

**Agency for Persons with Disabilities  
Developmental Disabilities Home and Community-Based Services Waiver**

**Provider Rate Table with July 1, 2008 Rate Reductions  
Effective July 1, 2008**

| Service Description                 | Unit* | Staff Ratio or Level of Care | Geographical Independent Rates | Geographical Agency Rates | Non-Geographical Independent Rates | Non-Geographical Agency Rates |
|-------------------------------------|-------|------------------------------|--------------------------------|---------------------------|------------------------------------|-------------------------------|
| Adult Day Training - Facility Based | Q     | 1:1                          | N/A                            | \$3.79                    | N/A                                | \$3.77                        |
| Adult Day Training - Facility Based | Q     | 1:3                          | N/A                            | \$2.15                    | N/A                                | \$2.13                        |
| Adult Day Training - Facility Based | Q     | 1:5                          | N/A                            | \$1.50                    | N/A                                | \$1.48                        |
| Adult Day Training - Facility Based | Q     | 1:6-10                       | N/A                            | \$1.18                    | N/A                                | \$1.16                        |
| Adult Day Training - Off Site*      | Q     | 1:1                          | N/A                            | \$3.79                    | N/A                                | \$3.77                        |
| Adult Day Training - Off Site       | Q     | 1:3                          | N/A                            | \$2.15                    | N/A                                | \$2.13                        |
| Adult Day Training - Off Site       | Q     | 1:5                          | N/A                            | \$1.50                    | N/A                                | \$1.48                        |
| Adult Day Training - Off Site       | Q     | 1:6-10                       | N/A                            | \$1.18                    | N/A                                | \$1.16                        |

The ADT rate assumes a 6 hour program day for the attendees, with staff present 7 hours. The rate has been adjusted by 12.5% for non-state matching funds. A provider may bill up to a total of 240 days per year when the individual is present. Individuals may attend full time or part-time (less than 6 hours). Attendance is calculated based on the quarter hour for the actual time the attendee receives the service. Adult Day Training is part of the services identified for a meaningful day activity.

|                             |   |   |         |         |         |         |
|-----------------------------|---|---|---------|---------|---------|---------|
| Behavior Analysis Level 1   | Q | 1 | \$14.56 | \$21.57 | \$14.12 | \$19.84 |
| Behavior Analysis Level 2   | Q | 2 | \$12.71 | \$18.84 | \$12.33 | \$17.33 |
| Behavior Analysis Level 3   | Q | 3 | \$7.91  | \$11.72 | \$7.67  | \$10.78 |
| Behavior Assistant Services | Q |   | \$3.54  | \$4.71  | \$3.48  | \$4.49  |

|           |   |     |        |        |        |        |
|-----------|---|-----|--------|--------|--------|--------|
| Companion | Q | 1:1 | \$2.65 | \$3.53 | \$2.62 | \$3.37 |
| Companion | Q | 1:2 | \$1.78 | \$2.37 | \$1.75 | \$2.25 |
| Companion | Q | 1:3 | \$1.48 | \$1.96 | \$1.45 | \$1.87 |

Companion Services are provided at a ratio of up to 1:3. When Companion Services are provided to someone who lives in a residential facility, the services must be provided solely in the community. Companion Services are part of the services identified for a meaningful day activity.

|                    |   |  |         |         |         |         |
|--------------------|---|--|---------|---------|---------|---------|
| Dietician Services | Q |  | \$10.62 | \$14.61 | \$10.46 | \$13.85 |
|--------------------|---|--|---------|---------|---------|---------|

