 22.36	\$ 31.16
	Cognitive Rehabilitation Therapy — Additional	97130 HB	15 minutes	\$ 18.95	\$ 22.36	\$ 31.16
	Neuropsychological Evaluation	96118 HB	Per Evaluation	\$ 625.00	\$ 583.27	\$ 820.89

**Notes:**  
Supporting documentation can be found in the Missouri DHSS: Rate Study for 1915(c) Waiver and Select State Plan Services dated January 13, 2025.

The purpose of this document is to share the DHSS rate study SFY 2026 modeled rate ranges. It is not appropriate for any other use.

When performing this work, Mercer relied on publicly available market data, data submitted by providers, and information provided by DHSS. Mercer has reviewed the data and information for internal consistency and reasonableness, but did not audit it. The suppliers of data are solely responsible for its validity and completeness. If the data or information are incomplete or inaccurate, the assumptions may need to be revised accordingly.

Please note that all estimates (including the assumptions and projections developed for this analysis) are based upon the information available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. To the best of Mercer's knowledge, there are no conflicts of interest in performing this work.