

Developmental Disabilities Waivers Provider Rate Table

RESIDENTIAL HABILITATION with No Geographical Factor – RATES PER CLIENT DAY (Rates expressed in Dollars \$)

	Standard Program	Standard Program	Standard Program	Behavioral Focus	Behavioral Focus	Behavioral Focus
Direct Care Staff Hours per Person per 24 hour day	1 to 6 Sites per Area	7 to 15 Sites per Area	16 plus Sites per Area	1 to 6 Sites per Area	7 to 15 Sites per Area	16 plus Sites per Area
1	15.61	14.64	14.20	16.55	15.53	15.07
2	31.22	29.28	28.40	33.10	31.06	30.14
3	46.83	43.92	42.60	49.65	46.59	45.21
4	62.44	58.56	56.80	66.20	62.12	60.28
5	78.05	73.20	71.00	82.75	77.65	75.35
6	93.66	87.84	85.20	99.30	93.18	90.42
7	109.27	102.48	99.40	115.85	108.71	105.49
8	124.88	117.12	113.60	132.40	124.24	120.56
9	140.49	131.76	127.80	148.95	139.77	135.63
10	156.10	146.40	142.00	165.50	155.30	150.70
11	171.71	161.04	156.20	182.05	170.83	165.77
12	187.32	175.68	170.40	198.60	186.36	180.84
13	202.93	190.32	184.60	215.15	201.89	195.91
14	218.54	204.96	198.80	231.70	217.42	210.98
15	234.15	219.60	213.00	248.25	232.95	226.05
16	249.76	234.24	227.20	264.80	248.48	241.12
17	265.37	248.88	241.40	281.35	264.01	256.19
18	280.98	263.52	255.60	297.90	279.54	271.26
19	296.59	278.16	269.80	314.45	295.07	286.33
20	312.20	292.80	284.00	331.00	310.60	301.40
21	327.81	307.44	298.20	347.55	326.13	316.47
22	343.42	322.08	312.40	364.10	341.66	331.54
23	359.03	336.72	326.60	380.65	357.19	346.61
24	374.64	351.36	340.80	397.20	372.72	361.68
25	390.25	366.00	355.00	413.75	388.25	376.75
26	405.86	380.64	369.20	430.30	403.78	391.82
27	421.47	395.28	383.40	446.85	419.31	406.89
28	437.08	409.92	397.60	463.40	434.84	421.96
29	452.69	424.56	411.80	479.95	450.37	437.03
30	468.30	439.20	426.00	496.50	465.90	452.10
31	483.91	453.84	440.20	513.05	481.43	467.17
32	499.52	468.48	454.40	529.60	496.96	482.24
33	515.13	483.12	468.60	546.15	512.49	497.31
34	530.74	497.76	482.80	562.70	528.02	512.38
35	546.35	512.40	497.00	579.25	543.55	527.45
36	561.96	527.04	511.20	595.80	559.08	542.52
37	577.57	541.68	525.40	612.35	574.61	557.59
38	593.18	556.32	539.60	628.90	590.14	572.66
39	608.79	570.96	553.80	645.45	605.67	587.73
40	624.40	585.60	568.00	662.00	621.20	602.80

Note: These rates are based on 365 days of operation. A total of 350 days may be billed per year for this service when the individual is present. The number of sites refers only to the number of individual Residential Habilitaiton sites by the same provider in a single district.

Developmental Disabilities Waivers Provider Rate Table

RESIDENTIAL HABILITATION with Geographical Factor – RATE PER CLIENT DAY (Rates expressed in Dollars \$)

	Standard Program	Standard Program	Standard Program	Behavioral Focus	Behavioral Focus	Behavioral Focus
Direct Care Staff Hr / Person per 24 hour day	1 to 6 Sites per Area	7 to 15 Sites per Area	16 plus Sites per Area	1 to 6 Sites per Area	7 to 15 Sites per Area	16 plus Sites per Area
1	17.38	16.19	15.65	18.42	17.16	16.61
2	34.76	32.38	31.30	36.84	34.32	33.22
3	52.14	48.57	46.95	55.26	51.48	49.83
4	69.52	64.76	62.60	73.68	68.64	66.44
5	86.90	80.95	78.25	92.10	85.80	83.05
6	104.28	97.14	93.90	110.52	102.96	99.66
7	121.66	113.33	109.55	128.94	120.12	116.27
8	139.04	129.52	125.20	147.36	137.28	132.88
9	156.42	145.71	140.85	165.78	154.44	149.49
10	173.80	161.90	156.50	184.20	171.60	166.10
11	191.18	178.09	172.15	202.62	188.76	182.71
12	208.56	194.28	187.80	221.04	205.92	199.32
13	225.94	210.47	203.45	239.46	223.08	215.93
14	243.32	226.66	219.10	257.88	240.24	232.54
15	260.70	242.85	234.75	276.30	257.40	249.15
16	278.08	259.04	250.40	294.72	274.56	265.76
17	295.46	275.23	266.05	313.14	291.72	282.37
18	312.84	291.42	281.70	331.56	308.88	298.98
19	330.22	307.61	297.35	349.98	326.04	315.59
20	347.60	323.80	313.00	368.40	343.20	332.20
21	364.98	339.99	328.65	386.82	360.36	348.81
22	382.36	356.18	344.30	405.24	377.52	365.42
23	399.74	372.37	359.95	423.66	394.68	382.03
24	417.12	388.56	375.60	442.08	411.84	398.64
25	434.50	404.75	391.25	460.50	429.00	415.25
26	451.88	420.94	406.90	478.92	446.16	431.86
27	469.26	437.13	422.55	497.34	463.32	448.47
28	486.64	453.32	438.20	515.76	480.48	465.08
29	504.02	469.51	453.85	534.18	497.64	481.69
30	521.40	485.70	469.50	552.60	514.80	498.30
31	538.78	501.89	485.15	571.02	531.96	514.91
32	556.16	518.08	500.80	589.44	549.12	531.52
33	573.54	534.27	516.45	607.86	566.28	548.13
34	590.92	550.46	532.10	626.28	583.44	564.74
35	608.30	566.65	547.75	644.70	600.60	581.35
36	625.68	582.84	563.40	663.12	617.76	597.96
37	643.06	599.03	579.05	681.54	634.92	614.57
38	660.44	615.22	594.70	699.96	652.08	631.18
39	677.82	631.41	610.35	718.38	669.24	647.79
40	695.20	647.60	626.00	736.80	686.40	664.40