| Service Description                               | Unit* | Staff Ratio or Level of Care | Geographical Independent Rates | Geographical Agency Rates | Non-Geographical Independent Rates | Non-Geographical Agency Rates |
|---|-------|------------------------------|--------------------------------|---------------------------|------------------------------------|-------------------------------|
| In - Home Supports (Awake Staff) Qtr. Hour        | Q     | 1:1                          | \$3.11                         | \$3.76                    | \$3.06                             | \$3.66                        |
| In - Home Supports (Awake Staff) Qtr. Hour        | Q     | 1:2                          | \$2.08                         | \$2.51                    | \$2.04                             | \$2.43                        |
| In - Home Supports (Awake Staff) Qtr. Hour        | Q     | 1:3                          | \$1.72                         | \$2.07                    | \$1.69                             | \$2.01                        |
| In - Home Supports (Live-In Staff) Day Per Person | D     | 1:1                          | \$96.61                        | \$120.26                  | \$95.42                            | \$116.81                      |
| In - Home Supports (Live-In Staff) Day Per Person | D     | 1:2                          | \$81.14                        | \$101.02                  | \$80.14                            | \$98.13                       |
| In - Home Supports (Live-In Staff) Day Per Person | D     | 1:3                          | \$69.56                        | \$86.58                   | \$68.69                            | \$84.10                       |

Qtr. Hour In-Home Supports that exceed 8 hrs. a day must be billed at the In-home Live-In rate. A total of 365 days per year may be billed for the Live-In In-Home service when the individual(s) is present.

|                   |   |  |         |         |         |         |
|-------------------|---|--|---------|---------|---------|---------|
| Medication Review | U |  | \$66.78 | \$66.78 | \$66.78 | \$66.78 |
|-------------------|---|--|---------|---------|---------|---------|

|                      |   |  |         |         |         |         |
|----------------------|---|--|---------|---------|---------|---------|
| Occupational Therapy | Q |  | \$16.69 | \$16.69 | \$16.69 | \$16.69 |
|----------------------|---|--|---------|---------|---------|---------|

|                          |   |           |        |        |        |        |
|--------------------------|---|-----------|--------|--------|--------|--------|
| Personal Care Assistance | Q | Standard  | \$3.75 | \$3.75 | \$3.75 | \$3.75 |
| Personal Care Assistance | Q | Moderate  | \$3.75 | \$3.75 | \$3.75 | \$3.75 |
| Personal Care Assistance | Q | Intensive | \$3.75 | \$3.75 | \$3.75 | \$3.75 |

Levels of Personal Care Assistance Services are determined based on the type and level of assistance required by the individual as defined in the Developmental Disabilities Waiver Services Medicaid Coverage and Limitations Handbook.

|                  |   |  |         |         |         |         |
|------------------|---|--|---------|---------|---------|---------|
| Physical Therapy | Q |  | \$16.69 | \$16.69 | \$16.69 | \$16.69 |
|------------------|---|--|---------|---------|---------|---------|

|                            |   |  |        |        |        |        |
|----------------------------|---|--|--------|--------|--------|--------|
| Private Duty Nursing - LPN | Q |  | \$4.86 | \$6.69 | \$4.79 | \$6.35 |
| Private Duty Nursing - RN  | Q |  | \$7.02 | \$9.64 | \$6.90 | \$9.15 |

|   |   |     |        |        |        |        |
|---|---|-----|--------|--------|--------|--------|
| Residential Habilitation - Quarter Hour | Q | 1:1 | \$2.67 | \$3.34 | \$2.63 | \$3.24 |
| Residential Habilitation - Quarter Hour | Q | 1:2 | \$1.77 | \$2.23 | \$1.75 | \$2.15 |
| Residential Habilitation - Quarter Hour | Q | 1:3 | \$1.47 | \$1.84 | \$1.45 | \$1.78 |

Residential Habilitation may only be billed by the qtr. hr. for services provided in an individual's own home or family home. Licensed facilities must use the Provider Rate Table for Residential Habilitation Services in a Licensed Facility.

