

**Provider Rate Table  
Residential Habilitation Services in a Licensed Facility  
Effective December 1, 2007**

Residential Habilitation Services Daily - Monthly Rates								
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
<b>Basic</b>	\$39.66	\$1,156.75	Not Available	Not Available	\$41.44	\$1,208.67	Not Available	Not Available
<b>Minimal</b>	\$79.25	\$2,311.46	\$84.02	\$2,450.58	\$82.82	\$2,415.58	\$87.80	\$2,560.83
<b>Moderate</b>	\$118.92	\$3,468.50	\$126.08	\$3,677.33	\$124.27	\$3,624.54	\$131.75	\$3,842.71
<b>Extensive</b>	\$159.96	\$4,665.50	\$169.59	\$4,946.38	\$167.16	\$4,875.50	\$177.23	\$5,169.21
<b>Intensive I</b>	\$210.15	\$6,129.38	\$222.80	\$6,498.33	\$219.61	\$6,405.29	\$232.83	\$6,790.88

\*Geographic factor established at 4.5% based on 2006 "Florida Price Level Index" published by the University of Florida, Bureau of Economic and Business Research

\*\*Provider and the individual being served must meet definition of "Behavior Focus" to qualify for this rate.

**Rate Considerations:** Rates are based on 365 days of operation, with 350 possible billing days available. The monthly rate for this service must 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 revised Residential Habilitation Rates for licensed facilities are effective December 1, 2007. The rates will be implemented in accordance with Chapter 2007-64, Laws of Florida, amending Section 393.0661(3)(f)4 and 393.0661(3)(f) 8, Florida Statutes. Daily Rates based on the January 1, 2007 Provider Rate Table approved and authorized as of September 30, 2007 will be amended December 1, 2007 to reflect the corresponding rate for Level of Supports as defined in the Residential Habilitation Provider Rate Table, effective December 1, 2007. Once amended, all rates will remain constant unless (1) the recipient experiences a significant change in condition or circumstance that indicates a different level of support is needed, or (2) the recipient is assessed using the Agency approved assessment and a different rate level is indicated.

All requested changes to the Level of Support Rate shall be determined medically necessary. Recipients who have experienced a significant change in condition or circumstance, or who are newly admitted into a licensed residential home and who have not been assessed will have the Residential Habilitation rate established using the Residential Habilitation Descriptors that best describe the recipient's primary area of support need.

Assisted Living Facility (ALF) providers serving residents who receive more than one hour per day of residential habilitation waiver services will have their daily waiver payments reduced by \$9.28 for each resident to reflect that the first hour of service each day will be provided and funded under the Assistive Care Services (ACS) category. The ALF provider must enroll as an ACS provider and bill Medicaid in accordance with the ACS Coverage and Limitations Handbook in order to recover that \$9.28 deduction from their waiver payments. The calculation will be made on 29 days in the month when billing the monthly rate.

**Provider Responsibilities:**

Residential habilitation services provided in a licensed facility shall ensure the health and welfare of the recipient receiving the service, and shall address the provision of appropriate physical care, training, supervision and support necessary to ensure that each recipient be afforded the opportunity for personal growth and development. Each facility must provide the level of supervision necessary to ensure that recipients are protected from harm and that a safe and healthy living environment is created and maintained. The treatment and care of recipients shall be individualized and appropriate to differences in personal goals, abilities, sex, age, and special needs, and staff must meet these needs. At least one staff person must be present in the home at all times while recipients are in the facility. The only exception would be if the facility prepares a written plan proposing that a specified recipient be left alone for limited periods of time during the day or night. Such plans must be approved by the Area Office prior to implementation.

**General Staffing Guidelines:** The staffing ratios identified below for each of the support levels are based on a six bed group home model with shift staff, and recipients with similar functional, behavioral or physical needs. Homes with less or more licensed beds, or with a mix of support need levels will have different staffing configurations, but must meet individual needs and provide appropriate levels of training and supervision for recipients residing in the home. Staff should be trained to meet the specific training needs as well as the functional, behavioral or physical needs of the recipients in the home.

**Basic Level of Support:** A minimum of one staff should be in the home when recipients are present unless an exception has been granted. Staff availability is based on recipient supervision and training needs. Staff should be trained to provide effective training for recipient goals identified, guidance and supervision.

**Minimal Level of Support:** A minimum ratio of 1 staff to 3 recipients should be present during daytime and early evening hours for training activities and adequate supervision when recipients are present in the home. Based on the needs of the recipients, a minimum ratio of 1 staff to 6 recipients may be appropriate for late evening hours and when recipients are sleeping, with staff awake for monitoring of behavioral, medical or health conditions, and/or repositioning, if necessary, when supervision is the primary need.