Note: These rates are based on 365 days of operation. A total of 350 days may be billed per year for this service when the individual is present. The number of sites refers only to the number of individual Residential Habilitation sites by the same provider in a single district

Developmental Disabilities Waivers Provider Rate Table

IN-HOME SUPPORTS: AWAKE STAFF (Hourly Rate)

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$3.83 / \$15.31	\$15.31	\$3.94 / \$15.76	\$15.76
1	2	\$2.55 / \$10.21	\$20.42	\$2.63 / \$10.51	\$21.02
1	3	\$2.11 / \$8.43	\$25.29	\$2.17 / \$8.68	\$26.03
Independent Provider					
1	1	\$3.21 / \$12.84	\$12.84	\$3.26 / \$13.04	\$13.04
1	2	\$2.14 / \$8.56	\$17.13	\$2.18 / \$8.70	\$17.39
1	3	\$1.77 / \$7.07	\$21.21	\$1.80 / \$7.18	\$21.54

Note: Qtr. Hour In-Home Supports that exceed 8 hours a day must be billed at the In-home Live-In rate.

IN-HOME SUPPORTS: LIVE-IN STAFF (Daily Rate)

Corrected July 18, 2003; Quarter Hour Rate added November 1, 2003

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Quarter Hour/Daily Rate Per Person	Total Paid Per Day of Service	Quarter Hour/Daily Rate Per Person	Total Paid Per Day of Service
1	1	\$3.82 / \$122.45	\$122.45	\$3.94 / \$126.06	\$126.06
1	2	\$3.21 / \$102.86	\$205.71	\$3.31 / \$105.89	\$211.78
1	3	\$2.75 / \$ 88.16	\$264.49	\$2.83 / \$ 90.76	\$272.29
Independent Provider					
1	1	\$3.13 / \$100.02	\$100.02	\$3.16 / \$101.27	\$101.27
1	2	\$2.63 / \$ 84.01	\$168.03	\$2.66 / \$ 85.06	\$170.13
1	3	\$2.25 / \$ 72.01	\$216.03	\$2.28 / \$ 72.91	\$218.73

Note: A total of 365 days per year may be billed for this service when the individual(s) is present.

RESIDENTIAL HABILITATION: LIVE-IN STAFF (Daily Rate) Revised November 1, 2003

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Daily Rate Per Person	Total Paid Per Day of Service	Daily Rate Per Person	Total Paid Per Day of Service
1	1	\$132.39	\$132.39	\$136.30	\$136.30
1	2	\$111.21	\$222.42	\$114.49	\$228.98
1	3	\$95.32	\$285.97	\$98.14	\$294.41
Independent Provider					
1	1	\$108.14	\$108.14	\$109.49	\$109.49
1	2	\$90.84	\$181.67	\$91.97	\$183.94
1	3	\$77.86	\$233.58	\$78.83	\$236.50

Note: The "Live-In" rate is considered for licensed residential facilities of 3 or fewer persons. Staff do not have to "live-in" 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.

