

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

Residential Habilitation Services Daily Rates						
Rate for Level of Supports	Without Geographic Factor		With Geographic Factor*		Monroe County Only	
	Standard Program	Behavior Focus**	Standard Program	Behavior Focus**	Standard Program	Behavior Focus**
	Daily Rate	Daily Rate	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Basic	\$ 40.45	Not Available	\$ 44.50	Not Available	\$ 50.56	Not Available
Minimal	\$ 80.84	\$ 85.71	\$ 88.92	\$ 93.79	\$ 101.05	\$ 105.92
Moderate	\$ 121.30	\$ 128.60	\$ 133.43	\$ 140.73	\$ 151.63	\$ 158.93
Extensive	\$ 163.16	\$ 172.98	\$ 179.48	\$ 189.30	\$ 203.95	\$ 213.77
Intensive I	\$ 214.35	\$ 227.25	\$ 235.79	\$ 248.69	\$ 267.94	\$ 280.84

*Geographic factor applies to Areas 9, 10 and 11

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

The revised Residential Habilitation Rates for licensed facilities are effective January 1, 2008. 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 January 1, 2008 to reflect the corresponding rate for Level of Supports as defined in the Residential Habilitation Provider Rate Table, effective January 1, 2008. 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.

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 (Formerly 1 - 3 hours/ day)
<p>Functional: 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>Behavioral: No formal behavioral intervention necessary except redirection; may be non-compliant at times,</p> <p>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.</p> <p>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).</p>
MINIMAL (Formerly 4 - 6 hours/day)
<p>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.</p> <p>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.</p> <p>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.</p>
MODERATE (Formerly 7 - 9 hours/day)
<p>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.</p> <p>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.</p>

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

Intensive 1 (Continued)

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.