

RateBook

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Division of Developmental Disabilities
1789 W. Jefferson
Phoenix, AZ

Preface
DES/DDD Published Rate Schedule
May 25, 2009

The Division is required by A.R.S. 36-557 to publish a RateBook that announces the rate structure that shall be incorporated by reference in contracts for client services.

This document presents:

- The rate schedules for all services for which a rate has been set,
- The accompanying independent model, if developed, and
- The methodology that was used in deriving the rates through the independent modeling process.

The Division strives to maintain the rates at current market levels. The RateBook contains rates that reflect these levels through the depiction of *Benchmark* rates. Actual rates paid by the Division may deviate from the *Benchmark* rates. This deviation may cause rates paid by the Division to be either higher or lower than *Benchmark* rates. **The actual rates paid by the Division are labeled as *Adopted* rates.**

Special Note:

With the implementation of the FOCUS system, the edits used by the Division to validate claims have become much more strict. Unless a submitted claim has a valid rate (listed in the RateBook) for a service that is in effect for the date of service included on the claim, the claim will be rejected by the FOCUS system.

To assist Qualified Vendors with claims submitted to the Division, the Division has posted a comprehensive listing of published rates, the *Division Rate Look Up File*, on the Division website. This listing provides a schedule of all published rates and the effective date range for which the rate is valid. Qualified Vendors are encouraged to utilize the *Division Rate Look Up File* in conjunction with this document to ensure the proper rate is used for the date of service on the claim.

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Difference Between Current Rate Schedules and Those Released on February 1, 2008

Please review the attached schedules carefully, the rates for services have been revised. The following list summarizes changes from the last set of schedules published February 1, 2008 and provides other important information:

- ❑ The Benchmark rates presented in this RateBook have not changed from the Benchmark rates in the February 1, 2008 RateBook.
- ❑ The Adopted rates presented in this RateBook have, in general, been decreased by 10% from the Adopted rates in the February 1, 2008 RateBook. The Division pays providers the Adopted rates. To implement the 10% reduction the Adopted-to-Benchmark ratio for most services has been reduced from 100% to 90%. Specific services may differ from this ratio dependent upon historical rates paid to providers. Please consult the individual service contained within this document for more information.
- ❑ The new Adopted rates presented in this RateBook will be effective for services delivered on or after May 25, 2009.

For additional information, please refer to the attached documentation, provided to the provider community by the Division of Developmental Disabilities, following this page.

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Introduction

Purpose of This Schedule

This schedule contains the rates that will begin on May 25, 2009. The Schedule contains two columns of rates. The first column labeled "Benchmark Rate" contains the rates that the Division calculated through its rate setting process. The second column labeled "Adopted Rate" contains the rates that the Division adopted for the published rate schedule and these are the rates to be used for each service when billing the Division.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Home-Based Services**

Unit of Service

1. The basis of payment for all Home-Based Services except for Respite, Continuous is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

2. If the Qualified Vendor provides respite for a total of 13 or more hours (consecutive or non-consecutive) in one calendar day, this is considered to be Respite, Continuous. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day. One unit of Respite, Continuous equals one day (13 or more hours in one calendar day) of direct service time. A Qualified Vendor billing for Respite, Continuous will bill for the appropriate number of days of service and will include the actual cumulative hours of service provided on the billing document as required by the Div

3. In no event will more than three consumers receive the same service with a single direct service staff person at the same time.

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Attendant Care | | | | |
| Attendant Care | Client Hour | 1 | \$16.09 | \$14.48 |
| Attendant Care | Client Hour | 2 | \$10.06 | \$9.05 |
| Attendant Care | Client Hour | 3 | \$8.05 | \$7.24 |
| Habilitation, Community Protection and Treatment Hourly | | | | |
| Habilitation, Community Protection and Treatment Hourly | Client Hour | 1 | \$21.57 | \$19.41 |
| Habilitation, Community Protection and Treatment Hourly | Client Hour | 2 | \$13.48 | \$12.13 |
| Habilitation, Community Protection and Treatment Hourly | Client Hour | 3 | \$10.79 | \$9.71 |
| Habilitation, Support | | | | |
| Habilitation, Support | Client Hour | 1 | \$20.53 | \$18.48 |
| Habilitation, Support | Client Hour | 2 | \$12.83 | \$11.55 |
| Habilitation, Support | Client Hour | 3 | \$10.27 | \$9.24 |
| Housekeeping | | | | |
| Housekeeping | Client Hour | 1 | \$14.82 | \$13.34 |
| Housekeeping | Client Hour | 2 | \$9.26 | \$8.34 |
| Housekeeping | Client Hour | 3 | \$7.41 | \$6.67 |
| Respite, short-term | | | | |
| Respite, short-term | Client Hour | 1 | \$15.77 | \$14.19 |
| Respite, short-term | Client Hour | 2 | \$9.86 | \$8.87 |
| Respite, short-term | Client Hour | 3 | \$7.89 | \$7.10 |
| Respite, continuous | | | | |
| Respite, continuous | Day | 1 | \$192.81 | \$173.53 |
| Respite, continuous | Day | 2 | \$120.51 | \$108.46 |
| Respite, continuous | Day | 3 | \$96.41 | \$86.77 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Independent Living Services

Rate

1. The hourly rate for this service is based on hour (60 minutes) of direct service time.
 2. The daily rate for this service is based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
- The Division will make payments to the Qualified Vendor on the per diem basis based on the hourly rate for the Staff Hour unit of service, the number of residents at the site, and the direct service hours provided up to the number of authorized direct service hours for the site.

Unit of Service – Hourly

1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. The Qualified Vendor may bill the Division an hourly rate if and only if the Division authorizes this invoicing of an hourly rate. The Division will authorize an hourly rate if:
 - Direct service time that is authorized in a given setting is less than 16 hours (consecutive or non-consecutive) on any calendar day. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:
 - Direct service time that is authorized in a given setting is less than 112 hours in a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday.
2. If the Qualified Vendor provides an hourly unit of direct service time, when billing the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 65 minutes, bill for 1 hour.
 - If services were provided for 68 minutes, bill for 1.25 hour.
 - If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides an hourly unit of direct service time and the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Unit of Service – Daily

1. The basis of payment for this service is an hourly unit of direct service time converted into a daily rate. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. The Qualified Vendor may bill the Division a daily rate if and only if the Division authorizes this invoicing of a daily rate. The Division will authorize a daily rate if:
 - Direct service time that is authorized in a given setting is more than 16 hours (consecutive or non-consecutive) on any calendar day in a week. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:
 - Direct service time that is authorized in a given setting is more than 112 hours in a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Independent Living Services**

2. The Daily Rates schedule for Habilitation, Individually Designed Living Arrangement contains 22 tables with Daily Rates, and each table refers to one of 22 ranges. Each range represents a level of staffing with the number of direct service hours that are authorized by the Division to be provided by the Qualified Vendor at a particular site during a week. The number of hours specified in each range represents the number of direct service hours the Qualified Vendor must provide in a week in order to bill the per diem rates associated with that range. These Daily Rates are statewide for all Habilitation, Individually Designed Living Arrangement.

3. The Qualified Vendor shall invoice for payment for each consumer the per diem rate on the Daily Rates schedule for Habilitation, Individually Designed Living Arrangement that reflects the number of residents in the facility and the range of hours provided in a week that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly direct service hours weekly, or may calculate a monthly average of weekly direct service hours at the end of the month for that month.

4. If the Qualified Vendor elects to calculate a monthly average of weekly direct service hours at the end of the month, the Qualified Vendor shall determine the total number of direct service hours in a given month and determine the average number of direct service hours per week by dividing (the total number of direct service hours in a month) by (the number of weeks in a month).

- a. If there are 31 days in a month, then the number of weeks in a month is 4.43
- b. If there are 30 days in a month, then the number of weeks in a month is 4.29
- c. If there are 29 days in a month, then the number of weeks in a month is 4.14
- d. If there are 28 days in a month, then the number of weeks in a month is 4.00

5. The per diem rates paid to a Qualified Vendor with multiple sites will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each home.

6. Because direct service hours provided can vary by week (if the Qualified Vendor does not elect to calculate a monthly average of weekly direct service hours, and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one per diem rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.

7. The Qualified Vendor shall use the actual resident occupancy receiving services to determine the per diem rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a site by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.

8. If a resident is not at the site on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the per diem rate for the actual number of Division-funded residents.

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Independent Living Services | | | | |
| Habilitation, Individually Designed Living Arrangement | Client Hour | 1 | \$20.74 | \$18.67 |
| Habilitation, Individually Designed Living Arrangement | Client Hour | 2 | \$12.96 | \$11.67 |
| Habilitation, Individually Designed Living Arrangement | Client Hour | 3 | \$10.37 | \$9.34 |

* See *Conversion to Daily Rates Schedule* (next page) for daily rates

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

Arizona Department of Economic Security, Division of Developmental Disabilities
 SFY 09 Adopted Rates, Conversion to Daily Rates
 Habilitation, Individually Designed Living Arrangement

Habilitation, Individually Designed Living Arrangement - Range 1

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 1 | 16 | 20 | 30 | 1 | \$53.34 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 1 | 16 | 20 | 30 | 2 | \$26.67 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 1 | 16 | 20 | 30 | 3 | \$17.78 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 1 | 16 | 20 | 30 | 4 | \$13.34 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 1 | 16 | 20 | 30 | 5 | \$10.67 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 1 | 16 | 20 | 30 | 6 | \$8.89 |

NOTE: The box shaded in yellow indicates that the element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008). This may also apply to boxes shaded in gray.

Habilitation, Individually Designed Living Arrangement - Range 2

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 2 | 30 | 40 | 50 | 1 | \$106.69 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 2 | 30 | 40 | 50 | 2 | \$53.35 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 2 | 30 | 40 | 50 | 3 | \$35.56 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 2 | 30 | 40 | 50 | 4 | \$26.68 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 2 | 30 | 40 | 50 | 5 | \$21.34 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 2 | 30 | 40 | 50 | 6 | \$17.79 |

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Habilitation, Individually Designed Living Arrangement - Range 3

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 3 | 50 | 60 | 70 | 1 | \$160.03 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 3 | 50 | 60 | 70 | 2 | \$80.01 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 3 | 50 | 60 | 70 | 3 | \$53.33 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 3 | 50 | 60 | 70 | 4 | \$40.01 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 3 | 50 | 60 | 70 | 5 | \$32.01 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 3 | 50 | 60 | 70 | 6 | \$26.66 |

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Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement

Habilitation, Individually Designed Living Arrangement - Range 4

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 4 | 70 | 80 | 90 | 1 | \$213.37 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 4 | 70 | 80 | 90 | 2 | \$106.70 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 4 | 70 | 80 | 90 | 3 | \$71.12 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 4 | 70 | 80 | 90 | 4 | \$53.36 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 4 | 70 | 80 | 90 | 5 | \$42.67 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 4 | 70 | 80 | 90 | 6 | \$35.57 |

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Habilitation, Individually Designed Living Arrangement - Range 5

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 5 | 90 | 100 | 110 | 1 | \$266.71 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 5 | 90 | 100 | 110 | 2 | \$133.36 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 5 | 90 | 100 | 110 | 3 | \$88.90 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 5 | 90 | 100 | 110 | 4 | \$66.68 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 5 | 90 | 100 | 110 | 5 | \$53.32 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 5 | 90 | 100 | 110 | 6 | \$44.45 |

NOTE: The box shaded in yellow indicates that the element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008). This may also apply to boxes shaded in gray.

Habilitation, Individually Designed Living Arrangement - Range 6

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 6 | 110 | 120 | 130 | 1 | \$320.06 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 6 | 110 | 120 | 130 | 2 | \$160.04 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 6 | 110 | 120 | 130 | 3 | \$106.68 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 6 | 110 | 120 | 130 | 4 | \$80.02 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 6 | 110 | 120 | 130 | 5 | \$64.01 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 6 | 110 | 120 | 130 | 6 | \$53.37 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement**

Habilitation, Individually Designed Living Arrangement - Range 7

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 7 | 130 | 140 | 150 | 1 | \$373.40 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 7 | 130 | 140 | 150 | 2 | \$186.70 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 7 | 130 | 140 | 150 | 3 | \$124.47 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 7 | 130 | 140 | 150 | 4 | \$93.35 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 7 | 130 | 140 | 150 | 5 | \$74.68 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 7 | 130 | 140 | 150 | 6 | \$62.23 |

NOTES: The box shaded in yellow indicates that the element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008). This may also apply to boxes shaded in gray.

The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Habilitation, Individually Designed Living Arrangement - Range 8

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 8 | 150 | 160 | 170 | 1 | \$426.74 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 8 | 150 | 160 | 170 | 2 | \$213.38 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 8 | 150 | 160 | 170 | 3 | \$142.25 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 8 | 150 | 160 | 170 | 4 | \$106.71 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 8 | 150 | 160 | 170 | 5 | \$85.35 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 8 | 150 | 160 | 170 | 6 | \$71.13 |

NOTES: The box shaded in yellow indicates that the element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008). This may also apply to boxes shaded in gray.

The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Habilitation, Individually Designed Living Arrangement - Range 9

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 9 | 170 | 180 | 190 | 1 | \$480.09 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 9 | 170 | 180 | 190 | 2 | \$240.04 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 9 | 170 | 180 | 190 | 3 | \$160.02 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 9 | 170 | 180 | 190 | 4 | \$120.02 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 9 | 170 | 180 | 190 | 5 | \$96.02 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 9 | 170 | 180 | 190 | 6 | \$80.00 |

NOTES: The box shaded in yellow indicates that the element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008). This may also apply to boxes shaded in gray.

The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement**

Habilitation, Individually Designed Living Arrangement - Range 10

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 10 | 190 | 200 | 210 | 1 | \$533.43 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 10 | 190 | 200 | 210 | 2 | \$266.72 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 10 | 190 | 200 | 210 | 3 | \$177.81 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 10 | 190 | 200 | 210 | 4 | \$133.37 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 10 | 190 | 200 | 210 | 5 | \$106.67 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 10 | 190 | 200 | 210 | 6 | \$88.91 |

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Habilitation, Individually Designed Living Arrangement - Range 11

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 11 | 210 | 220 | 230 | 1 | \$586.77 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 11 | 210 | 220 | 230 | 2 | \$293.39 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 11 | 210 | 220 | 230 | 3 | \$195.59 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 11 | 210 | 220 | 230 | 4 | \$146.69 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 11 | 210 | 220 | 230 | 5 | \$117.35 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 11 | 210 | 220 | 230 | 6 | \$97.80 |

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Habilitation, Individually Designed Living Arrangement - Range 12

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 12 | 230 | 240 | 250 | 1 | \$640.11 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 12 | 230 | 240 | 250 | 2 | \$320.07 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 12 | 230 | 240 | 250 | 3 | \$213.36 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 12 | 230 | 240 | 250 | 4 | \$160.05 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 12 | 230 | 240 | 250 | 5 | \$128.02 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 12 | 230 | 240 | 250 | 6 | \$106.72 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement**

Habilitation, Individually Designed Living Arrangement - Range 13

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 13 | 250 | 260 | 270 | 1 | \$693.46 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 13 | 250 | 260 | 270 | 2 | \$346.73 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 13 | 250 | 260 | 270 | 3 | \$231.15 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 13 | 250 | 260 | 270 | 4 | \$173.36 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 13 | 250 | 260 | 270 | 5 | \$138.69 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 13 | 250 | 260 | 270 | 6 | \$115.58 |

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Habilitation, Individually Designed Living Arrangement - Range 14

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 14 | 270 | 280 | 290 | 1 | \$746.80 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 14 | 270 | 280 | 290 | 2 | \$373.41 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 14 | 270 | 280 | 290 | 3 | \$248.93 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 14 | 270 | 280 | 290 | 4 | \$186.71 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 14 | 270 | 280 | 290 | 5 | \$149.36 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 14 | 270 | 280 | 290 | 6 | \$124.48 |

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Habilitation, Individually Designed Living Arrangement - Range 15

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 15 | 290 | 300 | 310 | 1 | \$800.14 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 15 | 290 | 300 | 310 | 2 | \$400.07 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 15 | 290 | 300 | 310 | 3 | \$266.70 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 15 | 290 | 300 | 310 | 4 | \$200.04 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 15 | 290 | 300 | 310 | 5 | \$160.01 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 15 | 290 | 300 | 310 | 6 | \$133.35 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement**

Habilitation, Individually Designed Living Arrangement - Range 16

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 16 | 310 | 320 | 330 | 1 | \$853.49 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 16 | 310 | 320 | 330 | 2 | \$426.75 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 16 | 310 | 320 | 330 | 3 | \$284.50 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 16 | 310 | 320 | 330 | 4 | \$213.39 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 16 | 310 | 320 | 330 | 5 | \$170.70 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 16 | 310 | 320 | 330 | 6 | \$142.26 |

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Habilitation, Individually Designed Living Arrangement - Range 17

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 17 | 330 | 340 | 350 | 1 | \$906.83 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 17 | 330 | 340 | 350 | 2 | \$453.41 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 17 | 330 | 340 | 350 | 3 | \$302.28 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 17 | 330 | 340 | 350 | 4 | \$226.71 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 17 | 330 | 340 | 350 | 5 | \$181.37 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 17 | 330 | 340 | 350 | 6 | \$151.14 |

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Habilitation, Individually Designed Living Arrangement - Range 18

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 18 | 350 | 360 | 370 | 1 | \$960.17 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 18 | 350 | 360 | 370 | 2 | \$480.10 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 18 | 350 | 360 | 370 | 3 | \$320.05 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 18 | 350 | 360 | 370 | 4 | \$240.05 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 18 | 350 | 360 | 370 | 5 | \$192.03 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 18 | 350 | 360 | 370 | 6 | \$160.06 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement**

Habilitation, Individually Designed Living Arrangement - Range 19

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 19 | 370 | 380 | 390 | 1 | \$1,013.51 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 19 | 370 | 380 | 390 | 2 | \$506.76 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 19 | 370 | 380 | 390 | 3 | \$337.84 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 19 | 370 | 380 | 390 | 4 | \$253.38 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 19 | 370 | 380 | 390 | 5 | \$202.70 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 19 | 370 | 380 | 390 | 6 | \$168.92 |

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Habilitation, Individually Designed Living Arrangement - Range 20

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 20 | 390 | 400 | 410 | 1 | \$1,066.86 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 20 | 390 | 400 | 410 | 2 | \$533.44 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 20 | 390 | 400 | 410 | 3 | \$355.62 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 20 | 390 | 400 | 410 | 4 | \$266.73 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 20 | 390 | 400 | 410 | 5 | \$213.35 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 20 | 390 | 400 | 410 | 6 | \$177.82 |

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Habilitation, Individually Designed Living Arrangement - Range 21

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 21 | 410 | 420 | 430 | 1 | \$1,120.20 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 21 | 410 | 420 | 430 | 2 | \$560.10 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 21 | 410 | 420 | 430 | 3 | \$373.39 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 21 | 410 | 420 | 430 | 4 | \$280.05 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 21 | 410 | 420 | 430 | 5 | \$224.04 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 21 | 410 | 420 | 430 | 6 | \$186.69 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Habilitation, Individually Designed Living Arrangement**

Habilitation, Individually Designed Living Arrangement - Range 22

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Adopted Rate |
|--|----------------------|-------|-----------|---------------------------|------------|---------------------|--------------|
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 22 | 430 | 440 | 450 | 1 | \$1,173.54 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 22 | 430 | 440 | 450 | 2 | \$586.78 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 22 | 430 | 440 | 450 | 3 | \$391.18 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 22 | 430 | 440 | 450 | 4 | \$293.40 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 22 | 430 | 440 | 450 | 5 | \$234.71 |
| Habilitation, Individually Designed Living Arrangement | Per Resident Per Day | 22 | 430 | 440 | 450 | 6 | \$195.60 |

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If Habilitation, Individually Designed Living Arrangement-Daily is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Day Treatment and Training Services

Unit of Service

1. The basis of payment for this service is the ratio rate. To determine the appropriate billing rate, the Qualified Vendor shall:
 - a. Divide (the total billable hours consumers attended the program including hours allowed pursuant to item 3 below, excluding hours for behaviorally or medically intense consumers with a specially authorized rate) by (the total direct service staff hours with consumers present at the program, excluding hours related to behaviorally or medically intense consumers with a specially authorized rate); and
 - b. Use the resulting quotient, which is the number of consumer billable hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to consumer ratio, to find the appropriate staff to consumer ratio rate on the rate schedule.
 - c. The Qualified Vendor may calculate this ratio on a daily basis using actual hours for each day or may calculate the ratio at the end of the calendar month using the actual number of hours for the entire month to determine an average ratio for the month.

For example, if the number of hours attended by all consumers in a program plus the hours allowed pursuant to item 3 below (excluding behaviorally or medically intense consumers with a specially authorized rate) totaled 110 hours for a day (2,200 for the month), and the number of hours worked by direct service staff when consumers were present at the program (excluding hours related to behaviorally or medically intense consumers with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:

- Total billable consumer hours divided by total direct service staff hours = $110 / 28$ or $2,200 / 560 = 3.928$
- This program's ratio for this day is 1:3.928

For both consumers and direct service staff, units shall be recorded daily on the per consumer and per direct service staff basis, shall be expressed in terms of hours and shall be rounded to the nearest hour, as illustrated in examples below:

- If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5 hours
- If total hours for a consumer or direct service staff were equal to 5 hours and 30 minutes, round the total to 6 hours
- If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 7 hours

For Day Treatment and Training, Adult:

2. Absences do not constitute a billable unit except as provided in item 3 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day. If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

3. Qualified Vendors that do not provide transportation for a particular consumer may include up to one hour per day if that consumer arrives after his/her scheduled arrival time on that day or if that consumer leaves before his/her scheduled departure time on that day. The calculation of the ratio will use the billable hours. However, if the client is absent for the entire day, the Qualified Vendor may not include hours for that day for that client in the ratio. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that consumer.

For Day Treatment and Training, Children:

2. Absences do not constitute a billable unit except as provided in item 3 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day. If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

3. Qualified Vendors that do not provide transportation for a particular consumer may include up to 30 minutes per day if that consumer arrives after his/her scheduled arrival time on that day or if that consumer leaves before his/her scheduled departure time on that day. The calculation of the ratio will use the billable hours. However, if the client is absent for the entire day, the Qualified Vendor may not include hours for that day for that client in the ratio. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that consumer.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Day Treatment and Training Services**

| Service Code | Description | Unit of Service | Benchmark Rate | Adopted Rate |
|---|--|-----------------|----------------|--------------|
| Day Treatment and Training, Adult* | | | | |
| | Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2.5 To 1:4.5 | Program Hour | \$10.53 | \$9.48 |
| | Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5 | Program Hour | \$7.66 | \$6.89 |
| | Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5 | Program Hour | \$6.33 | \$5.70 |
| | Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5 | Program Hour | \$5.56 | \$5.00 |

| | | | | |
|--|--|--------------|---------|--------|
| Day Treatment and Training, Children* | | | | |
| | Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5 | Program Hour | \$10.16 | \$9.14 |
| | Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5 | Program Hour | \$7.83 | \$7.05 |
| | Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5 | Program Hour | \$6.75 | \$6.08 |
| | Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5 | Program Hour | \$6.11 | \$5.50 |

| | | | | |
|--|--|--------------|---------|--------|
| | Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5 | Program Hour | \$10.16 | \$9.14 |
| | Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5 | Program Hour | \$7.83 | \$7.05 |
| | Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5 | Program Hour | \$6.75 | \$6.08 |
| | Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5 | Program Hour | \$6.11 | \$5.50 |

Modified Rates

Rural*

The Division established a separate rate for this service in the rural areas of the state. This modified rate is authorized on a program basis and has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division this modified rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the modified rate for rural areas is that the potential client base of the program size has fewer than 20 consumers in a 40 mile radius.

| | | | | |
|--|--|--------------|---------|---------|
| | Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2.5 To 1:4.5 | Program Hour | \$11.69 | \$10.52 |
| | Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5 | Program Hour | \$8.81 | \$7.93 |
| | Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5 | Program Hour | \$7.51 | \$6.76 |
| | Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5 | Program Hour | \$6.73 | \$6.06 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Day Treatment and Training Services**

| Service Code | Description | Unit of Service | Benchmark Rate | Adopted Rate |
|--------------|-------------|-----------------|----------------|--------------|
|--------------|-------------|-----------------|----------------|--------------|

Behaviorally or Medically Intense

The Division established a separate rate for this service to behaviorally or medically intense consumers. This modified rate is authorized on an individual consumer basis. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate. The hours for these consumers and the direct service staff hours shall not be considered in determining the overall program staffing ratio for the remaining consumers.

| | | | |
|---|--------------|---------|---------|
| Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:1 | Program Hour | \$20.53 | \$18.48 |
| Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2 | Program Hour | \$12.83 | \$11.55 |
| Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:1 | Program Hour | \$20.53 | \$18.48 |
| Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2 | Program Hour | \$12.83 | \$11.55 |
| Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:1 | Program Hour | \$20.53 | \$18.48 |
| Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2 | Program Hour | \$12.83 | \$11.55 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Developmental Home Services**

Unit of Service

1. For the Developmental Home services, one unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.
2. For Room and Board, one unit equals one day (24 hours). If the consumer is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that consumer.
3. For Incontinence Supplies and Nutritional Supplements, the Qualified Vendor will be paid these modified rates only for those residents that require them and when payment of these modified rates has been approved by the Division.

| Description | Unit of Service | District | Contracted Capacity | Actual Occupancy | Benchmark Rate | Adopted Rate | |
|---|---|----------|---------------------|------------------|----------------|--------------|---------|
| Developmental Home Services | | | | | | | |
| Habilitation, Vendor Supported Developmental Home (Adult)* | Day | All | N/A | N/A | \$107.83 | \$98.78 | |
| Habilitation, Vendor Supported Developmental Home (Adult)* with Nutritional Supplement | Day | All | N/A | N/A | \$111.83 | \$102.78 | |
| Habilitation, Vendor Supported Developmental Home (Adult)* with Incontinence Supplies | Day | All | N/A | N/A | \$110.83 | \$101.78 | |
| Habilitation, Vendor Supported Developmental Home (Adult)* with Nutritional Supplement & Incontinence Supplies | Day | All | N/A | N/A | \$114.83 | \$105.78 | |
| Habilitation, Vendor Supported Developmental Home (Child)** | Day | All | N/A | N/A | \$109.98 | \$100.75 | |
| Habilitation, Vendor Supported Developmental Home (Child)** with Nutritional Supplement | Day | All | N/A | N/A | \$113.98 | \$104.75 | |
| Habilitation, Vendor Supported Developmental Home (Child)** with Incontinence Supplies | Day | All | N/A | N/A | \$112.98 | \$103.75 | |
| Habilitation, Vendor Supported Developmental Home (Child)** with Nutritional Supplement & Incontinence Supplies | Day | All | N/A | N/A | \$116.98 | \$107.75 | |
| RRB | Room and Board, Vendor Supported Developmental Home (Child and Adult) | Day | All | N/A | N/A | \$13.53 | \$12.17 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Group Home Services**

Unit of Service

1. For the Group Home services except for Habilitation, Nursing Supported Group Home, one unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.
2. For Habilitation, Nursing Supported Group Home, one unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.
3. For Room and Board, All Group Home, one unit equals one day (24 hours). If the consumer is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that consumer.
4. For Incontinence Supplies and Nutritional Supplements, the Qualified Vendor will be paid these modified rates only for those residents that require them and when payment of these modified rates has been approved by the Division.

| Description | Unit of Service | District | Contracted Capacity | Actual Occupancy | Benchmark Rate | Adopted Rate |
|--|-----------------|----------|---------------------|------------------|----------------|--------------|
| Group Home Services* | | | | | | |
| Habilitation, Community Protection and Treatment Group Home* | Staff Hour | All | N/A | N/A | \$21.57 | \$19.41 |
| Habilitation, Group Home* | Staff Hour | All | N/A | N/A | \$19.39 | \$17.45 |
| * See <i>Conversion to Daily Rates</i> Schedule for daily rates | | | | | | |
| Habilitation, Nursing Supported Group Home - Level I | Day | All | N/A | N/A | \$357.00 | \$321.30 |
| Habilitation, Nursing Supported Group Home - Level I with Nutritional Supplement | Day | All | N/A | N/A | \$361.00 | \$325.30 |
| Habilitation, Nursing Supported Group Home - Level I with Incontinence Supplies | Day | All | N/A | N/A | \$360.00 | \$324.30 |
| Habilitation, Nursing Supported Group Home - Level I with Nutritional Supplement & Incontinence Supplies | Day | All | N/A | N/A | \$364.00 | \$328.30 |
| Habilitation, Nursing Supported Group Home - Level II | Day | All | N/A | N/A | \$428.73 | \$385.86 |
| Habilitation, Nursing Supported Group Home - Level II with Nutritional Supplement | Day | All | N/A | N/A | \$432.73 | \$389.86 |
| Habilitation, Nursing Supported Group Home - Level II with Incontinence Supplies | Day | All | N/A | N/A | \$431.73 | \$388.86 |
| Habilitation, Nursing Supported Group Home - Level II with Nutritional Supplement & Incontinence Supplies | Day | All | N/A | N/A | \$435.73 | \$392.86 |
| Habilitation, Nursing Supported Group Home - Level III | Day | All | N/A | N/A | \$489.54 | \$440.59 |
| Habilitation, Nursing Supported Group Home - Level III with Nutritional Supplement | Day | All | N/A | N/A | \$493.54 | \$444.59 |
| Habilitation, Nursing Supported Group Home - Level III with Incontinence Supplies | Day | All | N/A | N/A | \$492.54 | \$443.59 |
| Habilitation, Nursing Supported Group Home - Level III with Nutritional Supplement & Incontinence Supplies | Day | All | N/A | N/A | \$496.54 | \$447.59 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Group Home Services**

| Description | | Unit of Service | District | Contracted Capacity | Actual Occupancy | Benchmark Rate | Adopted Rate |
|--|---------------------------------|-----------------|----------|---------------------|------------------|----------------|--------------|
| Room and Board, All Group Homes | | | | | | | |
| RRB | Room and Board, All Group Homes | Day | 1 | 1 | 1 | \$39.96 | \$35.96 |
| RRB | Room and Board, All Group Homes | Day | 1 | 2 | 1 | \$43.18 | \$38.86 |
| RRB | Room and Board, All Group Homes | Day | 1 | 2 | 2 | \$25.90 | \$23.31 |
| RRB | Room and Board, All Group Homes | Day | 1 | 3 | 1 | \$52.85 | \$47.56 |
| RRB | Room and Board, All Group Homes | Day | 1 | 3 | 2 | \$30.69 | \$27.62 |
| RRB | Room and Board, All Group Homes | Day | 1 | 3 | 3 | \$23.30 | \$20.97 |
| RRB | Room and Board, All Group Homes | Day | 1 | 4 | 1 | \$57.64 | \$51.87 |
| RRB | Room and Board, All Group Homes | Day | 1 | 4 | 2 | \$33.06 | \$29.75 |
| RRB | Room and Board, All Group Homes | Day | 1 | 4 | 3 | \$24.87 | \$22.39 |
| RRB | Room and Board, All Group Homes | Day | 1 | 4 | 4 | \$20.77 | \$18.69 |
| RRB | Room and Board, All Group Homes | Day | 1 | 5 | 1 | \$67.23 | \$60.51 |
| RRB | Room and Board, All Group Homes | Day | 1 | 5 | 2 | \$37.84 | \$34.06 |
| RRB | Room and Board, All Group Homes | Day | 1 | 5 | 3 | \$28.06 | \$25.25 |
| RRB | Room and Board, All Group Homes | Day | 1 | 5 | 4 | \$23.16 | \$20.84 |
| RRB | Room and Board, All Group Homes | Day | 1 | 5 | 5 | \$20.21 | \$18.19 |
| RRB | Room and Board, All Group Homes | Day | 1 | 6 | 1 | \$71.57 | \$64.42 |
| RRB | Room and Board, All Group Homes | Day | 1 | 6 | 2 | \$40.00 | \$36.00 |
| RRB | Room and Board, All Group Homes | Day | 1 | 6 | 3 | \$29.49 | \$26.54 |
| RRB | Room and Board, All Group Homes | Day | 1 | 6 | 4 | \$24.23 | \$21.80 |
| RRB | Room and Board, All Group Homes | Day | 1 | 6 | 5 | \$21.06 | \$18.96 |
| RRB | Room and Board, All Group Homes | Day | 1 | 6 | 6 | \$18.96 | \$17.07 |
| RRB | Room and Board, All Group Homes | Day | 2 | 1 | 1 | \$35.18 | \$31.67 |
| RRB | Room and Board, All Group Homes | Day | 2 | 2 | 1 | \$38.48 | \$34.63 |
| RRB | Room and Board, All Group Homes | Day | 2 | 2 | 2 | \$23.55 | \$21.20 |
| RRB | Room and Board, All Group Homes | Day | 2 | 3 | 1 | \$47.34 | \$42.60 |
| RRB | Room and Board, All Group Homes | Day | 2 | 3 | 2 | \$27.94 | \$25.15 |
| RRB | Room and Board, All Group Homes | Day | 2 | 3 | 3 | \$21.47 | \$19.33 |
| RRB | Room and Board, All Group Homes | Day | 2 | 4 | 1 | \$51.45 | \$46.31 |
| RRB | Room and Board, All Group Homes | Day | 2 | 4 | 2 | \$29.97 | \$26.97 |
| RRB | Room and Board, All Group Homes | Day | 2 | 4 | 3 | \$22.80 | \$20.52 |
| RRB | Room and Board, All Group Homes | Day | 2 | 4 | 4 | \$19.22 | \$17.30 |
| RRB | Room and Board, All Group Homes | Day | 2 | 5 | 1 | \$59.70 | \$53.73 |
| RRB | Room and Board, All Group Homes | Day | 2 | 5 | 2 | \$34.08 | \$30.67 |
| RRB | Room and Board, All Group Homes | Day | 2 | 5 | 3 | \$25.54 | \$22.99 |
| RRB | Room and Board, All Group Homes | Day | 2 | 5 | 4 | \$21.27 | \$19.14 |
| RRB | Room and Board, All Group Homes | Day | 2 | 5 | 5 | \$18.71 | \$16.84 |
| RRB | Room and Board, All Group Homes | Day | 2 | 6 | 1 | \$63.44 | \$57.10 |
| RRB | Room and Board, All Group Homes | Day | 2 | 6 | 2 | \$35.95 | \$32.35 |
| RRB | Room and Board, All Group Homes | Day | 2 | 6 | 3 | \$26.77 | \$24.09 |
| RRB | Room and Board, All Group Homes | Day | 2 | 6 | 4 | \$22.19 | \$19.97 |
| RRB | Room and Board, All Group Homes | Day | 2 | 6 | 5 | \$19.44 | \$17.50 |
| RRB | Room and Board, All Group Homes | Day | 2 | 6 | 6 | \$17.61 | \$15.85 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Group Home Services**

| Description | | Unit of Service | District | Contracted Capacity | Actual Occupancy | Benchmark Rate | Adopted Rate |
|-------------|---------------------------------|-----------------|----------|---------------------|------------------|----------------|--------------|
| RRB | Room and Board, All Group Homes | Day | 3 | 1 | 1 | \$40.67 | \$36.61 |
| RRB | Room and Board, All Group Homes | Day | 3 | 2 | 1 | \$44.48 | \$40.03 |
| RRB | Room and Board, All Group Homes | Day | 3 | 2 | 2 | \$26.56 | \$23.90 |
| RRB | Room and Board, All Group Homes | Day | 3 | 3 | 1 | \$54.33 | \$48.89 |
| RRB | Room and Board, All Group Homes | Day | 3 | 3 | 2 | \$31.43 | \$28.29 |
| RRB | Room and Board, All Group Homes | Day | 3 | 3 | 3 | \$23.80 | \$21.42 |
| RRB | Room and Board, All Group Homes | Day | 3 | 4 | 1 | \$59.36 | \$53.43 |
| RRB | Room and Board, All Group Homes | Day | 3 | 4 | 2 | \$33.92 | \$30.53 |
| RRB | Room and Board, All Group Homes | Day | 3 | 4 | 3 | \$25.44 | \$22.90 |
| RRB | Room and Board, All Group Homes | Day | 3 | 4 | 4 | \$21.20 | \$19.08 |
| RRB | Room and Board, All Group Homes | Day | 3 | 5 | 1 | \$69.19 | \$62.27 |
| RRB | Room and Board, All Group Homes | Day | 3 | 5 | 2 | \$38.82 | \$34.94 |
| RRB | Room and Board, All Group Homes | Day | 3 | 5 | 3 | \$28.70 | \$25.83 |
| RRB | Room and Board, All Group Homes | Day | 3 | 5 | 4 | \$23.65 | \$21.28 |
| RRB | Room and Board, All Group Homes | Day | 3 | 5 | 5 | \$20.61 | \$18.55 |
| RRB | Room and Board, All Group Homes | Day | 3 | 6 | 1 | \$73.78 | \$66.40 |
| RRB | Room and Board, All Group Homes | Day | 3 | 6 | 2 | \$41.11 | \$37.00 |
| RRB | Room and Board, All Group Homes | Day | 3 | 6 | 3 | \$30.22 | \$27.19 |
| RRB | Room and Board, All Group Homes | Day | 3 | 6 | 4 | \$24.77 | \$22.29 |
| RRB | Room and Board, All Group Homes | Day | 3 | 6 | 5 | \$21.51 | \$19.36 |
| RRB | Room and Board, All Group Homes | Day | 3 | 6 | 6 | \$19.33 | \$17.39 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 1 | 1 | \$33.88 | \$30.49 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 2 | 1 | \$36.96 | \$33.26 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 2 | 2 | \$22.79 | \$20.51 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 3 | 1 | \$45.24 | \$40.72 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 3 | 2 | \$26.90 | \$24.21 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 3 | 3 | \$20.78 | \$18.70 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 4 | 1 | \$47.20 | \$42.48 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 4 | 2 | \$27.85 | \$25.07 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 4 | 3 | \$21.39 | \$19.26 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 4 | 4 | \$18.17 | \$16.35 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 5 | 1 | \$52.76 | \$47.48 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 5 | 2 | \$30.61 | \$27.55 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 5 | 3 | \$23.22 | \$20.90 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 5 | 4 | \$19.53 | \$17.58 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 5 | 5 | \$17.32 | \$15.59 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 6 | 1 | \$55.41 | \$49.87 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 6 | 2 | \$31.92 | \$28.73 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 6 | 3 | \$24.10 | \$21.69 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 6 | 4 | \$20.18 | \$18.16 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 6 | 5 | \$17.84 | \$16.05 |
| RRB | Room and Board, All Group Homes | Day | 4, 5, 6 | 6 | 6 | \$16.27 | \$14.64 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Professional Services**

Unit of Service

1. For Home Health Aide and Nursing Services:

1.1 The basis of payment for all Services except for Nursing, Continuous is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

1.2 If the Qualified Vendor provides nursing for more than 16 hours in one day, this is considered to be Nursing, Continuous. One unit of Nursing, Continuous equals one day (16 or more hours in a 24-hour period) of direct service. A Qualified Vendor billing for Nursing, Continuous shall bill for the appropriate number of days of service and include the actual cumulative hours of service provided on the billing document as required by the Division. If the Qualified Vendor provides nursing for 24 hours and the same nurse provides the service and is able to sleep eight hours, this is billed care, then this is billed as Nursing, Short Term. Skilled hourly nursing and nursing respite may be combined. However, if the primary caregivers are out of the home for 24 hours or more, the skilled hourly nursing becomes respite and is billed as Nursing, Continuous.