Developmental Disabilities Waivers Provider Rate Table

NON-RESIDENTIAL SUPPORT SERVICES - (Hourly Rate)

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$4.29 / \$17.16	\$17.16	\$4.43 / \$17.72	\$17.72
1	2	\$2.86 / \$11.44	\$22.88	\$2.96 / \$11.82	\$23.63
1	3	\$2.36 / \$9.44	\$28.32	\$2.44 / \$9.76	\$29.28
1	*4	\$1.99 / \$7.97	\$31.84	\$2.06 / \$8.24	\$32.96
1	*5	\$1.67 / \$6.68	\$33.40	\$1.74 / \$6.96	\$34.80
1	*6	\$1.41 / \$5.64	\$33.84	\$1.47 / \$5.88	\$35.28
Independent Provider					
1	1	\$3.48 / \$13.92	\$13.92	\$3.54 / \$14.16	\$14.16
1	2	\$2.32 / \$9.28	\$18.56	\$2.36 / \$9.44	\$18.88
1	3	\$1.92 / \$7.68	\$23.04	\$1.95 / \$7.80	\$23.40
1	*4	\$1.61 / \$6.44	\$25.76	\$1.64 / \$6.56	\$26.24
1	*5	\$1.35 / \$5.40	\$27.00	\$1.38 / \$5.52	\$27.60
1	*6	\$1.13 / \$4.52	\$27.12	\$1.16 / \$4.64	\$27.84

Note: NRSS is provided in the community at a ratio of up to 1:3. In unusual circumstances, when serving individuals in remote areas where it is cost beneficial to have a slightly larger group, the district shall negotiate the appropriate ratio not to exceed 1:6 using the rates in the above chart.

RESIDENTIAL HABILITATION – (Hourly Rate)

Revised Nov. 1, 2003,

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$3.39 / \$13.55	\$13.55	\$3.50 / \$14.00	\$14.00
1	2	\$2.26 / \$9.04	\$18.07	\$2.33 / \$9.33	\$18.66
1	3	\$1.87 / \$7.47	\$22.41	\$1.93 / \$7.71	\$23.14
Independent Provider					
1	1	\$2.75 / \$11.00	\$11.00	\$2.80 / \$11.18	\$11.18
1	2	\$1.84 / \$7.34	\$14.67	\$1.86 / \$7.45	\$14.90
1	3	\$1.52 / \$6.06	\$18.19	\$1.54 / \$6.16	\$18.48

Note: Residential Habilitation may only be billed by the hour for services by provided in an individual's own home or family home. Licensed facilities must use the daily rate schedule for billing purposes.

Developmental Disabilities Waivers Provider Rate Table

RESPITE SERVICES – (Hourly Rate)

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$3.16 / \$12.65	\$12.65	\$3.19 / \$12.76	\$12.76
1	2	\$2.11 / \$8.44	\$16.88	\$2.13 / \$8.51	\$17.02
1	3	\$1.74 / \$6.97	\$20.91	\$1.76 / \$7.03	\$21.09
Independent Provider					
1	1	\$3.00 / \$12.00	\$12.00	\$3.03 / \$12.11	\$12.11
1	2	\$2.00 / \$8.01	\$16.02	\$2.02 / \$8.08	\$16.16
1	3	\$1.65 / \$6.61	\$19.83	\$1.67 / \$6.67	\$20.01

Note: Provided in individual/family/licensed home. Services provide at 10 or more hours of respite per day are billed at the daily rate.

RESPITE SERVICES – (Daily Rate)

Agency Provider		With No Geographic Factor	With Geographic Factor
Number of Staff	People Served	Total Paid Per Day for 10 or more hrs. of Service	Total Paid Per Day for 10 or more hrs. of Service
1	1	\$126.50	\$127.60
1	2	\$168.80	\$170.20
1	3	\$209.10	\$210.90
Independent Provider			
1	1	\$120.00	\$121.10
1	2	\$160.20	\$161.60
1	3	\$198.30	\$200.10

Note: Provided in individual/family/licensed home. Includes services that are provided at 10 or more hours per day.

ADULT DAY TRAINING AND OFF SITE TRAINING (Daily and Hourly Rate)

(Revised Nov. 1, 2003)

Agency Provider		No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Rate Per Person	Rate Per Person	Rate Per Person	Rate Per Person
		Quarter Hour / Hourly Rate / Person not to exceed 6 hrs. / day	Daily Rate / Person not to exceed 6 hrs. / day	Quarter Hour / Hourly Rate / Person not to exceed 6 hrs. / day	Daily Rate / Person not to exceed 6 hrs. / day
1	1	\$3.95 / \$15.79	\$94.71	\$3.97 / \$15.87	\$95.25
1	3	\$2.24 / \$8.98	\$53.85	\$2.26 / \$9.06	\$54.35
1	5	\$1.56 / \$6.25	\$37.50	\$1.58 / \$6.33	\$37.99
1	6 to 10	\$1.22 / \$4.89	\$29.33	\$1.24 / \$4.97	\$29.82

NOTE: Stepped Rate assumes a 6 hour program day for the attendees, with staff present 7 hours and has been adjusted by 12.5% for non-state matching funds. An absence factor of 3.85% is included to the rate. A provider may bill up to a total of 240 days per year when the individual(s) is present. Individuals who attend all 6 hours per day are billed at 24-quarter hours per day until a daily billing code is available. Part-time attendee billing (less than six hours a day) is calculated based on the quarter hour for the actual time the attendee receives the service, and the quarter hours are combined (totaled) into a daily amount for billing purposes.

Developmental Disabilities Waivers Provider Rate Table

SUPPORTED EMPLOYMENT/GROUP (Hourly Rate)

(Revised July 24, 2003)

Agency Provider		With No Geographical Factor		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$3.96 / \$15.86	\$15.86	\$4.06 / \$16.25	\$16.25
1	2	\$ 1.98 / \$7.93	\$15.86	\$2.03 / \$8.12	\$16.25
1	3	\$ 1.43 / \$5.73	\$17.19	\$1.46 / \$5.87	\$17.62
1	4	\$1.32 / \$5.31	\$21.23	\$1.36 / \$5.44	\$21.75
1	5	\$1.27 / \$5.08	\$25.41	\$1.30 / \$5.21	\$26.04
1	6	\$1.23 / \$4.94	\$29.65	\$1.26 / \$5.06	\$30.38
1	7	\$1.21 / \$4.85	\$33.93	\$1.24 / \$4.97	\$34.76
1	8	\$1.19 / \$4.78	\$38.22	\$1.22 / \$4.90	\$39.17
Independent Provider					
1	1	\$3.31 / \$13.24	\$13.24	\$3.34 / \$13.38	\$13.38
1	2	\$1.65 / \$6.62	\$13.24	\$1.67 / \$6.69	\$13.38
1	3	\$1.19 / \$4.79	\$14.36	\$1.20 / \$4.83	\$14.50
1	4	\$1.10 / \$4.43	\$17.73	\$1.12 / \$4.48	\$17.91
1	5	\$1.06 / \$4.24	\$21.22	\$1.07 / \$4.29	\$21.44
1	6	\$1.03 / \$4.13	\$24.77	\$1.04 / \$4.17	\$25.02
1	7	\$1.01 / \$4.05	\$28.34	\$1.02 / \$4.09	\$28.62
1	8	\$0.99 / \$3.99	\$31.93	\$1.00 / \$4.03	\$32.24

Developmental Disabilities Waivers Provider Rate Table

MEDICAID-BENCHMARKED RATES - HCBS Fee Schedule 4/19/02

NO CHANGE TO MEDICAID CURRENT RATES

Service	Billable Unit	Usual and Customary Rates for DS HCBS	DS HCBS Maximum Fee Allowable Schedule
Physical Therapy	Qtr. hour	\$17.50	\$17.50
Occupational Therapy	Qtr. hour	\$17.50	\$17.50
Speech Therapy	Qtr. hour	\$17.50	\$17.50
Occupational Therapy Assessment *	1 / year	\$140.00	\$160.00
Physical Therapy Assessment *	1 / year	\$140.00	\$200.00
Psychological Assessment *	1/ year	\$300.00	\$300.00
Speech Therapy Assessment *	1/ year	\$140.00	\$160.00
Behavior Analysis Services Assessment *	1/ year	\$300.00	\$600.00
Respiratory Therapy	Qtr. hour	\$17.50	\$17.50
Respiratory Therapy Assessment *	2 / year	\$200.00	\$200.00
Therapeutic Massage	Qtr. hour	\$14.12	\$14.12
Therapeutic Massage Assessment *	2 / year	\$60.00 / assess.	\$160.00
Specialized Mental Health Therapy Assessment *	1 / year	\$140.00	\$300.00

* Billing for assessments is based on the number of quarter hours required to complete the assessment, not to exceed the HCBS Maximum Fee Allowable Schedule.

PERSONAL CARE SERVICES

Agency Provided Personal Care	Qtr. Hour / Hourly Rate Per Person	Rate Per Hour with Modifier
Standard Assistance	\$3.86 / \$15.44	\$4.05 / \$16.20
Moderate Assistance	\$4.30 / \$17.20	\$4.67 / \$18.68
Intensive Assistance	\$5.04 / \$20.16	\$5.29 / \$21.16
Independent Provided Personal Care		
Standard Assistance	\$3.49 / \$13.96	\$3.67 / \$14.68
Moderate Assistance	\$4.02 / \$16.08	\$4.22 / \$16.88
Intensive Assistance	\$4.56 / \$18.24	\$4.78 / \$19.12

Note: Rates are determined based on type of assistance required by the individual as defined in the procedures for implementation of the DS/HCBS Waiver Published Rates.

Revised November 1, 2003

Revised November 1, 2003

Individually Determined Rates for Licensed Residential Facilities (Agency and Independent Providers)

Residential Habilitation / Intensive Behavior Home Care	Individually Determined as part of Prior Service Authorization
Special Medical Home Care	Individually Determined as part of Prior Service Authorization

Developmental Disabilities Waivers Provider Rate Table

OTHER / NON-CONGREGATE SETTINGS: Agency Providers

Other Services – Agency		No Geographical Factor		With Geographical Factor	
Service	Billable Unit	Quarter Hour	Rate Per Hour	Quarter Hour	Rate Per Hour
Behavior Analysis Services (Level I)	Quarter hour	\$20.80	\$83.19	\$22.61	\$90.43
Behavior Analysis Services (Level II)	Quarter hour	\$18.17	\$72.67	\$19.75	\$78.99
Behavior Analysis Services (Level III)	Quarter hour	\$11.30	\$45.18	\$12.28	\$49.11
Chore	Quarter hour	\$3.53	\$14.10	\$3.70	\$14.79
Companion	Quarter hour	\$3.53	\$14.10	\$3.70	\$14.79
Medication Review	Per Review	N. A.	\$70.00	N. A.	\$70.00
Homemaker	Quarter hour	\$3.53	\$14.10	\$3.70	\$14.79
Private Duty Nursing (RN)	Quarter hour	\$9.59	\$38.37	\$10.11	\$40.45
Private Duty Nursing (LPN)	Quarter hour	\$6.65	\$26.58	\$7.01	\$28.02
Skilled Nursing (RN)	Quarter hour	\$10.18	\$40.70	\$10.73	\$42.90
Skilled Nursing (LPN)	Quarter hour	\$6.65	\$26.58	\$7.01	\$28.02
Supported Living Coaching	Quarter hour	\$8.29	\$33.15	\$8.75	\$34.99
Residential Nursing Services (RN)	Quarter hour	\$9.59	\$38.37	\$10.11	\$40.45
Residential Nursing Services (LPN)	Quarter hour	\$6.65	\$26.58	\$7.01	\$28.02
Dietitian Services	Quarter hour	\$14.52	\$58.08	\$15.31	\$61.23
Supported Employment - Individual Model	Quarter hour	\$9.75	\$39.00	\$10.29	\$41.16
Behavior Services Assistant Services	Quarter hour	\$4.71	\$18.82	\$4.94	\$19.75
Specialized MH Therapy	Quarter hour	\$15.14	\$60.57	\$15.89	\$63.54

Developmental Disabilities Waivers Provider Rate Table

OTHER SERVICES/ NON-CONGREGATE SETTINGS: Independent Providers

Other Services – Independent		No Geographical Factor		With Geographical Factor	
Service	Billable Unit	Quarter Hour	Rate Per Hour	Quarter Hour	Rate Per Hour
Behavior Analysis Services (Level I)	Quarter hour	\$14.80	\$59.20	\$15.26	\$61.04
Behavior Analysis Services (Level II)	Quarter hour	\$12.93	\$51.71	\$13.33	\$53.31
Behavior Analysis Services (Level III)	Quarter hour	\$8.04	\$32.15	\$8.29	\$33.14
Chore	Quarter hour	\$2.74	\$10.95	\$2.78	\$11.13
Companion	Quarter hour	\$2.74	\$10.95	\$2.78	\$11.13
Medication Review	Per Review	N. A.	\$70.00	N. A.	\$70.00
Homemaker	Quarter hour	\$2.74	\$10.95	\$2.78	\$11.13
Private Duty Nursing (RN)	Quarter hour	\$7.24	\$28.96	\$7.36	\$29.45
Private Duty Nursing (LPN)	Quarter hour	\$5.02	\$20.06	\$5.10	\$20.40
Skilled Nursing (RN)	Quarter hour	\$7.68	\$30.72	\$7.81	\$31.23
Skilled Nursing (LPN)	Quarter hour	\$5.02	\$20.06	\$5.10	\$20.40
Supported Living Coaching	Quarter hour	\$6.39	\$25.57	\$6.53	\$26.10
Residential Nursing Services (RN)	Quarter hour	\$7.24	\$28.96	\$7.36	\$29.45
Residential Nursing Services (LPN)	Quarter hour	\$5.02	\$20.06	\$5.10	\$20.40
Dietitian Services	Quarter hour	\$10.96	\$43.84	\$11.14	\$44.57
Supported Employment - Individual Model	Quarter hour	\$8.14	\$32.56	\$8.41	\$33.63
Behavior Services Assistant Services	Quarter hour	\$3.65	\$14.61	\$3.72	\$14.86
Specialized MH Therapy	Quarter hour	\$11.76	\$47.03	\$11.95	\$47.81

Developmental Disabilities Waivers Provider Rate Table

RESIDENTIAL HABILITATION with Geographical Factor RATE PER CLIENT DAY (Rates expressed in Dollars \$) - Monroe County only