| Service Description             | Unit* | Staff Ratio or Level of Care | Geographical Independent Rates | Geographical Agency Rates | Non-Geographical Independent Rates | Non-Geographical Agency Rates |
|---------------------------------|-------|------------------------------|--------------------------------|---------------------------|------------------------------------|-------------------------------|
| Residential Nursing - LPN       | Q     |                              | \$4.86                         | \$6.69                    | \$4.79                             | \$6.35                        |
| Residential Nursing - RN        | Q     |                              | \$7.02                         | \$9.64                    | \$6.90                             | \$9.15                        |
| Respiratory Therapy             | Q     |                              | \$16.69                        | \$16.69                   | \$16.69                            | \$16.69                       |
| Respite Care - Quarter Hour     | Q     | 1:1                          | \$2.90                         | \$3.04                    | \$2.86                             | \$3.02                        |
| Respite Care - Quarter Hour     | Q     | 1:2                          | \$1.93                         | \$2.03                    | \$1.91                             | \$2.01                        |
| Respite Care - Quarter Hour     | Q     | 1:3                          | \$1.60                         | \$1.68                    | \$1.58                             | \$1.66                        |
| Respite Care - Day (per person) | D     | 1:1                          | \$115.52                       | \$121.73                  | \$114.48                           | \$120.67                      |
| Respite Care - Day (per person) | D     | 1:2                          | \$77.08                        | \$81.18                   | \$76.41                            | \$80.51                       |
| Respite Care - Day (per person) | D     | 1:3                          | \$63.63                        | \$67.07                   | \$63.06                            | \$66.49                       |

Respite Services provided at 10 or more hours per day are billed at the daily rate.

|                                     |   |  |          |          |          |          |
|-------------------------------------|---|--|----------|----------|----------|----------|
| Skilled Nursing - LPN               | Q |  | \$4.86   | \$6.69   | \$4.79   | \$6.35   |
| Skilled Nursing - RN                | Q |  | \$7.45   | \$10.23  | \$7.33   | \$9.72   |
| Specialized Mental Health - Therapy | Q |  | \$11.40  | \$15.16  | \$11.22  | \$14.45  |
| Speech Therapy                      | Q |  | \$16.69  | \$16.69  | \$16.69  | \$16.69  |
| Support Coordination                | M |  | \$130.95 | \$130.95 | \$130.95 | \$130.95 |
| Support Coordination-Limited        | M |  | \$65.48  | \$65.48  | \$65.48  | \$65.48  |
| Support Coordination - Transitional | M |  | \$316.90 | \$316.90 | \$316.90 | \$316.90 |

| Service Description                     | Unit* | Staff Ratio or Level of Care | Geographical Independent Rates | Geographical Agency Rates | Non-Geographical Independent Rates | Non-Geographical Agency Rates |
|---|-------|------------------------------|--------------------------------|---------------------------|------------------------------------|-------------------------------|
| Supported Employment Group              | Q     | 1:1                          | \$3.18                         | \$3.87                    | \$3.15                             | \$3.78                        |
| Supported Employment Group              | Q     | 1:2                          | \$1.60                         | \$1.94                    | \$1.58                             | \$1.89                        |
| Supported Employment Group              | Q     | 1:3                          | \$1.14                         | \$1.39                    | \$1.13                             | \$1.36                        |
| Supported Employment Group              | Q     | 1:4                          | \$1.07                         | \$1.30                    | \$1.05                             | \$1.26                        |
| Supported Employment Group              | Q     | 1:5                          | \$1.02                         | \$1.24                    | \$1.01                             | \$1.22                        |
| Supported Employment Group              | Q     | 1:6                          | \$0.99                         | \$1.21                    | \$0.98                             | \$1.17                        |
| Supported Employment Group              | Q     | 1:7                          | \$0.97                         | \$1.18                    | \$0.97                             | \$1.15                        |
| Supported Employment Group              | Q     | 1:8                          | \$0.96                         | \$1.16                    | \$0.95                             | \$1.13                        |
| Supported Employment - Individual Model | Q     |                              | \$8.03                         | \$9.82                    | \$7.77                             | \$9.30                        |
| Supported Living Coaching               | Q     |                              | \$6.23                         | \$8.35                    | \$6.10                             | \$7.91                        |

\*Units of Service:  
 D Day  
 M Month  
 Q Quarter Hour  
 U Unit

Geographic rates shall be used for services provided in Areas 9, 10, and 11. Monroe County has a separate geographic rate table.

