MEDICAID FEE SCHEDULE

CLIENT ALLOWANCE:

Each Client is to receive a monthly allowance of at least $75.00 and shall be used at the discretion of the Client and/or Representative.

***Please document whether the client, family or caregiver is managing the allowance.

ROOM & BOARD:

Either option 1 or 2, determined by the client's monthly gross income

1. **SSI CLIENT:**

Room & Board is payable to the Community Care Foster Family Home (CCFFH) by the 5th of each month. This fee is determined by the State of Hawaii Department of Health and is subject to change (see below for current rate).

Room & Board (SSI clients) for 2026 Rates are subject to increase every year. Please check with Agency for current rate.	**$1,748.00**

2. **COST-SHARE CLIENT:**

Clients with a cost-share, as determined by Medicaid, shall render payment to the CCFFH by the 5th of each month. Cost-share amounts are subject to change on a case-by-case basis. Cost-shares are not prorated, the full cost-share total will be due upon admission. Additionally, a room and board fee of $418.00 is due to the CCFFH by the 5th of each month.

Client or Client Representative:

Print Name: ____________________________ Signature: ____________________

Caregiver:

Print Name: ____________________________ Signature: ____________________

Date: _______________