Staff Hours in 24 Hrs	Standard			Behavioral		
	Geo	Geo	Geo	Geo	Geo	Geo
	1 – 6 Sites per Area	7 – 15 Sites per Area	16 + Sites per Area	1 – 6 Sites per Area	7 – 15 Sites per Area	16 + Sites per Area
1	19.97	18.61	17.99	21.18	19.73	19.08
2	39.94	37.22	35.98	42.36	39.46	38.16
3	59.91	55.83	53.97	63.54	59.19	57.24
4	79.88	74.44	71.96	84.72	78.92	76.32
5	99.85	93.05	89.95	105.90	98.65	95.40
6	119.82	111.66	107.94	127.08	118.38	114.48
7	139.79	130.27	125.93	148.26	138.11	133.56
8	159.76	148.88	143.92	169.44	157.84	152.64
9	179.73	167.49	161.91	190.62	177.57	171.72
10	199.70	186.10	179.90	211.80	197.30	190.80
11	219.67	204.71	197.89	232.98	217.03	209.88
12	239.64	223.32	215.88	254.16	236.76	228.96
13	259.61	241.93	233.87	275.34	256.49	248.04
14	279.58	260.54	251.86	296.52	276.22	267.12
15	299.55	279.15	269.85	317.70	295.95	286.20
16	319.52	297.76	287.84	338.88	315.68	305.28
17	339.49	316.37	305.83	360.06	335.41	324.36
18	359.46	334.98	323.82	381.24	355.14	343.44
19	379.43	353.59	341.81	402.42	374.87	362.52
20	399.40	372.20	359.80	423.60	394.60	381.60
21	419.37	390.81	377.79	444.78	414.33	400.68
22	439.34	409.42	395.78	465.96	434.06	419.76
23	459.31	428.03	413.77	487.14	453.79	438.84
24	479.28	446.64	431.76	508.32	473.52	457.92
25	499.25	465.25	449.75	529.50	493.25	477.00
26	519.22	483.86	467.74	550.68	512.98	496.08
27	539.19	502.47	485.73	571.86	532.71	515.16
28	559.16	521.08	503.72	593.04	552.44	534.24
29	579.13	539.69	521.71	614.22	572.17	553.32
30	599.10	558.30	539.70	635.40	591.90	572.40
31	619.07	576.91	557.69	656.58	611.63	591.48
32	639.04	595.52	575.68	677.76	631.36	610.56
33	659.01	614.13	593.67	698.94	651.09	629.64
34	678.98	632.74	611.66	720.12	670.82	648.72
35	698.95	651.35	629.65	741.30	690.55	667.80
36	718.92	669.96	647.64	762.48	710.28	686.88
37	738.89	688.57	665.63	783.66	730.01	705.96
38	758.86	707.18	683.62	804.84	749.74	725.04
39	778.83	725.79	701.61	826.02	769.47	744.12
40	798.80	744.40	719.60	847.20	789.20	763.20

Note: These rates are based on 365 days of operation. A total of 350 days may be billed per year for this service when the individual is present. The number of sites refers only to the number of individual Residential Habilitation sites by the same provider in a single district.

Developmental Disabilities Waivers Provider Rate Table

IN-HOME SUPPORTS: AWAKE STAFF (Hourly Rate) (Monroe County Only)

Agency Provider		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$4.33 / \$17.35	\$17.35
1	2	\$2.89 / \$11.57	\$23.14
1	3	\$2.39 / \$9.56	\$28.68
Independent Provider			
1	1	\$3.59 / \$14.37	\$14.37
1	2	\$2.39 / \$9.58	\$19.16
1	3	\$1.98 / \$7.92	\$23.76

Note: Hourly In-Home Supports that exceed 8 hours a day must be billed at the In-home Live-In rate.

IN-HOME SUPPORTS: LIVE-IN STAFF (Daily Rate) (Monroe County Only)

Agency Provider		With Geographical Factor	
Number of Staff	People Served	Daily Rate Per Person	Total Paid Per Day of Service
1	1	\$141.21	\$141.21
1	2	\$118.62	\$237.23
1	3	\$101.67	\$305.01
Independent Provider			
1	1	\$119.55	\$119.55
1	2	\$100.42	\$200.84
1	3	\$86.07	\$258.22

Note: A total of 365 days per year may be billed for this service when the individual(s) is present.

RESIDENTIAL HABILITATION: LIVE-IN STAFF (Daily Rate) (Monroe County Only) Revised November 1,2003

Agency Provider		With Geographical Factor	
Number of Staff	People Served	Daily Rate Per Person	Total Paid Per Day of Service
1	1	\$136.67	\$136.67
1	2	\$114.80	\$229.60
1	3	\$98.40	\$295.20
Independent Provider			
1	1	\$111.63	\$111.63
1	2	\$93.77	\$187.54
1	3	\$80.37	\$241.12

Note: The "Live-In" rate is considered for licensed residential facilities of 3 or fewer persons. Staff do not have to "live-in" 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.

Developmental Disabilities Waivers Provider Rate Table

NON-RESIDENTIAL SUPPORT SERVICES – (Hourly Rate) (Monroe County Only)

Agency Provider		With Geographical Factor (Monroe County Only)	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$4.50 / \$17.99	\$17.99
1	2	\$3.00 / \$11.99	\$23.98
1	3	\$2.48 / \$9.91	\$29.73
1	*4	\$2.08 / \$8.32	\$33.28
1	*5	\$1.75 / \$7.00	\$35.00
1	*6	\$1.47 / \$5.88	\$35.28
Independent Provider			
1	1	\$3.60 / \$14.37	\$14.37
1	2	\$2.40 / \$9.58	\$19.16
1	3	\$1.98 / \$7.92	\$23.75
1	*4	\$1.67 / \$6.68	\$26.72
1	*5	\$1.41 / \$5.64	\$28.20
1	*6	\$1.19 / \$4.76	\$28.56

* Note: NRSS is provided in the community at a ratio of up to 1:3. In unusual circumstances, when serving individuals in remote areas where it is cost beneficial to have a slightly larger group, the district shall negotiate the appropriate ratio not to exceed 1:6 using the rates in the above chart.

RESIDENTIAL HABILITATION – (Hourly Rate) (Monroe County Only)

Revised November 1, 2003,

Agency Provider		With Geographical Factor (Monroe County Only)	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$3.86 / \$15.43	\$15.43
1	2	\$2.57 / \$10.27	\$20.55
1	3	\$2.13 / \$8.51	\$25.52
Independent Provider			
1	1	\$3.13 / \$12.53	\$12.53
1	2	\$2.09 / \$8.34	\$16.68
1	3	\$1.73 / \$6.91	\$20.72

Note: Residential Habilitation may only be billed by the hour for services provided in an individual's own home or family home. Licensed facilities must use the daily rate schedule for billing purposes.

Developmental Disabilities Waivers Provider Rate Table

RESPIRE SERVICES – (Hourly Rate) (Monroe County Only)

Agency Provider		With Geographical Factor (Monroe County Only)	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$3.51 / \$14.05	\$14.05
1	2	\$2.34 / \$9.37	\$18.74
1	3	\$1.94 / \$7.74	\$23.22
Independent Provider			
1	1	\$3.34 / \$13.34	\$13.34
1	2	\$2.22 / \$8.90	\$17.80
1	3	\$1.84 / \$7.35	\$22.05

Note: Provided in individual/family/licensed home. Services provide at 10 or more hours of respite per day are billed at the daily rate.

RESPIRE SERVICES – (Daily Rate) (Monroe County Only)

Agency Provider		With Geographic Factor (Monroe County Only)
Number of Staff	People Served	Total Paid Per Day for 10 or more hrs. of Service
1	1	\$140.50
1	2	\$187.40
1	3	\$232.20
Independent Provider		
1	1	\$133.40
1	2	\$178.00
1	3	\$220.50

Note: Provided in individual/family/licensed home. Includes services that are provided at 10 or more hours per day.

ADULT DAY TRAINING AND OFF SITE TRAINING (Daily and Hourly Rate) (Monroe County Only) (Revised Nov. 1, 2003)

Agency Provider		With Geographical Factor	
Number of Staff	People Served	Rate Per Person	Rate Per Person
		Quarter Hour / Hourly Rate / Person not to exceed 6 hrs. / day	Daily Rate / Person not to exceed 6 hrs. / day
1	1	\$4.07 / \$16.30	\$97.79
1	3	\$2.32 / \$9.28	\$55.66
1	5	\$1.62 / \$6.47	\$38.79
1	6 to 10	\$1.24 / \$4.97	\$30.37

Note rate revised November 1, 2003.

NOTE: Stepped Rate assumes a 6 hour program day for the attendees, with staff present 7 hours and has been adjusted by 12.5% for non-state matching funds. An absence factor of 3.85% is included to the rate. A provider may bill up to a total of 240 days per year when the individual(s) is present. Individuals who attend all 6 hours per day are billed at 24-quarter hours per day until a daily billing code is available. Part-time attendee billing (less than six hours a day) is calculated based on the quarter hour for the actual time the attendee receives the service, and the quarter hours are combined (totaled) into a daily amount for billing purposes.

Developmental Disabilities Waivers Provider Rate Table

SUPPORTED EMPLOYMENT/GROUP (Hourly Rate) (Monroe County Only) Revised July 24, 2003

Agency Provider		With Geographical Factor	
Number of Staff	People Served	Qtr. Hour / Hourly Rate Per Person	Total Paid Per Hour of Service
1	1	\$4.21 / \$16.87	\$16.87
1	2	\$2.10 / \$8.43	\$16.87
1	3	\$1.52 / \$6.10	\$18.29
1	4	\$1.41 / \$5.64	\$22.58
1	5	\$1.35 / \$5.41	\$27.03
1	6	\$1.31 / \$5.26	\$31.54
1	7	\$1.29 / \$5.16	\$36.09
1	8	\$1.27 / \$5.08	\$40.65
Independent Provider			
1	1	\$3.47 / \$13.90	\$13.90
1	2	\$1.73 / \$6.95	\$13.90
1	3	\$1.25 / \$5.03	\$15.08
1	4	\$1.16 / \$4.65	\$18.62
1	5	\$1.11 / \$4.46	\$22.28
1	6	\$1.08 / \$4.33	\$26.00
1	7	\$1.06 / \$4.25	\$29.75
1	8	\$1.04 / \$4.19	\$33.52

MEDICAID-BENCHMARKED RATES - HCBS Fee Schedule 4/19/02

NO CHANGE TO MEDICAID CURRENT RATES			
Service	Billable Unit	Usual and Customary Rates for DS HCBS	DS HCBS Maximum Fee Allowable Schedule
Physical Therapy	Qtr. hour	\$17.50	\$17.50
Occupational Therapy	Qtr. hour	\$17.50	\$17.50
Speech Therapy	Qtr. hour	\$17.50	\$17.50
Occupational Therapy Assessment *	1 / year	\$140.00	\$160.00
Physical Therapy Assessment *	1 / year	\$140.00	\$200.00
Psychological Assessment *	1/ year	\$300.00	\$300.00
Speech Therapy Assessment *	1/ year	\$140.00	\$160.00
Behavior Analysis Services Assessment *	1/ year	\$300.00	\$600.00
Respiratory Therapy	Qtr. hour	\$17.50	\$17.50
Respiratory Therapy Assessment *	2 / year	\$200.00	\$200.00
Therapeutic Massage	Qtr. hour	\$14.12	\$14.12
Therapeutic Massage Assessment *	2 / year	\$60.00 / assess.	\$160.00
Specialized Mental Health Therapy Assessment *	1 / year	\$140.00	\$300.00

* Billing for assessments is based on the number of quarter hours required to complete the assessment, not to exceed the HCBS Maximum Fee Allowable Schedule.

Developmental Disabilities Waivers Provider Rate Table

PERSONAL CARE SERVICES (Monroe County Only)

Agency Provided Personal Care	Qtr. Hour / Hourly Rate Per Person	Rate Per Hour with Modifier
Standard Assistance	\$4.24 / \$16.97	\$4.45 / \$17.82
Moderate Assistance	\$4.50 / \$18.01	\$4.72 / \$18.91
Intensive Assistance	\$5.51 / \$22.05	\$5.78 / \$23.15
Independent Provided Personal Care		
Standard Assistance	\$3.84 / \$15.36	\$4.03 / \$16.13
Moderate Assistance	\$4.07 / \$16.30	\$4.28 / \$17.12
Intensive Assistance	\$4.98 / \$19.94	\$5.23 / \$20.94

Note: Rates are determined based on type of assistance required by the individual as defined in the procedures for implementation of the DS/HCBS Waiver Published Rates.

Revised November 1, 2003

Individually Determined Rates for Licensed Residential Facilities (Agency and Independent Providers)

Residential Habilitation / Intensive Behavior Home Care	Individually determined as part of Prior Service Authorization
Special Medical Home Care	Individually determined as part of Prior Service Authorization

Developmental Disabilities Waivers Provider Rate Table

OTHER / NON-CONGREGATE SETTINGS: Agency Providers (Monroe County Only)

Other Services – Agency Service	Billable Unit	Rate Per Quarter Hour	With Geographical Factor RATE PER HOUR
Behavior Analysis Services (Level I)	Quarter hour	\$22.94	\$91.76
Behavior Analysis Services (Level II)	Quarter hour	\$20.04	\$80.15
Behavior Analysis Services (Level III)	Quarter hour	\$12.46	\$49.83
Chore	Quarter hour	\$4.35	\$17.39
Companion	Quarter hour	\$4.35	\$17.39
Medication Review	Per Review	N.A.	\$70.00
Homemaker	Quarter hour	\$4.35	\$17.39
Private Duty Nursing (RN)	Quarter hour	\$10.26	\$41.05
Private Duty Nursing (LPN)	Quarter hour	\$7.11	\$28.44
Skilled Nursing (RN)	Quarter hour	\$10.89	\$43.54
Skilled Nursing (LPN)	Quarter hour	\$7.11	\$28.44
Supported Living Coaching	Quarter hour	\$8.88	\$35.51
Residential Nursing Services (RN)	Quarter hour	\$10.26	\$41.05
Residential Nursing Services (LPN)	Quarter hour	\$7.11	\$28.44
Dietitian Services	Quarter hour	\$15.54	\$62.14
Supported Employment - Individual Model **	Quarter hour	\$10.45	\$41.75
Behavior Services Assistant Services	Quarter hour	\$5.01	\$20.04
Specialized MH Therapy	Quarter hour	\$16.12	\$64.48

** Supported Employment-Individual Model rate revised July 24, 2003

Developmental Disabilities Waivers Provider Rate Table

OTHER SERVICES/ NON-CONGREGATE SETTINGS: Independent Providers (Monroe County Only)

Other Services – Independent			With Geographical Factors
Service	Billable Unit	Quarter Hour	Rate Per Hour
Behavior Analysis Services (Level I)	Quarter hour	\$15.50	\$61.98
Behavior Analysis Services (Level II)	Quarter hour	\$13.54	\$54.14
Behavior Analysis Services (Level III)	Quarter hour	\$8.42	\$33.66
Chore	Quarter hour	\$3.28	\$13.10
Companion	Quarter hour	\$3.28	\$13.10
Medication Review	Per Review	N.A.	\$70.00
Homemaker	Quarter hour	\$3.28	\$13.10
Private Duty Nursing (RN)	Quarter hour	\$7.48	\$29.90
Private Duty Nursing (LPN)	Quarter hour	\$5.18	\$20.72
Skilled Nursing (RN)	Quarter hour	\$7.93	\$31.71
Skilled Nursing (LPN)	Quarter hour	\$5.18	\$20.72
Supported Living Coaching	Quarter hour	\$6.63	\$26.51
Residential Nursing Services (RN)	Quarter hour	\$7.48	\$29.90
Residential Nursing Services (LPN)	Quarter hour	\$5.18	\$20.72
Dietitian Services	Quarter hour	\$11.32	\$45.26
Supported Employment - Individual Model **	Quarter hour	\$8.54	\$34.15
Behavior Services Assistant Services	Quarter hour	\$3.77	\$15.09
Specialized MH Therapy	Quarter hour	\$12.14	\$48.55

** Supported Employment-Individual Model rate revised July 24, 2003