**Agency for Persons with Disabilities**  
**Developmental Disabilities Home and Community-Based Services Waiver**  
**Monroe County**  
**Provider Rate Table with July 1, 2008 Rate Reductions**  
**Effective July 1, 2008**

| Service Description                 | Unit* | Staff Ratio or Level of Care | Geographical Independent Rates | Geographical Agency Rates |
|-------------------------------------|-------|------------------------------|--------------------------------|---------------------------|
| Adult Day Training - Facility Based | Q     | 1:1                          | N/A                            | \$3.88                    |
| Adult Day Training - Facility Based | Q     | 1:3                          | N/A                            | \$2.22                    |
| Adult Day Training - Facility Based | Q     | 1:5                          | N/A                            | \$1.55                    |
| Adult Day Training - Facility Based | Q     | 1:6-10                       | N/A                            | \$1.18                    |
| Adult Day Training - Off Site*      | Q     | 1:1                          | N/A                            | \$3.88                    |
| Adult Day Training - Off Site       | Q     | 1:3                          | N/A                            | \$2.22                    |
| Adult Day Training - Off Site       | Q     | 1:5                          | N/A                            | \$1.55                    |
| Adult Day Training - Off Site       | Q     | 1:6-10                       | N/A                            | \$1.18                    |

The ADT rate assumes a 6 hour program day for the attendees, with staff present 7 hours. The rate has been adjusted by 12.5% for non-state matching funds. A provider may bill up to a total of 240 days per year when the individual is present. Individuals may attend full time or part-time (less than 6 hours). Attendance is calculated based on the quarter hour for the actual time the attendee receives the service. Adult Day Training is part of the services identified for a meaningful day activity.

|                             |   |   |         |         |
|-----------------------------|---|---|---------|---------|
| Behavior Analysis Level 1   | Q | 1 | \$14.79 | \$21.88 |
| Behavior Analysis Level 2   | Q | 2 | \$12.92 | \$19.11 |
| Behavior Analysis Level 3   | Q | 3 | \$8.04  | \$11.89 |
| Behavior Assistant Services | Q |   | \$3.60  | \$4.78  |

|           |   |     |        |        |
|-----------|---|-----|--------|--------|
| Companion | Q | 1:1 | \$3.13 | \$4.15 |
| Companion | Q | 1:2 | \$2.10 | \$2.79 |
| Companion | Q | 1:3 | \$1.75 | \$2.32 |

Companion Services are provided at a ratio of up to 1:3. When Companion Services are provided to someone who lives in a residential facility, the services must be provided solely in the community. Companion Services are part of the services identified for a meaningful day activity.

|                    |   |  |         |         |
|--------------------|---|--|---------|---------|
| Dietician Services | Q |  | \$10.80 | \$14.83 |
|--------------------|---|--|---------|---------|

|   |   |     |          |          |
|---|---|-----|----------|----------|
| In - Home Supports (Awake Staff) Qtr. Hour        | Q | 1:1 | \$3.42   | \$4.13   |
| In - Home Supports (Awake Staff) Qtr. Hour        | Q | 1:2 | \$2.28   | \$2.76   |
| In - Home Supports (Awake Staff) Qtr. Hour        | Q | 1:3 | \$1.89   | \$2.28   |
| In - Home Supports (Live-In Staff) Day Per Person | D | 1:1 | \$114.05 | \$134.71 |
| In - Home Supports (Live-In Staff) Day Per Person | D | 1:2 | \$95.80  | \$113.16 |
| In - Home Supports (Live-In Staff) Day Per Person | D | 1:3 | \$82.11  | \$96.99  |

Qtr. Hour In-Home Supports that exceed 8 hrs. a day must be billed at the In-home Live-In rate. A total of 365 days per year may be billed for the Live-In In-Home service when the individual(s) is present.

