

# Developmental Disabilities Home and Community-Based Services Waiver

## Provider Rate Table Effective December 1, 2007

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates	Non-Geographical Agency Rates	Monroe County Independent Rates	Monroe County Agency Rates
Adult Day Training - Facility Based	Q	1:1	N/A	\$4.08	N/A	\$4.06	N/A	\$4.18
Adult Day Training - Facility Based	Q	1:3	N/A		N/A	\$2.30	N/A	\$2.39
Adult Day Training - Facility Based	Q	1:5	N/A	\$1.62	N/A	\$1.60	N/A	\$1.67
Adult Day Training - Facility Based	Q	1:6-10	N/A	\$1.27	N/A	\$1.25	N/A	\$1.27
Adult Day Training - Off Site*	Q	1:1	N/A	\$4.08	N/A	\$4.06	N/A	\$4.18
Adult Day Training - Off Site	Q	1:3	N/A	\$2.32	N/A	\$2.30	N/A	\$2.39
Adult Day Training - Off Site	Q	1:5	N/A	\$1.62	N/A	\$1.60	N/A	\$1.67
Adult Day Training - Off Site	Q	1:6-10	N/A	\$1.27	N/A	\$1.25	N/A	\$1.27

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.

Behavior Analysis Level 1	Q	1	\$15.69	\$23.25	\$15.22	\$21.38	\$15.94	\$23.58
Behavior Analysis Level 2	Q	2	\$13.70	\$20.30	\$13.29	\$18.68	\$13.92	\$20.60
Behavior Analysis Level 3	Q	3	\$8.52	\$12.63	\$8.27	\$11.62	\$8.66	\$12.81
Behavior Assistant Services	Q		\$3.82	\$5.08	\$3.75	\$4.84	\$3.88	\$5.15

Chore Services	Q		\$2.86	\$3.80	\$2.82	\$3.63	\$3.37	\$4.47
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Companion	Q		\$2.86	\$3.80	\$2.82	\$3.63	\$3.37	\$4.47
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Dietician Services	Q		\$11.45	\$15.74	\$11.27	\$14.93	\$11.64	\$15.98
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Homemaker Services	Q		\$2.86	\$3.80	\$2.82	\$3.63	\$3.37	\$4.47
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In - Home Supports (Awake Staff) Qtr. Hour	Q	1:1	\$3.35	\$4.05	\$3.30	\$3.94	\$3.69	\$4.45
In - Home Supports (Awake Staff) Qtr. Hour	Q	1:2	\$2.24	\$2.70	\$2.20	\$2.62	\$2.46	\$2.97
In - Home Supports (Awake Staff) Qtr. Hour	Q	1:3	\$1.85	\$2.23	\$1.82	\$2.17	\$2.04	\$2.46
In - Home Supports (Live-In Staff) Day	D	1:1	\$104.12	\$129.60	\$102.83	\$125.89	\$122.91	\$145.18
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	\$103.24 per person	\$121.95 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	\$88.49 per person	\$104.53 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.

Medication Review	U		\$71.97	\$71.97	\$71.97	\$71.97	\$71.97	\$71.97
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Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates	Non-Geographical Agency Rates	Monroe County Independent Rates	Monroe County Agency Rates
Non-Residential Support Services	Q	1:1	\$3.64	\$4.55	\$3.58	\$4.41	\$3.70	\$4.63
Non-Residential Support Services	Q	1:2	\$2.43	\$3.04	\$2.39	\$2.94	\$2.47	\$3.08
Non-Residential Support Services	Q	1:3	\$2.00	\$2.51	\$1.97	\$2.43	\$2.04	\$2.55
Non-Residential Support Services	Q	1:4	\$1.69	\$2.12	\$1.66	\$2.05	\$1.72	\$2.14
Non-Residential Support Services	Q	1:5	\$1.42	\$1.79	\$1.39	\$1.72	\$1.45	\$1.80
Non-Residential Support Services	Q	1:6	\$1.19	\$1.51	\$1.16	\$1.45	\$1.22	\$1.51

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 Area shall negotiate the appropriate ratio not to exceed 1:6 using the rates in the above chart.

Occupational Therapy	Q		\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99
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Personal Care Assistance	Q	Standard	\$3.59	\$3.97	\$3.59	\$3.97	\$3.95	\$4.36
Personal Care Assistance	Q	Moderate	\$4.13	\$4.42	\$4.13	\$4.42	\$4.18	\$4.63
Personal Care Assistance	Q	Intensive	\$4.69	\$5.18	\$4.69	\$5.18	\$5.12	\$5.66
Personal Care Assistance - With Modifier	Q	Standard	\$3.77	\$4.16	\$3.77	\$4.16	\$4.14	\$4.58
Personal Care Assistance - With Modifier	Q	Moderate	\$4.34	\$4.80	\$4.34	\$4.80	\$4.40	\$4.85
Personal Care Assistance - With Modifier	Q	Intensive	\$4.91	\$5.44	\$4.91	\$5.44	\$5.38	\$5.94

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

Physical Therapy	Q		\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99
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Private Duty Nursing - LPN	Q		\$5.24	\$7.21	\$5.16	\$6.84	\$7.69	\$10.55
Private Duty Nursing - RN	Q		\$7.57	\$10.39	\$7.44	\$9.86	\$5.33	\$7.31

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" 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. 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 daily rate schedule for billing purposes.

Residential Habilitation - Quarter Hour	Q	1:1	\$2.88	\$3.60	\$2.83	\$3.49
Residential Habilitation - Quarter Hour	Q	1:2	\$1.91	\$2.40	\$1.89	\$2.32
Residential Habilitation - Quarter Hour	Q	1:3	\$1.58	\$1.98	\$1.56	\$1.92

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 daily rate or Live-In provider rate schedule for billing purposes.

Residential Nursing - LPN	Q		\$5.24	\$7.21	\$5.16	\$6.84	\$7.69	\$10.55
Residential Nursing - RN	Q		\$7.57	\$10.39	\$7.44	\$9.86	\$5.33	\$7.31

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates	Non-Geographical Agency Rates	Monroe County Independent Rates	Monroe County Agency Rates
Respiratory Therapy	Q		\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99

Respite Care - Quarter Hour	Q	1:1	\$3.12	\$3.28	\$3.08	\$3.25	\$3.43	\$3.61
Respite Care - Quarter Hour	Q	1:2	\$2.08	\$2.19	\$2.06	\$2.17	\$2.28	\$2.41
Respite Care - Quarter Hour	Q	1:3	\$1.72	\$1.81	\$1.70	\$1.79	\$1.89	\$1.99
Respite Care - Day	D	1:1	\$124.50	\$131.19	\$123.37	\$130.05	\$137.15	\$144.45
Respite Care - Day	D	1:2	\$83.07 per person	\$87.49 per person	\$82.35 per person	\$86.77 per person	\$91.50 per person	\$96.33 per person
Respite Care - Day	D	1:3	\$68.57 per person	\$72.28 per person	\$67.96 per person	\$71.66 per person	\$75.57 per person	\$79.57 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.

Skilled Nursing - LPN	Q		\$5.24	\$7.21	\$5.16	\$6.84	\$8.15	\$11.20
Skilled Nursing - RN	Q		\$8.03	\$11.03	\$7.90	\$10.47	\$5.33	\$7.31

Specialized Mental Health - Therapy	Q		\$12.29	\$16.34	\$12.09	\$15.57	\$12.48	\$16.57
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Speech Therapy	Q		\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99
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Support Coordination	M		\$161.60	\$161.60	\$161.60	\$161.60	\$161.60	\$161.60
Support Coordination-Limited (first 3 months of initial support plan)	M		\$161.60	\$161.60	\$161.60	\$161.60	\$161.60	\$161.60
Support Coordination-Limited (ongoing service)	M		\$49.01	\$49.01	\$49.01	\$49.01	\$49.01	\$49.01
Support Coordination - Transitional	M		\$326.70	\$326.70	\$326.70	\$326.70	\$326.70	\$326.70

Supported Employment Group	Q	1:1	\$3.43	\$4.17	\$3.40	\$4.07	\$3.57	\$4.33
Supported Employment Group	Q	1:2	\$1.72	\$2.09	\$1.70	\$2.04	\$1.78	\$2.16
Supported Employment Group	Q	1:3	\$1.23	\$1.50	\$1.22	\$1.47	\$1.29	\$1.56
Supported Employment Group	Q	1:4	\$1.15	\$1.40	\$1.13	\$1.36	\$1.19	\$1.45
Supported Employment Group	Q	1:5	\$1.10	\$1.34	\$1.09	\$1.31	\$1.14	\$1.39
Supported Employment Group	Q	1:6	\$1.07	\$1.30	\$1.06	\$1.26	\$1.11	\$1.35
Supported Employment Group	Q	1:7	\$1.05	\$1.27	\$1.04	\$1.24	\$1.09	\$1.33
Supported Employment Group	Q	1:8	\$1.03	\$1.25	\$1.02	\$1.22	\$1.07	\$1.31
Supported Employment - Individual Model	Q		\$8.65	\$10.58	\$8.37	\$10.02	\$8.78	\$10.74

Supported Living Coaching	Q		\$6.71	\$9.00	\$6.57	\$8.52	\$6.82	\$9.13
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Therapeutic Massage	Q		\$14.52	\$14.52	\$14.52	\$14.52	\$14.52	\$14.52
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*Units of Service: D Day M Month Q Quarter Hour U Unit
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Geographical rates shall be utilized by Areas 9, 10, and 11, with the exception of Monroe County.

**Provider Rate Table**  
**Assessments and Individualized Rates**

Assessments		Geographical Independent or Agency		Non-Geographical Independent or Agency		Monroe County Independent or Agency	
	Units*	Usual and Customary Rate	Maximum Rate Allowable	Usual and Customary Rate	Maximum Rate Allowable	Usual and Customary Rate	Maximum Rate Allowable
Billing for Assessments is based on the number of quarter hours required to complete the assessment, not to exceed the Maximum Fee Allowable.							
Behavioral Analysis Services Assessment	U	\$308.43	\$616.86	\$308.43	\$616.86	\$308.43	\$616.86
Occupational Therapy Assessment	U	\$143.93	\$164.50	\$143.93	\$164.50	\$143.93	\$164.50
Physical Therapy - Assessment	U	\$143.93	\$205.62	\$143.93	\$205.62	\$143.93	\$205.62
Psychological Assessment	U	\$308.43	\$308.43	\$308.43	\$308.43	\$308.43	\$308.43
Respiratory Therapy Assessment	U	\$205.62	\$205.62	\$205.62	\$205.62	\$205.62	\$205.62
Specialized Mental Health - Assessment	U	\$143.93	\$308.43	\$143.93	\$308.43	\$143.93	\$308.43
Speech Therapy - Assessment	U	\$143.93	\$143.93	\$143.93	\$143.93	\$143.93	\$143.93
Therapeutic Massage - Assessment	U	\$61.69	\$164.50	\$61.69	\$164.50	\$61.69	\$164.50

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
Special Medical Home Care in a Licensed Home	D	Rates for this service are individually determined as part of Prior Service Authorization
Transportation - Trip	T	Transportation rates are negotiated by the Agency for Persons with Disabilities
Transportation - Month	M	
Transportation - Mile	I	

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

Geographical rates shall be utilized by Areas 9, 10, and 11, with the exception of Monroe County.