**Moderate Level of Support:** A minimum ratio of 1 staff to 3 recipients should be present during daytime and early evening hours for training activities and adequate supervision when recipients are present in the home. Based on the training, behavioral or physical needs of the recipients, a minimum ratio of 1 staff to 3 recipients may be appropriate for late evening hours when supervision with some level of intervention is needed. A minimum ratio of 1–6 may be appropriate when recipients are sleeping, with staff awake for monitoring of behavioral, medical or health conditions, and/or physical repositioning, if necessary. If recipients have behavioral or physical/medical needs that require intervention during the night, a minimum of a 1–3 ratio should be available during sleeping hours.

**Extensive Level of Support:** A minimum ratio of 1 staff to 2 recipients should be present during daytime and early evening hours for training activities and adequate supervision when recipients are present in the home. Based on the training, behavioral and physical needs of the recipients, a minimum ratio of 1 staff to 2 recipients may be appropriate for late evening hours when supervision and intervention with behavioral, functional or medical needs arise. Some recipients may require a 1 staff to 1 recipient, or a 2 staff to 1 recipient ratio at times during the day for support with self-care needs, lifting and transfers, or for behavioral intervention and supervision. A minimum ratio of 1–3 may be appropriate for sleeping hours with staff awake for monitoring of medical or health conditions, and/or repositioning, if

**Intensive 1 Level of Support:** A minimum of 1 staff to 2 recipients should be present during daytime and early evening hours for training activities and adequate supervision when recipients are present in the home. Some recipients may require a 1 staff to 1 recipient, or a 2 staff to 1 recipient ratio at times during the day for support with self-care needs, lifting and transfers, or for behavioral intervention and supervision. Based on the training, behavioral or physical needs of the recipient, a minimum ratio of 1 staff to 2 recipients may be appropriate for late evening hours when supervision and intervention with behavioral, functional or medical needs arise. A minimum ratio of 1–3 may be appropriate for sleeping hours with staff awake for monitoring of medical or health conditions, and/or repositioning, if necessary, or for behavioral or physical/medical needs that require intervention during the night.

### 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.

<b>BASIC</b> (Formerly 1 - 3 hours/ day)
<p><b>Functional:</b> Independent in self-care, daily living activities; or requires supervision, intermittent verbal direction or physical prompts to perform self-care, daily living skills;</p> <p><b>Behavioral:</b> No formal behavioral intervention necessary except redirection; may be non-compliant at times,</p> <p><b>Physical:</b> Health issues under control through medication or diet. Ambulatory or independent in use of wheelchair/walker. May need staff supervision to self-administer medications.</p> <p><b>Other:</b> 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).</p>
<b>MINIMAL</b> (Formerly 4 - 6 hours/day)
<p><b>Functional:</b> 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.</p> <p><b>Behavioral:</b> 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.</p> <p><b>Physical:</b> 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.</p>
<b>MODERATE</b> (Formerly 7 - 9 hours/day)
<p><b>Functional:</b> 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.</p> <p><b>Behavioral:</b> 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.</p>

<p><b>Moderate (continued)</b></p> <p><b>Physical:</b> 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.</p> <p><b>Other:</b> In need of constant supervision due to a documented history of sexual battery, inappropriate sexual behavior, or sexually provocative behavior.</p>
<p><b>EXTENSIVE</b> (Formerly 10 - 12 hours/day)</p> <p><b>Functional:</b> 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.</p> <p><b>Behavioral:</b> 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.</p> <p><b>Physical:</b> 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.)</p> <p><b>Other:</b> Has engaged in sexual predatory behavior in the past 12 months resulting in court involvement.</p>
<p><b>INTENSIVE 1</b> (Formerly 13 and over hours a day.)</p> <p><b>Functional:</b> 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.</p>

<b>Intensive 1 (Continued)</b>
<p><b>Behavioral:</b> 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.</p>
<p><b>Physical:</b> 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.</p>
<p>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.</p>

**Provider Rate Table  
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<b>Residential Habilitation Services Live-In Rate</b>						
<b>Service Description</b>	<b>Unit*</b>	<b>Staff Ratio or Level of Care</b>	<b>Geographic Independent Rates</b>	<b>Geographic Agency Rates</b>	<b>Non-Geographic Independent Rates</b>	<b>Non-Geographic Agency Rates</b>
Residential Habilitation - Live In Staff - Day	D	1:1	\$112.57	\$140.13	\$111.18	\$136.11
Residential Habilitation - Live In Staff - Day	D	1:2	\$94.55 per person	\$117.71 per person	\$93.39 per person	\$114.34 per person
Residential Habilitation - Live In Staff - Day	D	1:3	\$81.05 per person	\$100.90 per person	\$80.05 per person	\$98.00 per person

The Residential Habilitation "Live-In" rate may be used for licensed residential facilities of 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.

\*Units of Service: D Day