|                   |   |  |         |         |
|-------------------|---|--|---------|---------|
| Medication Review | U |  | \$66.78 | \$66.78 |
|-------------------|---|--|---------|---------|

|                      |   |  |         |         |
|----------------------|---|--|---------|---------|
| Occupational Therapy | Q |  | \$16.69 | \$16.69 |
|----------------------|---|--|---------|---------|

|                          |   |           |        |        |
|--------------------------|---|-----------|--------|--------|
| Personal Care Assistance | Q | Standard  | \$3.75 | \$3.75 |
| Personal Care Assistance | Q | Moderate  | \$3.75 | \$3.75 |
| Personal Care Assistance | Q | Intensive | \$3.75 | \$3.75 |

Levels of Personal Care Assistance Services are determined based on the type and level of assistance required by the individual as defined in the Developmental Disabilities Waiver Services Medicaid Coverage and Limitations Handbook.

|                  |   |  |         |         |
|------------------|---|--|---------|---------|
| Physical Therapy | Q |  | \$16.69 | \$16.69 |
|------------------|---|--|---------|---------|

|                            |   |  |        |        |
|----------------------------|---|--|--------|--------|
| Private Duty Nursing - LPN | Q |  | \$4.95 | \$6.78 |
| Private Duty Nursing - RN  | Q |  | \$7.14 | \$9.79 |

|   |   |     |        |        |
|---|---|-----|--------|--------|
| Residential Habilitation - Quarter Hour | Q | 1:1 | \$2.99 | \$3.68 |
| Residential Habilitation - Quarter Hour | Q | 1:2 | \$1.99 | \$2.45 |
| Residential Habilitation - Quarter Hour | Q | 1:3 | \$1.65 | \$2.03 |

Residential Habilitation may only be billed by the qtr. hr. for services provided in an individual's own home or family home. Licensed facilities must use the Provider Rate Table for Residential Habilitation Services in a Licensed Facility.

|                                    |   |  |         |         |
|------------------------------------|---|--|---------|---------|
| Residential Nursing Services - LPN | Q |  | \$4.95  | \$6.78  |
| Residential Nursing Services - RN  | Q |  | \$7.14  | \$9.79  |
| Respiratory Therapy                | Q |  | \$16.69 | \$16.69 |

|                                 |   |     |          |          |
|---------------------------------|---|-----|----------|----------|
| Respite Care - Quarter Hour     | Q | 1:1 | \$3.18   | \$3.35   |
| Respite Care - Quarter Hour     | Q | 1:2 | \$2.12   | \$2.24   |
| Respite Care - Quarter Hour     | Q | 1:3 | \$1.75   | \$1.85   |
| Respite Care - Day (per person) | D | 1:1 | \$127.26 | \$134.04 |
| Respite Care - Day (per person) | D | 1:2 | \$84.90  | \$89.38  |
| Respite Care - Day (per person) | D | 1:3 | \$70.12  | \$73.83  |

Respite Services provided at 10 or more hours per day are billed at the daily rate.

|                       |   |  |        |         |
|-----------------------|---|--|--------|---------|
| Skilled Nursing - LPN | Q |  | \$4.95 | \$6.78  |
| Skilled Nursing - RN  | Q |  | \$7.56 | \$10.39 |

|                                     |   |  |         |         |
|-------------------------------------|---|--|---------|---------|
| Specialized Mental Health - Therapy | Q |  | \$11.58 | \$15.37 |
|-------------------------------------|---|--|---------|---------|

|                |   |  |         |         |
|----------------|---|--|---------|---------|
| Speech Therapy | Q |  | \$16.69 | \$16.69 |
|----------------|---|--|---------|---------|

|                                     |   |  |          |          |
|-------------------------------------|---|--|----------|----------|
| Support Coordination                | M |  | \$130.95 | \$130.95 |
| Support Coordination-Limited        | M |  | \$65.48  | \$65.48  |
| Support Coordination - Transitional | M |  | \$316.90 | \$316.90 |