2. For Therapies:

2.1 One unit of evaluation equals one visit for evaluation.

2.2 The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for 0.75 hour.

2.3 In no event will more than three consumers receive the same service with a single direct service staff person at the same time.

2.4 Clinical and Natural setting. A clinical setting includes the office or central location of the provider and generally requires the consumer to travel to the provider specifically to receive the service. A Natural setting includes the client's home and community settings, such as a park, restaurant, child care provider, etc, in which persons without disabilities participate.

2.5 The Medically Underserved adjustment is only applied to Ongoing Therapies. The Medically Underserved adjustment will not apply to therapy evaluation services.

2.5.1 The Division has designated client zip codes in the state as Medically Underserved at three tier levels.

- Services provided in Base Rate will receive the service model rate, or the floor rate, whichever is greater.
- Services provided in Tier 1 areas will receive a 10% premium over the model rate as noted on the rate schedule.
- Services provided in Tier 2 areas will receive a 25% premium over the model rate as noted on the rate schedule.
- Services provided in Tier 3 areas will receive a 50% premium over the model rate as noted on the rate schedule.
- See Appendix 2 for the designation of client zip codes by tier levels.

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|-------------------------|-----------------|------------------|----------------|--------------|
| Home Health Aide | | | | |
| Home Health Aide | Client Hour | 1 | \$19.01 | \$17.11 |
| Home Health Aide | Client Hour | 2 | \$11.88 | \$10.69 |
| Home Health Aide | Client Hour | 3 | \$9.51 | \$8.56 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Professional Services**

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|---|-----------------|------------------|----------------|--------------|
| Nursing, short-term | | | | |
| Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles | Client Hour | 1 | \$40.57 | \$36.51 |
| Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles | Client Hour | 2 | \$25.36 | \$22.82 |
| Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles | Client Hour | 3 | \$20.29 | \$18.26 |
| Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 1 | \$45.12 | \$40.61 |
| Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 2 | \$28.20 | \$25.38 |
| Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 3 | \$22.56 | \$20.31 |
| Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 1 | \$46.25 | \$41.63 |
| Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 2 | \$28.90 | \$26.02 |
| Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 3 | \$23.13 | \$20.82 |

If Nursing, short-term is provided by a single direct service staff person to more than 3 consumers at the same time, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

| | | | | |
|---|-----|---|---------|---------|
| Nursing, Intermittant | | | | |
| Nursing, Intermittant - Service Delivery Requiring Travel Less Than 50 Miles | Day | 1 | \$40.57 | \$36.51 |
| Nursing, Intermittant - Service Delivery Requiring Travel Less Than 50 Miles | Day | 2 | \$25.36 | \$22.82 |
| Nursing, Intermittant - Service Delivery Requiring Travel Less Than 50 Miles | Day | 3 | \$20.29 | \$18.26 |
| Nursing, Intermittant - Service Delivery Requiring Travel Of 50 to 100 Miles | Day | 1 | \$45.12 | \$40.61 |
| Nursing, Intermittant - Service Delivery Requiring Travel Of 50 to 100 Miles | Day | 2 | \$28.20 | \$25.38 |
| Nursing, Intermittant - Service Delivery Requiring Travel Of 50 to 100 Miles | Day | 3 | \$22.56 | \$20.31 |
| Nursing, Intermittant - Service Delivery Requiring Travel More Than 100 Miles | Day | 1 | \$46.25 | \$41.63 |
| Nursing, Intermittant - Service Delivery Requiring Travel More Than 100 Miles | Day | 2 | \$28.90 | \$26.02 |
| Nursing, Intermittant - Service Delivery Requiring Travel More Than 100 Miles | Day | 3 | \$23.13 | \$20.82 |

If Nursing, Intermittant is provided by a single direct service staff person to more than 3 consumers at the same time, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Professional Services**

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Occupational Therapy | | | | |
| Occupational Therapy/Early Intervention, Clinical Setting, 1 Client, Base Rate | Client Hour | 1 | \$57.52 | \$56.52 |
| Occupational Therapy/Early Intervention, Clinical Setting, 2 Client, Base Rate | Client Hour | 2 | \$35.95 | \$35.33 |
| Occupational Therapy/Early Intervention, Clinical Setting, 3 Client, Base Rate | Client Hour | 3 | \$28.76 | \$28.26 |
| Occupational Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 1 | Client Hour | 1 | \$63.27 | \$56.94 |
| Occupational Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 1 | Client Hour | 2 | \$39.54 | \$35.59 |
| Occupational Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 1 | Client Hour | 3 | \$31.64 | \$28.47 |
| Occupational Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 2 | Client Hour | 1 | \$71.90 | \$64.71 |
| Occupational Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 2 | Client Hour | 2 | \$44.94 | \$40.44 |
| Occupational Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 2 | Client Hour | 3 | \$35.95 | \$32.36 |
| Occupational Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 3 | Client Hour | 1 | \$86.28 | \$77.65 |
| Occupational Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 3 | Client Hour | 2 | \$53.93 | \$48.53 |
| Occupational Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 3 | Client Hour | 3 | \$43.14 | \$38.83 |
| Occupational Therapy/Early Intervention, Natural Setting, 1 Client, Base Rate | Client Hour | 1 | \$77.94 | \$70.15 |
| Occupational Therapy/Early Intervention, Natural Setting, 2 Client, Base Rate | Client Hour | 2 | \$48.71 | \$43.84 |
| Occupational Therapy/Early Intervention, Natural Setting, 3 Client, Base Rate | Client Hour | 3 | \$38.97 | \$35.08 |
| Occupational Therapy/Early Intervention, Natural Setting, 1 Client, Tier 1 | Client Hour | 1 | \$85.73 | \$77.16 |
| Occupational Therapy/Early Intervention, Natural Setting, 2 Client, Tier 1 | Client Hour | 2 | \$53.58 | \$48.23 |
| Occupational Therapy/Early Intervention, Natural Setting, 3 Client, Tier 1 | Client Hour | 3 | \$42.87 | \$38.58 |
| Occupational Therapy/Early Intervention, Natural Setting, 1 Client, Tier 2 | Client Hour | 1 | \$97.43 | \$87.69 |
| Occupational Therapy/Early Intervention, Natural Setting, 2 Client, Tier 2 | Client Hour | 2 | \$60.89 | \$54.81 |
| Occupational Therapy/Early Intervention, Natural Setting, 3 Client, Tier 2 | Client Hour | 3 | \$48.72 | \$43.85 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Professional Services**

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Occupational Therapy/Early Intervention, Natural Setting, 1 Client, Tier 3 | Client Hour | 1 | \$116.91 | \$105.22 |
| Occupational Therapy/Early Intervention, Natural Setting, 2 Client, Tier 3 | Client Hour | 2 | \$73.07 | \$65.76 |
| Occupational Therapy/Early Intervention, Natural Setting, 3 Client, Tier 3 | Client Hour | 3 | \$58.46 | \$52.61 |
| Occupational Therapy Evaluations | | | | |
| Occupational Therapy/Early Intervention Evaluation, Clinical Setting, 1 Client | Evaluation | 1 | \$172.56 | \$155.30 |
| Occupational Therapy/Early Intervention Evaluation, Natural Setting, 1 Client | Evaluation | 1 | \$192.98 | \$173.68 |
| Physical Therapy | | | | |
| Physical Therapy/Early Intervention, Clinical Setting, 1 Client, Base Rate | Client Hour | 1 | \$57.52 | \$56.52 |
| Physical Therapy/Early Intervention, Clinical Setting, 2 Client, Base Rate | Client Hour | 2 | \$35.95 | \$35.33 |
| Physical Therapy/Early Intervention, Clinical Setting, 3 Client, Base Rate | Client Hour | 3 | \$28.76 | \$28.26 |
| Physical Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 1 | Client Hour | 1 | \$63.27 | \$56.94 |
| Physical Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 1 | Client Hour | 2 | \$39.54 | \$35.59 |
| Physical Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 1 | Client Hour | 3 | \$31.64 | \$28.47 |
| Physical Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 2 | Client Hour | 1 | \$71.90 | \$64.71 |
| Physical Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 2 | Client Hour | 2 | \$44.94 | \$40.44 |
| Physical Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 2 | Client Hour | 3 | \$35.95 | \$32.36 |
| Physical Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 3 | Client Hour | 1 | \$86.28 | \$77.65 |
| Physical Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 3 | Client Hour | 2 | \$53.93 | \$48.53 |
| Physical Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 3 | Client Hour | 3 | \$43.14 | \$38.83 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Professional Services**

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Physical Therapy/Early Intervention, Natural Setting, 1 Client, Base Rate | Client Hour | 1 | \$77.94 | \$70.15 |
| Physical Therapy/Early Intervention, Natural Setting, 2 Client, Base Rate | Client Hour | 2 | \$48.71 | \$43.84 |
| Physical Therapy/Early Intervention, Natural Setting, 3 Client, Base Rate | Client Hour | 3 | \$38.97 | \$35.08 |
| Physical Therapy/Early Intervention, Natural Setting, 1 Client, Tier 1 | Client Hour | 1 | \$85.73 | \$77.16 |
| Physical Therapy/Early Intervention, Natural Setting, 2 Client, Tier 1 | Client Hour | 2 | \$53.58 | \$48.23 |
| Physical Therapy/Early Intervention, Natural Setting, 3 Client, Tier 1 | Client Hour | 3 | \$42.87 | \$38.58 |
| Physical Therapy/Early Intervention, Natural Setting, 1 Client, Tier 2 | Client Hour | 1 | \$97.43 | \$87.69 |
| Physical Therapy/Early Intervention, Natural Setting, 2 Client, Tier 2 | Client Hour | 2 | \$60.89 | \$54.81 |
| Physical Therapy/Early Intervention, Natural Setting, 3 Client, Tier 2 | Client Hour | 3 | \$48.72 | \$43.85 |
| Physical Therapy/Early Intervention, Natural Setting, 1 Client, Tier 3 | Client Hour | 1 | \$116.91 | \$105.22 |
| Physical Therapy/Early Intervention, Natural Setting, 2 Client, Tier 3 | Client Hour | 2 | \$73.07 | \$65.76 |
| Physical Therapy/Early Intervention, Natural Setting, 3 Client, Tier 3 | Client Hour | 3 | \$58.46 | \$52.61 |
| Physical Therapy Evaluations | | | | |
| Physical Therapy/Early Intervention Evaluation, Clinical Setting, 1 Client | Evaluation | 1 | \$172.56 | \$155.30 |
| Physical Therapy/Early Intervention Evaluation, Natural Setting, 1 Client | Evaluation | 1 | \$192.98 | \$173.68 |
| Speech Therapy | | | | |
| Speech Therapy/Early Intervention, Clinical Setting, 1 Client, Base Rate | Client Hour | 1 | \$57.52 | \$56.52 |
| Speech Therapy/Early Intervention, Clinical Setting, 2 Client, Base Rate | Client Hour | 2 | \$35.95 | \$35.33 |
| Speech Therapy/Early Intervention, Clinical Setting, 3 Client, Base Rate | Client Hour | 3 | \$28.76 | \$28.26 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Professional Services**

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|---|-----------------|------------------|----------------|--------------|
| Speech Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 1 | Client Hour | 1 | \$63.27 | \$56.94 |
| Speech Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 1 | Client Hour | 2 | \$39.54 | \$35.59 |
| Speech Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 1 | Client Hour | 3 | \$31.64 | \$28.47 |
| Speech Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 2 | Client Hour | 1 | \$71.90 | \$64.71 |
| Speech Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 2 | Client Hour | 2 | \$44.94 | \$40.44 |
| Speech Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 2 | Client Hour | 3 | \$35.95 | \$32.36 |
| Speech Therapy/Early Intervention, Clinical Setting, 1 Client, Tier 3 | Client Hour | 1 | \$86.28 | \$77.65 |
| Speech Therapy/Early Intervention, Clinical Setting, 2 Client, Tier 3 | Client Hour | 2 | \$53.93 | \$48.53 |
| Speech Therapy/Early Intervention, Clinical Setting, 3 Client, Tier 3 | Client Hour | 3 | \$43.14 | \$38.83 |
| Speech Therapy/Early Intervention, Natural Setting, 1 Client, Base Rate | Client Hour | 1 | \$77.94 | \$70.15 |
| Speech Therapy/Early Intervention, Natural Setting, 2 Client, Base Rate | Client Hour | 2 | \$48.71 | \$43.84 |
| Speech Therapy/Early Intervention, Natural Setting, 3 Client, Base Rate | Client Hour | 3 | \$38.97 | \$35.08 |
| Speech Therapy/Early Intervention, Natural Setting, 1 Client, Tier 1 | Client Hour | 1 | \$85.73 | \$77.16 |
| Speech Therapy/Early Intervention, Natural Setting, 2 Client, Tier 1 | Client Hour | 2 | \$53.58 | \$48.23 |
| Speech Therapy/Early Intervention, Natural Setting, 3 Client, Tier 1 | Client Hour | 3 | \$42.87 | \$38.58 |
| Speech Therapy/Early Intervention, Natural Setting, 1 Client, Tier 2 | Client Hour | 1 | \$97.43 | \$87.69 |
| Speech Therapy/Early Intervention, Natural Setting, 2 Client, Tier 2 | Client Hour | 2 | \$60.89 | \$54.81 |
| Speech Therapy/Early Intervention, Natural Setting, 3 Client, Tier 2 | Client Hour | 3 | \$48.72 | \$43.85 |
| Speech Therapy/Early Intervention, Natural Setting, 1 Client, Tier 3 | Client Hour | 1 | \$116.91 | \$105.22 |
| Speech Therapy/Early Intervention, Natural Setting, 2 Client, Tier 3 | Client Hour | 2 | \$73.07 | \$65.76 |
| Speech Therapy/Early Intervention, Natural Setting, 3 Client, Tier 3 | Client Hour | 3 | \$58.46 | \$52.61 |

Arizona Department of Economic Security, Division of Developmental Disabilities
 SFY 09 Benchmark and Adopted Rates
 Professional Services

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|---|-----------------|------------------|----------------|--------------|
| Speech Therapy Evaluations | | | | |
| Speech Therapy/Early Intervention Evaluation, Clinical Setting, 1 Client | Evaluation | 1 | \$172.56 | \$155.30 |
| Speech Therapy/Early Intervention Evaluation, Natural Setting, 1 Client | Evaluation | 1 | \$192.98 | \$173.68 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Support Coordination Services**

Unit of Service

1. The basis of payment for this service is one month of service time. Units shall be recorded on a per consumer per month basis.

2. In the event that this service is provided for less than one whole month, a monthly unit shall be expressed as a fraction of one, rounded to the nearest 1/100th, according to the actual number of days in that month. For example, if in May the consumer was enrolled with the Qualified Vendor for only 20 days:
 - The unit of service shall be recorded as 1 divided by the number of days in a given month, multiplied by the number of days consumer was enrolled (= 1 / 31 * 20 = 0.64516 = 0.65)
 - In this example, the rate for May shall equal 0.65 multiplied by the published rate

3. This service may not be provided to more than one consumer at the same time.

| Description | Benchmark Rate | Adopted Rate |
|--|----------------|--------------|
| Support Coordination (Case Management) | | |
| Support Coordination (Case Management) Access to ASSISTS Through DES Office Caseload not to exceed an average of 1:40 | \$101.65 | \$91.49 |
| Targeted Support Coordination (Targeted Case Management) | | |
| Targeted Support Coordination (Targeted Case Management) Access to ASSISTS Through DES Office Caseload not to exceed an average of 1:80 | \$46.81 | \$42.13 |
| State Funded Support Coordination (State Funded Case Management) | | |
| State Funded Support Coordination (State Funded Case Management) Access to ASSISTS Through DES Office Caseload not to exceed an average of 1:110 | \$30.28 | \$27.25 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Employment Support Services

Unit of Service

For Center-Based Service

1. The basis of payment for this service is an hourly unit of time in which the consumer is in attendance in contact with direct service staff and verified by the consumer. Any fraction of an hour should be billed in 15-minute increments. When billing, the Qualified Vendor should round consumer attendance time to the nearest 15-minute increment, as illustrated in the examples below:

1. If consumer attended for 65 minutes, bill for 1 hour.
2. If consumer attended for 68 minutes, bill for 1.25 hour.
3. If consumer attended for 50 minutes, bill for .75 hour.

2. Total hours for a consumer's attendance shall not include time spent during transportation to/from the consumer's residence.

3. Absences do not constitute a billable unit except as provided in item 4 below. An absence factor was built into the rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the employment program for two hours, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day.

4. Qualified Vendors that do not provide transportation for a particular consumer may include up to one hour per day (up to 30 minutes associated with a late arrival and up to 30 minutes associated with an early departure) if the consumer arrives after his/her scheduled arrival or leaves before his/her scheduled departure time on a given day. However, if the consumer is absent for the entire day, the Qualified Vendor may not bill any hours for that day for that consumer.

5. If a consumer permanently stops attending the Qualified Vendor's program, then the Qualified Vendor shall notify the DDD support coordinator/supervisor and District Employment Program Specialist. The Qualified Vendor shall not bill the Division for vacancies.

For Group Supported Employment

1. The basis of payment for this service is an hourly unit of time in which the consumer is in attendance in contact with direct service staff and verified by the consumer. Direct service time begins when the consumer shows up at the job site or staging area, whichever is earlier. Any fraction of an hour should be billed in 15-minute increments. When billing, the Qualified Vendor should round consumer attendance time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

2. Total hours for the consumer shall not include time spent during transportation to/from the consumer's residence.

3. The basis of payment for this service is the ratio rate. To determine the appropriate billing rate, the Qualified Vendor shall:

- a. Divide (the total billable hours consumers attended the group supported employment) by (the total direct service staff hours with consumers present at the program, excluding hours of employment support aides); and
- b. Use the resulting quotient, which is the number of consumer billable hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to consumer ratio, to find the appropriate staff to consumer ratio rate on the rate schedule.
- c. The Qualified Vendor may calculate this ratio on a daily basis using actual hours for each day or may calculate the ratio at the end of the calendar month using the actual number of hours for the entire month to determine an average ratio for the month.
- d. The ratio of consumers per direct service staff of 6.51 – 7.5 : 1 and 7.51 – 8 : 1 are transitional and will expire on June 30, 2006.

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Employment Support Services

For example, if the number of hours attended by all consumers in a group supported employment program totaled 30 hours for a day (600 for the month), and the number of hours worked by direct service staff when consumers were present at the program (excluding employment support aide hours) totaled 6 for that day (120 for the month), then the calculation would be:

Total billable consumer hours divided by total direct service staff hours = $30 / 6$ or $600 / 120 = 5.0$

This program's ratio is 1:5

For both consumers and direct service staff, units shall be recorded daily on the per consumer and per direct service staff basis, shall be expressed in terms of hours and shall be rounded to the nearest 15-minute increment, as illustrated in examples below:

If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours

If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5.5 hours

If total hours for a consumer or direct service staff were equal to 5 hours and 48 minutes, round the total to 6 hours

4. Absences do not constitute a billable unit, including late arrivals and early departures. As absence factor was built into model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the employment program for two hours, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day.

5. If a consumer permanently stops receiving services from the Qualified Vendor, then the Qualified Vendor shall notify the DDD support coordinator/supervisor and District Employment Specialist. The Qualified Vendor shall not bill the Division for vacancies.

For Individual Supported Employment

1. The basis of payment for this service is an hourly unit of Qualified Vendor staff time spent directly with or specific to the consumer and verified by the consumer. A job coach/job search hour shall include activities such as:

1.1. Meetings with the consumer and/or employer;

1.2. Travel time of Qualified Vendor staff to and from the consumer's worksite; and

1.3. Other tasks necessary to support the consumer to keep or obtain the job and be successful including, but not limited to, job development, career development counseling, on-the-job training, job coaching, ongoing employer contact, job search activities, mobility training, worksite analysis and report writing.

2. When billing, the Qualified Vendor should round its staff time to the nearest 15-minute increment, as illustrated in the examples below:

If activities were conducted for 65 minutes, bill for 1 hour.

If activities were conducted for 68 minutes, bill for 1.25 hour.

If activities were conducted for 50 minutes, bill for .75 hour.

3. If the consumer permanently stops participating in the Qualified Vendor's program, then the Qualified Vendor shall notify the DDD Support Coordinator/Supervisor/designee and the District Employment Program Specialist. The Qualified Vendor shall not bill the Division for non-participation.

For Employment Support Aide

1. The basis of payment for this service is an hourly unit of direct staff service time. Direct service time is the period of time spent by the Employment Support Aide with the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

If services were provided for 65 minutes, bill for 1 hour.

If services were provided for 68 minutes, bill for 1.25 hour.

If services were provided for 50 minutes, bill for 0.75 hour.

Note: The Adopted rate for all Employment Support services is equal to 99% of the Benchmark rate. This ratio will remain in effect until June 30, 2006, at which time it will revert to then-prevailing ratio of Adopted to Benchmark rate.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Employment Support Services**

| Description | Density | Unit of Service | Benchmark Rate | Adopted Rate |
|---|---------|-----------------|----------------|--------------|
| Center-Based Employment | | | | |
| Center-Based Employment | High | Client Hour | \$5.51 | \$4.96 |
| Center-Based Employment | Low | Client Hour | \$6.06 | \$5.45 |
| Employment Support Aide - Center-Based Employment | High | Client Hour | \$16.04 | \$14.44 |
| Employment Support Aide - Center-Based Employment | Low | Client Hour | \$17.64 | \$15.88 |
| Group Supported Employment | | | | |
| Group Supported Employment - Staff : Consumer Ratio Of 1:2 To 1:2.5 | High | Client Hour | \$18.28 | \$16.45 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:2 To 1:2.5 | Low | Client Hour | \$20.98 | \$18.88 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:2.51 To 1:3.5 | High | Client Hour | \$12.19 | \$10.97 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:2.51 To 1:3.5 | Low | Client Hour | \$13.99 | \$12.59 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:3.51 To 1:4.5 | High | Client Hour | \$8.87 | \$7.98 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:3.51 To 1:4.5 | Low | Client Hour | \$10.20 | \$9.18 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:4.51 To 1:5.5 | High | Client Hour | \$7.09 | \$6.38 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:4.51 To 1:5.5 | Low | Client Hour | \$8.16 | \$7.35 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:5.51 To 1:6.5 | High | Client Hour | \$5.91 | \$5.32 |
| Group Supported Employment - Staff : Consumer Ratio Of 1:5.51 To 1:6.5 | Low | Client Hour | \$6.80 | \$6.12 |
| Employment Support Aide - Group Supported Employment | High | Client Hour | \$18.23 | \$16.41 |
| Employment Support Aide - Group Supported Employment | Low | Client Hour | \$20.05 | \$18.05 |
| Individual Supported Employment | | | | |
| Individual Supported Employment | High | Staff Hour | \$28.04 | \$25.24 |
| Individual Supported Employment | Low | Staff Hour | \$30.85 | \$27.77 |
| Employment Support Aide - Individual Supported Employment | High | Client Hour | \$18.24 | \$16.42 |
| Employment Support Aide - Individual Supported Employment | Low | Client Hour | \$20.06 | \$18.06 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Specialized Habilitation Services**

Unit of Service

1. The basis of payment for *Habilitation, Music* and *Habilitation, Communication* is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

2. If the Qualified Vendor provides *Habilitation, Music* and *Habilitation, Communication* with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

3. The basis of payment for *Specialized Habilitation, Behavioral-B and M* is an hourly unit of staff service time. Staff service time is the period of time spent with or on the behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increments.

4. For *Habilitation, Communication*, the Qualified Vendor shall use the following guideline to determine the billing rate:

- To bill at Level I rate, the direct service staff must have an Associates degree in a related field and/or Assistive Technology Certification and/or Teacher's Aide Certification with 2 years of experience in communication related activities such as sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities; five years of experience as described above can be substituted for degree/certification certificate.

- To bill at Level II rate, the direct service staff must have a Bachelors degree in education or therapy related field with specialty training in sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities.

- To bill at Level III rate, the direct service staff must have a Masters degree in education or therapy or related field with specialty training in sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities.

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Specialized Habilitation with Music Component | | | | |
| Specialized Habilitation with Music Component | Client Hour | 1 | \$40.10 | \$36.09 |
| Specialized Habilitation with Music Component | Client Hour | 2 | \$25.06 | \$22.56 |
| Specialized Habilitation with Music Component | Client Hour | 3 | \$20.05 | \$18.05 |
| Specialized Habilitation, Behavioral | | | | |
| Specialized Habilitation, Behavioral-B | Staff Hour | 1 | \$40.00 | \$36.00 |
| Specialized Habilitation, Behavioral-M | Staff Hour | 1 | \$60.00 | \$54.00 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Specialized Habilitation Services**

| Description | Unit of Service | Multiple Clients | Benchmark Rate | Adopted Rate |
|--|-----------------|------------------|----------------|--------------|
| Habilitation, Communication | | | | |
| Habilitation, Communication, Level I | Client Hour | 1 | \$19.78 | \$17.80 |
| Habilitation, Communication, Level I | Client Hour | 2 | \$12.36 | \$11.13 |
| Habilitation, Communication, Level I | Client Hour | 3 | \$9.89 | \$8.90 |
| Habilitation, Communication, Level II | Client Hour | 1 | \$25.92 | \$23.33 |
| Habilitation, Communication, Level II | Client Hour | 2 | \$16.20 | \$14.58 |
| Habilitation, Communication, Level II | Client Hour | 3 | \$12.96 | \$11.67 |
| Habilitation, Communication, Level III | Client Hour | 1 | \$32.06 | \$28.85 |
| Habilitation, Communication, Level III | Client Hour | 2 | \$20.04 | \$18.03 |
| Habilitation, Communication, Level III | Client Hour | 3 | \$16.03 | \$14.43 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Transportation Services**

Rates

1. Separate urban and rural rates and procedure codes are established for transportation services. Except for "Flat Trip Rate for Regularly Scheduled Daily Transportation" and "Employment Related Transportation," urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports that are not "Flat Trip Rate for Regularly Scheduled Daily Transportation" or "Employment Related Transportation" are defined as rural.

2. The "Flat Trip Rate for Regularly Scheduled Daily Transportation," "Employment Related Transportation" and exceptional transportation modified rates can only be used, and shall be the only rate used, for transportation of a consumer to a day treatment program by a Qualified Vendor that is not an independent provider.

3. Separate urban and rural rates are established for the "Flat Trip Rate for Regularly Scheduled Daily Transportation." The Qualified Vendor shall bill the Division the rural rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate for rural areas is that the potential Day Treatment and Training client base of the program size has fewer than 20 consumers in a 40 mile radius.

4. For "Employment Related Transportation, the Qualified Vendor shall bill the Division the rural rate only when a low-density rate has been authorized for the same consumer's employment supports and services.

Unit of Service

1. One unit of service equals one trip per person one way, one mile of traveled distance, or 30 minutes of waiting time.

2. Mileage reimbursement is limited to loaded mileage. Loaded mileage is the distance traveled, measured in statute miles, while a consumer is on board and being transported.

| Description | Location / Density | Unit of Service | Benchmark Rate | Adopted Rate |
|--|--------------------|-----------------|----------------|--------------|
| AHCCCS Non-Emergency Ground Transportation Services FFS Rates | | | | |
| Ambulatory van | Urban | Base rate | \$7.48 | \$7.48 |
| Ambulatory van | Rural | Base rate | \$8.19 | \$8.19 |
| Ambulatory van | Urban | Per mile | \$1.38 | \$1.38 |
| Ambulatory van | Rural | Per mile | \$1.65 | \$1.65 |
| Wheelchair van | Urban | Base rate | \$13.94 | \$12.57 |
| Wheelchair van | Rural | Base rate | \$16.03 | \$14.43 |
| Wheelchair van | Urban | Per mile | \$1.66 | \$1.66 |
| Wheelchair van | Rural | Per mile | \$1.79 | \$1.79 |
| Stretcher van | Urban | Base rate | \$55.33 | \$55.33 |
| Stretcher van | Rural | Base rate | \$97.72 | \$97.72 |
| Stretcher van | Urban | Per mile | \$2.10 | \$1.89 |
| Stretcher van | Rural | Per mile | \$2.42 | \$2.18 |
| Taxicab | Urban | Base rate | \$1.17 | \$1.17 |
| Taxicab | Rural | Base rate | \$1.17 | \$1.17 |
| Taxicab | Urban | Per mile | \$1.38 | \$1.38 |
| Taxicab | Rural | Per mile | \$1.65 | \$1.65 |
| Transportation Waiting Time | Urban | 30 minutes | \$5.17 | \$5.17 |
| Transportation Waiting Time | Rural | 30 minutes | \$5.17 | \$5.17 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Transportation Services**

| Description | Location / Density | Unit of Service | Benchmark Rate | Adopted Rate |
|-------------|--------------------|-----------------|----------------|--------------|
|-------------|--------------------|-----------------|----------------|--------------|

Transportation, Family and Friend

| | | | | |
|------------------------------------|------|----------|---------|---------|
| Transportation, Family and Friend* | Both | Per mile | \$0.375 | \$0.485 |
|------------------------------------|------|----------|---------|---------|

* The adopted rate is higher than the benchmark rate due to an adjustment for higher mileage cost. This adjustment is temporary until further notice from the DES/DDD Assistant Director.

Other Transportation Services

| | | | | |
|---|-------|-------------|----------------|----------------|
| Flat Trip Rate for Regularly Scheduled Daily Transportation* | Urban | Per Trip | \$9.09 | \$9.12 |
| Flat Trip Rate for Regularly Scheduled Daily Transportation* | Rural | Per Trip | \$12.13 | \$13.08 |
| Transportation Aide for non-Regularly Scheduled Daily Transportation ONLY | Both | Client Hour | Minimum Wage** | Minimum Wage** |

* The adopted rate is higher than the benchmark rate due to an adjustment for higher mileage cost. This adjustment is temporary until further notice from the DES/DDD Assistant Director.

** As of the date of publication, the State of Arizona minimum wage for covered nonexempt employees is \$6.75 an hour.

| | | | | |
|------------------------------------|----------------------|----------|---------|---------|
| Employment Related Transportation* | High Density (Urban) | Per Trip | \$9.09 | \$9.27 |
| Employment Related Transportation* | Low Density (Rural) | Per Trip | \$12.13 | \$13.08 |

* The adopted rate is higher than the benchmark rate due to an adjustment for higher mileage cost. This adjustment is temporary until further notice from the DES/DDD Assistant Director.

Modified Rates

The Division established separate exceptional transportation modified rates for "Flat Trip Rate for Regularly Scheduled Daily Transportation" and "Employment Related Transportation." Those situations where these modified rates are used will be considered time-limited in order to seek day programs closer to a consumer's home long term or to develop an alternative so that consumers are not transported for so much of their day. For "Flat Trip Rate for Regularly Scheduled Daily Transportation," these modified rates are capped at 50 consumers statewide annually based on the premise that these are temporary or transitional modified rates.

Single Person Modified Rate

1. This modified rate is to be used when a consumer has significant transportation needs associated with behavior needs (e.g. needs an aide to ride on the vehicle), wheelchair or other equipment needs or location and needs a single person transport.

2. The DDD Program Administer/Manager, Central Office Business Operations and Program Operations must approve the request for a single person modified rate. The request needs to include an explanation of what the consumer's support needs are and what alternatives were explored, such as vendor calls or finding routes that the consumer can share a ride with others.

| | | | | |
|--|-------|----------|---------|---------|
| Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation | Urban | Per Trip | \$18.17 | \$16.35 |
| Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation | Rural | Per Trip | \$24.23 | \$21.81 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Transportation Services**

| Description | Location / Density | Unit of Service | Benchmark Rate | Adopted Rate |
|--|----------------------|-----------------|----------------|--------------|
| Single Person, Employment Related Transportation | High Density (Urban) | Per Trip | \$18.17 | \$16.35 |
| Single Person, Employment Related Transportation | Low Density (Rural) | Per Trip | \$24.23 | \$21.81 |

Extensive Distance Modified Rate

1. This modified rate is to be used when a consumer must travel 25 to 90 miles one way to attend a day program.
2. The DDD program Administrator/Manager, Central Office Business Operations, and Program Operations must approve the request for an extensive distance modified rate. The request must include an explanation of all alternatives researched such as finding a day program closer to the consumer's home, developing a new program tailored to the consumer's needs and in their home community, etc.

| | | | | |
|---|----------------------|----------|---------|---------|
| Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation | Urban | Per Trip | \$18.18 | \$16.36 |
| Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation | Rural | Per Trip | \$24.24 | \$21.82 |
| Extensive Distance, Employment Related Transportation | High Density (Urban) | Per Trip | \$18.18 | \$16.36 |
| Extensive Distance, Employment Related Transportation | Low Density (Rural) | Per Trip | \$24.24 | \$21.82 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Benchmark and Adopted Rates
Other Services**

Unit of Service

The basis of payment for this service is the completion and receipt of a person centered plan. This is inclusive of approximately four hours of direct facilitation and up to two hours of preparation and report writing. Payment is provided when the plan is delivered to consumer.

| Description | Unit of Service | Benchmark Rate | Adopted Rate |
|--|-----------------|----------------|--------------|
| Person Centered Planning Facilitation | | | |
| Person Centered Planning Facilitation | Plan | \$419.40 | \$377.46 |

The element of the schedule is either new or was changed from the February 1, 2008 release (Posted January 21, 2008)

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates
Introduction

Purpose of This Schedule

This schedule converts the staff hourly rates to daily rates for the services of Habilitation, Community Protection and Treatment Group Home and Habilitation, Group Home. The rates on these schedules are to be used for these two services when billing the Division.

