

**Agency for Persons with Disabilities
Developmental Disabilities Home and Community-Based Services Waiver**

**Provider Rate Table with July 1, 2008 Rate Reductions
Effective July 1, 2008**

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates
Adult Day Training - Facility Based	Q	1:1	N/A	\$3.79	N/A
Adult Day Training - Facility Based	Q	1:3	N/A	\$2.15	N/A
Adult Day Training - Facility Based	Q	1:5	N/A	\$1.50	N/A
Adult Day Training - Facility Based	Q	1:6-10	N/A	\$1.18	N/A
Adult Day Training - Off Site*	Q	1:1	N/A	\$3.79	N/A
Adult Day Training - Off Site	Q	1:3	N/A	\$2.15	N/A
Adult Day Training - Off Site	Q	1:5	N/A	\$1.50	N/A
Adult Day Training - Off Site	Q	1:6-10	N/A	\$1.18	N/A

The ADT rate assumes a 6 hour program day for the attendees, with staff present 7 hours. The rate has been reduced by 12.5% for non-state matching funds. A provider may bill up to a total of 240 days per year when the individual is enrolled in the program. Individuals may attend full time or part-time (less than 6 hours). Attendance is calculated based on the quarter. Actual time the attendee receives the service. [Adult Day Training is part of the services identified for a meaningful activity.](#)

Behavior Analysis Level 1	Q	1	\$14.56	\$21.57	\$14.12
Behavior Analysis Level 2	Q	2	\$12.71	\$18.84	\$12.33
Behavior Analysis Level 3	Q	3	\$7.91	\$11.72	\$7.67
Behavior Assistant Services	Q		\$3.54	\$4.71	\$3.48

Companion	Q	1:1	\$2.65	\$3.53	\$2.62
Companion	Q	1:2	\$1.78	\$2.37	\$1.75
Companion	Q	1:3	\$1.48	\$1.96	\$1.45

Companion Services are provided at a ratio of up to 1:3. When Companion Services are provided to someone in a residential facility, the services must be provided solely in the community. Companion Services are part of the services identified for a meaningful activity.

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Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates
In - Home Supports (Awake Staff) Qtr. Hour	Q	1:1	\$3.11	\$3.76	\$3.06
In - Home Supports (Awake Staff) Qtr. Hour	Q	1:2	\$2.08	\$2.51	\$2.04
In - Home Supports (Awake Staff) Qtr. Hour	Q	1:3	\$1.72	\$2.07	\$1.69
In - Home Supports (Live-In Staff) Day Per Person	D	1:1	\$96.61	\$120.26	\$95.42
In - Home Supports (Live-In Staff) Day Per Person	D	1:2	\$81.14	\$101.02	\$80.14
In - Home Supports (Live-In Staff) Day Per Person	D	1:3	\$69.56	\$86.58	\$68.69

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 may be billed for the Live-In In-Home service when the individual(s) is present.

Medication Review	U		\$66.78	\$66.78	\$66.78
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Occupational Therapy	Q		\$16.69	\$16.69	\$16.69
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Personal Care Assistance	Q	Standard	\$3.75	\$3.75	\$3.75
Personal Care Assistance	Q	Moderate	\$3.75	\$3.75	\$3.75
Personal Care Assistance	Q	Intensive	\$3.75	\$3.75	\$3.75

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

Physical Therapy	Q		\$16.69	\$16.69	\$16.69
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Private Duty Nursing - LPN	Q		\$4.86	\$6.69	\$4.79
Private Duty Nursing - RN	Q		\$7.02	\$9.64	\$6.90

Residential Habilitation - Quarter Hour	Q	1:1	\$2.67	\$3.34	\$2.63
Residential Habilitation - Quarter Hour	Q	1:2	\$1.77	\$2.23	\$1.75
Residential Habilitation - Quarter Hour	Q	1:3	\$1.47	\$1.84	\$1.45

Residential Habilitation may only be billed by the qtr. hr. for services provided in an individual's own home or family Licensed facilities must use the Provider Rate Table for Residential Habilitation Services in a Licensed Facility.

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates
Residential Nursing - LPN	Q		\$4.86	\$6.69	\$4.79
Residential Nursing - RN	Q		\$7.02	\$9.64	\$6.90
Respiratory Therapy	Q		\$16.69	\$16.69	\$16.69
Respite Care - Quarter Hour	Q	1:1	\$2.90	\$3.04	\$2.86
Respite Care - Quarter Hour	Q	1:2	\$1.93	\$2.03	\$1.91
Respite Care - Quarter Hour	Q	1:3	\$1.60	\$1.68	\$1.58
Respite Care - Day (per person)	D	1:1	\$115.52	\$121.73	\$114.48
Respite Care - Day (per person)	D	1:2	\$77.08	\$81.18	\$76.41
Respite Care - Day (per person)	D	1:3	\$63.63	\$67.07	\$63.06
Respite is provided in the individual's/family/licensed home. Services provided at 10 or more hours of respite per week are provided at the daily rate.					
Skilled Nursing - LPN	Q		\$4.86	\$6.69	\$4.79
Skilled Nursing - RN	Q		\$7.45	\$10.23	\$7.33
Specialized Mental Health - Therapy	Q		\$11.40	\$15.16	\$11.22
Speech Therapy	Q		\$16.69	\$16.69	\$16.69
Support Coordination	M		\$130.95	\$130.95	\$130.95
Support Coordination-Limited	M		\$65.48	\$65.48	\$65.48
Support Coordination - Transitional	M		\$316.90	\$316.90	\$316.90

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates
Supported Employment Group	Q	1:1	\$3.18	\$3.87	\$3.15
Supported Employment Group	Q	1:2	\$1.60	\$1.94	\$1.58
Supported Employment Group	Q	1:3	\$1.14	\$1.39	\$1.13
Supported Employment Group	Q	1:4	\$1.07	\$1.30	\$1.05
Supported Employment Group	Q	1:5	\$1.02	\$1.24	\$1.01
Supported Employment Group	Q	1:6	\$0.99	\$1.21	\$0.98
Supported Employment Group	Q	1:7	\$0.97	\$1.18	\$0.97
Supported Employment Group	Q	1:8	\$0.96	\$1.16	\$0.95
Supported Employment - Individual Model	Q		\$8.03	\$9.82	\$7.77
Supported Living Coaching	Q		\$6.23	\$8.35	\$6.10

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

Geographic rates shall be utilized for services provided in Areas 9, 1
 Monroe County will use the geographic rates for Area 11.

Non-Geographical Agency Rates
\$3.77
\$2.13
\$1.48
\$1.16
\$3.77
\$2.13
\$1.48
\$1.16

adjusted by
 is present.
 hour for the
 gful day activity.

\$19.84
\$17.33
\$10.78
\$4.49

\$3.37
\$2.25
\$1.87

who lives in a
 services

\$13.85

Non-Geographical Agency Rates
\$3.66
\$2.43
\$2.01
\$116.81
\$98.13
\$84.10

days per year

\$66.78

\$16.69

\$3.75
\$3.75
\$3.75

d by the
ndbook.

\$16.69

\$6.35
\$9.15

\$3.24
\$2.15
\$1.78

ly home.

Non-Geographical Agency Rates
\$6.35
\$9.15
\$16.69
\$3.02
\$2.01
\$1.66
\$120.67
\$80.51
\$66.49

per day are billed

\$6.35
\$9.72

\$14.45

\$16.69

\$130.95
\$65.48
\$316.90

Non-Geographical Agency Rates
\$3.78
\$1.89
\$1.36
\$1.26
\$1.22
\$1.17
\$1.15
\$1.13
\$9.30
\$7.91

0, and 11.