|                            |   |     |        |        |
|----------------------------|---|-----|--------|--------|
| Supported Employment Group | Q | 1:1 | \$3.31 | \$4.02 |
| Supported Employment Group | Q | 1:2 | \$1.65 | \$2.00 |
| Supported Employment Group | Q | 1:3 | \$1.20 | \$1.45 |
| Supported Employment Group | Q | 1:4 | \$1.10 | \$1.35 |
| Supported Employment Group | Q | 1:5 | \$1.06 | \$1.29 |

|   |   |     |        |        |
|---|---|-----|--------|--------|
| Supported Employment Group              | Q | 1:6 | \$1.03 | \$1.25 |
| Supported Employment Group              | Q | 1:7 | \$1.01 | \$1.23 |
| Supported Employment Group              | Q | 1:8 | \$0.99 | \$1.22 |
| Supported Employment - Individual Model | Q |     | \$8.15 | \$9.97 |

|                           |   |  |        |        |
|---------------------------|---|--|--------|--------|
| Supported Living Coaching | Q |  | \$6.33 | \$8.47 |
|---------------------------|---|--|--------|--------|

\*Units of Service:  
D Day  
M Month  
Q Quarter Hour  
U Unit

**Agency for Persons with Disabilities  
Developmental Disabilities Home and Community-Based Services Waiver**

**Provider Rate Table**

**Assessments and Individualized Rates with July 1, 2008 Rate Reductions**

**Effective July 1, 2008**

| <b>Assessments</b>  |               | <b>Geographical Independent or Agency</b> |                               | <b>Non-Geographical Independent or Agency</b> |                               |
|---|---------------|---|-------------------------------|---|-------------------------------|
|   |               | <b>Usual and Customary Rate</b>           | <b>Maximum Rate Allowable</b> | <b>Usual and Customary Rate</b>               | <b>Maximum Rate Allowable</b> |
| Billing for Assessments is based on the number of quarter hours required to complete the assessment, not to exceed the Maximum Fee Allowable. | <b>Units*</b> |   |                               |   |                               |
| Behavioral Analysis Services Assessment   | U             | \$286.19                                  | \$572.38                      | \$286.19                                      | \$572.38                      |
| Nursing Assessment Registered Nurse (RN) Only   | Q             | 8 Qt. Hours at RN rate                    | 8 Qt. Hours at RN rate        | 8 Qt. Hours at RN rate                        | 8 Qt. Hours at RN rate        |
| Occupational Therapy Assessment   | U             | \$133.55                                  | \$152.64                      | \$133.55                                      | \$152.64                      |
| Physical Therapy Assessment   | U             | \$133.55                                  | \$190.79                      | \$133.55                                      | \$190.79                      |
| Respiratory Therapy Assessment  | U             | \$190.79                                  | \$190.79                      | \$190.79                                      | \$190.79                      |
| Specialized Mental Health Assessment  | U             | \$133.55                                  | \$286.19                      | \$133.55                                      | \$286.19                      |
| Speech Therapy Assessment   | U             | \$133.55                                  | \$152.64                      | \$133.55                                      | \$152.64                      |

The following rates are negotiated and identified as part of the provider's Medicaid Waiver Services Agreement.

| Individually Determined and Negotiated Rates                     |   |   |
|--|---|---|
| Residential Habilitation - Intensive Behavior in a Licensed Home | D | Rates for this service are individually determined as part of Prior Service Authorization. Rates in effect prior to July 1, 2008 will be reduced by 3% effective July 1, 2008.    |
| Special Medical Home Care in a Licensed Home                     | D | Rates for this service are individually determined as part of Prior Service Authorization. Rates in effect prior to July 1, 2008 will be reduced by 7.21% effective July 1, 2008. |
| Transportation - Trip  | T | Rates for this service are individually determined as part of Prior Service Authorization. Rates in effect prior to July 1, 2008 will be reduced by 7.21% effective July 1, 2008. |
| Transportation - Month   | M |   |
| Transportation - Mile  | I |   |

|                    |
|--------------------|
| *Units of Service: |
| D Day              |
| M Month            |
| T Trip             |
| I Mile             |
| U Unit             |

Geographic rates for assessments shall be used in Areas 9, 10, and 11, including Monroe County.