Rates

1. If at least one of the residents in the facility is authorized to receive Habilitation, Community Protection and Treatment Group Home, the Qualified Vendor may bill the Division the Habilitation, Community Protection and Treatment Group Home rate for all residents in the facility. Otherwise, the Qualified Vendor must bill the Division the Habilitation, Group Home rate for all residents in the facility.
2. If the resident that requires Habilitation, Community Protection and Treatment Group Home direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Community Protection and Treatment Group Home rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home services.
3. The daily rates for these services are based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
4. The Division will make payments to the Qualified Vendor on the *per diem* basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours for the home. In Schedules A and B, the adopted rate includes incontinent supplies and nutritional supplements as indicated. These modified rates will be approved by the Division for each consumer on a case-by-case basis.
5. Schedules A and B contain 24 and 14 tables, respectively, with Daily Rates, and each table refers a specific range. Each range represents a level of staffing with the number of direct service hours that are authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The number of hours specified in each range represents the number of direct service hours the Qualified Vendor must provide in a week in order to bill the *per diem* rates associated with that range. These Daily Rates are statewide for all Group Home services.

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Introduction

6. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate that reflects the number of residents in the group home and the range of hours provided in a week that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly direct service hours weekly, or may calculate a monthly average of weekly direct service hours at the end of the month for that month.
7. If the Qualified Vendor elects to calculate a monthly average of weekly direct service hours at the end of the month, the Qualified Vendor shall determine the total number of direct service hours in a given month and determine the average number of direct service hours per week by dividing (the total number of direct service hours in a month) by (the number of weeks in a month).
 - If there are 31 days in a month, then the number of weeks in a month is 4.43
 - If there are 30 days in a month, then the number of weeks in a month is 4.29
 - If there are 29 days in a month, then the number of weeks in a month is 4.14
 - If there are 28 days in a month, then the number of weeks in a month is 4.00
8. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
9. Because direct service hours provided can vary by week (if the Qualified Vendor does not elect to calculate a monthly average of weekly direct service hours), and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
10. The Qualified Vendor shall use the actual resident occupancy to determine the *per diem* rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a home by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
11. If a resident is not in the group home facility on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the *per diem* rate for the actual number of Division-funded residents.

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SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

If Habilitation, Community Protection and Treatment Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

Habilitation, Community Protection and Treatment Group Home - Range 1

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | None | \$166.37 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | Nutritional | \$170.37 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | Incontinence | \$169.37 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | Nutritional and Incontinence | \$173.37 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | None | \$83.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | Nutritional | \$87.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | Incontinence | \$86.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | Nutritional and Incontinence | \$90.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | None | \$55.46 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | Nutritional | \$59.46 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | Incontinence | \$58.46 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | Nutritional and Incontinence | \$62.46 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 2

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | None | \$221.83 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | Nutritional | \$225.83 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | Incontinence | \$224.83 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | Nutritional and Incontinence | \$228.83 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | None | \$110.91 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | Nutritional | \$114.91 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | Incontinence | \$113.91 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | Nutritional and Incontinence | \$117.91 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | None | \$73.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | Nutritional | \$77.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | Incontinence | \$76.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | Nutritional and Incontinence | \$80.94 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 3

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | None | \$277.29 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | Nutritional | \$281.29 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | Incontinence | \$280.29 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | Nutritional and Incontinence | \$284.29 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | None | \$138.64 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | Nutritional | \$142.64 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | Incontinence | \$141.64 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | Nutritional and Incontinence | \$145.64 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | None | \$92.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | Nutritional | \$96.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | Incontinence | \$95.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | Nutritional and Incontinence | \$99.43 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 4

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | None | \$332.74 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | Nutritional | \$336.74 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | Incontinence | \$335.74 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | Nutritional and Incontinence | \$339.74 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | None | \$166.38 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | Nutritional | \$170.38 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | Incontinence | \$169.38 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | Nutritional and Incontinence | \$173.38 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | None | \$110.92 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | Nutritional | \$114.92 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | Incontinence | \$113.92 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | Nutritional and Incontinence | \$117.92 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 5

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | None | \$388.20 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | Nutritional | \$392.20 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | Incontinence | \$391.20 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | Nutritional and Incontinence | \$395.20 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | None | \$194.10 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | Nutritional | \$198.10 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | Incontinence | \$197.10 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | Nutritional and Incontinence | \$201.10 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | None | \$129.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | Nutritional | \$133.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | Incontinence | \$132.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | Nutritional and Incontinence | \$136.40 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
 SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
 Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 6

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | None | \$443.66 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | Nutritional | \$447.66 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | Incontinence | \$446.66 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | Nutritional and Incontinence | \$450.66 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | None | \$221.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | Nutritional | \$225.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | Incontinence | \$224.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | Nutritional and Incontinence | \$228.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | None | \$147.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | Nutritional | \$151.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | Incontinence | \$150.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | Nutritional and Incontinence | \$154.89 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 7

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | None | \$499.11 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | Nutritional | \$503.11 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | Incontinence | \$502.11 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | Nutritional and Incontinence | \$506.11 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | None | \$249.56 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | Nutritional | \$253.56 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | Incontinence | \$252.56 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | Nutritional and Incontinence | \$256.56 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | None | \$166.36 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | Nutritional | \$170.36 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | Incontinence | \$169.36 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | Nutritional and Incontinence | \$173.36 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 8

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | None | \$554.57 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | Nutritional | \$558.57 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | Incontinence | \$557.57 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | Nutritional and Incontinence | \$561.57 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | None | \$277.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | Nutritional | \$281.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | Incontinence | \$280.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | Nutritional and Incontinence | \$284.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | None | \$184.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | Nutritional | \$188.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | Incontinence | \$187.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | Nutritional and Incontinence | \$191.86 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 9

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | None | \$610.03 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | Nutritional | \$614.03 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | Incontinence | \$613.03 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | Nutritional and Incontinence | \$617.03 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | None | \$305.01 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | Nutritional | \$309.01 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | Incontinence | \$308.01 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | Nutritional and Incontinence | \$312.01 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | None | \$203.34 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | Nutritional | \$207.34 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | Incontinence | \$206.34 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | Nutritional and Incontinence | \$210.34 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 10

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | None | \$665.49 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | Nutritional | \$669.49 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | Incontinence | \$668.49 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | Nutritional and Incontinence | \$672.49 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | None | \$332.75 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | Nutritional | \$336.75 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | Incontinence | \$335.75 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | Nutritional and Incontinence | \$339.75 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | None | \$221.82 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | Nutritional | \$225.82 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | Incontinence | \$224.82 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | Nutritional and Incontinence | \$228.82 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 11

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | None | \$720.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | Nutritional | \$724.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | Incontinence | \$723.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | Nutritional and Incontinence | \$727.94 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | None | \$360.47 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | Nutritional | \$364.47 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | Incontinence | \$363.47 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | Nutritional and Incontinence | \$367.47 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | None | \$240.31 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | Nutritional | \$244.31 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | Incontinence | \$243.32 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | Nutritional and Incontinence | \$247.31 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 12

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | None | \$776.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | Nutritional | \$780.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | Incontinence | \$779.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | Nutritional and Incontinence | \$783.40 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | None | \$388.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | Nutritional | \$392.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | Incontinence | \$391.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | Nutritional and Incontinence | \$395.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | None | \$258.80 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | Nutritional | \$262.80 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | Incontinence | \$261.80 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | Nutritional and Incontinence | \$265.80 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 13

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | None | \$831.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | Nutritional | \$835.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | Incontinence | \$834.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | Nutritional and Incontinence | \$838.86 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | None | \$415.93 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | Nutritional | \$419.93 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | Incontinence | \$418.93 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | Nutritional and Incontinence | \$422.93 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | None | \$277.28 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | Nutritional | \$281.28 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | Incontinence | \$280.28 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | Nutritional and Incontinence | \$284.28 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 14

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | None | \$887.31 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | Nutritional | \$891.31 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | Incontinence | \$890.31 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | Nutritional and Incontinence | \$894.31 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | None | \$443.67 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | Nutritional | \$447.67 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | Incontinence | \$446.67 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | Nutritional and Incontinence | \$450.67 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | None | \$295.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | Nutritional | \$299.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | Incontinence | \$298.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | Nutritional and Incontinence | \$302.77 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 15

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 1 | None | \$942.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 1 | Nutritional | \$946.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 1 | Incontinence | \$945.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 1 | Nutritional and Incontinence | \$949.77 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 2 | None | \$471.39 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 2 | Nutritional | \$475.39 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 2 | Incontinence | \$474.39 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 2 | Nutritional and Incontinence | \$478.39 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 3 | None | \$314.26 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 3 | Nutritional | \$318.26 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 3 | Incontinence | \$317.26 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 15 | 330 | 340 | 350 | 3 | Nutritional and Incontinence | \$321.26 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 16

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 1 | None | \$998.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 1 | Nutritional | \$1,002.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 1 | Incontinence | \$1,001.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 1 | Nutritional and Incontinence | \$1,005.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 2 | None | \$499.12 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 2 | Nutritional | \$503.12 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 2 | Incontinence | \$502.12 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 2 | Nutritional and Incontinence | \$506.12 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 3 | None | \$332.73 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 3 | Nutritional | \$336.73 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 3 | Incontinence | \$335.73 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 16 | 350 | 360 | 370 | 3 | Nutritional and Incontinence | \$339.73 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 17

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 1 | None | \$1,053.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 1 | Nutritional | \$1,057.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 1 | Incontinence | \$1,056.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 1 | Nutritional and Incontinence | \$1,060.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 2 | None | \$526.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 2 | Nutritional | \$530.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 2 | Incontinence | \$529.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 2 | Nutritional and Incontinence | \$533.84 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 3 | None | \$351.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 3 | Nutritional | \$355.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 3 | Incontinence | \$354.23 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 17 | 370 | 380 | 390 | 3 | Nutritional and Incontinence | \$358.23 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 18

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 1 | None | \$1,109.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 1 | Nutritional | \$1,113.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 1 | Incontinence | \$1,112.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 1 | Nutritional and Incontinence | \$1,116.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 2 | None | \$554.58 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 2 | Nutritional | \$558.58 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 2 | Incontinence | \$557.58 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 2 | Nutritional and Incontinence | \$561.58 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 3 | None | \$369.71 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 3 | Nutritional | \$373.71 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 3 | Incontinence | \$372.71 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 18 | 390 | 400 | 410 | 3 | Nutritional and Incontinence | \$376.71 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 19

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 1 | None | \$1,164.60 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 1 | Nutritional | \$1,168.60 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 1 | Incontinence | \$1,167.60 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 1 | Nutritional and Incontinence | \$1,171.60 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 2 | None | \$582.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 2 | Nutritional | \$586.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 2 | Incontinence | \$585.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 2 | Nutritional and Incontinence | \$589.30 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 3 | None | \$388.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 3 | Nutritional | \$392.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 3 | Incontinence | \$391.19 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 19 | 410 | 420 | 430 | 3 | Nutritional and Incontinence | \$395.19 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 20

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 1 | None | \$1,220.06 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 1 | Nutritional | \$1,224.06 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 1 | Incontinence | \$1,223.06 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 1 | Nutritional and Incontinence | \$1,227.06 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 2 | None | \$610.04 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 2 | Nutritional | \$614.04 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 2 | Incontinence | \$613.04 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 2 | Nutritional and Incontinence | \$617.04 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 3 | None | \$406.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 3 | Nutritional | \$410.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 3 | Incontinence | \$409.69 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 20 | 430 | 440 | 450 | 3 | Nutritional and Incontinence | \$413.69 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 21

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 1 | None | \$1,275.51 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 1 | Nutritional | \$1,279.51 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 1 | Incontinence | \$1,278.51 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 1 | Nutritional and Incontinence | \$1,282.51 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 2 | None | \$637.76 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 2 | Nutritional | \$641.76 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 2 | Incontinence | \$640.76 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 2 | Nutritional and Incontinence | \$644.76 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 3 | None | \$425.17 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 3 | Nutritional | \$429.17 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 3 | Incontinence | \$428.17 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 21 | 450 | 460 | 470 | 3 | Nutritional and Incontinence | \$432.17 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 22

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 1 | None | \$1,330.97 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 1 | Nutritional | \$1,334.97 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 1 | Incontinence | \$1,333.97 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 1 | Nutritional and Incontinence | \$1,337.97 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 2 | None | \$665.50 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 2 | Nutritional | \$669.50 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 2 | Incontinence | \$668.50 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 2 | Nutritional and Incontinence | \$672.50 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 3 | None | \$443.65 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 3 | Nutritional | \$447.65 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 3 | Incontinence | \$446.65 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 22 | 470 | 480 | 490 | 3 | Nutritional and Incontinence | \$450.65 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 23

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 1 | None | \$1,386.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 1 | Nutritional | \$1,390.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 1 | Incontinence | \$1,389.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 1 | Nutritional and Incontinence | \$1,393.43 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 2 | None | \$693.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 2 | Nutritional | \$697.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 2 | Incontinence | \$696.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 2 | Nutritional and Incontinence | \$700.21 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 3 | None | \$462.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 3 | Nutritional | \$466.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 3 | Incontinence | \$465.14 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 23 | 490 | 500 | 510 | 3 | Nutritional and Incontinence | \$469.14 |

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The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule A
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 24

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|---|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 1 | None | \$1,441.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 1 | Nutritional | \$1,445.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 1 | Incontinence | \$1,444.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 1 | Nutritional and Incontinence | \$1,448.89 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 2 | None | \$720.95 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 2 | Nutritional | \$724.95 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 2 | Incontinence | \$723.95 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 2 | Nutritional and Incontinence | \$727.95 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 3 | None | \$480.63 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 3 | Nutritional | \$484.63 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 3 | Incontinence | \$483.63 |
| Habilitation, Community Protection and Treatment Group Home | Per Resident Per Day | 24 | 510 | 520 | 530 | 3 | Nutritional and Incontinence | \$487.63 |

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The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

If Habilitation, Community Protection and Treatment Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

If Habilitation, Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

Habilitation, Group Home - Range 1

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | None | \$149.57 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | Nutritional | \$153.57 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | Incontinence | \$152.57 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 1 | Nutritional and Incontinence | \$156.57 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | None | \$74.79 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | Nutritional | \$78.79 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | Incontinence | \$77.79 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 2 | Nutritional and Incontinence | \$81.79 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | None | \$49.86 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | Nutritional | \$53.86 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | Incontinence | \$52.86 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 3 | Nutritional and Incontinence | \$56.86 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 4 | None | \$37.39 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 4 | Nutritional | \$41.39 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 4 | Incontinence | \$40.39 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 4 | Nutritional and Incontinence | \$44.39 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 5 | None | \$29.91 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 5 | Nutritional | \$33.91 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 5 | Incontinence | \$32.91 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 5 | Nutritional and Incontinence | \$36.91 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 6 | None | \$24.93 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 6 | Nutritional | \$28.93 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 6 | Incontinence | \$27.93 |
| Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 70 | 6 | Nutritional and Incontinence | \$31.93 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 2

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | None | \$199.43 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | Nutritional | \$203.43 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | Incontinence | \$202.43 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 1 | Nutritional and Incontinence | \$206.43 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | None | \$99.71 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | Nutritional | \$103.71 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | Incontinence | \$102.71 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 2 | Nutritional and Incontinence | \$106.71 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | None | \$66.48 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | Nutritional | \$70.48 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | Incontinence | \$69.48 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 3 | Nutritional and Incontinence | \$73.48 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 4 | None | \$49.87 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 4 | Nutritional | \$53.87 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 4 | Incontinence | \$52.87 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 4 | Nutritional and Incontinence | \$56.87 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 5 | None | \$39.89 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 5 | Nutritional | \$43.89 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 5 | Incontinence | \$42.89 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 5 | Nutritional and Incontinence | \$46.89 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 6 | None | \$33.24 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 6 | Nutritional | \$37.24 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 6 | Incontinence | \$36.24 |
| Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 90 | 6 | Nutritional and Incontinence | \$40.24 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 3

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | None | \$249.29 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | Nutritional | \$253.29 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | Incontinence | \$252.29 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 1 | Nutritional and Incontinence | \$256.29 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | None | \$124.64 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | Nutritional | \$128.64 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | Incontinence | \$127.64 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 2 | Nutritional and Incontinence | \$131.64 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | None | \$83.10 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | Nutritional | \$87.10 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | Incontinence | \$86.10 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 3 | Nutritional and Incontinence | \$90.10 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 4 | None | \$62.32 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 4 | Nutritional | \$66.32 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 4 | Incontinence | \$65.32 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 4 | Nutritional and Incontinence | \$69.32 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 5 | None | \$49.85 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 5 | Nutritional | \$53.85 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 5 | Incontinence | \$52.85 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 5 | Nutritional and Incontinence | \$56.85 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 6 | None | \$41.55 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 6 | Nutritional | \$45.55 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 6 | Incontinence | \$44.55 |
| Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 110 | 6 | Nutritional and Incontinence | \$48.55 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 4

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | None | \$299.14 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | Nutritional | \$303.14 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | Incontinence | \$302.14 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 1 | Nutritional and Incontinence | \$306.14 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | None | \$149.58 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | Nutritional | \$153.58 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | Incontinence | \$152.58 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 2 | Nutritional and Incontinence | \$156.58 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | None | \$99.72 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | Nutritional | \$103.72 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | Incontinence | \$102.72 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 3 | Nutritional and Incontinence | \$106.72 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 4 | None | \$74.80 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 4 | Nutritional | \$78.80 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 4 | Incontinence | \$77.80 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 4 | Nutritional and Incontinence | \$81.80 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 5 | None | \$59.83 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 5 | Nutritional | \$63.83 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 5 | Incontinence | \$62.83 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 5 | Nutritional and Incontinence | \$66.83 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 6 | None | \$49.88 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 6 | Nutritional | \$53.88 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 6 | Incontinence | \$52.88 |
| Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 130 | 6 | Nutritional and Incontinence | \$56.88 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 5

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | None | \$349.00 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | Nutritional | \$353.00 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | Incontinence | \$352.00 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 1 | Nutritional and Incontinence | \$356.00 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | None | \$174.50 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | Nutritional | \$178.50 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | Incontinence | \$177.50 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 2 | Nutritional and Incontinence | \$181.50 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | None | \$116.33 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | Nutritional | \$120.33 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | Incontinence | \$119.33 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 3 | Nutritional and Incontinence | \$123.33 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 4 | None | \$87.25 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 4 | Nutritional | \$91.25 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 4 | Incontinence | \$90.25 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 4 | Nutritional and Incontinence | \$94.25 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 5 | None | \$69.80 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 5 | Nutritional | \$73.80 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 5 | Incontinence | \$72.80 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 5 | Nutritional and Incontinence | \$76.80 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 6 | None | \$58.16 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 6 | Nutritional | \$62.16 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 6 | Incontinence | \$61.17 |
| Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 150 | 6 | Nutritional and Incontinence | \$65.17 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 6

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | None | \$398.86 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | Nutritional | \$402.86 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | Incontinence | \$401.86 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 1 | Nutritional and Incontinence | \$405.86 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | None | \$199.44 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | Nutritional | \$203.44 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | Incontinence | \$202.44 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 2 | Nutritional and Incontinence | \$206.44 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | None | \$132.95 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | Nutritional | \$136.95 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | Incontinence | \$135.95 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 3 | Nutritional and Incontinence | \$139.95 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 4 | None | \$99.70 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 4 | Nutritional | \$103.70 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 4 | Incontinence | \$102.70 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 4 | Nutritional and Incontinence | \$106.70 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 5 | None | \$79.77 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 5 | Nutritional | \$83.77 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 5 | Incontinence | \$82.77 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 5 | Nutritional and Incontinence | \$86.77 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 6 | None | \$66.49 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 6 | Nutritional | \$70.49 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 6 | Incontinence | \$69.49 |
| Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 170 | 6 | Nutritional and Incontinence | \$73.49 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 7

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | None | \$448.71 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | Nutritional | \$452.71 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | Incontinence | \$451.71 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 1 | Nutritional and Incontinence | \$455.71 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | None | \$224.36 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | Nutritional | \$228.36 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | Incontinence | \$227.36 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 2 | Nutritional and Incontinence | \$231.36 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | None | \$149.56 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | Nutritional | \$153.56 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | Incontinence | \$152.56 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 3 | Nutritional and Incontinence | \$156.56 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 4 | None | \$112.18 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 4 | Nutritional | \$116.18 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 4 | Incontinence | \$115.18 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 4 | Nutritional and Incontinence | \$119.18 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 5 | None | \$89.74 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 5 | Nutritional | \$93.74 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 5 | Incontinence | \$92.74 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 5 | Nutritional and Incontinence | \$96.74 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 6 | None | \$74.78 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 6 | Nutritional | \$78.78 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 6 | Incontinence | \$77.78 |
| Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 190 | 6 | Nutritional and Incontinence | \$81.78 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 8

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | None | \$498.57 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | Nutritional | \$502.57 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | Incontinence | \$501.57 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 1 | Nutritional and Incontinence | \$505.57 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | None | \$249.30 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | Nutritional | \$253.30 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | Incontinence | \$252.30 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 2 | Nutritional and Incontinence | \$256.30 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | None | \$166.19 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | Nutritional | \$170.19 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | Incontinence | \$169.19 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 3 | Nutritional and Incontinence | \$173.19 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 4 | None | \$124.65 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 4 | Nutritional | \$128.65 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 4 | Incontinence | \$127.65 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 4 | Nutritional and Incontinence | \$131.65 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 5 | None | \$99.73 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 5 | Nutritional | \$103.73 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 5 | Incontinence | \$102.73 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 5 | Nutritional and Incontinence | \$106.73 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 6 | None | \$83.11 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 6 | Nutritional | \$87.11 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 6 | Incontinence | \$86.11 |
| Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 210 | 6 | Nutritional and Incontinence | \$90.11 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 9

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | None | \$548.43 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | Nutritional | \$552.43 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | Incontinence | \$551.43 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 1 | Nutritional and Incontinence | \$555.43 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | None | \$274.21 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | Nutritional | \$278.21 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | Incontinence | \$277.21 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 2 | Nutritional and Incontinence | \$281.21 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | None | \$182.81 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | Nutritional | \$186.81 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | Incontinence | \$185.81 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 3 | Nutritional and Incontinence | \$189.81 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 4 | None | \$137.11 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 4 | Nutritional | \$141.11 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 4 | Incontinence | \$140.11 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 4 | Nutritional and Incontinence | \$144.11 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 5 | None | \$109.69 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 5 | Nutritional | \$113.69 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 5 | Incontinence | \$112.69 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 5 | Nutritional and Incontinence | \$116.69 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 6 | None | \$91.40 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 6 | Nutritional | \$95.40 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 6 | Incontinence | \$94.40 |
| Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 230 | 6 | Nutritional and Incontinence | \$98.40 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 10

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | None | \$598.29 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | Nutritional | \$602.29 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | Incontinence | \$601.29 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 1 | Nutritional and Incontinence | \$605.29 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | None | \$299.15 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | Nutritional | \$303.15 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | Incontinence | \$302.15 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 2 | Nutritional and Incontinence | \$306.15 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | None | \$199.42 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | Nutritional | \$203.42 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | Incontinence | \$202.42 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 3 | Nutritional and Incontinence | \$206.42 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 4 | None | \$149.59 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 4 | Nutritional | \$153.59 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 4 | Incontinence | \$152.59 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 4 | Nutritional and Incontinence | \$156.59 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 5 | None | \$119.66 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 5 | Nutritional | \$123.66 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 5 | Incontinence | \$122.66 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 5 | Nutritional and Incontinence | \$126.66 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 6 | None | \$99.69 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 6 | Nutritional | \$103.69 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 6 | Incontinence | \$102.69 |
| Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 250 | 6 | Nutritional and Incontinence | \$106.69 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 11

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | None | \$648.14 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | Nutritional | \$652.14 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | Incontinence | \$651.14 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 1 | Nutritional and Incontinence | \$655.14 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | None | \$324.07 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | Nutritional | \$328.07 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | Incontinence | \$327.07 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 2 | Nutritional and Incontinence | \$331.07 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | None | \$216.05 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | Nutritional | \$220.05 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | Incontinence | \$219.05 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 3 | Nutritional and Incontinence | \$223.05 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 4 | None | \$162.04 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 4 | Nutritional | \$166.04 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 4 | Incontinence | \$165.04 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 4 | Nutritional and Incontinence | \$169.04 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 5 | None | \$129.63 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 5 | Nutritional | \$133.63 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 5 | Incontinence | \$132.63 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 5 | Nutritional and Incontinence | \$136.63 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 6 | None | \$108.02 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 6 | Nutritional | \$112.02 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 6 | Incontinence | \$111.02 |
| Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 270 | 6 | Nutritional and Incontinence | \$115.02 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 12

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | None | \$698.00 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | Nutritional | \$702.00 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | Incontinence | \$701.00 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 1 | Nutritional and Incontinence | \$705.00 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | None | \$349.01 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | Nutritional | \$353.01 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | Incontinence | \$352.01 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 2 | Nutritional and Incontinence | \$356.01 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | None | \$232.67 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | Nutritional | \$236.67 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | Incontinence | \$235.67 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 3 | Nutritional and Incontinence | \$239.67 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 4 | None | \$174.51 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 4 | Nutritional | \$178.51 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 4 | Incontinence | \$177.51 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 4 | Nutritional and Incontinence | \$181.51 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 5 | None | \$139.60 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 5 | Nutritional | \$143.60 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 5 | Incontinence | \$142.60 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 5 | Nutritional and Incontinence | \$146.60 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 6 | None | \$116.34 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 6 | Nutritional | \$120.34 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 6 | Incontinence | \$119.34 |
| Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 290 | 6 | Nutritional and Incontinence | \$123.34 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 13

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | None | \$747.86 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | Nutritional | \$751.86 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | Incontinence | \$750.86 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 1 | Nutritional and Incontinence | \$754.86 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | None | \$373.93 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | Nutritional | \$377.93 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | Incontinence | \$376.93 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 2 | Nutritional and Incontinence | \$380.93 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | None | \$249.28 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | Nutritional | \$253.28 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | Incontinence | \$252.28 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 3 | Nutritional and Incontinence | \$256.28 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 4 | None | \$186.96 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 4 | Nutritional | \$190.96 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 4 | Incontinence | \$189.96 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 4 | Nutritional and Incontinence | \$193.96 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 5 | None | \$149.55 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 5 | Nutritional | \$153.55 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 5 | Incontinence | \$152.55 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 5 | Nutritional and Incontinence | \$156.55 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 6 | None | \$124.63 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 6 | Nutritional | \$128.63 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 6 | Incontinence | \$127.63 |
| Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 310 | 6 | Nutritional and Incontinence | \$131.63 |

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 09 Adopted Rates, Conversion to Daily Rates, Schedule B
Habilitation, Group Home**

Habilitation, Group Home - Range 14

| Description | Unit of Service | Range | Low Hours | Authorized Hours per Week | High Hours | Number of Residents | Modifier(s) | Adopted Rate |
|--------------------------|----------------------|-------|-----------|---------------------------|------------|---------------------|------------------------------|--------------|
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | None | \$797.71 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | Nutritional | \$801.71 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | Incontinence | \$800.71 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 1 | Nutritional and Incontinence | \$804.71 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | None | \$398.87 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | Nutritional | \$402.87 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | Incontinence | \$401.87 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 2 | Nutritional and Incontinence | \$405.87 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | None | \$265.90 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | Nutritional | \$269.90 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | Incontinence | \$268.90 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 3 | Nutritional and Incontinence | \$272.90 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 4 | None | \$199.45 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 4 | Nutritional | \$203.45 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 4 | Incontinence | \$202.45 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 4 | Nutritional and Incontinence | \$206.45 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 5 | None | \$159.54 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 5 | Nutritional | \$163.54 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 5 | Incontinence | \$162.54 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 5 | Nutritional and Incontinence | \$166.54 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 6 | None | \$132.96 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 6 | Nutritional | \$136.96 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 6 | Incontinence | \$135.96 |
| Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 330 | 6 | Nutritional and Incontinence | \$139.96 |

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If Habilitation, Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
Introduction

Purpose of This Schedule

This schedule contains the history of the calculation of the maximum benchmark and adopted rates for Independent Providers from SFY 05 to date. "Benchmark rate" refers to the lesser of the maximum assessed rate, determined through the Arizona Individual Rate Assessment Tool, and the agency adopted rate for the same service. "Adopted rate" is calculated based on the phase in methodology of the Independent Providers Rate Schedule (see below). The provider's rate will be consumer-specific based upon the Arizona Individual Rate Assessment Tool and the Arizona Independent Provider Rate Schedule implemented on April 1, 2004. Full implementation of the rate schedule has occurred in three phases.

1. Phase I Rules

Phase I rate rules were in effect from the inception of the rate schedule through September 30, 2005. If the consumer was new to the system, was using a provider for the first time, or did not receive services from a provider between April 1, 2004 and June 30, 2004, the provider's rate was not to exceed the Phase I adopted rate. If the consumer had received services from a provider between April 1, 2004 and June 30, 2004 the rate for that provider was determined based on the following rules:

- 1.1 If the provider's **highest** pay file rate during the period of **April 1, 2004 and June 30, 2004** for a particular consumer was equal to or greater than the adopted rate, the "rate to pay" for the provider was the **highest** pay file rate during the period of **April 1, 2004 to June 30, 2004** for that consumer during Phase I.
- 1.2 If the provider's **highest** pay file rate during the period of **April 1, 2004 and June 30, 2004** for a particular consumer was less than the adopted rate, the "rate to pay" for the provider was the new adopted rate. The adopted rate was equal to 92% of the benchmark rate.
- 1.3 No rate falls below the Federal minimum hourly wage adjusted for employer payroll taxes (\$5.54 as of the date of publication).
- 1.4 No rate falls below the corresponding 2003 floor rate.
- 1.5 No benchmark rate exceeds the established agency adopted rate for that service. Per Rule 1.1, a provider could have been paid at a rate that was higher than the agency rate for the same service.

2. Phase II Rules

Phase II rate rules were in effect beginning October 1, 2005. All rates moved to the benchmark rate with a stop loss provision which prevented any rate for a provider for a particular consumer from decreasing by more than 10% from the highest pay file rate during the period of April 1, 2004 to June 30, 2004.

3. Phase III Rules

Phase III rate rules went in effect beginning July 1, 2006. All rates moved to the benchmark rates.

4. Multiple Client Rates - General Rules

Providers shall bill a "group" rate when providing the same service to more than one consumer at the same time. This is known as a Multiple Client Rate (MCR). The multiple client rate is calculated separately for each provider-consumer combination. The following rules apply to the calculation of the MCR rates:

- 4.1 If a provider is providing the same service to two consumers at the same time, this provider shall use the published rate for each consumer, multiply it by 1.25 and then divide each rate by 2.
Example: For a given service, one provider is providing service to two consumers at the same time. Client A has a rate of \$10.00 and Client B has a rate of \$12.00.
 1. The MCR rate for Client A is equal to $\$10.00 * 1.25 / 2$, or \$6.25.
 2. The MCR rate for Client B is equal to $\$12.00 * 1.25 / 2$, or \$7.50.
- 4.2 If a provider is providing the same service to three consumers at the same time, this provider shall use the published rate for each consumer, multiply it by 1.5 and then divide each rate by 3.
Example: For a given service, one provider is providing service to three consumers at the same time. Client A has a rate of \$10.00, Client B has a rate of \$12.00 and Client C has a rate of \$14.00.
 1. The MCR rate for Client A is equal to $\$10.00 * 1.5 / 3$, or \$5.00.
 2. The MCR rate for Client B is equal to $\$12.00 * 1.5 / 3$, or \$6.00.
 3. The MCR rate for Client C is equal to $\$14.00 * 1.5 / 3$, or \$7.00

For the exception to these General Rules, see the MCR Exception section on the next page. In no event shall an independent provider serve more than three consumers at the same time.

Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
Introduction

5. MCR Exception

Exception to the General Rules will be made only during Phase I in the instance where a consumer has received a given service from the same provider between December 1, 2002 and March 31, 2004.

A provider will be compensated at the "exception rate" for all consumers for which this condition applies. The "exception rate" is based on the rules outlined in the **Phase I Rules** section on the previous page. Under this exception, a provider will be reimbursed at the exception rate for a given consumer even if the same service is provided to more than one consumer at the same time.

In no event shall an independent provider serve more than three consumers at the same time.

- *Example:* For a given service, one provider is providing service to two consumers at the same time. Client A is subject to the MCR Exception and has a rate of \$15.00. Client B is not subject to the MCR Exception and has a rate of \$12.00.
 1. Client A does not have a MCR rate. This client's rate remains at \$15.00.
 2. The MCR rate for Client B is equal to $\$12.00 * 1.25 / 2$, or \$7.50.

- *Example:* For a given service, one provider is providing service to two consumers at the same time. Both Clients A and B are subject to the MCR Exception. Client A has a rate of \$15.00 and Client B has a rate of \$12.00.
 1. Client A does not have a MCR rate. This client's rate remains at \$15.00.
 2. Client B does not have a MCR rate. This client's rate remains at \$12.00.

- *Example:* For a given service, one provider is providing service to three consumers at the same time. Client A is subject to the MCR Exception and has a rate of \$15.00. Clients B and C are not subject to the MCR Exception and have rates of \$12.00 and \$10.00, respectively.
 1. Client A does not have a MCR rate. This client's rate remains at \$15.00.
 2. The MCR rate for Client B is equal to $\$12.00 * 1.5 / 3$, or \$6.00.
 3. The MCR rate for Client C is equal to $\$10.00 * 1.5 / 3$, or \$5.00.

6. Agency Providers

This schedule does not list rates for agency providers. Agency providers should refer to the latest published schedule of Benchmark and Adopted rates.

7. Rate Increase

This rate schedule includes the Fiscal Year 2008 provider rate increase enacted by the Legislature in 2007.

**Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
SFY 08 Benchmark and Adopted Rates**

| | Service | | | | | | |
|--|-----------------------------|--|----------------------|-----------------------------|--------------------|---------------------------|---------------------------|
| | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAL) | Attendant Care (ANC) | Attendant Care Family (AFC) | Housekeeping (HSK) | Respite, short-term (RSP) | Respite, Continuous (RSD) |
| SFY 04 Rates | | | | | | | |
| SFY 04 Maximum Modifier | \$6.25 | \$7.75 | \$4.25 | \$3.00 | \$3.25 | \$7.50 | \$84.50 |
| Base Rate as of 3/1/04 | \$10.13 | \$5.18 | \$8.56 | \$7.89 | \$7.55 | \$7.31 | \$95.07 |
| SFY 04 Maximum Assessed Rate | \$16.38 | \$12.93 | \$12.81 | \$10.89 | \$10.80 | \$14.81 | \$179.57 |
| SFY 04 Agency Adopted Rate | \$16.80 | \$16.97 | \$13.16 | \$13.16 | \$12.13 | \$12.90 | \$157.74 |
| SFY 04 Maximum Benchmark Rate (1) | \$16.38 | \$12.93 | \$12.81 | \$10.89 | \$10.80 | \$12.90 | \$157.74 |
| Phase I Adopted Rate Factor | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| SFY 04 Maximum Adopted Rate Phase 1 | \$15.07 | \$11.90 | \$11.79 | \$10.02 | \$9.94 | \$11.87 | \$145.12 |
| SFY 05 Rates | | | | | | | |
| Benchmark Rate Adjustment (SFY 05 Provider Rate Increase) | 7.32% | 7.37% | 7.29% | 7.29% | 7.34% | 7.29% | 7.33% |
| SFY 05 Maximum Assessed Rate | \$17.58 | \$13.88 | \$13.74 | \$11.68 | \$11.59 | \$15.89 | \$192.73 |
| SFY 05 Agency Adopted Rate | \$18.03 | \$18.22 | \$14.12 | \$14.12 | \$13.01 | \$13.84 | \$169.30 |
| SFY 05 Maximum Benchmark Rate (1) | \$17.58 | \$13.88 | \$13.74 | \$11.68 | \$11.59 | \$13.84 | \$169.30 |
| Phase I Adopted Rate Factor | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| SFY 05 Maximum Adopted Rate Phase 1 | \$16.17 | \$12.77 | \$12.64 | \$10.75 | \$10.67 | \$12.73 | \$155.76 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
SFY 08 Benchmark and Adopted Rates**

| | Service | | | | | | |
|--|-----------------------------|--|----------------------|-----------------------------|--------------------|---------------------------|---------------------------|
| | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAL) | Attendant Care (ANC) | Attendant Care Family (AFC) | Housekeeping (HSK) | Respite, short-term (RSP) | Respite, Continuous (RSD) |
| SFY 06 Rates - Phase 1 (Effective 7/1/2005 - 9/30/2005) | | | | | | | |
| Benchmark Rate Adjustment (SFY 06 Provider Rate Increase) | 1.93% | 1.98% | 1.96% | 1.89% | 1.98% | 1.91% | 1.94% |
| SFY 06 Maximum Assessed Rate | \$17.92 | \$14.16 | \$14.01 | \$11.90 | \$11.82 | \$16.19 | \$196.47 |
| SFY 06 Agency Adopted Rate | \$18.38 | \$18.57 | \$14.40 | \$14.40 | \$13.27 | \$14.11 | \$172.59 |
| SFY 06 Maximum Benchmark Rate (1) | \$17.92 | \$14.16 | \$14.01 | \$11.90 | \$11.82 | \$14.11 | \$172.59 |
| Phase I Adopted Rate Factor | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% | 92.00% |
| SFY 06 Maximum Adopted Rate Phase 1 | \$16.48 | \$13.03 | \$12.89 | \$10.95 | \$10.88 | \$12.98 | \$158.78 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |
| SFY 06 Rates - Phase 2 (Effective 10/1/2005 - 12/31/2005) | | | | | | | |
| Benchmark Rate Adjustment (SFY 06 Provider Rate Increase) | 1.93% | 1.98% | 1.96% | 1.89% | 1.98% | 1.91% | 1.94% |
| SFY 06 Maximum Assessed Rate | \$17.92 | \$14.16 | \$14.01 | \$11.90 | \$11.82 | \$16.19 | \$196.47 |
| SFY 06 Agency Adopted Rate | \$18.38 | \$18.57 | \$14.40 | \$14.40 | \$13.27 | \$14.11 | \$172.59 |
| SFY 06 Maximum Benchmark Rate (1) | \$17.92 | \$14.16 | \$14.01 | \$11.90 | \$11.82 | \$14.11 | \$172.59 |
| Phase 2 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 06 Maximum Adopted Rate Phase 2 | \$17.92 | \$14.16 | \$14.01 | \$11.90 | \$11.82 | \$14.11 | \$172.59 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

**Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
SFY 08 Benchmark and Adopted Rates**

| | Service | | | | | | |
|--|-----------------------------|--|----------------------|-----------------------------|--------------------|---------------------------|---------------------------|
| | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAL) | Attendant Care (ANC) | Attendant Care Family (AFC) | Housekeeping (HSK) | Respite, short-term (RSP) | Respite, Continuous (RSD) |
| SFY 06 Rates - Phase 2 (Effective 1/1/2006 - 6/30/2006) | | | | | | | |
| Benchmark Rate Adjustment (January 1, 2006 Provider Rate Increase) | 3.97% | 4.07% | 3.95% | 4.06% | 4.01% | 4.01% | 4.00% |
| SFY 06 Maximum Assessed Rate | \$18.63 | \$14.73 | \$14.57 | \$12.39 | \$12.30 | \$16.84 | \$204.33 |
| SFY 06 Agency Adopted Rate | \$19.11 | \$19.31 | \$14.97 | \$14.97 | \$13.80 | \$14.68 | \$179.50 |
| SFY 06 Maximum Benchmark Rate (1) | \$18.63 | \$14.73 | \$14.57 | \$12.39 | \$12.30 | \$14.68 | \$179.50 |
| Phase 2 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 06 Maximum Adopted Rate Phase 2 | \$18.63 | \$14.73 | \$14.57 | \$12.39 | \$12.30 | \$14.68 | \$179.50 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |
| SFY 07 Rates - Phase 3 (Effective 7/1/2006 - 6/30/2007) | | | | | | | |
| Benchmark Rate Adjustment | 3.98% | 3.99% | 4.01% | 4.01% | 3.99% | 3.95% | 3.98% |
| SFY 07 Maximum Assessed Rate | \$19.37 | \$15.32 | \$15.15 | \$12.89 | \$12.79 | \$17.51 | \$212.46 |
| SFY 07 Agency Adopted Rate | \$19.89 | \$20.10 | \$15.59 | \$15.59 | \$14.36 | \$15.28 | \$186.83 |
| SFY 07 Maximum Benchmark Rate (1) | \$19.37 | \$15.32 | \$15.15 | \$12.89 | \$12.79 | \$15.28 | \$186.83 |
| Phase 3 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 07 Maximum Adopted Rate Phase 3 | \$19.37 | \$15.32 | \$15.15 | \$12.89 | \$12.79 | \$15.28 | \$186.83 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
SFY 08 Benchmark and Adopted Rates

| | Service | | | | | | |
|--|-----------------------------|--|----------------------|-----------------------------|--------------------|---------------------------|---------------------------|
| | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAL) | Attendant Care (ANC) | Attendant Care Family (AFC) | Housekeeping (HSK) | Respite, short-term (RSP) | Respite, Continuous (RSD) |
| SFY 08 Rates - Phase 3 (Effective 7/1/2007 - 6/30/2008) | | | | | | | |
| Benchmark Rate Adjustment | 3.34% | 3.26% | 3.36% | 3.32% | 3.25% | 3.36% | 3.30% |
| SFY 08 Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| SFY 08 Agency Adopted Rate | \$20.53 | \$20.74 | \$16.09 | \$16.09 | \$14.82 | \$15.77 | \$192.81 |
| SFY 08 Maximum Benchmark Rate (1) | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$15.77 | \$192.81 |
| Phase 3 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 08 Maximum Adopted Rate Phase 3 | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$15.77 | \$192.81 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |
| SFY 09 Rates - Phase 3 (Effective 7/1/2008 - 5/24/2009) | | | | | | | |
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| SFY 08 Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| SFY 08 Agency Adopted Rate | \$20.53 | \$20.74 | \$16.09 | \$16.09 | \$14.82 | \$15.77 | \$192.81 |
| SFY 08 Maximum Benchmark Rate (1) | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$15.77 | \$192.81 |
| Phase 3 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 08 Maximum Adopted Rate Phase 3 | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$15.77 | \$192.81 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
SFY 08 Benchmark and Adopted Rates

| | Service | | | | | | |
|---|-----------------------------|--|----------------------|-----------------------------|--------------------|---------------------------|---------------------------|
| | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAL) | Attendant Care (ANC) | Attendant Care Family (AFC) | Housekeeping (HSK) | Respite, short-term (RSP) | Respite, Continuous (RSD) |
| SFY 09 Rates - Phase 3 (Effective 5/25/2009 - 6/30/2009) | | | | | | | |
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| SFY 08 Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| SFY 08 Agency Adopted Rate | \$20.53 | \$20.74 | \$16.09 | \$16.09 | \$14.82 | \$15.77 | \$192.81 |
| SFY 08 Maximum Benchmark Rate (1) | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$15.77 | \$192.81 |
| Phase 3 Adopted Rate Factor | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% |
| SFY 08 Maximum Adopted Rate Phase 3 | \$18.02 | \$14.24 | \$14.09 | \$11.99 | \$11.89 | \$14.19 | \$173.53 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

(1) Maximum Benchmark Rate is the lesser of the Maximum Assessed Rate and the Agency Adopted Rate.

**Independent Rate Models
Agency Providers**

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**Attendant Care
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Attendant Care |
|--|------------------------|
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T03809 |
| AHCCCS Procedure Code / Unit of Service | S5152 / 15 min. |
| FFY 05 AHCCCS Rate | \$3.61 |
| Hourly Wage (inflated to December 2002) | \$9.12 |
| Annual Wage | \$18,978 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$11.86 |
| Annual Compensation (wages + ERE) | \$24,671 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.25 |
| - Time allocated to notes/med records | 0.25 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 7.50 |
| - <i>Productivity Adjustment</i> | 1.07 |
| Hourly Compensation After Adjustment | \$12.65 |
| Annual Compensation After Adjustment | \$24,671 |
| Mileage | |
| - Number of Miles | 5.0 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$1.73 |
| Hourly mileage cost | \$0.23 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$12.65 |
| Hourly administrative cost | \$1.27 |
| SFY 04 | |
| Benchmark Rate | \$14.15 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$13.16 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$14.75 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$14.12 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$14.75 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$14.40 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$15.34 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$14.97 |

**Attendant Care
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Attendant Care |
|--|--|
| SFY 07 (7/1/06 - 6/30/07) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 1.60% \$15.59 100.00% \$15.59 |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 3.20% \$16.09 100.00% \$16.09 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$16.09 100.00% \$16.09 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 0.00% \$16.09 90.00% \$14.48 \$9.05 \$7.24 |

**Habilitation, Support
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Habilitation, Support |
|--|----------------------------------|
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T03827 |
| AHCCCS Procedure Code / Unit of Service | T2017 / hour |
| FFY 05 AHCCCS Rate | By Report |
| Hourly Wage (inflated to December 2002) | \$10.99 |
| Annual Wage | \$22,866 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$14.29 |
| Annual Compensation (wages + ERE) | \$29,726 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.50 |
| - Time allocated to notes/med records | 0.25 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 7.25 |
| - <i>Productivity Adjustment</i> | 1.10 |
| Hourly Compensation After Adjustment | \$15.77 |
| Annual Compensation After Adjustment | \$29,726 |
| Mileage | |
| - Number of Miles | 15 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$5.18 |
| Hourly mileage cost | \$0.71 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$15.77 |
| Hourly administrative cost | \$1.58 |
| SFY 04 | |
| Benchmark Rate | \$18.06 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$16.80 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$18.83 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$18.03 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$18.83 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$18.38 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$19.58 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$19.11 |

**Habilitation, Support
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Habilitation, Support |
|--|---|
| SFY 07 (7/1/06 - 6/30/07) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 1.60% \$19.89 100.00% \$19.89 |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 3.20% \$20.53 100.00% \$20.53 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$20.53 100.00% \$20.53 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 0.00% \$20.53 90.00% \$18.48 \$11.55 \$9.24 |

**Housekeeping
Independent Rate Models
Home-Based Services
Agency Providers**

| | |
|--|------------------------|
| Service | Housekeeping |
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T03802 |
| AHCCCS Procedure Code / Unit of Service | S5130 / 15 min. |
| FFY 05 AHCCCS Rate | \$4.79 |
| Hourly Wage (inflated to December 2002) | \$8.09 |
| Annual Wage | \$16,835 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$10.52 |
| Annual Compensation (wages + ERE) | \$21,886 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.50 |
| - Time allocated to notes/med records | 0.00 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 7.50 |
| - <i>Productivity Adjustment</i> | 1.07 |
| Hourly Compensation After Adjustment | \$11.22 |
| Annual Compensation After Adjustment | \$21,886 |
| Mileage | |
| - Number of Miles | 15 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$5.18 |
| Hourly mileage cost | \$0.69 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$11.22 |
| Hourly administrative cost | \$1.12 |
| SFY 04 | |
| Benchmark Rate | \$13.04 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$12.13 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$13.59 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$13.01 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$13.59 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$13.27 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$14.13 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$13.80 |

**Housekeeping
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Housekeeping |
|---|----------------|
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$14.36 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$14.36 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$14.82 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$14.82 |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$14.82 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$14.82 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$14.82 |
| Adopted Rate Factor | 90.00% |
| Adopted Rate - 1 Staff, 1 Client | \$13.34 |
| - 1 staff, 2 clients | \$8.34 |
| - 1 staff, 3 clients | \$6.67 |

**Respite
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Respite, Short-Term | Respite, Continuous |
|--|------------------------|-------------------------|
| Unit of Service | 1 hour | 13+ hours |
| DDD Taxonomy Code | T03807 | T03807 |
| AHCCCS Procedure Code / Unit of Service | T5150 / 15 min. | T5151 / per diem |
| FFY 05 AHCCCS Rate | \$3.61 | \$173.58 |
| Hourly Wage (inflated to December 2002) | \$9.12 | \$9.12 |
| Annual Wage | \$18,978 | \$18,978 |
| ERE (as percent of wages) | 30.0% | 30.0% |
| Hourly Compensation (wages + ERE) | \$11.86 | \$11.86 |
| Annual Compensation (wages + ERE) | \$24,671 | \$24,671 |
| Productivity Assumptions | | |
| - Total Hours | 8.00 | 8.00 |
| - Travel Time | 0.25 | 0.00 |
| - Time allocated to notes/med records | 0.10 | 0.00 |
| - Down Time | 0.00 | 0.00 |
| - Average on-site time; "Billable Hours" | 7.65 | 8.00 |
| - <i>Productivity Adjustment</i> | 1.05 | 1.00 |
| Hourly Compensation After Adjustment | \$12.40 | \$11.86 |
| Annual Compensation After Adjustment | \$24,671 | \$24,671 |
| Mileage | | |
| - Number of Miles | 5 | 0 |
| - Amount per mile | \$0.345 | \$0.345 |
| Total Mileage Amount | \$1.73 | \$0.00 |
| Hourly mileage cost | \$0.23 | \$0.00 |
| Administrative Overhead | | |
| - Administrative Percent | 10% | 10% |
| - Non-travel cost | \$12.40 | \$11.86 |
| Hourly administrative cost | \$1.24 | \$1.19 |
| SFY 04 | | |
| Benchmark Rate | \$13.87 | \$169.61 |
| Adopted Rate Factor | 93.0% | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$12.90 | \$157.74 |
| SFY 05 | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% |
| Benchmark Rate | \$14.46 | \$176.82 |
| Adopted Rate Factor | 95.75% | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$13.84 | \$169.30 |
| SFY 06 (7/1/05 - 12/31/05) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$14.46 | \$176.82 |
| Adopted Rate Factor | 97.61% | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$14.11 | \$172.59 |
| SFY 06 (1/1/06 - 6/30/06) | | |
| Benchmark Rate Inflation Adjustment | 4.00% | 4.00% |
| Benchmark Rate | \$15.04 | \$183.89 |
| Adopted Rate Factor | 97.61% | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$14.68 | \$179.50 |

**Respite
Independent Rate Models
Home-Based Services
Agency Providers**

| Service | Respite, Short-Term | Respite, Continuous |
|--|--|---|
| SFY 07 (7/1/06 - 6/30/07) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 1.60% \$15.28 100.00% \$15.28 | 1.60% \$186.83 100.00% \$186.83 |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 3.20% \$15.77 100.00% \$15.77 | 3.20% \$192.81 100.00% \$192.81 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$15.77 100.00% \$15.77 | 0.00% \$192.81 100.00% \$192.81 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 0.00% \$15.77 90.00% \$14.19 \$8.87 \$7.10 | 0.00% \$192.81 90.00% \$173.53 \$108.46 \$86.77 |

**Habilitation, Individually Designed Living Arrangement
Independent Rate Models
Independent Living Services
Agency Providers**

| Service | Habilitation, Individually Designed Living Arrangement |
|--|---|
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T03827 |
| AHCCCS Procedure Code / Unit of Service | T2017 / hour |
| FFY 05 AHCCCS Rate | By Report |
| Hourly Wage (inflated to December 2002) | \$12.36 |
| Annual Wage | \$25,712 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$16.07 |
| Annual Compensation (wages + ERE) | \$33,425 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.00 |
| - Time allocated to notes/med records | 0.25 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 7.75 |
| - <i>Productivity Adjustment</i> | 1.03 |
| Hourly Compensation After Adjustment | \$16.59 |
| Annual Compensation After Adjustment | \$33,425 |
| Mileage | |
| - Number of Miles | 0 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$0.00 |
| Hourly mileage cost | \$0.00 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$16.59 |
| Hourly administrative cost | \$1.66 |
| SFY 04 | |
| Benchmark Rate | \$18.25 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$16.97 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$19.03 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$18.22 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$19.03 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$18.57 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$19.79 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$19.31 |

**Habilitation, Individually Designed Living Arrangement
Independent Rate Models
Independent Living Services
Agency Providers**

| Service | Habilitation, Individually Designed Living Arrangement |
|---|---|
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$20.10 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$20.10 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$20.74 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$20.74 |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$20.74 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$20.74 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$20.74 |
| Adopted Rate Factor | 90.00% |
| Adopted Rate - 1 Staff, 1 Client | \$18.67 |
| - 1 staff, 2 clients | \$11.67 |
| - 1 staff, 3 clients | \$9.34 |

**Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Adult |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Staff-to-Client Ratio | 1:3.5 | 1:5.5 | 1:7.5 | 1:9.5 |
| Unit of Service | 1 client hour | 1 client hour | 1 client hour | 1 client hour |
| DDD Taxonomy Code | T04003 | T04003 | T04003 | T04003 |
| Hourly Wage (Inflated to December 2002) | \$13.22 | \$13.22 | \$13.22 | \$13.22 |
| Annual Wage | \$27,506 | \$27,506 | \$27,506 | \$27,506 |
| ERE (as percent of wages) | 30% | 30% | 30% | 30% |
| Hourly Compensation (wages + ERE) | \$17.19 | \$17.19 | \$17.19 | \$17.19 |
| Annual Compensation (wages + ERE) | \$35,758 | \$35,758 | \$35,758 | \$35,758 |
| Productivity Assumptions | | | | |
| - Total Hours | 8.00 | 8.00 | 8.00 | 8.00 |
| - Direct Care Travel Time: Charged to Transportation | 0.80 | 0.80 | 0.80 | 0.80 |
| - Total Hours before productivity adjustments | 7.20 | 7.20 | 7.20 | 7.20 |
| - Time allocated to facility preparation and notes | 0.20 | 0.20 | 0.20 | 0.20 |
| - Down Time | 0.00 | 0.00 | 0.00 | 0.00 |
| - Average on-site time; "Billable Hours" | 7.00 | 7.00 | 7.00 | 7.00 |
| - Transportation Time | 0.00 | 0.00 | 0.00 | 0.00 |
| - Facility Time | 7.00 | 7.00 | 7.00 | 7.00 |
| - Productivity Adjustment | 1.03 | 1.03 | 1.03 | 1.03 |
| Hourly Compensation After Adjustment | \$17.68 | \$17.68 | \$17.68 | \$17.68 |
| Annual Compensation After Adjustment | \$32,182 | \$32,182 | \$32,182 | \$32,182 |
| Days Adjustment | | | | |
| Days Billable | 200 | 200 | 200 | 200 |
| Days Paid | 250 | 250 | 250 | 250 |
| Ratio | 0.80 | 0.80 | 0.80 | 0.80 |
| Hourly Rate | \$22.10 | \$22.10 | \$22.10 | \$22.10 |
| Annual Compensation | \$32,182 | \$32,182 | \$32,182 | \$32,182 |
| Staffing | | | | |
| - Number of Staff Members | 3.66 | 2.33 | 1.71 | 1.35 |
| - Number of Individuals Served | 16 | 16 | 16 | 16 |
| Ratio of staff to individual | 1:3.5 | 1:5.5 | 1:7.5 | 1:9.5 |
| Total Staff Compensation | \$117,788 | \$74,985 | \$55,032 | \$43,446 |
| Total Hourly Compensation After Adjustment | \$80.90 | \$51.50 | \$37.80 | \$29.84 |
| Hourly Compensation per Individual | \$5.26 | \$3.35 | \$2.46 | \$1.94 |

**Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Adult |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Mileage | | | | |
| - Program-Related Transportation | 2 | 2 | 2 | 2 |
| - Amount per mile | \$0.345 | \$0.345 | \$0.345 | \$0.345 |
| Total Mileage Amount | \$0.69 | \$0.69 | \$0.69 | \$0.69 |
| Hourly Mileage Cost per Individual | \$0.10 | \$0.10 | \$0.10 | \$0.10 |
| Program Transport Cost per Individual per Day | \$3.28 | \$3.28 | \$3.28 | \$3.28 |
| Hourly Transportation Cost per Individual | \$0.47 | \$0.47 | \$0.47 | \$0.47 |
| Capital | | | | |
| - Square Footage | 2,000 | 2,000 | 2,000 | 2,000 |
| - Cost per Square Foot | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| - Number of Days in Service | 200 | 200 | 200 | 200 |
| Total Square Footage per Individual per Day | \$7.50 | \$7.50 | \$7.50 | \$7.50 |
| Hourly Capital Cost per Individual | \$1.07 | \$1.07 | \$1.07 | \$1.07 |
| Supplies | | | | |
| Supplies per Individual per Day | \$1.00 | \$1.00 | \$1.00 | \$1.00 |
| Hourly Supply Cost per Individual | \$0.14 | \$0.14 | \$0.14 | \$0.14 |
| Hourly Program Compliance cost | | | | |
| - Compliance Percent | 2% | 2% | 2% | 2% |
| - Non-travel cost | \$6.94 | \$5.03 | \$4.14 | \$3.62 |
| Hourly Program Compliance cost | \$0.14 | \$0.10 | \$0.08 | \$0.07 |
| Administrative Overhead | | | | |
| - Administrative Percent | 10% | 10% | 10% | 10% |
| - Non-travel cost | \$6.94 | \$5.03 | \$4.14 | \$3.62 |
| Hourly administrative cost | \$0.69 | \$0.50 | \$0.41 | \$0.36 |
| SFY 04 Original | | | | |
| Benchmark Rate | \$7.87 | \$5.73 | \$4.74 | \$4.16 |
| Transition Staffing Factor (TSF) | 85.0% | 85.0% | 85.0% | 85.0% |
| Transition Staffing Adjustment (Dividing by TSF) | \$9.26 | \$6.74 | \$5.58 | \$4.89 |
| Adopted Rate Factor | 93.0% | 93.0% | 93.0% | 93.0% |
| Calculated Adopted Rate | \$8.61 | \$6.27 | \$5.19 | \$4.55 |
| Adopted Rate - Rounded | \$8.60 | \$6.25 | \$5.20 | \$4.55 |
| SFY 05 Original | | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$8.20 | \$5.97 | \$4.94 | \$4.34 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$7.86 | \$5.72 | \$4.73 | \$4.15 |
| Adopted Rate = Same as in SFY 04 | \$8.60 | \$6.25 | \$5.20 | \$4.55 |

**Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Adult |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| SFY 04 Revised | | | | |
| Subtotal | \$7.87 | \$5.73 | \$4.74 | \$4.16 |
| Transition Staffing Factor (TSF) | 85.0% | 85.0% | 85.0% | 85.0% |
| Transition Staffing Adjustment (Dividing by TSF) | \$9.26 | \$6.74 | \$5.58 | \$4.89 |
| Benchmark Rate | \$9.26 | \$6.74 | \$5.58 | \$4.89 |
| Adopted Rate Factor | 93.0% | 93.0% | 93.0% | 93.0% |
| Calculated Adopted Rate | \$8.61 | \$6.27 | \$5.19 | \$4.55 |
| Adopted Rate - Rounded | \$8.60 | \$6.25 | \$5.20 | \$4.55 |
| SFY 05 Revised | | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$9.65 | \$7.03 | \$5.81 | \$5.10 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$9.24 | \$6.73 | \$5.57 | \$4.89 |
| Adopted Rate = Same as in SFY 04 | \$8.60 | \$6.25 | \$5.20 | \$4.55 |
| Adopted as percentage of Benchmark | 89.1% | 88.9% | 89.4% | 89.2% |
| SFY 06 (7/1/05 - 12/31/05) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$9.65 | \$7.03 | \$5.81 | \$5.10 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$9.42 | \$6.86 | \$5.67 | \$4.98 |
| SFY 06 (1/1/06 - 6/30/06) | | | | |
| Benchmark Rate Inflation Adjustment | 4.00% | 4.00% | 4.00% | 4.00% |
| Benchmark Rate | \$10.04 | \$7.31 | \$6.04 | \$5.30 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$9.80 | \$7.14 | \$5.90 | \$5.17 |
| SFY 07 (7/1/06 - 6/30/07) | | | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% | 1.60% | 1.60% |
| Benchmark Rate | \$10.20 | \$7.43 | \$6.14 | \$5.38 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$10.20 | \$7.43 | \$6.14 | \$5.38 |
| SFY 08 (7/1/07 - 6/30/08) | | | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% | 3.20% | 3.20% |
| Benchmark Rate | \$10.53 | \$7.66 | \$6.33 | \$5.56 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$10.53 | \$7.66 | \$6.33 | \$5.56 |
| SFY 09 (7/1/08 - 5/24/09) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$10.53 | \$7.66 | \$6.33 | \$5.56 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$10.53 | \$7.66 | \$6.33 | \$5.56 |

**Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Adult |
|-------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| SFY 09 (5/25/09 - 6/30/09) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$10.53 | \$7.66 | \$6.33 | \$5.56 |
| Adopted Rate Factor | 90.00% | 90.00% | 90.00% | 90.00% |
| Adopted Rate | \$9.48 | \$6.89 | \$5.70 | \$5.00 |

**Day Treatment and Training, Children
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs |
|--|---|---|---|---|
| Staff-to-Client Ratio | 1:3.5 | 1:5.5 | 1:7.5 | 1:9.5 |
| Unit of Service | 1 client hour | 1 client hour | 1 client hour | 1 client hour |
| DDD Taxonomy Code | T04003 | T04003 | T04003 | T04003 |
| Hourly Wage (Inflated to December 2002) | \$13.22 | \$13.22 | \$13.22 | \$13.22 |
| Annual Wage | \$27,506 | \$27,506 | \$27,506 | \$27,506 |
| ERE (as percent of wages) | 15% | 15% | 15% | 15% |
| Hourly Compensation (wages + ERE) | \$15.21 | \$15.21 | \$15.21 | \$15.21 |
| Annual Compensation (wages + ERE) | \$31,632 | \$31,632 | \$31,632 | \$31,632 |
| Productivity Assumptions | | | | |
| - Total Hours | 4.25 | 4.25 | 4.25 | 4.25 |
| - Travel Time | 0.00 | 0.00 | 0.00 | 0.00 |
| - Time allocated to facility preparation and notes | 0.25 | 0.25 | 0.25 | 0.25 |
| - Down Time | 0.00 | 0.00 | 0.00 | 0.00 |
| - Average on-site time; "Billable Hours" | 4.00 | 4.00 | 4.00 | 4.00 |
| - <i>Productivity Adjustment</i> | 1.06 | 1.06 | 1.06 | 1.06 |
| Hourly Compensation After Adjustment | \$16.16 | \$16.16 | \$16.16 | \$16.16 |
| Staffing | | | | |
| - Number of Staff Members | 1.71 | 1.09 | 0.80 | 0.63 |
| - Number of Individuals Served | 6 | 6 | 6 | 6 |
| Ratio of staff to individual | 1:3.5 | 1:5.5 | 1:7.5 | 1:9.5 |
| Total Hourly Compensation After Adjustment | \$27.70 | \$17.63 | \$12.93 | \$10.21 |
| Hourly Compensation per Individual | \$4.62 | \$2.94 | \$2.15 | \$1.70 |
| Mileage | | | | |
| - Program-Related Transportation | 2 | 2 | 2 | 2 |
| - Amount per mile | \$0.345 | \$0.345 | \$0.345 | \$0.345 |
| Total Mileage Amount per Individual | \$0.69 | \$0.69 | \$0.69 | \$0.69 |
| Hourly Mileage Cost per Individual | \$0.17 | \$0.17 | \$0.17 | \$0.17 |
| Transportation Capital Cost per Individual (program) | \$1.22 | \$1.22 | \$1.22 | \$1.22 |
| Hourly Transportation Capital Cost per Individual (program) | \$0.31 | \$0.31 | \$0.31 | \$0.31 |

**Day Treatment and Training, Children
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs |
|---|---|---|---|---|
| Capital | | | | |
| - Square Footage | 1,000 | 1,000 | 1,000 | 1,000 |
| - Cost per Square Foot | \$10.00 | \$10.00 | \$10.00 | \$10.00 |
| Daily Capital Cost per Individual (based on 20 days per mo 365 days) | \$6.94 | \$6.94 | \$6.94 | \$6.94 |
| Hourly Capital Cost per Individual | \$1.74 | \$1.74 | \$1.74 | \$1.74 |
| Food | | | | |
| - Snack per Individual per Day | \$1.00 | \$1.00 | \$1.00 | \$1.00 |
| Hourly Food Cost per Individual | \$0.25 | \$0.25 | \$0.25 | \$0.25 |
| Supplies | | | | |
| - Supplies per Facility per Day | \$6.00 | \$6.00 | \$6.00 | \$6.00 |
| Supplies per Individual per Day | \$1.00 | \$1.00 | \$1.00 | \$1.00 |
| Hourly Supply Cost per Individual | \$0.25 | \$0.25 | \$0.25 | \$0.25 |
| Administrative Overhead | | | | |
| - Administrative Percent | 10% | 10% | 10% | 10% |
| - Non-Mileage cost | \$7.16 | \$5.48 | \$4.70 | \$4.24 |
| Hourly Administrative Cost | \$0.72 | \$0.55 | \$0.47 | \$0.42 |
| SFY 04 Original | | | | |
| Benchmark Rate | \$8.05 | \$6.20 | \$5.34 | \$4.84 |
| Transition Staffing Factor (TSF) | 90.0% | 90.0% | 90.0% | 90.0% |
| Transition Staffing Adjustment (Dividing by TSF) | \$8.94 | \$6.89 | \$5.93 | \$5.38 |
| Adopted Rate Factor | 93.0% | 93.0% | 93.0% | 93.0% |
| Calculated Adopted Rate | \$8.32 | \$6.41 | \$5.52 | \$5.00 |
| Adopted Rate - Rounded | \$8.30 | \$6.40 | \$5.50 | \$5.00 |
| SFY 05 Original | | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$8.39 | \$6.46 | \$5.57 | \$5.05 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$8.04 | \$6.19 | \$5.33 | \$4.83 |
| Adopted Rate = Same as in SFY 04 | \$8.30 | \$6.40 | \$5.50 | \$5.00 |

**Day Treatment and Training, Children
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs |
|--|---|---|---|---|
| SFY 04 Revised | | | | |
| Subtotal | \$8.05 | \$6.20 | \$5.34 | \$4.84 |
| Transition Staffing Factor (TSF) | 90.0% | 90.0% | 90.0% | 90.0% |
| Transition Staffing Adjustment (Dividing by TSF) | \$8.94 | \$6.89 | \$5.93 | \$5.38 |
| Benchmark Rate | \$8.94 | \$6.89 | \$5.93 | \$5.38 |
| Adopted Rate Factor | 93.0% | 93.0% | 93.0% | 93.0% |
| Calculated Adopted Rate | \$8.32 | \$6.41 | \$5.52 | \$5.00 |
| Adopted Rate - Rounded | \$8.30 | \$6.40 | \$5.50 | \$5.00 |
| SFY 05 Revised | | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$9.32 | \$7.18 | \$6.19 | \$5.61 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$8.93 | \$6.88 | \$5.92 | \$5.37 |
| Adopted Rate = Same as in SFY 04 | \$8.30 | \$6.40 | \$5.50 | \$5.00 |
| Adopted as percentage of Benchmark | 89.0% | 89.1% | 88.9% | 89.2% |
| SFY 06 (7/1/05 - 12/31/05) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$9.32 | \$7.18 | \$6.19 | \$5.61 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$9.10 | \$7.01 | \$6.04 | \$5.48 |
| SFY 06 (1/1/06 - 6/30/06) | | | | |
| Benchmark Rate Inflation Adjustment | 4.00% | 4.00% | 4.00% | 4.00% |
| Benchmark Rate | \$9.69 | \$7.47 | \$6.44 | \$5.83 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$9.46 | \$7.29 | \$6.29 | \$5.69 |
| SFY 07 (7/1/06 - 6/30/07) | | | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% | 1.60% | 1.60% |
| Benchmark Rate | \$9.85 | \$7.59 | \$6.54 | \$5.92 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$9.85 | \$7.59 | \$6.54 | \$5.92 |
| SFY 08 (7/1/07 - 6/30/08) | | | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% | 3.20% | 3.20% |
| Benchmark Rate | \$10.16 | \$7.83 | \$6.75 | \$6.11 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$10.16 | \$7.83 | \$6.75 | \$6.11 |

**Day Treatment and Training, Children
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs | Day Treatment and Training, Children Summer and After-School Programs |
|--|---|---|---|---|
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate | 0.00% \$10.16 100.00% \$10.16 | 0.00% \$7.83 100.00% \$7.83 | 0.00% \$6.75 100.00% \$6.75 | 0.00% \$6.11 100.00% \$6.11 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate | 0.00% \$10.16 90.00% \$9.14 | 0.00% \$7.83 90.00% \$7.05 | 0.00% \$6.75 90.00% \$6.08 | 0.00% \$6.11 90.00% \$5.50 |

**Rural Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Rural Day Treatment and Training, Adult |
|--|---|---|---|---|
| Unit of Service DDD Taxonomy Code | 1 client hour T04003 | 1 client hour T04003 | 1 client hour T04003 | 1 client hour T04003 |
| Hourly Wage (Inflated to December 2002) | \$13.22 | \$13.22 | \$13.22 | \$13.22 |
| Annual Wage | \$27,506 | \$27,506 | \$27,506 | \$27,506 |
| ERE (as percent of wages) | 30% | 30% | 30% | 30% |
| Hourly Compensation (wages + ERE) | \$17.19 | \$17.19 | \$17.19 | \$17.19 |
| Annual Compensation (wages + ERE) | \$35,758 | \$35,758 | \$35,758 | \$35,758 |
| Productivity Assumptions | | | | |
| - Total Hours | 8.00 | 8.00 | 8.00 | 8.00 |
| - Direct Care Travel Time: Charged to Transportation | 0.80 | 0.80 | 0.80 | 0.80 |
| - Total Hours before productivity adjustments | 7.20 | 7.20 | 7.20 | 7.20 |
| - Time allocated to facility preparation and notes | 0.20 | 0.20 | 0.20 | 0.20 |
| - Down Time | 0.00 | 0.00 | 0.00 | 0.00 |
| - Average on-site time; "Billable Hours" | 7.00 | 7.00 | 7.00 | 7.00 |
| - Transportation Time | 0.00 | 0.00 | 0.00 | 0.00 |
| - Facility Time | 7.00 | 7.00 | 7.00 | 7.00 |
| - <i>Productivity Adjustment</i> | 1.03 | 1.03 | 1.03 | 1.03 |
| Hourly Compensation After Adjustment | \$17.68 | \$17.68 | \$17.68 | \$17.68 |
| Annual Compensation After Adjustment | \$32,182 | \$32,182 | \$32,182 | \$32,182 |
| Days Adjustment | | | | |
| Days Billable | 200 | 200 | 200 | 200 |
| Days Paid | 250 | 250 | 250 | 250 |
| Ratio | 0.80 | 0.80 | 0.80 | 0.80 |
| Hourly Rate | \$22.10 | \$22.10 | \$22.10 | \$22.10 |
| Annual Compensation | \$32,182 | \$32,182 | \$32,182 | \$32,182 |
| Staffing | | | | |
| - Number of Staff Members | 1.37 | 0.87 | 0.64 | 0.51 |
| - Number of Individuals Served | 6 | 6 | 6 | 6 |
| Ratio of staff to individual | 1:3.5 | 1:5.5 | 1:7.5 | 1:9.5 |
| Total Staff Compensation | \$44,090 | \$27,999 | \$20,597 | \$16,261 |
| Total Hourly Compensation After Adjustment | \$30.28 | \$19.23 | \$14.15 | \$11.17 |
| Hourly Compensation per Individual | \$5.25 | \$3.33 | \$2.45 | \$1.94 |

**Rural Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Rural Day Treatment and Training, Adult |
|--|---|---|---|---|
| Mileage | | | | |
| - Program-Related Transportation | 4 | 4 | 4 | 4 |
| - Amount per mile | \$0.345 | \$0.345 | \$0.345 | \$0.345 |
| Total Mileage Amount | \$1.38 | \$1.38 | \$1.38 | \$1.38 |
| Hourly Mileage Cost per Individual | \$0.20 | \$0.20 | \$0.20 | \$0.20 |
| Program Transport Cost per Individual per Day | \$5.64 | \$5.64 | \$5.64 | \$5.64 |
| Hourly Transportation Cost per Individual | \$0.81 | \$0.81 | \$0.81 | \$0.81 |
| Capital | | | | |
| - Square Footage | 1,000 | 1,000 | 1,000 | 1,000 |
| - Cost per Square Foot | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| - Number of Days in Service | 200 | 200 | 200 | 200 |
| Total Square Footage per Individual per Day | \$10.00 | \$10.00 | \$10.00 | \$10.00 |
| Hourly Capital Cost per Individual | \$1.43 | \$1.43 | \$1.43 | \$1.43 |
| Supplies | | | | |
| Supplies per Individual per Day | \$1.00 | \$1.00 | \$1.00 | \$1.00 |
| Hourly Supply Cost per Individual | \$0.14 | \$0.14 | \$0.14 | \$0.14 |
| Hourly Program Compliance cost | | | | |
| - Compliance Percent | 2% | 2% | 2% | 2% |
| - Non-travel cost | \$7.63 | \$5.71 | \$4.83 | \$4.31 |
| Hourly Program Compliance cost | \$0.15 | \$0.11 | \$0.10 | \$0.09 |
| Administrative Overhead | | | | |
| - Administrative Percent | 10% | 10% | 10% | 10% |
| - Non-travel cost | \$7.63 | \$5.71 | \$4.83 | \$4.31 |
| Hourly administrative cost | \$0.76 | \$0.57 | \$0.48 | \$0.43 |
| SFY 04 Original | | | | |
| Benchmark Rate | \$8.74 | \$6.59 | \$5.61 | \$5.03 |
| Transition Staffing Factor (TSF) | 85.0% | 85.0% | 85.0% | 85.0% |
| Transition Staffing Adjustment (Dividing by TSF) | \$10.28 | \$7.75 | \$6.60 | \$5.92 |
| Adopted Rate Factor | 93.0% | 93.0% | 93.0% | 93.0% |
| Calculated Adopted Rate | \$9.56 | \$7.21 | \$6.14 | \$5.50 |
| Adopted Rate - Rounded | \$9.60 | \$7.20 | \$6.15 | \$6.15 |
| SFY 05 Original | | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$9.11 | \$6.87 | \$5.85 | \$5.24 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$8.72 | \$6.58 | \$5.60 | \$5.02 |
| Adopted Rate = Same as in SFY 04 | \$9.60 | \$7.20 | \$6.15 | \$6.15 |

**Rural Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers**

| Service | Rural Day Treatment and Training, Adult |
|--|---|---|---|---|
| SFY 04 Revised | | | | |
| Subtotal | \$8.74 | \$6.59 | \$5.61 | \$5.03 |
| Transition Staffing Factor (TSF) | 85.0% | 85.0% | 85.0% | 85.0% |
| Transition Staffing Adjustment (Dividing by TSF) | \$10.28 | \$7.75 | \$6.60 | \$5.92 |
| Benchmark Rate | \$10.28 | \$7.75 | \$6.60 | \$5.92 |
| Adopted Rate Factor | 93.0% | 93.0% | 93.0% | 93.0% |
| Calculated Adopted Rate | \$9.56 | \$7.21 | \$6.14 | \$5.50 |
| Adopted Rate - Rounded | \$9.60 | \$7.20 | \$6.15 | \$6.15 |
| SFY 05 Revised | | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$10.72 | \$8.08 | \$6.88 | \$6.17 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$10.26 | \$7.74 | \$6.59 | \$5.91 |
| Adopted Rate = Same as in SFY 04 | \$9.60 | \$7.20 | \$6.15 | \$6.15 |
| Adopted as percentage of Benchmark | 89.6% | 89.1% | 89.4% | 99.7% |
| SFY 06 (7/1/05 - 12/31/05) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$10.72 | \$8.08 | \$6.88 | \$6.17 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$10.46 | \$7.89 | \$6.72 | \$6.02 |
| SFY 06 (1/1/06 - 6/30/06) | | | | |
| Benchmark Rate Inflation Adjustment | 4.00% | 4.00% | 4.00% | 4.00% |
| Benchmark Rate | \$11.15 | \$8.40 | \$7.16 | \$6.42 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$10.88 | \$8.20 | \$6.99 | \$6.27 |
| SFY 07 (7/1/06 - 6/30/07) | | | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% | 1.60% | 1.60% |
| Benchmark Rate | \$11.33 | \$8.53 | \$7.27 | \$6.52 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$11.33 | \$8.53 | \$7.27 | \$6.52 |
| SFY 08 (7/1/07 - 6/30/08) | | | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% | 3.20% | 3.20% |
| Benchmark Rate | \$11.69 | \$8.81 | \$7.51 | \$6.73 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$11.69 | \$8.81 | \$7.51 | \$6.73 |
| SFY 09 (7/1/08 - 5/24/09) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$11.69 | \$8.81 | \$7.51 | \$6.73 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$11.69 | \$8.81 | \$7.51 | \$6.73 |

Rural Day Treatment and Training, Adult
Independent Rate Models
Day Treatment and Training Services
Agency Providers

| Service | Rural Day Treatment and Training, Adult | Rural Day Treatment and Training, Adult | Rural Day Treatment and Training, Adult | Rural Day Treatment and Training, Adult |
|--|--|--|--|--|
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate | 0.00% \$11.69 90.00% \$10.52 | 0.00% \$8.81 90.00% \$7.93 | 0.00% \$7.51 90.00% \$6.76 | 0.00% \$6.73 90.00% \$6.06 |

**Habilitation, Vendor Supported Developmental Home, Adult
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Vendor Supported Developmental Home, Adult |
|--|---|
| Unit of Service | 1 day |
| Daily Rate Based on | 1 individual |
| Number of Years Under Supervision, on Average | 5 |
| Number of Days Under Supervision, per Year | 365 |
| Initial Home Licensure | |
| - ACYF rate (December 1996) | \$750.00 |
| - Inflation Factor (to December 2004) | 1.3228 |
| - DES Premium | 10.0% |
| Initial Home Licensure | \$1,100.00 |
| Annual Cost (spread over 5 years) = \$1,100 in first year / 5 years | \$220.00 |
| License Renewal | |
| - Percentage of Initial Home Licensure Payment | 55.0% |
| License Renewal | \$605.00 |
| Annual Cost (spread over 5 years) = (\$605 * 4 years) / 5 years | \$484.00 |
| Total Fixed Cost of Licensure | \$704.00 |
| Training | |
| - Salary | |
| - Training Staff (inflated to December 2002) | \$16.04 |
| - Annual Wage | \$33,357 |
| - ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$20.85 |
| Annual Compensation (wages + ERE) | \$43,364 |
| - Initial Training | |
| - Hours of Training | 20 |
| - Cost of Training | \$420.00 |
| Annual Cost (spread over 5 years) = \$420 in first year / 5 years | \$84.00 |
| - Ongoing Training | |
| - Hours of Training | 10 |
| - Cost of Training | \$210.00 |
| Annual Cost (spread over 5 years) = (\$210 * 4 years) / 5 years | \$168.00 |
| Total Fixed Cost of Training | \$252.00 |
| Respite/Relief | |
| - Respite Hours Allowance | 720 |
| - Respite Hourly Agency Provider Rate (RSP), less Admin. Overhead | \$12.63 |
| Annual Cost of Respite/Relief | \$9,100.00 |
| Habilitation | |
| - Habilitation Hours Allowance | 50 |
| - Habilitation Hourly Agency Provider Rate (HAH), less Admin. Overhead | \$16.48 |
| Annual Cost of Habilitation | \$830.00 |
| Attendant Care | |
| - Attendant Care Hours Allowance | 50 |
| - Attendant Care Hourly Agency Provider Rate (ATC), less Admin. Overhead | \$12.88 |
| Annual Cost of Attendant Care | \$650.00 |
| Administration and Monitoring Staff | |
| - Hourly Wage (inflated to December 2002) | \$13.97 |
| - ERE (as percent of wages) | 30.0% |
| - Number of Visits to Family, per Year | 26 |
| - Duration of Each Visit, in Hours | 1 |
| Annual Cost of Administration and Monitoring Staff | \$472.24 |

**Habilitation, Vendor Supported Developmental Home, Adult
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Vendor Supported Developmental Home, Adult |
|---|---|
| Unit of Service | 1 day |
| Daily Rate Based on | 1 individual |
| Mileage | |
| - Number of Miles, per Month | 100 |
| - Number of Miles, per Year | 1,200 |
| - Amount per Mile | \$0.345 |
| Annual Mileage Cost | \$414.00 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$12,008 |
| Total Administrative Cost | \$1,200.82 |
| Total Cost per Family per Year | \$13,623.06 |
| Total Cost per Family per Day | \$37.32 |
| Payment to Family | |
| - Room and Board | \$11.90 |
| - Other | \$57.53 |
| Total Payment to Family, per Day | \$69.43 |
| Total Payment to Agency, per Day | \$106.75 |
| SFY 04 | |
| Benchmark Rate | \$94.85 |
| Adopted Rate Factor | 93.0% |
| Calculated Adopted Rate | \$88.21 |
| Adopted Rate = Floor Rate for SFY 03 Provider Increase | \$109.75 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$98.88 |
| Adopted Rate Factor | 95.75% |
| Calculated Adopted Rate | \$94.68 |
| Adopted Rate = Same as in SFY 04 | \$109.75 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$98.88 |
| Adopted Rate Factor | 97.61% |
| Calculated Adopted Rate | \$96.52 |
| Adopted Rate = Same as in SFY 05 | \$109.75 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$102.84 |
| Adopted Rate Factor | 97.61% |
| Calculated Adopted Rate | \$100.38 |
| Adopted Rate = Same as in SFY 06 (as of 7/1/05) | \$109.75 |
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$104.49 |
| Adopted Rate Factor | 100.00% |
| Calculated Adopted Rate | \$104.49 |
| Adopted Rate = Same as in SFY 06 (as of 1/1/06) | \$109.75 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$107.83 |
| Adopted Rate Factor | 100.00% |
| Calculated Adopted Rate | \$107.83 |
| Adopted Rate = Same as in SFY 07 (as of 7/1/06) | \$109.75 |

Habilitation, Vendor Supported Developmental Home, Adult
Independent Rate Model
Residential Services
Agency Providers

| | |
|--|---|
| Service | Habilitation, Vendor Supported Developmental Home, Adult |
| Unit of Service | 1 day |
| Daily Rate Based on | 1 individual |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$107.83 |
| Adopted Rate Factor | 100.00% |
| Calculated Adopted Rate | \$107.83 |
| Adopted Rate = Same as in SFY 08 (as of 7/1/07) | \$109.75 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$107.83 |
| Adopted Rate Factor | 90.00% |
| Calculated Adopted Rate | \$97.05 |
| Adopted Rate = 90% of SFY 07 (as of 7/1/08) | \$98.78 |

**Habilitation, Vendor Supported Developmental Home. Child
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Vendor Supported Developmental Home, Child |
|--|---|
| Unit of Service | 1 day |
| Daily Rate Based on | 1 individual |
| Number of Years Under Supervision, on Average | 5 |
| Number of Days Under Supervision, per Year | 365 |
| Initial Home Licensure | |
| - ACYF rate (December 1996) | \$750.00 |
| - Inflation Factor (to December 2004) | 1.3228 |
| - DES Premium | 10.0% |
| Initial Home Licensure | \$1,100.00 |
| Annual Cost (spread over 5 years) = \$1,100 in first year / 5 years | \$220.00 |
| License Renewal | |
| - Percentage of Initial Home Licensure Payment | 55.0% |
| License Renewal | \$605.00 |
| Annual Cost (spread over 5 years) = (\$605 * 4 years) / 5 years | \$484.00 |
| Total Fixed Cost of Licensure | \$704.00 |
| Training | |
| - Salary | |
| - Training Staff (inflated to December 2002) | \$16.04 |
| - Annual Wage | \$33,357 |
| - ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$20.85 |
| Annual Compensation (wages + ERE) | \$43,364 |
| - Initial Training | |
| - Hours of Training | 20 |
| - Cost of Training | \$420.00 |
| Annual Cost (spread over 5 years) = \$420 in first year / 5 years | \$84.00 |
| - Ongoing Training | |
| - Hours of Training | 10 |
| - Cost of Training | \$210.00 |
| Annual Cost (spread over 5 years) = (\$210 * 4 years) / 5 years | \$168.00 |
| Total Fixed Cost of Training | \$252.00 |
| Respite/Relief | |
| - Respite Hours Allowance | 720 |
| - Respite Hourly Agency Provider Rate (RSP), less Admin. Overhead | \$12.63 |
| Annual Cost of Respite/Relief | \$9,100.00 |
| Habilitation | |
| - Habilitation Hours Allowance | 50 |
| - Habilitation Hourly Agency Provider Rate (HAH), less Admin. Overhead | \$16.48 |
| Annual Cost of Habilitation | \$830.00 |
| Attendant Care | |
| - Attendant Care Hours Allowance | 50 |
| - Attendant Care Hourly Agency Provider Rate (ATC), less Admin. Overhead | \$12.88 |
| Annual Cost of Attendant Care | \$650.00 |
| Administration and Monitoring Staff | |
| - Hourly Wage (inflated to December 2002) | \$13.97 |
| - ERE (as percent of wages) | 30.0% |
| - Number of Visits to Family, per Year | 26 |
| - Duration of Each Visit, in Hours | 1 |
| Annual Cost of Administration and Monitoring Staff | \$472.24 |

**Habilitation, Vendor Supported Developmental Home. Child
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Vendor Supported Developmental Home, Child |
|---|---|
| Unit of Service | 1 day |
| Daily Rate Based on | 1 individual |
| Mileage | |
| - Number of Miles, per Month | 100 |
| - Number of Miles, per Year | 1,200 |
| - Amount per Mile | \$0.345 |
| Annual Mileage Cost | \$414.00 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$12,008 |
| Total Administrative Cost | \$1,200.82 |
| Total Cost per Family per Year | \$13,623.06 |
| Total Cost per Family per Day | \$37.32 |
| Payment to Family | |
| - Room and Board | \$11.90 |
| - Other | \$57.53 |
| Total Payment to Family, per Day | \$69.43 |
| Total Payment to Agency, per Day | \$106.75 |
| SFY 04 | |
| Benchmark Rate | \$94.85 |
| Adopted Rate Factor | 93.0% |
| Calculated Adopted Rate | \$88.21 |
| Adopted Rate = Floor Rate for SFY 03 Provider Increase | \$109.75 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Allowance for Provider Training (per Amendment 9 of RFQA #704011) | 2.00% |
| Benchmark Rate | \$100.86 |
| Adopted Rate Factor | 95.75% |
| Calculated Adopted Rate | \$96.58 |
| Adopted Rate | \$111.95 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$100.86 |
| Adopted Rate Factor | 97.61% |
| Calculated Adopted Rate | \$98.45 |
| Adopted Rate = Same as in SFY 05 | \$111.95 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$104.89 |
| Adopted Rate Factor | 97.61% |
| Calculated Adopted Rate | \$102.38 |
| Adopted Rate = Same as in SFY 06 (as of 7/1/06) | \$111.95 |
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$106.57 |
| Adopted Rate Factor | 100.00% |
| Calculated Adopted Rate | \$106.57 |
| Adopted Rate = Same as in SFY 06 (as of 7/1/06) | \$111.95 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$109.98 |
| Adopted Rate Factor | 100.00% |
| Calculated Adopted Rate | \$109.98 |
| Adopted Rate = Same as in SFY 07 (as of 7/1/06) | \$111.95 |

Habilitation, Vendor Supported Developmental Home. Child
Independent Rate Model
Residential Services
Agency Providers

| | |
|--|---|
| Service | Habilitation, Vendor Supported Developmental Home, Child |
| Unit of Service | 1 day |
| Daily Rate Based on | 1 individual |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$109.98 |
| Adopted Rate Factor | 100.00% |
| Calculated Adopted Rate | \$109.98 |
| Adopted Rate = Same as in SFY 08 (as of 7/1/07) | \$111.95 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$109.98 |
| Adopted Rate Factor | 90.00% |
| Calculated Adopted Rate | \$98.98 |
| Adopted Rate = 90% of SFY 07 (as of 7/1/08) | \$100.75 |

Room and Board, Vendor Supported Developmental Home (Adult)
Independent Rate Model
Residential Services
Agency Providers

| Service | Room and Board, Vendor Supported Developmental Home (Adult) |
|---|---|
| Unit of Service | 1 day |
| DDD Taxonomy Code | T03827 |
| Room - Capital | |
| - Square Footage | 170 |
| - Cost per Square Foot | \$10.00 |
| - Number of Days in Service | 365 |
| Total Square Footage per Day | \$4.66 |
| Board - Meals | |
| - Cost per Day | \$7.24 |
| Total Meals per Day | \$7.24 |
| SFY 04 | |
| Benchmark Rate | \$11.90 |
| Adopted Rate Factor | 93.0% |
| Calculated Adopted Rate | \$11.07 |
| Adopted Rate = Floor Rate for SFY 03 Provider Increase | \$11.60 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$12.41 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate | \$11.88 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$12.41 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate | \$12.11 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$12.90 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate | \$12.59 |
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$13.11 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate | \$13.11 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$13.53 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate | \$13.53 |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$13.53 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate | \$13.53 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$13.53 |
| Adopted Rate Factor | 90.00% |
| Adopted Rate | \$12.17 |

Room and Board, Vendor Supported Developmental Home (Child)
Independent Rate Model
Residential Services
Agency Providers

| Service | Room and Board, Vendor Supported Developmental Home (Child) |
|---|---|
| Unit of Service | 1 day |
| DDD Taxonomy Code | T03827 |
| Room - Capital | |
| - Square Footage | 195 |
| - Cost per Square Foot | \$10.00 |
| - Number of Days in Service | 365 |
| Total Square Footage per Day | \$5.34 |
| Board - Meals | |
| - Cost per Day | \$6.55 |
| Total Meals per Day | \$6.55 |
| SFY 04 | |
| Benchmark Rate | \$11.89 |
| Adopted Rate Factor | 93.0% |
| Calculated Adopted Rate | \$11.06 |
| Adopted Rate = Floor Rate for SFY 03 Provider Increase | \$11.60 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$12.40 |
| Adopted Rate Factor | 95.75% |
| Calculated Adopted Rate | \$11.87 |
| Adopted Rate = Same as for Adults | \$11.88 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$12.40 |
| Adopted Rate Factor | 97.61% |
| Calculated Adopted Rate | \$12.10 |
| Adopted Rate = Same as for Adults | \$12.11 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$12.90 |
| Adopted Rate Factor | 97.61% |
| Calculated Adopted Rate | \$12.59 |
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$13.11 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate | \$13.11 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$13.53 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate | \$13.53 |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$13.53 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate | \$13.53 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$13.53 |
| Adopted Rate Factor | 90.00% |
| Adopted Rate | \$12.17 |

**Habilitation, Community Protection and Treatment Hourly
Habilitation, Community Protection and Treatment Group Home
Independent Rate Model
Residential Services
Agency Providers**

| | |
|--|---|
| Service | Habilitation, Community Protection and Treatment (Hourly & Group Home) |
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T03827 |
| Hourly Wage (Inflated to December 2002) | \$12.09 |
| Annual Wage | \$25,153 |
| ERE (as percent of wages) | 30% |
| Hourly Compensation (wages + ERE) | \$15.72 |
| Annual Compensation (wages + ERE) | \$32,699 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.00 |
| - Time allocated to notes/med records | 0.00 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 8.00 |
| - <i>Productivity Adjustment</i> | 1.00 |
| Hourly Compensation After Adjustment | \$15.72 |
| Annual Compensation After Adjustment | \$32,699 |
| Transportation | |
| - Vehicle allocation | \$0.6556 |
| - Number of Miles | 1.14 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$0.39 |
| Hourly Transportation cost | \$1.05 |
| Program Compliance | |
| - Compliance Percent | 4% |
| - Non-travel cost | \$15.72 |
| Hourly Program Compliance cost | \$0.63 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$15.72 |
| Hourly Administrative Overhead cost | \$1.57 |
| SFY 04 | |
| Benchmark Rate | \$18.97 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$17.64 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$19.78 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$18.94 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$19.78 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$19.30 |

**Habilitation, Community Protection and Treatment Hourly
Habilitation, Community Protection and Treatment Group Home
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Community Protection and Treatment (Hourly & Group Home) |
|--|--|
| SFY 06 (1/1/06 - 6/30/06) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 4.00% \$20.57 97.61% \$20.08 |
| SFY 07 (7/1/06 - 6/30/07) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 1.60% \$20.90 100.00% \$20.90 |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 3.20% \$21.57 100.00% \$21.57 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$21.57 100.00% \$21.57 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 0.00% \$21.57 90.00% \$19.41 \$12.13 \$9.71 |

**Habilitation, Group Home
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Group Home |
|--|---------------------------------|
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T03827 |
| Hourly Wage (Inflated to December 2002) | \$10.99 |
| Annual Wage | \$22,866 |
| ERE (as percent of wages) | 30% |
| Hourly Compensation (wages + ERE) | \$14.29 |
| Annual Compensation (wages + ERE) | \$29,726 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.00 |
| - Time allocated to notes/med records | 0.00 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 8.00 |
| - <i>Productivity Adjustment</i> | 1.00 |
| Hourly Compensation After Adjustment | \$14.29 |
| Annual Compensation After Adjustment | \$29,726 |
| Transportation | |
| - Vehicle allocation | \$0.6556 |
| - Number of Miles | 1.14 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$0.39 |
| Hourly Transportation cost | \$1.05 |
| Hourly Program Compliance cost | |
| - Compliance Percent | 2% |
| - Non-travel cost | \$14.29 |
| Hourly Program Compliance cost | \$0.29 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$14.29 |
| Hourly Administrative Overhead cost | \$1.43 |
| SFY 04 | |
| Benchmark Rate | \$17.06 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate | \$15.87 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$17.79 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate | \$17.03 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$17.79 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$17.36 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$18.50 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$18.05 |

**Habilitation, Group Home
Independent Rate Model
Residential Services
Agency Providers**

| Service | Habilitation, Group Home |
|--|--|
| SFY 07 (7/1/06 - 6/30/07) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 1.60% \$18.79 100.00% \$18.79 |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 3.20% \$19.39 100.00% \$19.39 \$12.12 \$9.70 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$19.39 100.00% \$19.39 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 0.00% \$19.39 90.00% \$17.45 \$10.91 \$8.73 |

Room and Board, All Group Homes
Assumptions and Daily Rate Based on the Number of Individuals per Facility in a Given Metropolitan Area
Residential Services
Agency Providers

| Room and Board Assumptions | | | | | | |
|--|----------------------|----------|----------|----------|----------|----------|
| DDD Unit / Taxonomy Code | 1 day | | T04507 | | | |
| AHCCCS Unit / Procedure Code | 1 day | | 10001 | | | |
| Fair Market Rent (FMR) per month | | | | | | |
| | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Flagstaff | \$660 | \$857 | \$1,149 | \$1,380 | \$1,587 | \$1,825 |
| Phoenix-Mesa | \$641 | \$806 | \$1,121 | \$1,320 | \$1,518 | \$1,746 |
| Tuscon | \$513 | \$683 | \$949 | \$1,119 | \$1,287 | \$1,480 |
| Yuma/Yavapai | \$478 | \$636 | \$884 | \$890 | \$1,024 | \$1,177 |
| Non-metropolitan | same as Yuma/Yavapai | | | | | |
| Source: HUD, May 2002 | | | | | | |
| FMR per bedroom per month | | | | | | |
| | FMR per bedroom | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Flagstaff | \$660 | \$429 | \$383 | \$345 | \$317 | \$304 |
| Phoenix-Mesa | \$641 | \$403 | \$374 | \$330 | \$304 | \$291 |
| Tuscon | \$513 | \$342 | \$316 | \$280 | \$257 | \$247 |
| Yuma/Yavapai | \$478 | \$318 | \$295 | \$223 | \$205 | \$196 |
| Non-metropolitan | same as Yuma/Yavapai | | | | | |
| Source: HUD, May 2002 | | | | | | |
| Utilities per housing unit per month | | | | | | |
| | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Gas | \$28.63 | \$32.49 | \$36.35 | \$40.14 | \$43.82 | \$47.52 |
| Electricity | \$84.71 | \$97.68 | \$109.98 | \$121.36 | \$132.26 | \$144.15 |
| Water, trash, etc. | \$31.59 | \$31.59 | \$31.59 | \$31.59 | \$31.59 | \$31.59 |
| Total | \$144.93 | \$161.76 | \$177.92 | \$193.09 | \$207.67 | \$223.26 |
| Source: APS (10-17-02), SWEEP (1999-2000 data) | | | | | | |
| Telephone expense per person per month | | | | | | |
| | Number of persons | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Telephone | \$20.00 | \$25.00 | \$30.00 | \$35.00 | \$40.00 | \$45.00 |
| Source: EP&P research and assumption | | | | | | |
| Note: per-person amount fluctuation: \$5.00 | | | | | | |
| Maintenance expense per housing unit per month | | | | | | |
| | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Telephone | \$45.00 | \$50.00 | \$55.00 | \$60.00 | \$65.00 | \$70.00 |
| Source: EP&P research and assumption | | | | | | |
| Note: amount fluctuation: \$5.00 | | | | | | |
| Food per person per month | | | | | | |
| 20-50 year old | \$225.26 | | | | | |
| 51 years and over | \$211.44 | | | | | |
| Average | \$218.35 | | | | | |
| Source: USDA Food Plans: Moderate-Cost Plan, June 2002 | | | | | | |
| Average number of days per month | | | | | | |
| | | | | | | 30.4 |

| Flagstaff - Rent per person per day | | | | | | |
|-------------------------------------|--------------------|---------|---------|---------|---------|---------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$21.70 | | | | | |
| 2 | \$10.85 | \$14.09 | | | | |
| 3 | | \$9.39 | \$12.59 | | | |
| 4 | | \$7.04 | \$9.44 | \$11.34 | | |
| 5 | | | \$7.56 | \$9.07 | \$10.44 | |
| 6 | | | \$6.30 | \$7.56 | \$8.70 | \$10.00 |
| 7 | | | | \$6.48 | \$7.45 | \$8.57 |
| 8 | | | | \$5.67 | \$6.52 | \$7.50 |

| Phoenix-Mesa - Rent per person per day | | | | | | |
|--|--------------------|---------|---------|---------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$21.07 | | | | | |
| 2 | \$10.54 | \$13.25 | | | | |
| 3 | | \$8.83 | \$12.28 | | | |
| 4 | | \$6.62 | \$9.21 | \$10.85 | | |
| 5 | | | \$7.37 | \$8.68 | \$9.98 | |
| 6 | | | \$6.14 | \$7.23 | \$8.32 | \$9.57 |
| 7 | | | | \$6.20 | \$7.13 | \$8.20 |
| 8 | | | | \$5.42 | \$6.24 | \$7.17 |

| Tuscon - Rent per person per day | | | | | | |
|----------------------------------|--------------------|---------|---------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$16.87 | | | | | |
| 2 | \$8.43 | \$11.23 | | | | |
| 3 | | \$7.48 | \$10.40 | | | |
| 4 | | \$5.61 | \$7.80 | \$9.20 | | |
| 5 | | | \$6.24 | \$7.36 | \$8.46 | |
| 6 | | | \$5.20 | \$6.13 | \$7.05 | \$8.11 |
| 7 | | | | \$5.26 | \$6.04 | \$6.95 |
| 8 | | | | \$4.60 | \$5.29 | \$6.08 |

| Yuma/Yavapai - Rent per person per day | | | | | | |
|--|--------------------|---------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$15.72 | | | | | |
| 2 | \$7.86 | \$10.45 | | | | |
| 3 | | \$6.97 | \$9.69 | | | |
| 4 | | \$5.23 | \$7.27 | \$7.32 | | |
| 5 | | | \$5.81 | \$5.85 | \$6.73 | |
| 6 | | | \$4.84 | \$4.88 | \$5.61 | \$6.45 |
| 7 | | | | \$4.18 | \$4.81 | \$5.53 |
| 8 | | | | \$3.66 | \$4.21 | \$4.84 |

| Flagstaff - Utilities per person per day | | | | | | |
|--|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$4.76 | | | | | |
| 2 | \$2.38 | \$2.66 | | | | |
| 3 | | \$1.77 | \$1.95 | | | |
| 4 | | \$1.33 | \$1.46 | \$1.59 | | |
| 5 | | | \$1.17 | \$1.27 | \$1.37 | |
| 6 | | | \$0.97 | \$1.06 | \$1.14 | \$1.22 |
| 7 | | | | \$0.91 | \$0.98 | \$1.05 |
| 8 | | | | \$0.79 | \$0.85 | \$0.92 |

| Phoenix-Mesa - Utilities per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$4.76 | | | | | |
| 2 | \$2.38 | \$2.66 | | | | |
| 3 | | \$1.77 | \$1.95 | | | |
| 4 | | \$1.33 | \$1.46 | \$1.59 | | |
| 5 | | | \$1.17 | \$1.27 | \$1.37 | |
| 6 | | | \$0.97 | \$1.06 | \$1.14 | \$1.22 |
| 7 | | | | \$0.91 | \$0.98 | \$1.05 |
| 8 | | | | \$0.79 | \$0.85 | \$0.92 |

| Tuscon - Utilities per person per day | | | | | | |
|---------------------------------------|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$4.76 | | | | | |
| 2 | \$2.38 | \$2.66 | | | | |
| 3 | | \$1.77 | \$1.95 | | | |
| 4 | | \$1.33 | \$1.46 | \$1.59 | | |
| 5 | | | \$1.17 | \$1.27 | \$1.37 | |
| 6 | | | \$0.97 | \$1.06 | \$1.14 | \$1.22 |
| 7 | | | | \$0.91 | \$0.98 | \$1.05 |
| 8 | | | | \$0.79 | \$0.85 | \$0.92 |

| Yuma/Yavapai - Utilities per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$4.76 | | | | | |
| 2 | \$2.38 | \$2.66 | | | | |
| 3 | | \$1.77 | \$1.95 | | | |
| 4 | | \$1.33 | \$1.46 | \$1.59 | | |
| 5 | | | \$1.17 | \$1.27 | \$1.37 | |
| 6 | | | \$0.97 | \$1.06 | \$1.14 | \$1.22 |
| 7 | | | | \$0.91 | \$0.98 | \$1.05 |
| 8 | | | | \$0.79 | \$0.85 | \$0.92 |

Room and Board, All Group Homes
Assumptions and Daily Rate Based on the Number of Individuals per Facility in a Given Metropolitan Area
Residential Services
Agency Providers

| Flagstaff - Telephone per person per day | | | | | | |
|--|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$0.66 | | | | | |
| 2 | \$0.41 | \$0.41 | | | | |
| 3 | | \$0.33 | \$0.33 | | | |
| 4 | | \$0.29 | \$0.29 | \$0.29 | | |
| 5 | | | \$0.26 | \$0.26 | \$0.26 | |
| 6 | | | \$0.25 | \$0.25 | \$0.25 | \$0.25 |
| 7 | | | | \$0.23 | \$0.23 | \$0.23 |
| 8 | | | | \$0.23 | \$0.23 | \$0.23 |

| Flagstaff - Maintenance per person per day | | | | | | |
|--|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$1.48 | | | | | |
| 2 | \$0.74 | \$0.82 | | | | |
| 3 | | \$0.55 | \$0.60 | | | |
| 4 | | \$0.41 | \$0.45 | \$0.49 | | |
| 5 | | | \$0.36 | \$0.39 | \$0.43 | |
| 6 | | | \$0.30 | \$0.33 | \$0.36 | \$0.38 |
| 7 | | | | \$0.28 | \$0.31 | \$0.33 |
| 8 | | | | \$0.25 | \$0.27 | \$0.29 |

| Phoenix-Mesa - Telephone per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$0.66 | | | | | |
| 2 | \$0.41 | \$0.41 | | | | |
| 3 | | \$0.33 | \$0.33 | | | |
| 4 | | \$0.29 | \$0.29 | \$0.29 | | |
| 5 | | | \$0.26 | \$0.26 | \$0.26 | |
| 6 | | | \$0.25 | \$0.25 | \$0.25 | \$0.25 |
| 7 | | | | \$0.23 | \$0.23 | \$0.23 |
| 8 | | | | \$0.23 | \$0.23 | \$0.23 |

| Phoenix-Mesa - Maintenance per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$1.48 | | | | | |
| 2 | \$0.74 | \$0.82 | | | | |
| 3 | | \$0.55 | \$0.60 | | | |
| 4 | | \$0.41 | \$0.45 | \$0.49 | | |
| 5 | | | \$0.36 | \$0.39 | \$0.43 | |
| 6 | | | \$0.30 | \$0.33 | \$0.36 | \$0.38 |
| 7 | | | | \$0.28 | \$0.31 | \$0.33 |
| 8 | | | | \$0.25 | \$0.27 | \$0.29 |

| Tuscon - Telephone per person per day | | | | | | |
|---------------------------------------|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$0.66 | | | | | |
| 2 | \$0.41 | \$0.41 | | | | |
| 3 | | \$0.33 | \$0.33 | | | |
| 4 | | \$0.29 | \$0.29 | \$0.29 | | |
| 5 | | | \$0.26 | \$0.26 | \$0.26 | |
| 6 | | | \$0.25 | \$0.25 | \$0.25 | \$0.25 |
| 7 | | | | \$0.23 | \$0.23 | \$0.23 |
| 8 | | | | \$0.23 | \$0.23 | \$0.23 |

| Tuscon - Maintenance per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$1.48 | | | | | |
| 2 | \$0.74 | \$0.82 | | | | |
| 3 | | \$0.55 | \$0.60 | | | |
| 4 | | \$0.41 | \$0.45 | \$0.49 | | |
| 5 | | | \$0.36 | \$0.39 | \$0.43 | |
| 6 | | | \$0.30 | \$0.33 | \$0.36 | \$0.38 |
| 7 | | | | \$0.28 | \$0.31 | \$0.33 |
| 8 | | | | \$0.25 | \$0.27 | \$0.29 |

| Yuma/Yavapai - Telephone per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$0.66 | | | | | |
| 2 | \$0.41 | \$0.41 | | | | |
| 3 | | \$0.33 | \$0.33 | | | |
| 4 | | \$0.29 | \$0.29 | \$0.29 | | |
| 5 | | | \$0.26 | \$0.26 | \$0.26 | |
| 6 | | | \$0.25 | \$0.25 | \$0.25 | \$0.25 |
| 7 | | | | \$0.23 | \$0.23 | \$0.23 |
| 8 | | | | \$0.23 | \$0.23 | \$0.23 |

| Yuma/Yavapai - Maintenance per person per day | | | | | | |
|---|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$1.48 | | | | | |
| 2 | \$0.74 | \$0.82 | | | | |
| 3 | | \$0.55 | \$0.60 | | | |
| 4 | | \$0.41 | \$0.45 | \$0.49 | | |
| 5 | | | \$0.36 | \$0.39 | \$0.43 | |
| 6 | | | \$0.30 | \$0.33 | \$0.36 | \$0.38 |
| 7 | | | | \$0.28 | \$0.31 | \$0.33 |
| 8 | | | | \$0.25 | \$0.27 | \$0.29 |

Room and Board, All Group Homes
Assumptions and Daily Rate Based on the Number of Individuals per Facility in a Given Metropolitan Area
Residential Services
Agency Providers

| Flagstaff - Food per person per day | | | | | | |
|-------------------------------------|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$7.18 | | | | | |
| 2 | \$7.18 | \$7.18 | | | | |
| 3 | | \$7.18 | \$7.18 | | | |
| 4 | | \$7.18 | \$7.18 | \$7.18 | | |
| 5 | | | \$7.18 | \$7.18 | \$7.18 | |
| 6 | | | \$7.18 | \$7.18 | \$7.18 | \$7.18 |
| 7 | | | | \$7.18 | \$7.18 | \$7.18 |
| 8 | | | | \$7.18 | \$7.18 | \$7.18 |

| Flagstaff - Total RRB per person per day | | | | | | | |
|--|--------------------|---------|---------|---------|---------|---------|--------------|
| Number of People | Number of bedrooms | | | | | | Blended Rate |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | \$35.78 | | | | | | \$35.78 |
| 2 | \$21.56 | \$25.16 | | | | | \$23.36 |
| 3 | | \$19.22 | \$22.65 | | | | \$20.94 |
| 4 | | \$16.25 | \$18.82 | \$20.89 | | | \$18.65 |
| 5 | | | \$16.53 | \$18.18 | \$19.67 | | \$18.13 |
| 6 | | | \$15.00 | \$16.37 | \$17.62 | \$19.03 | \$17.00 |
| 7 | | | | \$15.08 | \$16.15 | \$17.36 | \$16.20 |
| 8 | | | | \$14.12 | \$15.05 | \$16.11 | \$15.09 |

| Phoenix-Mesa - Food per person per day | | | | | | |
|--|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$7.18 | | | | | |
| 2 | \$7.18 | \$7.18 | | | | |
| 3 | | \$7.18 | \$7.18 | | | |
| 4 | | \$7.18 | \$7.18 | \$7.18 | | |
| 5 | | | \$7.18 | \$7.18 | \$7.18 | |
| 6 | | | \$7.18 | \$7.18 | \$7.18 | \$7.18 |
| 7 | | | | \$7.18 | \$7.18 | \$7.18 |
| 8 | | | | \$7.18 | \$7.18 | \$7.18 |

| Phoenix-Mesa - Total RRB per person per day | | | | | | | |
|---|--------------------|---------|---------|---------|---------|---------|--------------|
| Number of People | Number of bedrooms | | | | | | Blended Rate |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | \$35.15 | | | | | | \$35.15 |
| 2 | \$21.25 | \$24.32 | | | | | \$22.78 |
| 3 | | \$18.66 | \$22.34 | | | | \$20.50 |
| 4 | | \$15.83 | \$18.59 | \$20.40 | | | \$18.27 |
| 5 | | | \$16.34 | \$17.79 | \$19.22 | | \$17.78 |
| 6 | | | \$14.84 | \$16.04 | \$17.24 | \$18.60 | \$16.68 |
| 7 | | | | \$14.80 | \$15.82 | \$16.99 | \$15.87 |
| 8 | | | | \$13.87 | \$14.76 | \$15.78 | \$14.81 |

| Tuscon - Food per person per day | | | | | | |
|----------------------------------|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$7.18 | | | | | |
| 2 | \$7.18 | \$7.18 | | | | |
| 3 | | \$7.18 | \$7.18 | | | |
| 4 | | \$7.18 | \$7.18 | \$7.18 | | |
| 5 | | | \$7.18 | \$7.18 | \$7.18 | |
| 6 | | | \$7.18 | \$7.18 | \$7.18 | \$7.18 |
| 7 | | | | \$7.18 | \$7.18 | \$7.18 |
| 8 | | | | \$7.18 | \$7.18 | \$7.18 |

| Tuscon - Total RRB per person per day | | | | | | | |
|---------------------------------------|--------------------|---------|---------|---------|---------|---------|--------------|
| Number of People | Number of bedrooms | | | | | | Blended Rate |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | \$30.95 | | | | | | \$30.95 |
| 2 | \$19.14 | \$22.30 | | | | | \$20.72 |
| 3 | | \$17.31 | \$20.46 | | | | \$18.89 |
| 4 | | \$14.82 | \$17.18 | \$18.74 | | | \$16.91 |
| 5 | | | \$15.21 | \$16.46 | \$17.70 | | \$16.46 |
| 6 | | | \$13.90 | \$14.94 | \$15.97 | \$17.14 | \$15.49 |
| 7 | | | | \$13.86 | \$14.74 | \$15.74 | \$14.78 |
| 8 | | | | \$13.04 | \$13.81 | \$14.69 | \$13.85 |

| Yuma/Yavapai - Food per person per day | | | | | | |
|--|--------------------|--------|--------|--------|--------|--------|
| Number of People | Number of bedrooms | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$7.18 | | | | | |
| 2 | \$7.18 | \$7.18 | | | | |
| 3 | | \$7.18 | \$7.18 | | | |
| 4 | | \$7.18 | \$7.18 | \$7.18 | | |
| 5 | | | \$7.18 | \$7.18 | \$7.18 | |
| 6 | | | \$7.18 | \$7.18 | \$7.18 | \$7.18 |
| 7 | | | | \$7.18 | \$7.18 | \$7.18 |
| 8 | | | | \$7.18 | \$7.18 | \$7.18 |

| Yuma/Yavapai - Total RRB per person per day | | | | | | | |
|---|--------------------|---------|---------|---------|---------|---------|--------------|
| Number of People | Number of bedrooms | | | | | | Blended Rate |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | \$29.80 | | | | | | \$29.80 |
| 2 | \$18.57 | \$21.53 | | | | | \$20.05 |
| 3 | | \$16.80 | \$19.75 | | | | \$18.27 |
| 4 | | \$14.43 | \$16.65 | \$16.86 | | | \$15.98 |
| 5 | | | \$14.79 | \$14.96 | \$15.96 | | \$15.24 |
| 6 | | | \$13.55 | \$13.69 | \$14.53 | \$15.48 | \$14.31 |
| 7 | | | | \$12.78 | \$13.50 | \$14.32 | \$13.53 |
| 8 | | | | \$12.10 | \$12.73 | \$13.45 | \$12.76 |

Room and Board, All Group Homes - BENCHMARK RATES
Contracted Capacity Reimbursement Based on Actual Occupancy
Residential Services
Agency Providers

Daily Per Occupant Payment Based on Contracted Capacity = (capacity * rate per person) - food and telephone expense for unoccupied capacity

| Flagstaff - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | | | | | | | | | | | |
|--|-----------------|-------------------|--------------|--------------------|---------------|------------|------------|------------|------------|------------|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Rate per Person | Telephone Expense | Food Expense | Total Ind. Expense | Capacity Rate | SFY 04 | SFY 05 | SFY 06 | SFY 07 | SFY 08 | Payment by Occupancy based on # of people | | | | | |
| | | | | | | Infl. Adj. | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$35.78 | \$0.66 | \$7.18 | \$7.84 | \$35.78 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$40.67 | | | | | |
| 2 | \$23.36 | \$0.41 | \$7.18 | \$7.59 | \$46.72 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$44.48 | \$26.56 | | | | |
| 3 | \$20.94 | \$0.33 | \$7.18 | \$7.51 | \$62.81 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$54.33 | \$31.43 | \$23.80 | | | |
| 4 | \$18.65 | \$0.29 | \$7.18 | \$7.47 | \$74.62 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$59.36 | \$33.92 | \$25.44 | \$21.20 | | |
| 5 | \$18.13 | \$0.26 | \$7.18 | \$7.44 | \$90.63 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$69.19 | \$38.82 | \$28.70 | \$23.65 | \$20.61 | |
| 6 | \$17.00 | \$0.25 | \$7.18 | \$7.43 | \$102.03 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$73.78 | \$41.11 | \$30.22 | \$24.77 | \$21.51 | \$19.33 |

| Phoenix-Mesa - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | | | | | | | | | | | |
|---|-----------------|-------------------|--------------|--------------------|---------------|-----------|-----------|-----------|-----------|-----------|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Rate per Person | Telephone Expense | Food Expense | Total Ind. Expense | Capacity Rate | Inflation | Inflation | Inflation | Inflation | Inflation | Payment by Occupancy based on # of people | | | | | |
| | | | | | | Adjust. | Adjust. | Adjust. | Adjust. | Adjust. | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$35.15 | \$0.66 | \$7.18 | \$7.84 | \$35.15 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$39.96 | | | | | |
| 2 | \$22.78 | \$0.41 | \$7.18 | \$7.59 | \$45.57 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$43.18 | \$25.90 | | | | |
| 3 | \$20.50 | \$0.33 | \$7.18 | \$7.51 | \$61.51 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$52.85 | \$30.69 | \$23.30 | | | |
| 4 | \$18.27 | \$0.29 | \$7.18 | \$7.47 | \$73.10 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$57.64 | \$33.06 | \$24.87 | \$20.77 | | |
| 5 | \$17.78 | \$0.26 | \$7.18 | \$7.44 | \$88.91 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$67.23 | \$37.84 | \$28.06 | \$23.16 | \$20.21 | |
| 6 | \$16.68 | \$0.25 | \$7.18 | \$7.43 | \$100.09 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$71.57 | \$40.00 | \$29.49 | \$24.23 | \$21.06 | \$18.96 |

| Tuscon - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | | | | | | | | | | | |
|---|-----------------|-------------------|--------------|--------------------|---------------|-----------|-----------|-----------|-----------|-----------|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Rate per Person | Telephone Expense | Food Expense | Total Ind. Expense | Capacity Rate | Inflation | Inflation | Inflation | Inflation | Inflation | Payment by Occupancy based on # of people | | | | | |
| | | | | | | Adjust. | Adjust. | Adjust. | Adjust. | Adjust. | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$30.95 | \$0.66 | \$7.18 | \$7.84 | \$30.95 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$35.18 | | | | | |
| 2 | \$20.72 | \$0.41 | \$7.18 | \$7.59 | \$41.44 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$38.48 | \$23.55 | | | | |
| 3 | \$18.89 | \$0.33 | \$7.18 | \$7.51 | \$56.66 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$47.34 | \$27.94 | \$21.47 | | | |
| 4 | \$16.91 | \$0.29 | \$7.18 | \$7.47 | \$67.66 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$51.45 | \$29.97 | \$22.80 | \$19.22 | | |
| 5 | \$16.46 | \$0.26 | \$7.18 | \$7.44 | \$82.29 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$59.70 | \$34.08 | \$25.54 | \$21.27 | \$18.71 | |
| 6 | \$15.49 | \$0.25 | \$7.18 | \$7.43 | \$92.93 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$63.44 | \$35.95 | \$26.77 | \$22.19 | \$19.44 | \$17.61 |

| Yuma/Yavapai - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | | | | | | | | | | | |
|---|-----------------|-------------------|--------------|--------------------|---------------|-----------|-----------|-----------|-----------|-----------|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Rate per Person | Telephone Expense | Food Expense | Total Ind. Expense | Capacity Rate | Inflation | Inflation | Inflation | Inflation | Inflation | Payment by Occupancy based on # of people | | | | | |
| | | | | | | Adjust. | Adjust. | Adjust. | Adjust. | Adjust. | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$29.80 | \$0.66 | \$7.18 | \$7.84 | \$29.80 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$33.88 | | | | | |
| 2 | \$20.05 | \$0.41 | \$7.18 | \$7.59 | \$40.09 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$36.96 | \$22.79 | | | | |
| 3 | \$18.27 | \$0.33 | \$7.18 | \$7.51 | \$54.82 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$45.24 | \$26.90 | \$20.78 | | | |
| 4 | \$15.98 | \$0.29 | \$7.18 | \$7.47 | \$63.92 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$47.20 | \$27.85 | \$21.39 | \$18.17 | | |
| 5 | \$15.24 | \$0.26 | \$7.18 | \$7.44 | \$76.18 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$52.76 | \$30.61 | \$23.22 | \$19.53 | \$17.32 | |
| 6 | \$14.31 | \$0.25 | \$7.18 | \$7.43 | \$85.86 | 4.25% | 0.00% | 4.00% | 1.60% | 3.20% | \$55.41 | \$31.92 | \$24.10 | \$20.18 | \$17.84 | \$16.27 |

Room and Board, All Group Homes - ADOPTED RATES
Contracted Capacity Reimbursement Based on Actual Occupancy
Residential Services
Agency Providers

Daily Per Occupant Payment Based on Contracted Capacity = (capacity * rate per person) - food and telephone expense for unoccupied capacity

| Flagstaff - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | |
|--|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Payment by Occupancy based on # of people | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$36.61 | | | | | |
| 2 | \$40.03 | \$23.90 | | | | |
| 3 | \$48.89 | \$28.29 | \$21.42 | | | |
| 4 | \$53.43 | \$30.53 | \$22.90 | \$19.08 | | |
| 5 | \$62.27 | \$34.94 | \$25.83 | \$21.28 | \$18.55 | |
| 6 | \$66.40 | \$37.00 | \$27.19 | \$22.29 | \$19.36 | \$17.39 |

| Phoenix-Mesa - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | |
|---|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Payment by Occupancy based on # of people | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$35.96 | | | | | |
| 2 | \$38.86 | \$23.31 | | | | |
| 3 | \$47.56 | \$27.62 | \$20.97 | | | |
| 4 | \$51.87 | \$29.75 | \$22.39 | \$18.69 | | |
| 5 | \$60.51 | \$34.06 | \$25.25 | \$20.84 | \$18.19 | |
| 6 | \$64.42 | \$36.00 | \$26.54 | \$21.80 | \$18.96 | \$17.07 |

| Tuscon - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | |
|---|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Payment by Occupancy based on # of people | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$31.67 | | | | | |
| 2 | \$34.63 | \$21.20 | | | | |
| 3 | \$42.60 | \$25.15 | \$19.33 | | | |
| 4 | \$46.31 | \$26.97 | \$20.52 | \$17.30 | | |
| 5 | \$53.73 | \$30.67 | \$22.99 | \$19.14 | \$16.84 | |
| 6 | \$57.10 | \$32.35 | \$24.09 | \$19.97 | \$17.50 | \$15.85 |

| Yuma/Yavapai - Daily Per Occupant Payment Based on Contracted Capacity | | | | | | |
|---|---|----------------|----------------|----------------|----------------|----------------|
| Contracted Capacity | Payment by Occupancy based on # of people | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | \$30.49 | | | | | |
| 2 | \$33.26 | \$20.51 | | | | |
| 3 | \$40.72 | \$24.21 | \$18.70 | | | |
| 4 | \$42.48 | \$25.07 | \$19.26 | \$16.35 | | |
| 5 | \$47.48 | \$27.55 | \$20.90 | \$17.58 | \$15.59 | |
| 6 | \$49.87 | \$28.73 | \$21.69 | \$18.16 | \$16.05 | \$14.64 |

Note: SFY 07 Adopted Rate = 90% of SFY 06 Benchmark Rate

Therapy Services (Physical, Occupational and Speech)
Independent Rate Model
Professional Services
Agency Providers

| Setting: | Clinical Therapy Services (Physical, Occupational and Speech) 1 hour | Natural Therapy Services (Physical, Occupational and Speech) 1 hour |
|---|---|--|
| Description: | | |
| Unit of Service: | | |
| Hourly Wage | \$32.83 | \$32.83 |
| Annual Wage | \$68,286 | \$68,286 |
| ERE as a Pct. of Wages | 30% | 30% |
| Hourly Compensation (wages + ERE) | \$42.68 | \$42.68 |
| Annual Compensation (wages + ERE) | \$88,772 | \$88,772 |
| Productivity Assumptions | | |
| - Total Hours | 8.00 | 8.00 |
| - Average Travel after arrival at first client and before leaving last client | 0.00 | 1.50 |
| - Missed Appointments | 0.50 | 0.50 |
| - Continuous Education | 0.20 | 0.20 |
| - Other Non-Billable Activity | 0.30 | 0.30 |
| - Average on-site time; "Billable Hours" | 7.00 | 5.50 |
| - Productivity Adjustment | 1.14 | 1.45 |
| Hourly Compensation After Adjustment | \$48.78 | \$62.08 |
| Annual Compensation After Adjustment | \$88,772 | \$88,772 |
| Mileage | | |
| - Number of Miles | 1.50 | 60.00 |
| - Amount per mile | \$0.445 | \$0.445 |
| Total Mileage Amount | \$0.67 | \$26.70 |
| Hourly Mileage Amount | \$0.10 | \$4.85 |
| Rent | | |
| - Square Footage | 250.00 | 250.00 |
| - Cost per Square Foot | \$15.50 | 15.50 |
| - Hours of Allocation per Year | 1,820 | 1,430 |
| Hourly Rent Amount | \$2.13 | \$2.71 |
| Capital | | |
| - Cost of Equipment and Maintenance | \$2,000.00 | 2,000.00 |
| - Year of Amortization | 3.00 | 3.00 |
| - Annual Cost | \$666.67 | \$666.67 |
| - Hours of Allocation per Year | 1,820 | 1,430 |
| Hourly Cost of Capital | \$0.37 | \$0.47 |
| Administrative Overhead | | |
| - Administrative Pct. | 10.0% | 10.0% |
| - Third Party Liability Pct. | 2.0% | 2.0% |
| - Non-travel cost | \$51.27 | \$65.25 |
| Hourly Administrative Cost | \$6.15 | \$7.83 |
| Total Rate, Per Hour (1 Staff, 1 Client) | \$57.52 | \$77.94 |
| SFY 08 (11/01/07 - 6/30/08) | | |
| Benchmark Rate | \$57.52 | \$77.94 |
| Adopted Rate Factor | 100.0% | 100.0% |
| Calculated Model Rate | \$57.52 | \$77.94 |
| Adopted Rate = Floor Rate (SFY 08 Provider Increase) | \$62.80 | \$77.94 |
| - Tier 1 (10% Rate Increase over the model rate) | \$63.27 | \$85.73 |
| - Tier 2 (25% Rate Increase over the model rate) | \$71.90 | \$97.43 |
| - Tier 3 (50% Rate Increase over the model rate) | \$86.28 | \$116.91 |
| Therapy, Evaluation - 1 Staff, 1 Client | | |
| - Clinical, 3 Hours Ongoing (model rate) | \$172.56 | |
| - Natural, 2 Hours Clinical (model rate) + 1 hour Natural | | \$192.98 |

**Therapy Services (Physical, Occupational and Speech)
Independent Rate Model
Professional Services
Agency Providers**

| Setting: | Clinical Therapy Services (Physical, Occupational and Speech) 1 hour | Natural Therapy Services (Physical, Occupational and Speech) 1 hour |
|---|---|--|
| Description: | | |
| Unit of Service: | | |
| SFY 09 (7/1/08 - 5/24/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$57.52 | \$77.94 |
| Adopted Rate Factor | 100.0% | 100.0% |
| Calculated Model Rate | \$57.52 | \$77.94 |
| Adopted Rate = Floor Rate (SFY 08 11/01/07 rate) | \$62.80 | \$77.94 |
| - Tier 1 (10% Rate Increase over the model rate) | \$63.27 | \$85.73 |
| - Tier 2 (25% Rate Increase over the model rate) | \$71.90 | \$97.43 |
| - Tier 3 (50% Rate Increase over the model rate) | \$86.28 | \$116.91 |
| Therapy, Evaluation - 1 Staff, 1 Client | | |
| - Clinical, 3 Hours Ongoing (model rate) | \$172.56 | |
| - Natural, 2 Hours Clinical (model rate) + 1 hour Natural | | \$192.98 |
| SFY 09 (5/25/09 - 6/30/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$57.52 | \$77.94 |
| Adopted Rate Factor | 90.0% | 90.0% |
| Calculated Model Rate | \$51.77 | \$70.15 |
| Adopted Rate = 90% of SFY 09 7/01/08 | \$56.52 | \$70.15 |
| Tier Benchmark Rates | | |
| - Tier 1 (10% Rate Increase over the model rate) | \$63.27 | \$85.73 |
| - Tier 2 (25% Rate Increase over the model rate) | \$71.90 | \$97.43 |
| - Tier 3 (50% Rate Increase over the model rate) | \$86.28 | \$116.91 |
| Therapy, Evaluation - 1 Staff, 1 Client | | |
| - Clinical, 3 Hours Ongoing (model rate) | \$172.56 | |
| - Natural, 2 Hours Clinical (model rate) + 1 hour Natural | | \$192.98 |
| Tier Adopted Rates | | |
| - Tier 1 (10% Rate Increase over the model rate) | \$56.94 | \$77.16 |
| - Tier 2 (25% Rate Increase over the model rate) | \$64.71 | \$87.69 |
| - Tier 3 (50% Rate Increase over the model rate) | \$77.65 | \$105.22 |
| Therapy, Evaluation - 1 Staff, 1 Client | | |
| - Clinical, 3 Hours Ongoing (model rate) | \$155.30 | |
| - Natural, 2 Hours Clinical (model rate) + 1 hour Natural | | \$173.68 |

**Home Health Aide
Independent Rate Model
Professional Services
Agency Providers**

| | |
|--|-------------------------|
| Service | Home Health Aide |
| Unit of Service | 1 hour |
| DDD Procedure Code | T01609 |
| AHCCCS Procedure Code / Unit of Service | T1021 / visit |
| FFY 05 AHCCCS Rate | \$32.76 |
| Hourly Wage (inflated to December 2002) | \$8.67 |
| Annual Wage | \$18,035 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$11.27 |
| Annual Compensation (wages + ERE) | \$23,446 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.60 |
| - Time allocated to notes/med records | 0.50 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 6.90 |
| - <i>Productivity Adjustment</i> | 1.16 |
| Hourly Compensation After Adjustment | \$13.07 |
| Annual Compensation After Adjustment | \$23,446 |
| Supervision | |
| - Hourly Wage | \$24.41 |
| - Daily portion of an hour | 0.25 |
| Hourly supervision cost | \$0.76 |
| Mileage | |
| - Number of Miles | 30 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$10.35 |
| Hourly mileage cost | \$1.50 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$13.83 |
| Hourly administrative cost | \$1.38 |
| SFY 04 | |
| Benchmark Rate | \$16.72 |
| Adopted Rate Factor | 93.0% |
| Adopted Rate - 1 Staff, 1 Client | \$15.55 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$17.43 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$16.69 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$17.43 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$17.01 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$18.13 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$17.69 |

**Home Health Aide
Independent Rate Model
Professional Services
Agency Providers**

| Service | Home Health Aide |
|---|------------------|
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$18.42 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$18.42 |
| SFY 08 (7/1/07 - 6/30/08) | |
| Benchmark Rate Inflation Adjustment | 3.20% |
| Benchmark Rate | \$19.01 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$19.01 |
| SFY 09 (7/1/08 - 5/24/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$19.01 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$19.01 |
| SFY 09 (5/25/09 - 6/30/09) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$19.01 |
| Adopted Rate Factor | 90.00% |
| Adopted Rate - 1 Staff, 1 Client | \$17.11 |
| - 1 staff, 2 clients | \$10.69 |
| - 1 staff, 3 clients | \$8.56 |

**Nursing
Independent Rate Models
Professional Services
Agency Providers**

| | |
|---|----------------------------|
| Service | Nursing, short-term |
| Unit of Service | 1 hour |
| DDD Taxonomy Code | T02304 |
| AHCCCS Procedure Code / Unit of Service | varies / hour |
| FFY 05 AHCCCS Rate | varies |
| Hourly Wage (inflated to December 2002) | \$20.11 |
| Annual Wage | \$41,836 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$26.15 |
| Annual Compensation (wages + ERE) | \$54,387 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.60 |
| - Time allocated to notes/med records | 0.50 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 6.90 |
| - <i>Productivity Adjustment</i> | 1.16 |
| Hourly Compensation After Adjustment | \$30.32 |
| Annual Compensation After Adjustment | \$54,387 |
| Supervision | |
| - Hourly Wage | \$24.41 |
| - Daily portion of an hour | 0.25 |
| Hourly supervision cost | \$0.76 |
| Mileage | |
| - Number of Miles | 30 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$10.35 |
| Hourly mileage cost | \$1.50 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$31.08 |
| Hourly administrative cost | \$3.11 |
| SFY 04 | |
| Benchmark Rate | \$35.69 |
| Adopted Rate Factor | 93.0% |
| Calculated Adopted Rate | \$33.19 |
| Adopted Rate = Floor Rate for SFY 03 Provider Increase | \$35.00 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$37.21 |
| Adopted Rate Factor | 95.75% |
| Adopted Rate - 1 Staff, 1 Client | \$35.63 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$37.21 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$36.32 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$38.70 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$37.77 |

**Nursing
Independent Rate Models
Professional Services
Agency Providers**

| Service | Nursing, short-term |
|--|---|
| SFY 07 (7/1/06 - 6/30/07) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 1.60% \$39.31 100.00% \$39.31 |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 3.20% \$40.57 100.00% \$40.57 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$40.57 100.00% \$40.57 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients - 1 staff, 4 clients | 0.00% \$40.57 90.00% \$36.51 \$22.82 \$18.26 \$15.97 |

**Support Coordination (Case Management)
Independent Rate Models
Agency Providers**

| | | AHCCCS Base | | |
|---------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| | | Capitation Base Model | Capitation Base Model | Capitation Base Model |
| | | 1 : 40 | 1 : 35 | Weighted |
| Assumptions | Estimated number of clients | 17,422 | 17,422 | Pct. @ 1:40 95.34% |
| | HCBS Mix | 100% | 100% | Pct. @ 1:35 4.66% |
| | Case Manager Base Pay | \$33,425 | \$33,425 | \$33,425 |
| | Administrative Staff Base Pay | \$29,325 | \$29,325 | \$29,325 |
| | Case Manager Supervisor Base Pay | \$41,010 | \$41,010 | \$41,010 |
| | Employee Related Expenses | 37% | 37% | 37% |
| | Institutional clients/case mgr | 0 | 0 | 0 |
| | HCBS clients/case mgr | 40 | 35 | Weighted |
| | Case Manager/Supervisor ratio | 8.0 | 8.0 | 8.0 |
| | CM FTEs per vehicle | 1.3 | 1.3 | 1.3 |
| | Vehicle cost per mile | \$0.405 | \$0.405 | \$0.405 |
| | Vehicle miles per day | 100 Urban/rural | 100 Urban/rural | 100 |
| | Vehicle days per year | 250 | 250 | 250 |
| | Calculations | CM FTEs required | 435.6 | 497.8 |
| CM Salary and ERE | | \$19,944,814 | \$22,794,074 | \$20,077,612 |
| Admin FTEs required | | 54.4 | 62.2 | 54.8 |
| Admin Salary and ERE | | \$2,187,291 | \$2,499,761 | \$2,202,005 |
| Supervisor FTEs required | | 54.4 | 62.2 | 54.8 |
| Supervisor salary | | \$3,058,851 | \$3,495,830 | \$3,079,429 |
| Vehicles required | | 376.9 | 430.8 | 379.4 |
| Vehicle costs | | \$3,816,297 | \$4,361,483 | \$3,841,729 |
| Total Annual CM Cost | | \$29,007,255 | \$33,151,148 | \$29,200,775 |
| Model CM Rate | | \$138.75 | \$158.57 | \$139.67 |
| DD Costs / % of Rate | | | | |
| Cumulative DD Costs / % of Rate | | | | |
| Net Rate | | \$139.67 | | |

**Support Coordination (Case Management)
Independent Rate Models
Agency Providers**

| | | DES/DDD Case Management Costs (1) | | | | | | | |
|---------------------------------|----------------------------------|-----------------------------------|-------------|--------------------|-----------|-------------------------------|-------------|----------------------------|-----------|
| | | Eligibility / Intake | | Authorization | | Policy and Cost-Effectiveness | | Claims Resolution Activity | |
| | | % Change from Base | | % Change from Base | | % Change from Base | | % Change from Base | |
| Assumptions | Estimated number of clients | | 17,422 | | 17,422 | | 17,422 | | 17,422 |
| | HCBS Mix | | 100% | | 100% | | 100% | | 100% |
| | Case Manager Base Pay | 5% | \$1,671 | 2% | \$669 | 5% | \$1,671 | 2% | \$669 |
| | Administrative Staff Base Pay | 5% | \$1,466 | 2% | \$587 | 5% | \$1,466 | 2% | \$587 |
| | Case Manager Supervisor Base Pay | 5% | \$2,051 | 2% | \$820 | 5% | \$2,051 | 2% | \$820 |
| | Employee Related Expenses | | 37% | | 37% | | 37% | | 37% |
| | Institutional clients/case mgr | | 0 | | 0 | | 0 | | 0 |
| | HCBS clients/case mgr | | Weighted | | Weighte | | Weighte | | Weighte |
| | Case Manager/Supervisor ratio | | 8.0 | | 8.0 | | 8.0 | | 8.0 |
| | CM FTEs per vehicle | | 1.3 | | 1.3 | | 1.3 | | 1.3 |
| | Vehicle cost per mile | | \$0.405 | | \$0.405 | | \$0.405 | | \$0.405 |
| | Vehicle miles per day | | 100 | | 100 | | 100 | | 100 |
| | Vehicle days per year | | 250 | | 250 | | 250 | | 250 |
| Calculations | CM FTEs required | | 438.5 | | 438.5 | | 438.5 | | 438.5 |
| | CM Salary and ERE | | \$1,003,881 | | \$401,552 | | \$1,003,881 | | \$401,552 |
| | Admin FTEs required | | 54.8 | | 54.8 | | 54.8 | | 54.8 |
| | Admin Salary and ERE | | \$110,100 | | \$44,040 | | \$110,100 | | \$44,040 |
| | Supervisor FTEs required | | 54.8 | | 54.8 | | 54.8 | | 54.8 |
| | Supervisor salary | | \$153,971 | | \$61,589 | | \$153,971 | | \$61,589 |
| | Vehicles required | 5% | 19.0 | 2% | 7.6 | 5% | 19.0 | 2% | 7.6 |
| | Vehicle costs | | \$192,086 | | \$76,835 | | \$192,086 | | \$76,835 |
| | Total Annual CM Cost | | \$1,460,039 | | \$584,015 | | \$1,460,039 | | \$584,015 |
| | Model CM Rate | | \$6.98 | | \$2.79 | | \$6.98 | | \$2.79 |
| DD Costs / % of Rate | | \$6.98 | 5.0% | \$2.79 | 2.0% | \$6.98 | 5.0% | \$2.79 | 2.0% |
| Cumulative DD Costs / % of Rate | | \$6.98 | 5.0% | \$9.77 | 7.0% | \$16.75 | 12.0% | \$19.54 | 14.0% |
| Net Rate | | \$132.69 | | \$129.90 | | \$122.92 | | \$120.13 | |

(1) FTEs / Costs of Institutional Clients are not included in DES/DDD calculations

**Support Coordination (Case Management)
Independent Rate Models
Agency Providers**

| | | DES/DDD Case Management Costs (1) | | | | | | | | |
|---------------------|----------------------------------|-----------------------------------|-----------|-----------------------------------|-------------|--------------------|-------------|---------------------|-------------|-------|
| | | Training / Meetings | | File Review / Contract Monitoring | | Reporting | | DES/DDD Supervision | | |
| | | % Change from Base | | % Change from Base | | % Change from Base | | % Change from Base | | |
| Assumptions | Estimated number of clients | | 17,422 | | 17,422 | | 17,422 | | 17,422 | |
| | HCBS Mix | | 100% | | 100% | | 100% | | 100% | |
| | Case Manager Base Pay | 1% | \$334 | 5% | \$1,671 | 5% | \$1,671 | 0% | \$0 | |
| | Administrative Staff Base Pay | 1% | \$293 | 5% | \$1,466 | 5% | \$1,466 | 0% | \$0 | |
| | Case Manager Supervisor Base Pay | 1% | \$410 | 5% | \$2,051 | 5% | \$2,051 | 100% | \$41,010 | |
| | Employee Related Expenses | | 37% | | 37% | | 37% | | 37% | |
| | Institutional clients/case mgr | | 0 | | 0 | | 0 | | | |
| | HCBS clients/case mgr | | Weighte | | Weighte | | Weighte | | | |
| | Case Manager/Supervisor ratio | | 8.0 | | 8.0 | | 8.0 | | | |
| | CM FTEs per vehicle | | 1.3 | | 1.3 | | 1.3 | | | |
| | Vehicle cost per mile | | \$0.405 | | \$0.405 | | \$0.405 | | \$0.405 | |
| | Vehicle miles per day | | 100 | | 100 | | 100 | | 100 | |
| | Vehicle days per year | | 250 | | 250 | | 250 | | 250 | |
| Calculations | CM FTEs required | | 438.5 | | 438.5 | | 438.5 | | | |
| | CM Salary and ERE | | \$200,776 | | \$1,003,881 | | \$1,003,881 | | | |
| | Admin FTEs required | | 54.8 | | 54.8 | | 54.8 | | | |
| | Admin Salary and ERE | | \$22,020 | | \$110,100 | | \$110,100 | | | |
| | Supervisor FTEs required | | 54.8 | | 54.8 | | 54.8 | | 26 | |
| | Supervisor salary | | \$30,794 | | \$153,971 | | \$153,971 | | \$1,460,776 | |
| | Vehicles required | 1% | 3.8 | 5% | 19.0 | 5% | 19.0 | | 20 | |
| | Vehicle costs | | \$38,417 | | \$192,086 | | \$192,086 | | \$202,500 | |
| | Total Annual CM Cost | | \$292,008 | | \$1,460,039 | | \$1,460,039 | | \$1,663,276 | |
| | Model CM Rate | | \$1.40 | | \$6.98 | | \$6.98 | | \$7.96 | |
| | DD Costs / % of Rate | | \$1.40 | 1.0% | \$6.98 | 5.0% | \$6.98 | 5.0% | \$7.96 | 5.7% |
| | Cumulative DD Costs / % of Rate | | \$20.94 | 15.0% | \$27.92 | 20.0% | \$34.90 | 25.0% | \$42.86 | 30.7% |
| | Net Rate | | \$118.73 | | \$111.75 | | \$104.77 | | \$96.81 | |

| | |
|------------------------------|-----------------|
| Overhead Premium | 5.0% |
| 3/1/09 Benchmark Rate | \$101.65 |
| 3/1/09 Adopted Rate | \$91.49 |

(1) FTEs / Costs of Institutional Clients are not included in DES/DDD calculations

**Targeted Support Coordination (Targeted Case Management)
Independent Rate Models
Agency Providers**

| | AHCCCS Base | | | Adjustment to Model |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Capitation Base Model | Capitation Base Model | Capitation Base Model | Capitation Base Model |
| | 1 : 40 | 1 : 35 | Weighted | 1 : 80 |
| Assumptions | | | | |
| Estimated number of clients | 17,422 | 17,422 | Pct. @ 1:40 95.34% | 17,422 |
| HCBS Mix | 100% | 100% | Pct. @ 1:35 4.66% | 100% |
| Case Manager Base Pay | \$33,425 | \$33,425 | \$33,425 | \$33,425 |
| Administrative Staff Base Pay | \$29,325 | \$29,325 | \$29,325 | \$29,325 |
| Case Manager Supervisor Base Pay | \$41,010 | \$41,010 | \$41,010 | \$41,010 |
| Employee Related Expenses | 37% | 37% | 37% | 37% |
| Institutional clients/case mgr | 0 | 0 | 0 | 0 |
| HCBS clients/case mgr | 40 | 35 | Weighted | 80 |
| Case Manager/Supervisor ratio | 8.0 | 8.0 | 8.0 | 8.0 |
| CM FTEs per vehicle | 1.3 | 1.3 | 1.3 | 1.3 |
| Vehicle cost per mile | \$0.405 | \$0.405 | \$0.405 | \$0.405 |
| Vehicle miles per day | 100 Urban/rural | 100 Urban/rural | 100 | 100 |
| Vehicle days per year | 250 | 250 | 250 | 250 |
| Calculations | | | | |
| CM FTEs required | 435.6 | 497.8 | 438.5 | 217.8 |
| CM Salary and ERE | \$19,944,814 | \$22,794,074 | \$20,077,612 | \$9,972,407 |
| Admin FTEs required | 54.4 | 62.2 | 54.8 | 27.2 |
| Admin Salary and ERE | \$2,187,291 | \$2,499,761 | \$2,202,005 | \$1,093,646 |
| Supervisor FTEs required | 54.4 | 62.2 | 54.8 | 27.2 |
| Supervisor salary | \$3,058,851 | \$3,495,830 | \$3,079,429 | \$1,529,426 |
| Vehicles required | 376.9 | 430.8 | 379.4 | 188.5 |
| Vehicle costs | \$3,816,297 | \$4,361,483 | \$3,841,729 | \$1,908,149 |
| Total Annual CM Cost | \$29,007,255 | \$33,151,148 | \$29,200,775 | \$14,503,627 |
| Model CM Rate | \$138.75 | \$158.57 | \$139.67 | \$69.37 |
| DD Costs / % of Rate | | | | |
| Cumulative DD Costs / % of Rate | | | | |
| Net Rate | | | | \$69.37 |

**Targeted Support Coordination (Targeted Case Management)
Independent Rate Models
Agency Providers**

| | | DES/DDD Case Management Costs (1) | | | | | | | |
|---------------------------------|----------------------------------|-----------------------------------|-------------|--------------------|-----------|-------------------------------|-----------|----------------------------|-----------|
| | | Eligibility / Intake | | Authorization | | Policy and Cost-Effectiveness | | Claims Resolution Activity | |
| | | % Change from Base | | % Change from Base | | % Change from Base | | % Change from Base | |
| Assumptions | Estimated number of clients | 17,422 | | 17,422 | | 17,422 | | 17,422 | |
| | HCBS Mix | 100% | | 100% | | 100% | | 100% | |
| | Case Manager Base Pay | 8% | \$2,507 | 2% | \$669 | 5% | \$1,671 | 2% | \$669 |
| | Administrative Staff Base Pay | 8% | \$2,199 | 2% | \$587 | 5% | \$1,466 | 2% | \$587 |
| | Case Manager Supervisor Base Pay | 8% | \$3,076 | 2% | \$820 | 5% | \$2,051 | 2% | \$820 |
| | Employee Related Expenses | 37% | | 37% | | 37% | | 37% | |
| | Institutional clients/case mgr | 0 | | 0 | | 0 | | 0 | |
| | HCBS clients/case mgr | 80 | | 80 | | 80 | | 80 | |
| | Case Manager/Supervisor ratio | 8.0 | | 8.0 | | 8.0 | | 8.0 | |
| | CM FTEs per vehicle | 1.3 | | 1.3 | | 1.3 | | 1.3 | |
| | Vehicle cost per mile | \$0.405 | | \$0.405 | | \$0.405 | | \$0.405 | |
| | Vehicle miles per day | 100 | | 100 | | 100 | | 100 | |
| | Vehicle days per year | 250 | | 250 | | 250 | | 250 | |
| Calculations | CM FTEs required | 217.8 | | 217.8 | | 217.8 | | 217.8 | |
| | CM Salary and ERE | | \$747,931 | | \$199,448 | | \$498,620 | | \$199,448 |
| | Admin FTEs required | 27.2 | | 27.2 | | 27.2 | | 27.2 | |
| | Admin Salary and ERE | | \$82,023 | | \$21,873 | | \$54,682 | | \$21,873 |
| | Supervisor FTEs required | 27.2 | | 27.2 | | 27.2 | | 27.2 | |
| | Supervisor salary | | \$114,707 | | \$30,589 | | \$76,471 | | \$30,589 |
| | Vehicles required | 8% | 14.1 | 2% | 3.8 | 5% | 9.4 | 2% | 3.8 |
| | Vehicle costs | | \$143,111 | | \$38,163 | | \$95,407 | | \$38,163 |
| | Total Annual CM Cost | | \$1,087,772 | | \$290,073 | | \$725,181 | | \$290,073 |
| | Model CM Rate | | \$5.20 | | \$1.39 | | \$3.47 | | \$1.39 |
| DD Costs / % of Rate | | \$5.20 | 7.4% | \$1.39 | 2.0% | \$3.47 | 5.0% | \$1.39 | 2.0% |
| Cumulative DD Costs / % of Rate | | \$5.20 | 7.4% | \$6.59 | 9.4% | \$10.06 | 14.4% | \$11.45 | 16.4% |
| Net Rate | | \$64.17 | | \$62.78 | | \$59.31 | | \$57.92 | |

(1) FTEs / Costs of Institutional Clients are not included in DES/DDD calculations

**Targeted Support Coordination (Targeted Case Management)
Independent Rate Models
Agency Providers**

| | | DES/DDD Case Management Costs (1) | | | | | | | |
|---------------------|----------------------------------|-----------------------------------|-------|-----------------------------------|---------|--------------------|---------|---------------------|----------|
| | | Training / Meetings | | File Review / Contract Monitoring | | Reporting | | DES/DDD Supervision | |
| | | % Change from Base | | % Change from Base | | % Change from Base | | % Change from Base | |
| Assumptions | Estimated number of clients | 17,422 | | 17,422 | | 17,422 | | 17,422 | |
| | HCBS Mix | 100% | | 100% | | 100% | | 100% | |
| | Case Manager Base Pay | 1% | \$334 | 8% | \$2,507 | 5% | \$1,671 | 0% | \$0 |
| | Administrative Staff Base Pay | 1% | \$293 | 8% | \$2,199 | 5% | \$1,466 | 0% | \$0 |
| | Case Manager Supervisor Base Pay | 1% | \$410 | 8% | \$3,076 | 5% | \$2,051 | 100% | \$41,010 |
| | Employee Related Expenses | 37% | | 37% | | 37% | | 37% | |
| | Institutional clients/case mgr | 0 | | 0 | | 0 | | | |
| | HCBS clients/case mgr | 80 | | 80 | | 80 | | | |
| | Case Manager/Supervisor ratio | 8.0 | | 8.0 | | 8.0 | | | |
| | CM FTEs per vehicle | 1.3 | | 1.3 | | 1.3 | | | |
| | Vehicle cost per mile | \$0.405 | | \$0.405 | | \$0.405 | | | |
| | Vehicle miles per day | 100 | | 100 | | 100 | | | |
| | Vehicle days per year | 250 | | 250 | | 250 | | | |
| Calculations | CM FTEs required | 217.8 | | 217.8 | | 217.8 | | 272 | |
| | CM Salary and ERE | \$99,724 | | \$747,931 | | \$498,620 | | DDD FTEs : 1 : 21 | |
| | Admin FTEs required | 27.2 | | 27.2 | | 27.2 | | | |
| | Admin Salary and ERE | \$10,936 | | \$82,023 | | \$54,682 | | | |
| | Supervisor FTEs required | 27.2 | | 27.2 | | 27.2 | | 13 | |
| | Supervisor salary | \$15,294 | | \$114,707 | | \$76,471 | | \$730,388 | |
| | Vehicles required | 1% | 1.9 | 8% | 14.1 | 5% | 9.4 | 10 | |
| | Vehicle costs | \$19,081 | | \$143,111 | | \$95,407 | | \$101,250 | |
| | Total Annual CM Cost | \$145,036 | | \$1,087,772 | | \$725,181 | | \$831,638 | |
| | Model CM Rate | \$0.69 | | \$5.20 | | \$3.47 | | \$3.98 | |
| | DD Costs / % of Rate | \$0.69 | 1.0% | \$5.20 | 7.4% | \$3.47 | 5.0% | \$3.98 | 5.7% |
| | Cumulative DD Costs / % of Rate | \$12.14 | 17.4% | \$17.34 | 24.8% | \$20.81 | 29.8% | \$24.79 | 35.5% |
| | Net Rate | \$57.23 | | \$52.03 | | \$48.56 | | \$44.58 | |

| | |
|------------------------------|----------------|
| Overhead Premium | 5.0% |
| 3/1/09 Benchmark Rate | \$46.81 |
| 3/1/09 Adopted Rate | \$42.13 |

(1) FTEs / Costs of Institutional Clients are not included in DES/DDD calculations

**State Funded Support Coordination (State Funded Case Management)
Independent Rate Models
Agency Providers**

| | AHCCCS Base | | | Adjustment to Model | |
|---------------------------------|----------------------------------|-----------------------|-----------------------|-------------------------------|-------------|
| | Capitation Base Model | Capitation Base Model | Capitation Base Model | Adjusted for Client/Mgr Ratio | |
| | 1 : 40 | 1 : 35 | Weighted | | |
| Assumptions | Estimated number of clients | 17,422 | 17,422 | Pct. @ 1:40 95.34% | 2,409 |
| | HCBS Mix | 100% | 100% | Pct. @ 1:35 4.66% | 100% |
| | Case Manager Base Pay | \$33,425 | \$33,425 | \$33,425 | \$33,425 |
| | Administrative Staff Base Pay | \$29,325 | \$29,325 | \$29,325 | \$29,325 |
| | Case Manager Supervisor Base Pay | \$41,010 | \$41,010 | \$41,010 | \$41,010 |
| | Employee Related Expenses | 37% | 37% | 37% | 37% |
| | Institutional clients/case mgr | 0 | 0 | 0 | 0 |
| | HCBS clients/case mgr | 40 | 35 | Weighted | 110 |
| | Case Manager/Supervisor ratio | 8.0 | 8.0 | 8.0 | 8.0 |
| | CM FTEs per vehicle | 1.3 | 1.3 | 1.3 | 1.3 |
| | Vehicle cost per mile | \$0.405 | \$0.405 | \$0.405 | \$0.405 |
| | Vehicle miles per day | 100 Urban/rural | 100 Urban/rural | 100 | 100 |
| | Vehicle days per year | 250 | 250 | 250 | 250 |
| Calculations | CM FTEs required | 435.6 | 497.8 | 438.5 | 21.9 |
| | CM Salary and ERE | \$19,944,814 | \$22,794,074 | \$20,077,612 | \$1,002,850 |
| | Admin FTEs required | 54.4 | 62.2 | 54.8 | 2.7 |
| | Admin Salary and ERE | \$2,187,291 | \$2,499,761 | \$2,202,005 | \$109,980 |
| | Supervisor FTEs required | 54.4 | 62.2 | 54.8 | 2.7 |
| | Supervisor salary | \$3,058,851 | \$3,495,830 | \$3,079,429 | \$153,803 |
| | Vehicles required | 376.9 | 430.8 | 379.4 | 19.0 |
| | Vehicle costs | \$3,816,297 | \$4,361,483 | \$3,841,729 | \$191,888 |
| | Total Annual CM Cost | \$29,007,255 | \$33,151,148 | \$29,200,775 | \$1,458,521 |
| | Model CM Rate | \$138.75 | \$158.57 | \$139.67 | \$50.45 |
| DD Costs / % of Rate | | | | | |
| Cumulative DD Costs / % of Rate | | | | | |
| Net Rate | | | | \$50.45 | |

**State Funded Support Coordination (State Funded Case Management)
Independent Rate Models
Agency Providers**

| | | DES/DDD Case Management Costs (1) | | | | | | | | |
|---------------------------------|----------------------------------|-----------------------------------|-----------|--------------------|----------|-------------------------------|-----------|----------------------------|----------|----------|
| | | Eligibility / Intake | | Authorization | | Policy and Cost-Effectiveness | | Claims Resolution Activity | | |
| | | % Change from Base | | % Change from Base | | % Change from Base | | % Change from Base | | |
| Estimated number of clients | | 2,409 | | 2,409 | | 2,409 | | 2,409 | | |
| HCBS Mix | | 100% | | 100% | | 100% | | 100% | | |
| Assumptions | Case Manager Base Pay | 10% | \$3,386 | 3% | \$849 | 7% | \$2,330 | 3% | \$849 | |
| | Administrative Staff Base Pay | 10% | \$2,971 | 3% | \$745 | 7% | \$2,044 | 3% | \$745 | |
| | Case Manager Supervisor Base Pay | 10% | \$4,154 | 3% | \$1,042 | 7% | \$2,858 | 3% | \$1,042 | |
| | Employee Related Expenses | | 37% | | 37% | | 37% | | 37% | |
| | Institutional clients/case mgr | | 0 | | 0 | | 0 | | 0 | |
| | HCBS clients/case mgr | | 110 | | 110 | | 110 | | 110 | |
| | Case Manager/Supervisor ratio | | 8.0 | | 8.0 | | 8.0 | | 8.0 | |
| | CM FTEs per vehicle | | 1.3 | | 1.3 | | 1.3 | | 1.3 | |
| | Vehicle cost per mile | | \$0.405 | | \$0.405 | | \$0.405 | | \$0.405 | |
| | Vehicle miles per day | | 100 | | 100 | | 100 | | 100 | |
| | Vehicle days per year | | 250 | | 250 | | 250 | | 250 | |
| | Calculations | CM FTEs required | | 21.9 | | 21.9 | | 21.9 | | 21.9 |
| | | CM Salary and ERE | | \$101,589 | | \$25,472 | | \$69,899 | | \$25,472 |
| Admin FTEs required | | | 2.7 | | 2.7 | | 2.7 | | 2.7 | |
| Admin Salary and ERE | | | \$11,141 | | \$2,793 | | \$7,666 | | \$2,793 | |
| Supervisor FTEs required | | | 2.7 | | 2.7 | | 2.7 | | 2.7 | |
| Supervisor salary | | | \$15,580 | | \$3,907 | | \$10,720 | | \$3,907 | |
| Vehicles required | | 10% | 1.9 | 3% | 0.5 | 7% | 1.3 | 3% | 0.5 | |
| Vehicle costs | | | \$19,438 | | \$4,874 | | \$13,375 | | \$4,874 | |
| Total Annual CM Cost | | | \$147,748 | | \$37,046 | | \$101,659 | | \$37,046 | |
| Model CM Rate | | | \$5.11 | | \$1.28 | | \$3.52 | | \$1.28 | |
| DD Costs / % of Rate | | \$5.11 | 10.1% | \$1.28 | 2.5% | \$3.52 | 7.0% | \$1.28 | 2.5% | |
| Cumulative DD Costs / % of Rate | | \$5.11 | 10.1% | \$6.39 | 12.7% | \$9.91 | 19.6% | \$11.19 | 22.2% | |
| Net Rate | | \$45.34 | | \$44.06 | | \$40.54 | | \$39.26 | | |

(1) FTEs / Costs of Institutional Clients are not included in DES/DDD calculations

**State Funded Support Coordination (State Funded Case Management)
Independent Rate Models
Agency Providers**

| | | DES/DDD Case Management Costs (1) | | | | | | | |
|---------------------------------|----------------------------------|-----------------------------------|-----------|-----------------------------------|----------|--------------------|----------|---------------------|----------|
| | | Training / Meetings | | File Review / Contract Monitoring | | Reporting | | DES/DDD Supervision | |
| | | % Change from Base | | % Change from Base | | % Change from Base | | % Change from Base | |
| Assumptions | Estimated number of clients | 2,409 | | 2,409 | | 2,409 | | 2,409 | |
| | HCBS Mix | 100% | | 100% | | 100% | | 100% | |
| | Case Manager Base Pay | 1% | \$334 | 10% | \$3,386 | 5% | \$1,671 | 0% | \$0 |
| | Administrative Staff Base Pay | 1% | \$293 | 10% | \$2,971 | 5% | \$1,466 | 0% | \$0 |
| | Case Manager Supervisor Base Pay | 1% | \$410 | 10% | \$4,154 | 5% | \$2,051 | 100% | \$41,010 |
| | Employee Related Expenses | 37% | | 37% | | 37% | | 37% | |
| | Institutional clients/case mgr | 0 | | 0 | | 0 | | | |
| | HCBS clients/case mgr | 110 | | 110 | | 110 | | Total FTEs 27 | |
| | Case Manager/Supervisor ratio | 8.0 | | 8.0 | | 8.0 | | DDD FTEs : 1 : 21 | |
| | CM FTEs per vehicle | 1.3 | | 1.3 | | 1.3 | | 1.3 | |
| Calculations | Vehicle cost per mile | \$0.405 | | \$0.405 | | \$0.405 | | \$0.405 | |
| | Vehicle miles per day | 100 | | 100 | | 100 | | 100 | |
| | Vehicle days per year | 250 | | 250 | | 250 | | 250 | |
| | CM FTEs required | 21.9 | | 21.9 | | 21.9 | | | |
| | CM Salary and ERE | \$10,029 | | \$101,589 | | \$50,143 | | | |
| | Admin FTEs required | 2.7 | | 2.7 | | 2.7 | | | |
| | Admin Salary and ERE | \$1,100 | | \$11,141 | | \$5,499 | | | |
| | Supervisor FTEs required | 2.7 | | 2.7 | | 2.7 | | 1 | |
| | Supervisor salary | \$1,538 | | \$15,580 | | \$7,690 | | \$56,184 | |
| | Vehicles required | 1% | 0.2 | 10% | 1.9 | 5% | 0.9 | 1 | |
| Vehicle costs | \$1,919 | | \$19,438 | | \$9,594 | | \$10,125 | | |
| Total Annual CM Cost | \$14,585 | | \$147,748 | | \$72,926 | | \$66,309 | | |
| Model CM Rate | \$0.50 | | \$5.11 | | \$2.52 | | \$2.29 | | |
| DD Costs / % of Rate | \$0.50 | 1.0% | \$5.11 | 10.1% | \$2.52 | 5.0% | \$2.29 | 4.5% | |
| Cumulative DD Costs / % of Rate | \$11.69 | 23.2% | \$16.80 | 33.3% | \$19.32 | 38.3% | \$21.61 | 42.8% | |
| Net Rate | \$38.76 | | \$33.65 | | \$31.13 | | \$28.84 | | |

| | |
|------------------------------|----------------|
| Overhead Premium | 5.0% |
| 3/1/09 Benchmark Rate | \$30.28 |
| 3/1/09 Adopted Rate | \$27.25 |

(1) FTEs / Costs of Institutional Clients are not included in DES/DDD calculations

**Center-Based Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:6.0 Model | 1:6.0 Low Density Model |
|---|--|--|
| Center Based Employment Unit of Service DDD Service Code | 1:6.0 Ratio Client Hour CBE | 1:6.0 Ratio Client Hour CBE |
| Hourly Direct Service Wage | \$11.17 | \$11.17 |
| Days at Work | 250 | 250 |
| Hours Paid | 2,000 | 2,000 |
| Annual Wage | \$22,340 | \$22,340 |
| ERE (as % of wages) | 34.0% | 34.0% |
| Hourly Compensation (wages * (1+ERE)) | \$14.97 | \$14.97 |
| Annual Compensation Including Benefits | \$29,936 | \$29,936 |
| Productivity Assumptions | | |
| Total Billable Hours | 7.00 | 7.00 |
| Direct Service Time | 7.00 | 7.00 |
| Total Non-Billable Hours | 1.00 | 1.00 |
| Training | 0.20 | 0.20 |
| Reporting & Facility Set-up | 0.80 | 0.80 |
| Total Hours per Day | 8.00 | 8.00 |
| Productivity Adjustment | 1.14 | 1.14 |
| Hourly Compensation per Billable Hour | \$17.11 | \$17.11 |
| Annual Compensation Including Benefits | \$29,936 | \$29,936 |
| Days | | |
| Total Client Work Days | 215 | 215 |
| Days Agency Open | 250 | 250 |
| Ratio | 0.86 | 0.86 |
| Hourly Rate | \$19.89 | \$19.89 |
| Annual Compensation | \$29,936 | \$29,936 |
| Staffing | | |
| Expected Number of Individuals Served | 16.00 | 6.00 |
| Actual Number of Individuals Served | 13.76 | 5.16 |
| Number of Staff Members Required | 2.29 | 0.86 |
| Ratio of Staff to Individuals | 1:6 | 1:6 |
| Total Staff Compensation | \$68,652 | \$25,745 |
| Total Hourly Compensation After Adjustment | \$45.62 | \$17.11 |
| Hourly Compensation per Individual | \$2.85 | \$2.85 |

**Center-Based Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:6.0 Model | 1:6.0 Low Density Model |
|---|--|--|
| Center Based Employment Unit of Service DDD Service Code | 1:6.0 Ratio Client Hour CBE | 1:6.0 Ratio Client Hour CBE |
| Administrative Overhead | | |
| Program Expenses | | |
| In-Program Transportation | | |
| Total Number of Client Trips | 1.50 | 1.50 |
| Number of Miles | 6.00 | 15.00 |
| Amount per Mile | \$0.41 | \$0.41 |
| Total Transportation Cost | \$3.69 | \$9.23 |
| Transportation Hourly Cost | \$0.53 | \$1.32 |
| Hourly Transportation Cost per Individual | \$0.03 | \$0.22 |
| Supplies | | |
| Supplies per Individual per Day | \$2.00 | \$2.00 |
| Hourly Supply Cost per Individual | \$0.29 | \$0.29 |
| Capital | | |
| Square Footage | 2,000 | 1,000 |
| Cost per Square Foot | \$12.00 | \$11.50 |
| Number of Days in Service | 225 | 225 |
| Total Cost per Individual per Day | \$6.67 | \$8.52 |
| Hourly Capital Cost per Individual | \$0.95 | \$1.22 |
| Program Compliance | | |
| Compliance Percentage | 2.0% | 2.0% |
| Hourly Compliance Cost per Individual | \$0.06 | \$0.06 |
| Total Program Expenses per Billable Hour | \$1.33 | \$1.78 |
| Program Expenses (as % of hourly compensation) | 46.7% | 62.5% |
| Total Administrative Expenses per Billable Hour | \$0.34 | \$0.34 |
| Admin Expenses (as % of hourly compensation) | 12.0% | 12.0% |
| Hourly Administrative Cost | \$1.67 | \$2.12 |
| Rate Loaded with Admin | | |
| Per Individual per Billable Hour | \$4.52 | \$4.97 |
| Absence Factor | 10.0% | 10.0% |
| Absence Factor Adjustment | \$0.74 | \$0.81 |

**Center-Based Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:6.0 Model | 1:6.0 Low Density Model |
|---|--|--|
| Center Based Employment Unit of Service DDD Service Code | 1:6.0 Ratio Client Hour CBE | 1:6.0 Ratio Client Hour CBE |
| SFY 06 | | |
| Benchmark Rate | \$5.26 | \$5.78 |
| Adopted Rate Factor* | 99.0% | 99.0% |
| Adopted Rate | \$5.21 | \$5.72 |
| SFY 07 (7/1/06 - 6/30/07) | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% |
| Benchmark Rate | \$5.34 | \$5.87 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$5.34 | \$5.87 |
| SFY 08 (7/1/07 - 6/30/08) | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% |
| Benchmark Rate | \$5.51 | \$6.06 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$5.51 | \$6.06 |
| SFY 09 (7/1/08 - 5/24/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$5.51 | \$6.06 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$5.51 | \$6.06 |
| SFY 09 (5/25/09 - 6/30/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$5.51 | \$6.06 |
| Adopted Rate Factor | 90.00% | 90.00% |
| Adopted Rate | \$4.96 | \$5.45 |

* The Adopted rate is equal to 99% of the Benchmark rate. This ratio will remain in effect until June 30, 2006, at which time it will revert to then-prevailing ratio of Adopted to Benchmark rate.

**Group Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:5.0 Model | 1:5.0 Low Density Model | 1:2.5 Model | 1:2.5 Low Density Model |
|--|--|--|--|--|
| Group Supported Employment Unit of Service DDD Service Code | Large Group Client Hour GSE | Large Group Client Hour GSE | Small Group Client Hour GSE | Small Group Client Hour GSE |
| Hourly Direct Service Wage | \$12.53 | \$12.53 | \$13.43 | \$13.43 |
| Days at Work | 250 | 250 | 250 | 250 |
| Hours Paid | 2,000 | 2,000 | 2,000 | 2,000 |
| Annual Wage | \$25,060 | \$25,060 | \$26,860 | \$26,860 |
| ERE (as % of wages) | 34.0% | 34.0% | 34.0% | 34.0% |
| Hourly Compensation (wages * (1+ERE)) | \$16.79 | \$16.79 | \$18.00 | \$18.00 |
| Annual Compensation Including Benefits | \$33,580 | \$33,580 | \$35,992 | \$35,992 |
| Typical Work Day | | | | |
| Total Hours per Day | 8.00 | 8.00 | 8.00 | 8.00 |
| Billable Activities | | | | |
| Scheduled Direct Service Time | 6.00 | 5.50 | 6.00 | 5.50 |
| Non-Billable Activities | | | | |
| Job Development Time, Employer Contact Time | 0.25 | 0.25 | 0.25 | 0.25 |
| Travel Time Between Employer Sites | 0.75 | 1.25 | 0.75 | 1.25 |
| Training Time, Non-client related time | 0.25 | 0.25 | 0.25 | 0.25 |
| Report Writing Time | 0.75 | 0.75 | 0.75 | 0.75 |
| Productivity Assumptions | | | | |
| Billable Hours | 6.00 | 5.50 | 6.00 | 5.50 |
| Non-Billable Hours | 2.00 | 2.50 | 2.00 | 2.50 |
| Productivity Adjustment | 1.33 | 1.45 | 1.33 | 1.45 |
| Hourly Compensation per Billable Hour | \$22.39 | \$24.42 | \$23.99 | \$26.18 |
| Annual Compensation Including Benefits | \$33,580 | \$33,580 | \$35,992 | \$35,992 |
| Administrative Overhead | | | | |
| Program Expenses | | | | |
| In-Program Transportation | | | | |
| Total Number of Client Trips | 2.00 | 2.00 | 2.00 | 2.00 |
| Number of Miles | 17.50 | 25.00 | 11.00 | 18.00 |
| Amount per Mile | \$0.41 | \$0.41 | \$0.41 | \$0.41 |
| Total Transportation Cost | \$14.35 | \$20.50 | \$9.02 | \$14.76 |
| Transportation Cost per Billable Hour | \$2.39 | \$3.73 | \$1.50 | \$2.68 |
| Supplies | | | | |
| Supplies per Individual per Day | \$1.50 | \$1.50 | \$1.00 | \$1.00 |
| Supply Cost per Billable Hour | \$0.25 | \$0.27 | \$0.17 | \$0.18 |

**Group Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:5.0 Model | 1:5.0 Low Density Model | 1:2.5 Model | 1:2.5 Low Density Model |
|--|--|--|--|--|
| Group Supported Employment Unit of Service DDD Service Code | Large Group Client Hour GSE | Large Group Client Hour GSE | Small Group Client Hour GSE | Small Group Client Hour GSE |
| Capital | | | | |
| Square Footage | 600 | 700 | 600 | 700 |
| Cost per Square Foot | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| Number of Days in Service | 250 | 250 | 250 | 250 |
| Capital Cost per Billable Hour | \$4.80 | \$6.11 | \$4.80 | \$6.11 |
| Program Compliance | | | | |
| Compliance Percentage | 2.0% | 2.0% | 2.0% | 2.0% |
| Hourly Compliance Cost | \$0.45 | \$0.49 | \$0.48 | \$0.52 |
| Total Program Expenses per Billable Hour | \$7.89 | \$10.60 | \$6.95 | \$9.50 |
| Program Expenses (as % of hourly compensation) | 35.2% | 43.4% | 29.0% | 36.3% |
| Total Administrative Expenses per Billable Hour | \$2.69 | \$2.93 | \$2.88 | \$3.14 |
| Admin Expenses (as % of hourly compensation) | 12.0% | 12.0% | 12.0% | 12.0% |
| Hourly Administrative cost | \$10.58 | \$13.53 | \$9.83 | \$12.64 |
| Rate Loaded with Admin | | | | |
| Per Staff Hour | \$32.97 | \$37.95 | \$33.82 | \$38.82 |
| Client Absence Rate | 10.0% | 10.0% | 10.0% | 10.0% |
| Absence Billable Recovery Rate | 75.0% | 75.0% | 70.0% | 70.0% |
| Effective Client Absence Rate | 2.5% | 2.5% | 3.0% | 3.0% |
| Absence Factor Adjustment | \$0.85 | \$0.97 | \$1.05 | \$1.20 |
| SFY 06 | | | | |
| Benchmark Rate | \$33.82 | \$38.92 | \$34.87 | \$40.02 |
| Adopted Rate Factor* | 99.0% | 99.0% | 99.0% | 99.0% |
| Adopted Rate | \$33.48 | \$38.53 | \$34.52 | \$39.62 |

* The Adopted rate is equal to 99% of the Benchmark rate. This ratio will remain in effect until June 30, 2006, at which time it will revert to then-prevailing ratio of Adopted to Benchmark rate.

| | | | | |
|-------------------------------------|---------|---------|---------|---------|
| SFY 07 (7/1/06 - 6/30/07) | | | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% | 1.60% | 1.60% |
| Benchmark Rate | \$34.36 | \$39.54 | \$35.43 | \$40.66 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$34.36 | \$39.54 | \$35.43 | \$40.66 |
| SFY 08 (7/1/07 - 6/30/08) | | | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% | 3.20% | 3.20% |
| Benchmark Rate | \$35.46 | \$40.81 | \$36.56 | \$41.96 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$35.46 | \$40.81 | \$36.56 | \$41.96 |

**Group Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:5.0 Model | 1:5.0 Low Density Model | 1:2.5 Model | 1:2.5 Low Density Model |
|--|--|--|--|--|
| Group Supported Employment Unit of Service DDD Service Code | Large Group Client Hour GSE | Large Group Client Hour GSE | Small Group Client Hour GSE | Small Group Client Hour GSE |
| SFY 09 (7/1/08 - 5/24/09) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$35.46 | \$40.81 | \$36.56 | \$41.96 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$35.46 | \$40.81 | \$36.56 | \$41.96 |
| SFY 09 (5/25/09 - 6/30/09) | | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$35.46 | \$40.81 | \$36.56 | \$41.96 |
| Adopted Rate Factor | 90.00% | 90.00% | 90.00% | 90.00% |
| Adopted Rate | \$31.91 | \$36.73 | \$32.90 | \$37.76 |

**Individual Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:1.0 Model | 1:1.0 Low Density Model |
|---|--------------------------|------------------------------------|
| Individual Supported Employment Unit of Service DDD Service Code | Staff Hour ISE | Staff Hour ISE |
| Hourly Direct Service Wage | \$14.34 | \$14.34 |
| Days at Work | 250 | 250 |
| Hours Paid | 2,000 | 2,000 |
| Annual Wage | \$28,680 | \$28,680 |
| ERE (as % of wages) | 34.0% | 34.0% |
| Hourly Compensation (wages * (1+ERE)) | \$19.22 | \$19.22 |
| Annual Compensation Including Benefits | \$38,431 | \$38,431 |
| Typical Work Day | | |
| Total Hours per Day | 8.00 | 8.00 |
| Billable Activities | | |
| Scheduled Direct Service Time | 5.75 | 5.25 |
| Job Development Time, Employer Contact Time | 0.50 | 0.50 |
| Travel Time Between Employer Sites | 1.00 | 1.50 |
| Report Writing Time | 0.50 | 0.50 |
| Non-Billable Activities | | |
| Non-Client Time | 0.25 | 0.25 |
| Productivity Assumptions | | |
| Billable Hours | 7.75 | 7.75 |
| Non-Billable Hours | 0.25 | 0.25 |
| Productivity Adjustment | 1.03 | 1.03 |
| Hourly Compensation per Billable Hour | \$19.84 | \$19.84 |
| Annual Compensation Including Benefits | \$38,431 | \$38,431 |
| Administrative Overhead | | |
| Program Expenses | | |
| In-Program Transportation | | |
| Total Number of Client Trips | 4.00 | 4.00 |
| Number of Miles | 7.50 | 15.00 |
| Amount per Mile | \$0.41 | \$0.41 |
| Total Transportation Cost | \$12.30 | \$24.60 |
| Transportation Cost per Billable Hour | \$1.59 | \$3.17 |
| Supplies | | |
| Supplies per Individual per Day | \$1.50 | \$1.50 |
| Supply Cost per Billable Hour | \$0.19 | \$0.19 |
| Capital | | |
| Square Footage | 400 | 575 |
| Cost per Square Foot | \$12.00 | \$12.00 |
| Number of Days in Service | 250 | 250 |
| Capital Cost per Billable Hour | \$2.48 | \$3.56 |

**Individual Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers**

| | 1:1.0 Model | 1:1.0 Low Density Model |
|--|------------------------|------------------------------------|
| Individual Supported Employment | | |
| Unit of Service | Staff Hour | Staff Hour |
| DDD Service Code | ISE | ISE |
| Program Compliance | | |
| Compliance Percentage | 2.0% | 2.0% |
| Hourly Compliance Cost | \$0.40 | \$0.40 |
| Total Program Expenses per Billable Hour | \$4.65 | \$7.33 |
| Program Expenses (as % of hourly compensation) | 23.4% | 36.9% |
| Total Administrative Expenses per Billable Hour | \$2.18 | \$2.18 |
| Admin Expenses (as % of hourly compensation) | 11.0% | 11.0% |
| Hourly Administrative cost | \$6.83 | \$9.51 |
| Rate Loaded with Admin | | |
| Per Staff Hour | \$26.67 | \$29.35 |
| Client Absence Rate | 1.0% | 1.0% |
| Absence Billable Recovery Rate | 75.0% | 75.0% |
| Effective Client Absence Rate | 0.25% | 0.25% |
| Absence Factor Adjustment | \$0.07 | \$0.07 |
| SFY 06 | | |
| Benchmark Rate | \$26.74 | \$29.42 |
| Adopted Rate Factor* | 99.0% | 99.0% |
| Adopted Rate | \$26.47 | \$29.13 |

* The Adopted rate is equal to 99% of the Benchmark rate. This ratio will remain in effect until June 30, 2006, at which time it will revert to then-prevailing ratio of Adopted to Benchmark rate.

| | | |
|-------------------------------------|----------------|----------------|
| SFY 07 (7/1/06 - 6/30/07) | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% |
| Benchmark Rate | \$27.17 | \$29.89 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$27.17 | \$29.89 |
| SFY 08 (7/1/07 - 6/30/08) | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% |
| Benchmark Rate | \$28.04 | \$30.85 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$28.04 | \$30.85 |
| SFY 09 (7/1/08 - 5/24/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$28.04 | \$30.85 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$28.04 | \$30.85 |

Individual Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers

| | 1:1.0 Model | 1:1.0 Low Density Model |
|--|--|--|
| Individual Supported Employment Unit of Service DDD Service Code | Staff Hour ISE | Staff Hour ISE |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate | 0.00% \$28.04 90.00% \$25.24 | 0.00% \$30.85 90.00% \$27.77 |

**Employment Support Aide
Independent Rate Models
Employment Support Services
Agency Providers**

| Employment Support Aide | ESA (for CBE) | ESA (for GSE and ISE) |
|--|--------------------------|----------------------------------|
| Unit of Service | Client Hour | Client Hour |
| Hourly Wage | \$9.97 | \$9.97 |
| Annual Wage | \$20,729 | \$20,729 |
| ERE (as % of wages) | 34.0% | 34.0% |
| Hourly Compensation (wages * (1+ERE)) | \$13.35 | \$13.35 |
| Annual Compensation Including Benefits | \$27,768 | \$27,768 |
| Productivity Assumptions | | |
| - Total Hours | 8.00 | 8.00 |
| - Travel Time | - | 0.75 |
| - Time allocated to notes & records | 0.25 | 0.25 |
| Average On-Site Time | 7.75 | 7.00 |
| Productivity Adjustment | 1.03 | 1.14 |
| Hourly Comp with Adjustment | \$13.78 | \$15.26 |
| Annual Comp with Adjustment | \$27,768 | \$27,768 |
| Mileage | | |
| - Number of Miles | - | 7.50 |
| - Amount per Mile | \$0.415 | \$0.415 |
| Total Mileage Amount | \$0.00 | \$3.11 |
| Hourly Mileage Cost | \$0.00 | \$0.44 |
| Administrative Overhead | | |
| - Admin as % of Non-Travel Cost | 11.0% | 11.0% |
| - Non-Travel Cost | \$13.78 | \$15.26 |
| Hourly Administrative Cost | \$1.52 | \$1.68 |
| SFY 06 | | |
| Benchmark Rate, High Density Area | \$15.30 | \$17.38 |
| - Low Density Area Factor | 1.10 | 1.10 |
| Benchmark Rate, Low Density Area | \$16.83 | \$19.12 |
| Adopted Rate Factor | 99.0% | 99.0% |
| Adopted Rate, High Density Area | \$15.14 | \$17.21 |
| Adopted Rate, Low Density Area | \$16.66 | \$18.93 |

* The Adopted rate is equal to 99% of the Benchmark rate. This ratio will remain in effect until June 30, 2006, at which time it will revert to then-prevailing ratio of Adopted to Benchmark rate.

| | | |
|--|----------------|----------------|
| SFY 07 (7/1/06 - 6/30/07) | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% |
| Benchmark Rate, High Density Area | \$15.54 | \$17.66 |
| - Low Density Area Factor | 1.10 | 1.10 |
| Benchmark Rate, Low Density Area | \$17.09 | \$19.43 |
| Adopted Rate Factor | 100.0% | 100.0% |
| Adopted Rate, High Density Area | \$15.54 | \$17.66 |
| Adopted Rate, Low Density Area | \$17.09 | \$19.43 |

**Employment Support Aide
Independent Rate Models
Employment Support Services
Agency Providers**

| Employment Support Aide | ESA (for CBE) | ESA (for GSE and ISE) |
|--|------------------|--------------------------|
| Unit of Service | Client Hour | Client Hour |
| SFY 08 (7/1/07 - 6/30/08) | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% |
| Benchmark Rate, High Density Area | \$16.04 | \$18.23 |
| - Low Density Area Factor | 1.10 | 1.10 |
| Benchmark Rate, Low Density Area | \$17.64 | \$20.05 |
| Adopted Rate Factor | 100.0% | 100.0% |
| Adopted Rate, High Density Area | \$16.04 | \$18.23 |
| Adopted Rate, Low Density Area | \$17.64 | \$20.05 |
| SFY 09 (7/1/08 - 5/24/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate, High Density Area | \$16.04 | \$18.23 |
| - Low Density Area Factor | 1.10 | 1.10 |
| Benchmark Rate, Low Density Area | \$17.64 | \$20.05 |
| Adopted Rate Factor | 100.0% | 100.0% |
| Adopted Rate, High Density Area | \$16.04 | \$18.23 |
| Adopted Rate, Low Density Area | \$17.64 | \$20.05 |
| SFY 09 (5/25/09 - 6/30/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate, High Density Area | \$16.04 | \$18.23 |
| - Low Density Area Factor | 1.10 | 1.10 |
| Benchmark Rate, Low Density Area | \$17.64 | \$20.05 |
| Adopted Rate Factor | 90.0% | 90.00% |
| Adopted Rate, High Density Area | \$14.44 | \$16.41 |
| Adopted Rate, Low Density Area | \$15.88 | \$18.05 |

**Specialized Habilitation with Music Component
Independent Rate Models
Specialized Habilitation Services
Agency Providers**

| Service | Specialized Habilitation with Music Component |
|---|--|
| Unit of Service DDD Taxonomy Code | 1 hour |
| Hourly Wage (inflated to December 2002) | \$20.53 |
| Annual Wage | \$42,711 |
| ERE (as percent of wages) | 30.0% |
| Hourly Compensation (wages + ERE) | \$26.69 |
| Annual Compensation (wages + ERE) | \$55,524 |
| Productivity Assumptions | |
| - Total Hours | 8.00 |
| - Travel Time | 0.75 |
| - Time allocated to notes/med records | 0.25 |
| - Down Time | 0.00 |
| - Average on-site time; "Billable Hours" | 7.00 |
| - <i>Productivity Adjustment</i> | 1.14 |
| Hourly Compensation After Adjustment | \$30.51 |
| Annual Compensation After Adjustment | \$55,524 |
| Mileage | |
| - Number of Miles | 35 |
| - Amount per mile | \$0.345 |
| Total Mileage Amount | \$12.08 |
| Hourly mileage cost | \$1.73 |
| Administrative Overhead | |
| - Administrative Percent | 10% |
| - Non-travel cost | \$30.51 |
| Hourly administrative cost | \$3.05 |
| SFY 04 | |
| Benchmark Rate | \$35.28 |
| Adopted Rate Factor | 100.0% |
| Adopted Rate | \$35.28 |
| SFY 05 | |
| Benchmark Rate Inflation Adjustment | 4.25% |
| Benchmark Rate | \$36.78 |
| Adopted Rate Factor | 95.75% |
| Calculated Adopted Rate | \$35.22 |
| Adopted Rate = Same as in SFY 04 (1 Staff, 1 Client) | \$35.28 |
| SFY 06 (7/1/05 - 12/31/05) | |
| Benchmark Rate Inflation Adjustment | 0.00% |
| Benchmark Rate | \$36.78 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$35.90 |
| SFY 06 (1/1/06 - 6/30/06) | |
| Benchmark Rate Inflation Adjustment | 4.00% |
| Benchmark Rate | \$38.25 |
| Adopted Rate Factor | 97.61% |
| Adopted Rate - 1 Staff, 1 Client | \$37.34 |
| SFY 07 (7/1/06 - 6/30/07) | |
| Benchmark Rate Inflation Adjustment | 1.60% |
| Benchmark Rate | \$38.86 |
| Adopted Rate Factor | 100.00% |
| Adopted Rate - 1 Staff, 1 Client | \$38.86 |

**Specialized Habilitation with Music Component
Independent Rate Models
Specialized Habilitation Services
Agency Providers**

| Service | Specialized Habilitation with Music Component |
|--|--|
| Unit of Service DDD Taxonomy Code | 1 hour |
| SFY 08 (7/1/07 - 6/30/08) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 3.20% \$40.10 100.00% \$40.10 |
| SFY 09 (7/1/08 - 5/24/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client | 0.00% \$40.10 100.00% \$40.10 |
| SFY 09 (5/25/09 - 6/30/09) Benchmark Rate Inflation Adjustment Benchmark Rate Adopted Rate Factor Adopted Rate - 1 Staff, 1 Client - 1 staff, 2 clients - 1 staff, 3 clients | 0.00% \$40.10 90.00% \$36.09 \$22.56 \$18.05 |

**Habilitation, Communication
Independent Rate Models
Specialized Habilitation Services
Agency Providers**

| Service | Habilitation, Communication Level I | Habilitation, Communication Level II | Habilitation, Communication Level III |
|---|---|--|---|
| Unit of Service | 1 hour | 1 hour | 1 hour |
| Hourly Wage | \$11.47 | \$15.18 | \$18.89 |
| Annual Wage | \$23,851 | \$31,566 | \$39,281 |
| ERE (as percent of wages) | 30.0% | 30.0% | 30.0% |
| Hourly Compensation (wages + ERE) | \$14.91 | \$19.73 | \$24.55 |
| Annual Compensation (wages + ERE) | \$31,006 | \$41,036 | \$51,065 |
| Productivity Assumptions | | | |
| - Total Hours | 8.00 | 8.00 | 8.00 |
| - Travel Time | 0.50 | 0.50 | 0.50 |
| - Time allocated to notes/med records | 0.25 | 0.25 | 0.25 |
| - Average on-site time; "Billable Hours" | 7.25 | 7.25 | 7.25 |
| - <i>Productivity Adjustment</i> | 1.10 | 1.10 | 1.10 |
| Hourly Compensation After Adjustment | \$16.45 | \$21.77 | \$27.09 |
| Annual Compensation After Adjustment | \$31,006 | \$41,036 | \$51,065 |
| Mileage | | | |
| - Number of Miles | 15 | 15 | 15 |
| - Amount per mile | \$0.375 | \$0.375 | \$0.375 |
| Total Mileage Amount | \$5.63 | \$5.63 | \$5.63 |
| Hourly mileage cost | \$0.78 | \$0.78 | \$0.78 |
| Administrative Overhead | | | |
| - Administrative Percent | 10% | 10% | 10% |
| - Non-travel cost | \$16.45 | \$21.77 | \$27.09 |
| Hourly administrative cost | \$1.64 | \$2.18 | \$2.71 |
| SFY 06 (11/1/05 - 6/30/06) | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$18.87 | \$24.72 | \$30.58 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% |
| Calculated Adopted Rate | \$18.42 | \$24.13 | \$29.85 |
| Adopted Rate | \$19.00 | \$25.00 | \$30.00 |
| SFY 07 (7/1/06 - 6/30/07) | | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% | 1.60% |
| Benchmark Rate | \$19.17 | \$25.12 | \$31.07 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$19.17 | \$25.12 | \$31.07 |
| SFY 08 (7/1/07 - 6/30/08) | | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% | 3.20% |
| Benchmark Rate | \$19.78 | \$25.92 | \$32.06 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$19.78 | \$25.92 | \$32.06 |
| SFY 09 (7/1/08 - 5/24/09) | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$19.78 | \$25.92 | \$32.06 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$19.78 | \$25.92 | \$32.06 |
| SFY 09 (5/25/09 - 6/30/09) | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$19.78 | \$25.92 | \$32.06 |
| Adopted Rate Factor | 90.00% | 90.00% | 90.00% |
| Adopted Rate | \$17.80 | \$23.33 | \$28.85 |

**Frat Trip Rate for Regularly Scheduled Daily Transportation
Independent Rate Models
Transportation Services
Agency Providers**

| | Adults | Adults, rural | Children |
|---|---------------|----------------|---------------|
| Administrative overhead addition per hour | \$0.19 | \$0.26 | \$0.36 |
| Difference per person per day - Total | \$14.94 | \$19.86 | \$16.04 |
| SFY 04 | | | |
| Model Rate | \$7.47 | \$9.93 | \$8.02 |
| Benchmark Rate | \$8.00 | \$10.67 | \$8.00 |
| Adopted Rate Factor | 100% | 100% | 100% |
| SFY 05 Benchmark Rate | \$8.00 | \$10.67 | \$8.00 |
| SFY 05 | | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% | 4.25% |
| Benchmark Rate | \$8.34 | \$11.12 | \$8.34 |
| Adopted Rate Factor | 95.75% | 95.75% | 95.75% |
| Calculated Adopted Rate | \$7.99 | \$10.65 | \$7.99 |
| Adopted Rate = Same as in SFY 04 | \$8.00 | \$10.67 | \$8.00 |
| SFY 06 (7/1/05 - 12/31/05) | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$8.34 | \$11.12 | \$8.34 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$8.14 | \$10.86 | \$8.14 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 | |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 | |
| Percent increase in cost per mile | 29.0% | 28.6% | |
| Mileage allowance in model | 10 | 20 | |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 | |
| Adjusted mileage cost | \$4.85 | \$9.70 | |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 | \$1.09 |
| Remaining portion of the model (constant) | \$4.38 | \$3.32 | |
| Adjusted Adopted Rate | \$9.23 | \$13.02 | \$9.23 |

**Frat Trip Rate for Regularly Scheduled Daily Transportation
Independent Rate Models
Transportation Services
Agency Providers**

| | Adults | Adults, rural | Children |
|---|----------------|----------------|----------------|
| SFY 06 (1/1/06 - 6/30/06) | | | |
| Benchmark Rate Inflation Adjustment | 4.00% | 4.00% | 4.00% |
| Benchmark Rate | \$8.67 | \$11.57 | \$8.67 |
| Adopted Rate Factor | 97.61% | 97.61% | 97.61% |
| Adopted Rate | \$8.47 | \$11.29 | \$8.47 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.391 | \$0.377 | |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 | |
| Percent increase in cost per mile | 24.0% | 28.6% | |
| Mileage allowance in model | 10 | 20 | |
| Portion of mileage in SFY 06 model | \$3.91 | \$7.54 | |
| Adjusted mileage cost | \$4.85 | \$9.70 | |
| Adjustment for higher cost per mile* | \$0.94 | \$2.16 | \$0.94 |
| Remaining portion of the model (constant) | \$4.56 | \$3.75 | |
| Adjusted Adopted Rate | \$9.41 | \$13.45 | \$9.41 |
| SFY 07 (7/1/06 - 6/30/07) | | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% | 1.60% |
| Benchmark Rate | \$8.81 | \$11.75 | \$8.81 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$8.81 | \$11.75 | \$8.81 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 07 | \$0.391 | \$0.377 | |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 | |
| Percent increase in cost per mile | 24.0% | 28.6% | |
| Mileage allowance in model | 10 | 20 | |
| Portion of mileage in SFY 06 model | \$3.91 | \$7.54 | |
| Adjusted mileage cost | \$4.85 | \$9.70 | |
| Adjustment for higher cost per mile* | \$0.94 | \$2.16 | \$0.94 |
| Remaining portion of the model (constant) | \$4.90 | \$4.21 | |
| Adjusted Adopted Rate | \$9.75 | \$13.91 | \$9.75 |
| SFY 08 (7/1/07 - 6/30/08) | | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% | 3.20% |
| Benchmark Rate | \$9.09 | \$12.13 | \$9.09 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$9.09 | \$12.13 | \$9.09 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 07 | \$0.391 | \$0.377 | |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 | |
| Percent increase in cost per mile | 24.0% | 28.6% | |
| Mileage allowance in model | 10 | 20 | |
| Portion of mileage in SFY 06 model | \$3.91 | \$7.54 | |
| Adjusted mileage cost | \$4.85 | \$9.70 | |
| Adjustment for higher cost per mile* | \$0.94 | \$2.16 | \$0.94 |
| Remaining portion of the model (constant) | \$5.18 | \$4.59 | |
| Adjusted Adopted Rate | \$10.03 | \$14.29 | \$10.03 |

**Frat Trip Rate for Regularly Scheduled Daily Transportation
Independent Rate Models
Transportation Services
Agency Providers**

| | Adults | Adults, rural | Children |
|---|----------------|----------------|----------------|
| SFY 09 (7/1/08 - 5/24/09) | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$9.09 | \$12.13 | \$9.09 |
| Adopted Rate Factor | 100.00% | 100.00% | 100.00% |
| Adopted Rate | \$9.09 | \$12.13 | \$9.09 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 07 | \$0.391 | \$0.377 | |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 | |
| Percent increase in cost per mile | 24.0% | 28.6% | |
| Mileage allowance in model | 10 | 20 | |
| Portion of mileage in SFY 06 model | \$3.91 | \$7.54 | |
| Adjusted mileage cost | \$4.85 | \$9.70 | |
| Adjustment for higher cost per mile* | \$0.94 | \$2.16 | \$0.94 |
| Remaining portion of the model (constant) | \$5.18 | \$4.59 | |
| Adjusted Adopted Rate | \$10.03 | \$14.29 | \$10.03 |
| SFY 09 (5/25/09 - 6/30/09) | | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% | 0.00% |
| Benchmark Rate | \$9.09 | \$12.13 | \$9.09 |
| Adopted Rate Factor | 90.00% | 90.00% | 90.00% |
| Adopted Rate | \$8.18 | \$10.92 | \$8.18 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 07 | \$0.391 | \$0.377 | |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 | |
| Percent increase in cost per mile | 24.0% | 28.6% | |
| Mileage allowance in model | 10 | 20 | |
| Portion of mileage in SFY 06 model | \$3.91 | \$7.54 | |
| Adjusted mileage cost | \$4.85 | \$9.70 | |
| Adjustment for higher cost per mile* | \$0.94 | \$2.16 | \$0.94 |
| Remaining portion of the model (constant) | \$4.27 | \$3.38 | |
| Adjusted Adopted Rate | \$9.12 | \$13.08 | \$9.12 |

* This adjustment to cost per mile is temporary until further notice from the DES/DDD Assistant Director.

**Employment Related Transportation
Independent Rate Models
Transportation Services
Agency Providers**

Note: Employment Related Transportation rates are based on independent models created for *Flat Trip Rate* for Regularly Scheduled Daily Transportation, Day Treatment and Training Services

| | Adults, High Density | | Adults, Low Density | |
|--|-------------------------------|----------------------------|-------------------------------|----------------------------|
| | 200 days | | 200 days | |
| Total Staff in a DTA Program | | 5 | | 2 |
| Total Individuals in a DTA Program | | 16 | | 6 |
| Without Transportation | 44% | 7 | 33% | 2 |
| With Transportation | 56% | 9 | 67% | 4 |
| Transportation Capital | Per Year | Per Day | Per Year | Per Day |
| Vehicle/Van | \$8,000 | \$40.00 | \$5,200 | \$26.00 |
| Insurance | \$3,600 | \$18.00 | \$3,600 | \$18.00 |
| Total transport cost | \$11,600 | \$58.00 | \$8,800 | \$44.00 |
| | Without Transportation | With Transportation | Without Transportation | With Transportation |
| Transportation-Related Staff Hours | 1 | 4 | 0.4 | 1.6 |
| Hourly Wage (Inflated to December 2002) | \$13.22 | \$13.22 | \$13.22 | \$13.22 |
| ERE | 30% | 30% | 30% | 30% |
| Hourly Compensation (wages + ERE) | \$17.19 | \$17.19 | \$17.19 | \$17.19 |
| Total Transportation Staff Hours per Day | \$17.19 | \$68.77 | \$6.88 | \$27.51 |
| Transportation Capital Cost Allocation | | | | |
| within program | 10% | 10% | 10% | 10% |
| pick-up/drop-off | | 80% | | 80% |
| Cost per Day | | | | |
| within program | \$5.80 | \$5.80 | \$4.40 | \$4.40 |
| pick-up/drop-off | | \$46.40 | | \$35.20 |
| Total Transportation Capital per Day | \$5.80 | \$52.20 | \$4.40 | \$39.60 |
| Total Transportation Capital Allocation | 10.0% | 90.0% | 10.0% | 90.0% |
| Total Transportation Staff Hours per Day | \$17.19 | \$68.77 | \$6.88 | \$27.51 |
| Total Cost per Day | \$22.99 | \$120.97 | \$11.28 | \$67.11 |
| Individuals | 7 | 9 | 2 | 4 |
| Mileage per person per day | 2 | 12 | 4 | 24 |
| Total miles | 14 | 108 | 8 | 96 |
| Cost per mile | \$0.345 | \$0.345 | \$0.345 | \$0.345 |
| Total miles cost | \$4.83 | \$37.26 | \$2.76 | \$33.12 |
| Total Transportation Cost | \$27.82 | \$158.23 | \$14.04 | \$100.23 |
| Cost per Person | \$3.97 | \$17.58 | \$7.02 | \$25.06 |
| Cost per Hour | \$0.57 | \$2.51 | \$1.00 | \$3.58 |
| Difference per person per hour | | \$1.94 | | \$2.58 |
| Difference per person per day - Transportation | | \$13.58 | | \$18.06 |

**Employment Related Transportation
Independent Rate Models
Transportation Services
Agency Providers**

Note: Employment Related Transportation rates are based on independent models created for *Flat Trip Rate for Regularly Scheduled Daily Transportation, Day Treatment and Training Services*

| | Adults, High Density | Adults, Low Density |
|---|-----------------------------|----------------------------|
| Administrative overhead addition per hour | \$0.19 | \$0.26 |
| Difference per person per day - Total | \$14.94 | \$19.86 |
| SFY 04 | | |
| Model Rate | \$7.47 | \$9.93 |
| Benchmark Rate | \$8.00 | \$10.67 |
| Adopted Rate Factor | 100% | 100% |
| SFY 05 Benchmark Rate | \$8.00 | \$10.67 |
| SFY 05 | | |
| Benchmark Rate Inflation Adjustment | 4.25% | 4.25% |
| Benchmark Rate | \$8.34 | \$11.12 |
| Adopted Rate Factor | 95.75% | 95.75% |
| Calculated Adopted Rate | \$7.99 | \$10.65 |
| Adopted Rate = Same as in SFY 04 | \$8.00 | \$10.67 |
| SFY 06 (7/1/05 - 12/31/05) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$8.34 | \$11.12 |
| Adopted Rate Factor | 97.61% | 97.61% |
| Adopted Rate | \$8.14 | \$10.86 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 |
| Percent increase in cost per mile | 29.0% | 28.6% |
| Mileage allowance in model | 10 | 20 |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 |
| Adjusted mileage cost | \$4.85 | \$9.70 |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 |
| Remaining portion of the model (constant) | \$4.38 | \$3.32 |
| Adjusted Adopted Rate | \$9.23 | \$13.02 |

**Employment Related Transportation
Independent Rate Models
Transportation Services
Agency Providers**

Note: Employment Related Transportation rates are based on independent models created for *Flat Trip Rate* for Regularly Scheduled Daily Transportation, Day Treatment and Training Services

| | Adults, High Density | Adults, Low Density |
|---|----------------------|---------------------|
| SFY 06 (1/1/06 - 6/30/06) | | |
| Benchmark Rate Inflation Adjustment | 4.00% | 4.00% |
| Benchmark Rate | \$8.67 | \$11.57 |
| Adopted Rate Factor | 97.61% | 97.61% |
| Adopted Rate | \$8.47 | \$11.29 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 |
| Percent increase in cost per mile | 29.0% | 28.6% |
| Mileage allowance in model | 10 | 20 |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 |
| Adjusted mileage cost | \$4.85 | \$9.70 |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 |
| Remaining portion of the model (constant) | \$4.71 | \$3.75 |
| Adjusted Adopted Rate | \$9.56 | \$13.45 |
| SFY 07 (7/1/06 - 6/30/07) | | |
| Benchmark Rate Inflation Adjustment | 1.60% | 1.60% |
| Benchmark Rate | \$8.81 | \$11.75 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$8.81 | \$11.75 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 |
| Percent increase in cost per mile | 29.0% | 28.6% |
| Mileage allowance in model | 10 | 20 |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 |
| Adjusted mileage cost | \$4.85 | \$9.70 |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 |
| Remaining portion of the model (constant) | \$5.05 | \$4.21 |
| Adjusted Adopted Rate | \$9.90 | \$13.91 |
| SFY 08 (7/1/07 - 6/30/08) | | |
| Benchmark Rate Inflation Adjustment | 3.20% | 3.20% |
| Benchmark Rate | \$9.09 | \$12.13 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$9.09 | \$12.13 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 |
| Percent increase in cost per mile | 29.0% | 28.6% |
| Mileage allowance in model | 10 | 20 |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 |
| Adjusted mileage cost | \$4.85 | \$9.70 |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 |
| Remaining portion of the model (constant) | \$5.33 | \$4.59 |
| Adjusted Adopted Rate | \$10.18 | \$14.29 |

**Employment Related Transportation
Independent Rate Models
Transportation Services
Agency Providers**

Note: Employment Related Transportation rates are based on independent models created for *Flat Trip Rate for Regularly Scheduled Daily Transportation, Day Treatment and Training Services*

| | Adults, High Density | Adults, Low Density |
|---|----------------------|---------------------|
| SFY 09 (7/1/08 - 5/24/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$9.09 | \$12.13 |
| Adopted Rate Factor | 100.00% | 100.00% |
| Adopted Rate | \$9.09 | \$12.13 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 |
| Percent increase in cost per mile | 29.0% | 28.6% |
| Mileage allowance in model | 10 | 20 |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 |
| Adjusted mileage cost | \$4.85 | \$9.70 |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 |
| Remaining portion of the model (constant) | \$5.33 | \$4.59 |
| Adjusted Adopted Rate | \$10.18 | \$14.29 |
| SFY 09 (5/25/09 - 6/30/09) | | |
| Benchmark Rate Inflation Adjustment | 0.00% | 0.00% |
| Benchmark Rate | \$9.09 | \$12.13 |
| Adopted Rate Factor | 90.00% | 90.00% |
| Adopted Rate | \$8.18 | \$10.92 |
| Effective cost per mile due to rate adj., SFY 04 - SFY 06 | \$0.376 | \$0.377 |
| Temporary increase in cost per mile* | \$0.485 | \$0.485 |
| Percent increase in cost per mile | 29.0% | 28.6% |
| Mileage allowance in model | 10 | 20 |
| Portion of mileage in SFY 06 model | \$3.76 | \$7.54 |
| Adjusted mileage cost | \$4.85 | \$9.70 |
| Adjustment for higher cost per mile* | \$1.09 | \$2.16 |
| Remaining portion of the model (constant) | \$4.42 | \$3.38 |
| Adjusted Adopted Rate | \$9.27 | \$13.08 |

* This adjustment to cost per mile is temporary until further notice from the DES/DDD Assistant Director.

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Introduction

This document presents the assumptions and methodology used by DES/DDD in compiling the benchmark rate schedule. This methodology was updated from its previously released version (as of February 1, 2008) to account for rate revisions for the intervening fiscal years. The document is generally divided into the following sections:

- ❑ Data Sources
- ❑ General Assumptions
- ❑ Rate Models for Selected Services:
 - Home-Based Services
 - Independent Living Services
 - Day Treatment and Training Services
 - Developmental Home Services
 - Group Home Services
 - Professional Services
 - Support Coordination Services
 - Employment Support Services
 - Specialized Habilitation Services
 - Transportation Services
- ❑ Memo on the uses of modifiers
- ❑ Attachment with Arizona statewide hourly wages

This document presents a discussion of the assumptions used in the rate models. The rate examples presented in this document are generally for agency (RFQVA) providers only. An independent provider rate was developed for several services based on the agency provider rate. These independent provider rates are generally lower than the agency rates because of a reduction for employee-related expenses and administrative overhead, as well as a general cap at the agency rate. Independent provider rates are adjusted for specific consumer characteristics through the Arizona Independent Rate Assessment Tool.

Also, it should be noted that the rates presented in this document (Benchmark Rates) may be different from the actual reimbursement rates (Adopted Rates) that appear in the published rate schedule. Historically, due to budget constraints on the Division, the actual reimbursement rates (Adopted Rates) were set at a level lower than the Benchmark Rates. There may be instances where the Adopted Rates are higher (and lower) than the Benchmark Rates.

The first set of Benchmark Rates for most services was developed through an independent model rate setting process for SFY 2004. In accordance with the legislative mandate, the Division has conducted another rate setting study five years after the implementation of the original published rate schedule, or for SFY 2009. However, due to budgetary limitations, the Division continues to utilize the current rate structure and will implement the new rate structure in the future.

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Generally speaking, the following changes to Benchmark and Adopted rates were made since the original release of the published rate schedule in SFY 04 (SFY 04 referred in the table below as a “Base Year”):

| | Benchmark Rates | Adopted Rates |
|-----------------------------|--|--|
| SFY 04 Base Year | Rate established through an independent model rate setting process | 93.00% of the Benchmark rate |
| SFY 05 | Increased by 4.25% | Increased by 7.34% to bring the ratio of Adopted-to-Benchmark rates to 95.75%. |
| First Half of SFY 06 | | Increased by 1.94% to bring the ratio of Adopted-to-Benchmark rates to 97.61%. |
| Second Half of SFY 06 | Increased by 4.00% | Increased by 4.00%. The ratio of Adopted-to-Benchmark rates is maintained at 97.61%. |
| SFY 07 | Increased by 1.60% | Increase by 2.45% to bring the ratio of Adopted-to-Benchmark rates to 100.0% |
| SFY 08 | Increased by 3.20% | Ratio of Adopted-to-Benchmark rates at 100.0% |
| SFY09 (07/01/08 - 05/24/09) | Increased by 0.00% | Ratio of Adopted-to-Benchmark rates at 100.0% |
| SFY09 (05/25/09 – 06/30/09) | Increased by 0.00% | Ratio of Adopted-to-Benchmark rates at 90.0% |

For a more detailed explanations of specific changes in a given service category, refer to the “Changes...” document that precedes this edition (and every edition) of the published rate schedule.

Modifiers

A memo at the end of this document describes the modifiers that have been incorporated into the published rate schedule.

Data Sources

The following general sources were used in constructing the original SFY 2004 rate models:

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- ❑ Wage data from the Bureau of Labor Statistics (BLS) was used to determine the hourly wages for specific occupational categories. Wages used in the original models reflect their publication date of December 2000 and were subsequently adjusted for inflation.
- ❑ The Department of Administration, General Accounting Office data was used for the mileage reimbursement rate.
- ❑ Inflation data from the *Health Care Cost Review*, published by Global Insight (formerly DRI-WEFA), CMS Home Health Agency Market Basket was used to inflate wage costs.
- ❑ Rent expense is based on data from the Department of Housing and Urban Development for Fair Market Rents (FMR) for federal fiscal year 2003.
- ❑ Arizona's Intermediate Care Facilities for the Mentally Retarded (ICF/MR) three-level rate structure was used to determine the rate for Habilitation, Nursing Supported Group Home.
- ❑ Food expense is based on USDA Moderate-Cost Plan variations as of August 2002, inflated to December 2003.

General Assumptions

The following general assumptions were used throughout the original SFY 2004 rate models:

- ❑ The inflation factor for all wage categories is 7.85%. This reflects inflation from the December 2000 wage period of 4.2% for 2001 and 3.5% for 2002. Effective hourly wages are increased each year to the extent that overall inflation adjustments are provided for by the legislature.
- ❑ Employee-related expenses (ERE) is assumed at 30% of the respective wages for all full-time staff. Benefits include legally required benefits, vacation time, sick leave, holidays and health insurance. (See *Employee-Related Expenses Assumptions* discussion below).
- ❑ Total Hours assumed at 8 hours per day and 2,080 hours per year (unless otherwise indicated).
- ❑ With 365 days in a year, the average number of days per month assumed at 30.4.
- ❑ Administrative overhead is assumed at 10% of total non-travel cost (unless otherwise indicated).

Wage Assumptions

Wages were selected based on occupational descriptions provided by BLS. Depending on the required activities provided in the service descriptions, certain services reflect a blended rate of wage averages of more than one occupation. Attachment 1 at the end of this Methodology lists the table of Arizona statewide hourly wages as of December 2000 that were used in original SFY 2004 rate models.

Employee-Related Expenses Assumptions

A 30% ERE rate was used for agency providers. The thirty percent was derived from the following information:

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Agency Providers

| | | Base Rate | Base Rate | Base Rate |
|-------------------------------|------------------|------------------|------------------|------------------|
| Hourly Rate | | \$8.09 | \$9.12 | \$10.99 |
| Annual Wage | | \$16,827 | \$18,970 | \$22,859 |
| FUTA / SUTA | 2.80% | \$196 | \$196 | \$196 |
| FICA | 7.65% | \$1,287 | \$1,451 | \$1,749 |
| Legally required benefits | 10.45% | \$1,483 | \$1,647 | \$1,945 |
| Vacation | 80 hrs/yr | \$647 | \$730 | \$879 |
| Sick Leave | 48 hrs/yr | \$388 | \$438 | \$528 |
| Holidays | 72 hrs/yr | \$582 | \$657 | \$791 |
| | | Base Rate | Base Rate | Base Rate |
| Health Insurance | \$170 | \$2,040 | \$2,040 | \$2,040 |
| Total ERE per employee | | \$5,141 | \$5,511 | \$6,183 |
| | | 30.55% | 29.05% | 27.05% |

A 20.5% ERE rate was used for non-agency providers. The 20.5% was derived from the following information:

Independent Providers

| | | Base Rate | Base Rate | Base Rate |
|-------------------------------|-----------------|------------------|------------------|------------------|
| Hourly Rate | | \$8.09 | \$9.12 | \$10.99 |
| Annual Wage | | \$16,827 | \$18,970 | \$22,859 |
| FUTA | 2.80% | \$196 | \$196 | \$196 |
| FICA | 7.65% | \$1,287 | \$1,451 | \$1,749 |
| Legally required benefits | 8.45% | \$1,483 | \$1,647 | \$1,945 |
| Vacation | 0 hrs/yr | \$0 | \$0 | \$0 |
| Sick Leave | 0 hrs/yr | \$0 | \$0 | \$0 |
| Holidays | 0 hrs/yr | \$0 | \$0 | \$0 |
| Health Insurance | \$170 | \$2,040 | \$2,040 | \$2,040 |
| Total ERE per employee | | \$3,523 | \$3,687 | \$3,985 |
| | | 20.94% | 19.44% | 17.43% |

These ERE assumptions do not include the factors of part-time employees and turnover. At 20% for each of these factors, ERE for agency providers is reduced to approximately 22%.

The wages presented in ERE tables above reflect the wages used in the original SFY 2004 rate models. Subsequent increases to the “bottom line” rates have increased the effective amount of hourly wages as a component of the rate model. As a general rule, ERE percent decreases as hourly wages increase, assuming all components of the ERE model remain constant.

Multi-Client Rate Adjustments

With some services, it is possible to provide the same service simultaneously to multiple clients. The formula for the multi-client rate adjustment is as follows:

- $(\text{Regular Rate} * ((1 + (25\% * \text{number of additional clients}))) / \text{Total number of clients}.$

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Home-Based Services

Home-Based services include the following service codes, provided by DDD-accredited service providers:

- ❑ Attendant Care
- ❑ Habilitation, Support
- ❑ Housekeeping
- ❑ Respite (short-term and continuous)
- ❑ Habilitation, Community Protection and Treatment Hourly

Attendant Care

Although there are two distinct services, *Attendant Care* and *Family Attendant Care*, the Division combined these services into one rate. Two different models, however, were originally developed to reflect different assumptions in travel time and mileage allowance between these services. The final model presented below represents the *Attendant Care* rate model, which results in the higher rate.

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$9.12 | This assumption is consistent with Arizona statewide hourly wage for Personal and Home Care Aide (SOC Code 39-9021) of \$8.46, taken from BLS as of December 2000 and inflated to December 2002 (7.85%). |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 2 visits | |
| Average travel | 15 minutes per day | One travel between clients |
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.50 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 5 miles | Average distance for one travel |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$14.15 | |
| SFY 05/06 Benchmark Rate | \$14.75 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$15.34 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$15.59 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$16.09 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$16.09 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$16.09 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Habilitation, Support

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$10.99 | <ul style="list-style-type: none"> - 5% Arizona statewide hourly wage for Social and Community Services Managers (SOC Code 11-9151) of \$19.88 - 25% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 70% Personal and Home Care Aide (SOC Code 39-9021) of \$8.46 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 3 visits | |
| Average travel | 30 minutes | Two travels between clients |
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.25 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 15 miles | Average distance for each travel of 7.5 miles |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$18.06 | |
| SFY 05/06 Benchmark Rate | \$18.83 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$19.58 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$19.89 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$20.53 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$20.53 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$20.53 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

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Housekeeping

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$8.09 | - 50% Arizona statewide hourly wage for Janitors and Cleaners (SOC Code 37-2011) of \$7.94 - 50% Arizona statewide hourly wage for Maids and Housekeeping Cleaners (SOC Code 37-2012) of \$7.07 Wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 3 visits | |
| Average travel | 30 minutes | Two travels between clients |
| Notes and medical records | 0 | |
| Average on-site time | 7.50 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 15 miles | Average distance for each travel of 7.5 miles |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$13.04 | |
| SFY 05/06 Benchmark Rate | \$13.59 | Following a 4.25% adjustment |
| Jan 1 06 Benchmark Rate | \$14.13 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$14.36 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$14.82 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$14.82 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$14.82 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Respite, short-term

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---------------------------------|---------------------|---|
| Unit of Service | 60 minutes | |
| Hourly wage | \$9.12 | This assumption is consistent with Arizona statewide hourly wage for Personal and Home Care Aide (SOC Code 39-9021) of \$8.46, taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average number of client | 2 visits | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|---|
| Unit of Service | 60 minutes | |
| Hourly wage | \$9.12 | This assumption is consistent with Arizona statewide hourly wage for Personal and Home Care Aide (SOC Code 39-9021) of \$8.46, taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| visits per day | | |
| Average travel | 15 minutes per day | One travel between clients |
| Notes and medical records | 6 minutes per day | |
| Average on-site time | 7.65 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 5 miles | Average distance for one travel |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$13.87 | |
| SFY 05/06 Benchmark Rate | \$14.46 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$15.04 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$15.28 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$15.77 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$15.77 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$15.77 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Respite, continuous

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---------------------------|--------------------|---|
| Unit of Service | 1 day | Equivalent to 13 hours |
| Hourly wage | \$9.12 | Same as Respite short |
| ERE | 30.0% of wages | |
| Average travel | 0 | Continuous service for one client |
| Notes and medical records | 0 | |
| Average on-site time | 8.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 0 | No travel |
| Mileage reimbursement | None | |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$169.61 | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY 05/06 Benchmark Rate | \$176.82 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$183.89 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$186.83 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$192.81 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$192.81 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$192.81 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Habilitation, Community Protection and Treatment Hourly

The hourly rate for this service is equivalent to the staff hour rate for Habilitation, Community Protection and Treatment Group Home, described in the *Residential Services Rate Models* section below.

Independent Living Services

Habilitation, Individually Designed Living Arrangement

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---------------------------|--------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$12.36 | <ul style="list-style-type: none"> - 10% Arizona statewide hourly wage for Social and Community Services Managers (SOC Code 11-9151) of \$19.88 - 40% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 50% Personal and Home Care Aide (SOC Code 39-9021) of \$8.46 All wages were taken from BLS as of December 2002 and inflated to December 2002 (7.85%). |
| ERE | 30.0% of wages | At 20%, rate is \$16.84 with transportation |
| Travel time for Employee | 0 | Assumes employee stays at one residence for the entire shift |
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.75 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Administrative overhead | 10% | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY 04 Benchmark Rate | \$18.25 | |
| SFY 05/06 Benchmark Rate | \$19.03 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$19.79 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$20.11 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$20.74 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$20.74 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$20.74 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Day Treatment and Training Services

Individual rate models were developed for Day Treatment and Training for adults and Day Treatment and Training for children. Since the introduction of the model in SFY 2004, the Division revised the benchmark model by permanently including the Transition Staffing Factor (TSF) as part of the Benchmark Rate.

General Assumptions

The Day Treatment and Training programs have different assumptions for adult and children programs.

The following general assumptions were made for the Day Treatment and Training, Adult programs:

- ❑ Four models were developed to distinguish different ratios of total direct care service staff hours with consumers present at the program to total consumer hours.
- ❑ Day Treatment and Training, Adult facility assumed in service 250 days per year, although expenses are allocated over 200 days of client attendance, which was assumed as the level of attendance for Day Treatment and Training, Adult consumers. This assumption was derived from the data obtained from the Division's Professional Billing System (PBS)_claims processing system.
- ❑ Total hours assumed at 8 hours per day.
- ❑ Average productivity at the program assumed at 7 hours.
- ❑ Each Day Treatment and Training, Adult center assumed to have 16 consumers per day.
- ❑ Capital expense assumed as follows:
 - Each Day Treatment and Training, Adult center assumed to have 2,000 square feet.
 - Average cost per square foot assumed at \$12.00 per annum.
- ❑ Transportation expense assumed as follows:
 - Total vehicle expense assumed at \$40,000, with a five-year straight-line depreciation and expressed as a daily expense of \$47.06.

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- Total insurance expense assumed at \$3,600 per year, expressed as a daily expense of \$21.18.
- Vehicle allocation assumed at 20 (twenty) percent for program-related transportation and 80 (eighty) percent for pick-up and drop off of consumers.
- Staff hour allocation assumed at 20 (twenty) percent for supervision of consumers during pick-up and drop off and 80 (eighty) percent for transportation service.

The following general assumptions were made for the Day Treatment and Training, Children programs:

- The DDD established one common rate model for both Day Treatment and Training, Children programs – After-School and Summer.
- Four models were developed to distinguish different ratios of total direct care service staff hours with consumers present at the program to total consumer hours.
- Employee related expenses (ERE) assumed at 15 (fifteen) percent due to the part-time nature of the job.
- Day Treatment and Training, Children facility assumed in service 240 days per year (20 week days each month).
- Total hours assumed at 4.25 hours per day.
- Average productivity at the program assumed at 4 hours.
- Each Day Treatment and Training, Children center assumed to have 6 consumers per day.
- Capital expense assumed as follows:
 - Each Day Treatment and Training, Children center assumed to have 1,000 square feet.
 - Average cost per square foot assumed at \$10.00 per annum.
- Transportation capital expense assumed as follows:
 - Total vehicle expense assumed at \$26,000, with a five-year straight-line depreciation and expressed as a daily expense of \$21.67 based on the number of days facility is in service ($\$26,000 / 5\text{yrs} / 240 \text{ days} = \21.67 per day).
 - Total insurance expense assumed at \$3,600 per year, expressed as a daily expense of \$15.00 based on the number of days facility is open ($\$3,600 / 240 \text{ days} = \15.00 per day).
 - