

Family and Supported Living Waiver

Provider Rate Table Effective January 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 | \$4.08 | N/A | \$4.06 |
| Adult Day Training - Facility Based | Q | 1:3 | N/A | \$2.32 | N/A | \$2.30 |
| Adult Day Training - Facility Based | Q | 1:5 | N/A | \$1.62 | N/A | \$1.60 |
| Adult Day Training - Facility Based | Q | 1:6-10 | N/A | \$1.27 | N/A | \$1.25 |
| Adult Day Training - Off Site | Q | 1:1 | N/A | \$4.08 | N/A | \$4.06 |
| Adult Day Training - Off Site | Q | 1:3 | N/A | \$2.32 | N/A | \$2.30 |
| Adult Day Training - Off Site | Q | 1:5 | N/A | \$1.62 | N/A | \$1.60 |
| Adult Day Training - Off Site | Q | 1:6-10 | N/A | \$1.27 | N/A | \$1.25 |

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. An absence factor of 3.85% is included in the rate. 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.

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|---------------------------------------|---|---|----------|----------|----------|----------|
| Behavior Analysis Level 1 | Q | 1 | \$15.69 | \$23.25 | \$15.22 | \$21.38 |
| Behavior Analysis Level 2 | Q | 2 | \$13.70 | \$20.30 | \$13.29 | \$18.68 |
| Behavior Analysis Level 3 | Q | 3 | \$8.52 | \$12.63 | \$8.27 | \$11.62 |
| Behavior Assistant Services | Q | | \$3.82 | \$5.08 | \$3.75 | \$4.84 |
| Behavior Analysis Services Assessment | Q | | \$308.43 | \$616.86 | \$308.43 | \$616.86 |

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|--------------------------------------------|---|-----|--------------------|---------------------|--------------------|---------------------|
| In - Home Supports (Awake Staff) Qtr. Hour | Q | 1:1 | \$3.35 | \$4.05 | \$3.30 | \$3.94 |
| In - Home Supports (Awake Staff) Qtr. Hour | Q | 1:2 | \$2.24 | \$2.70 | \$2.20 | \$2.62 |
| In - Home Supports (Awake Staff) Qtr. Hour | Q | 1:3 | \$1.85 | \$2.23 | \$1.82 | \$2.17 |
| In - Home Supports (Live-In Staff) Day | D | 1:1 | \$104.12 | \$129.60 | \$102.83 | \$125.89 |
| In - Home Supports (Live-In Staff) Day | D | 1:2 | \$87.45 per person | \$108.87 per person | \$86.37 per person | \$105.75 per person |
| In - Home Supports (Live-In Staff) Day | D | 1:3 | \$74.96 per person | \$93.31 per person | \$74.03 per person | \$90.64 per person |

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.

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|-----------------------------|---|-----|--------------------|--------------------|--------------------|--------------------|
| Respite Care - Quarter Hour | Q | 1:1 | \$3.12 | \$3.28 | \$3.08 | \$3.25 |
| Respite Care - Quarter Hour | Q | 1:2 | \$2.08 | \$2.19 | \$2.06 | \$2.17 |
| Respite Care - Quarter Hour | Q | 1:3 | \$1.72 | \$1.81 | \$1.70 | \$1.79 |
| Respite Care - Day | D | 1:1 | \$124.50 | \$131.19 | \$123.37 | \$130.05 |
| Respite Care - Day | D | 1:2 | \$83.07 per person | \$87.49 per person | \$82.35 per person | \$86.77 per person |
| Respite Care - Day | D | 1:3 | \$68.57 per person | \$72.28 per person | \$67.96 per person | \$71.66 per person |

Respite is provided in the individual's/family/licensed home. Services provided at 10 or more hours of respite per day are billed at the daily rate.

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|-------------------------------------|---|--|----------|----------|----------|----------|
| Support Coordination | M | | \$135.00 | \$135.00 | \$135.00 | \$135.00 |
| Support Coordination-Limited | M | | \$67.50 | \$67.50 | \$67.50 | \$67.50 |
| Support Coordination - Transitional | M | | \$326.70 | \$326.70 | \$326.70 | \$326.70 |

| 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 | \$3.43 | \$4.17 | \$3.40 | \$4.07 |
| Supported Employment Group | Q | 1:2 | \$1.72 | \$2.09 | \$1.70 | \$2.04 |
| Supported Employment Group | Q | 1:3 | \$1.23 | \$1.50 | \$1.22 | \$1.47 |
| Supported Employment Group | Q | 1:4 | \$1.15 | \$1.40 | \$1.13 | \$1.36 |
| Supported Employment Group | Q | 1:5 | \$1.10 | \$1.34 | \$1.09 | \$1.31 |
| Supported Employment Group | Q | 1:6 | \$1.07 | \$1.30 | \$1.06 | \$1.26 |
| Supported Employment Group | Q | 1:7 | \$1.05 | \$1.27 | \$1.04 | \$1.24 |
| Supported Employment Group | Q | 1:8 | \$1.03 | \$1.25 | \$1.02 | \$1.22 |
| Supported Employment - Individual Model | Q | | \$8.65 | \$10.58 | \$8.37 | \$10.02 |

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|---------------------------|---|--|--------|--------|--------|--------|
| Supported Living Coaching | Q | | \$6.71 | \$9.00 | \$6.57 | \$8.52 |
|---------------------------|---|--|--------|--------|--------|--------|

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

Geographical rates shall be utilized by Areas 9, 10, and 11.