

**Provider Rate Table**  
**Residential Habilitation Services in a Licensed Facility**  
**Effective July 1, 2008**

Residential Habilitation Services Daily - Monthly Rates with July 1, 2008 Rate Reductions								
Rate for Level of Supports	Without Geographic Factor				With Geographic Factor*			
	Standard Program		Behavior Focus**		Standard Program		Behavior Focus**	
	Daily Rate	Monthly Rate	Daily Rate	Monthly Rate	Daily Rate	Monthly Rate	Daily Rate	Monthly Rate
Basic	\$39.24	\$1,144.50	Not Available	Not Available	\$42.18	\$1,230.25	Not Available	Not Available
Minimal	\$78.41	\$2,286.96	\$83.14	\$2,424.92	\$84.29	\$2,458.46	\$89.38	\$2,606.92
Moderate	\$117.66	\$3,431.75	\$124.16	\$3,621.33	\$126.49	\$3,689.29	\$134.10	\$3,911.25
Extensive 1	\$158.27	\$4,616.21	\$167.79	\$4,893.88	\$170.14	\$4,962.42	\$180.37	\$5,260.79
Extensive 2	\$207.92	\$6,064.33	\$220.43	\$6,429.21	\$223.52	\$6,519.33	\$236.96	\$6,911.33

Rate for Level of Supports	Monroe County Only			
	Standard		Behavior Focus**	
	Daily	Monthly	Daily	Monthly
Basic	\$47.08	\$1,373.17	Not Available	Not Available
Minimal	\$94.10	\$2,744.58	\$99.76	\$2,909.67
Moderate	\$141.19	\$4,118.04	\$149.69	\$4,365.96
Extensive 1	\$189.92	\$5,539.33	\$201.35	\$5,872.71
Extensive 2	\$249.50	\$7,277.08	\$264.52	\$7,715.17

\*Geographic differential applies to services provided in Areas 9, 10, and 11. Monroe County has a separate rate table.

\*\*Provider and the recipient must meet the definition of "Behavior Focus" as defined in the Developmental Disabilities Home and Community-Based Services Waiver Coverage and Limitations handbook to qualify for this rate.

**Rate Considerations:** Rates are based on 365 days of operation, with 350 possible billing days available per year. The monthly rate for this service shall be used by the provider if the recipient is in the home 24 or more days per month, and cannot be used in combination with the daily rate in a given calendar month. When a recipient is admitted into, or discharged from a licensed facility during the month, the daily rate shall be used during the month of discharge or admission by the admitting or discharging facility for the days the individual is present at the respective facility. When being admitted or discharged, the facility where the recipient is residing at 11:59 PM on the date of admission will bill for that particular day. The Daily Rate is limited to no more than 23 days in a given month.

## Residential Habilitation in a Licensed Facility

### Level of Supports Descriptors

These Descriptors will be used for individuals who have not yet been assessed using the Agency approved assessment and who have experienced a change in circumstance or condition, or who are newly admitted to a licensed residential facility and must have a rate established. The level that best describes the individual and their primary area of support needs will be selected to establish or modify the rate. All requested changes to the Level of Support Rate shall be determined medically necessary.

#### BASIC

**Functional:** Independent in self-care, daily living activities; or requires supervision, intermittent verbal direction or physical prompts to perform self-care, daily living skills;

**Behavioral:** No formal behavioral intervention necessary except redirection; may be non-compliant at times,

**Physical:** Health issues under control through medication or diet. Ambulatory or independent in use of wheelchair/walker. May need staff supervision to self-administer medications.

**Other:** This level will be used to provide residential habilitation training for individuals residing in a non-APD licensed facility that is responsible for basic supervision and care, such as an Assisted Living Facility (ALF).

#### MINIMAL

**Functional:** May require consistent verbal and physical help to complete self care/daily living tasks, including physical assistance and mealtime intervention to eat safely, may require mealtime interventions and/or devices. May require scheduled toileting or use of incontinent briefs. Walks independently or independently uses a manual or power wheelchair. May require assistance to change positions. Needs physical assistance of one person to transfer or to change positions.

**Behavioral:** May exhibit behaviors that require formal and informal intervention; requires frequent prompts, instruction or redirection, some environmental modifications or restrictions on movement may be necessary.

**Physical:** If has seizures, no interference with functional activities; May require medication for bowel elimination. May require a special diet. May require staff supervision to self-administer medications.

#### MODERATE

**Functional:** Requires substantial prompting and/or physical assistance to perform self-care/daily living activities. May be totally dependent on staff for dressing/bathing. May require mealtime interventions and/or devices OR receives all nutrition through a gastrostomy or jejunostomy tube. Incontinent of bowel or bladder. May require scheduled toileting or use of incontinent briefs. Independently uses a powered wheelchair, may need assistance with a manual chair. May require assistance to change positions. Disability prevents sitting in an upright position, has limited positioning options. Needs physical assistance of one person to transfer or to change position.

**Behavioral:** May exhibit behaviors that require frequent planned, informal and formal interventions. Assistance from others may be necessary to redirect the recipient. May require psychotropic medication for control of behavior. Self-injury or aggression towards others or property results in broken skin, major bruising/swelling or significant tissue damage requiring physician/nurse attention. May have threatened suicide in past 12 months. May have required use of reactive strategies 5 or more times per month in last 12 months. May routinely wear protective equipment to prevent injury from self-abusive behavior.

**Physical:** May have seizures that interfere with functional activities; receives 2 or more medications to control seizures. May have experienced a pressure sore requiring medical attention in the past 6 months. May require medication and daily management, including enemas, for bowel elimination. May be nutritionally at risk and require a physician/dietitian prescribed special diet.

**EXTENSIVE 1**

**Functional:** Totally dependent on staff for self-care/daily living activities; Disability prevents sitting in an upright position, has limited positioning options. Requires two person lift or lifting equipment to transfer. Independently uses a powered wheelchair, needs assistance with a manual chair. Requires daily monitoring and frequent hands-on assistance to stay healthy. Health issues result in inability to attend outside programs 5-10 days a month; health condition is unstable or becoming progressively worse.

**Behavioral:** Frequent planned, informal or formal interventions necessary. Assistance from others may be necessary to redirect the recipient. Requires psychotropic medication for control of behavior. Use of physical/mechanical restraint. Self-injury or aggression towards others or property results in significant tissue damage, scarring, damage to bones that requiring physician attention. May have attempted suicide in past 12 months. May have required the use of reactive strategies 5 or more times per month in last 12 months. May routinely wear protective equipment to prevent injury from self abusive behavior at least 12 hours per day. Has received emergency medication to control behavior in last 12 months. May meet criteria of Intensive Behavioral Residential Habilitation.

**Physical:** May have uncontrolled seizures that have required hospital or emergency room intervention during past 12 months; receives medications to control seizures. May have been hospitalized for medication toxicity in past 12 months. May have experienced a pressure sore requiring recurrent medical attention or hospitalization in the past 6 months. May require medication and daily management, including enemas, for bowel elimination. May have been hospitalized for impaction in last 12 months. May be at high nutritional risk and requires intensive nutritional intervention. Has a condition that requires physician prescribed procedures. (Cannot be delegated to a non-licensed staff.)

**Other:** If the recipient's primary need is to receive visual supervision based on a documented history of inappropriate sexual behavior or sexually provocative behavior, assignment to this level is appropriate.

**EXTENSIVE 2**

**Functional:** Requires total physical assistance in self-care, daily living activities. May require mealtime interventions and/or devices OR receives all nutrition through a gastrostomy or jejunostomy tube. Incontinent of bowel or bladder. May require scheduled toileting or use of incontinent briefs. May have indwelling catheter or colostomy managed by staff. Disability prevents sitting in an upright position, has limited positioning options. Requires two person lift or lifting equipment to transfer. Totally dependent on others to stay healthy. Health issues result in inability to consistently attend outside programs; health condition is unstable or becoming progressively worse.

**Behavioral:** Frequent planned, formal interventions necessary. Assistance from others necessary to redirect recipient. Receives multiple psychotropic medications for control of behavior, possibly frequent medication changes. Use of physical/mechanical restraint. Meets the criteria of Intensive Behavioral Residential Habilitation.

**Physical:** Self-injury or aggression towards others or property results in significant tissue damage, scarring, damage to bones requiring physician attention. May have attempted suicide in past 12 months. May have engaged in sexual predatory behavior in the past 12 months. May have been restrained 5 or more times per month in last 12 months. May routinely wear protective equipment to control self abuse at least 12 hours per day. Receives 2 or more medications to control behaviors that have been changed in the last year; is still unstable or showing side effects of the medications. Has received emergency medication to control behavior 4 or more times in last 12 months. May have uncontrolled seizures that have required hospital or emergency room intervention during past 12 months; receives 2 medications to control seizures that have been changed in the past 12 months. May have been hospitalized for medication toxicity in past 12 months. May have experienced a pressure sore requiring recurrent medical attention or hospitalization in the past 6 months. May require medication and daily management, including enemas, for bowel elimination.

May have been hospitalized for impaction in last 12 months. May be at high nutritional risk and requires intensive nutritional intervention. Has a condition that requires physician prescribed procedures. (Cannot be delegated to a non-licensed staff.) Requires 4 or more physician visits per month; may have been admitted to the hospital through emergency room visit; may have been admitted to ICU.

**Other:** If the recipient's primary support need is to receive visual supervision due to a history of engagement in sexual predatory behavior or sexual aggression and the recipient is currently identified as having active predatory tendencies by the Area Certified Behavior Analyst, this support level is appropriate.

**Provider Rate Table**  
**Residential Habilitation Services in a Licensed Facility**  
**Effective July 1, 2008**

Residential Habilitation Services Live-In Rate with July 1, 2008 Rate Reductions								
Service Description	Unit	Staff Ratio or Level of Care	Geographic Independent Rates	Geographic Agency Rates	Non-Geographic Independent Rates	Non-Geographic Agency Rates	Monroe County Independent Rates	Monroe County Agency Rates
Residential Habilitation - Live In Staff	Day	1:1	\$109.19	\$135.93	\$107.84	\$132.03	\$111.33	\$136.29
Residential Habilitation - Live In Staff	Day	1:2	\$91.71 per person	\$114.18 per person	\$90.59 per person	\$110.91 per person	\$93.51 per person	\$114.49 per person
Residential Habilitation - Live In Staff	Day	1:3	\$78.62 per person	\$97.87 per person	\$77.65 per person	\$95.06 per person	\$80.15 per person	\$98.13 per person

The Residential Habilitation "Live-In" rate may be used only for licensed residential facilities that are licensed for 3 or fewer persons. Staff do not have to "live-in" the home for this rate model to be used. A total of 365 days per year may be billed for this service when the individual(s) is present. The Geographic Agency Rate applies to services provided in Areas 9, 10 and 11.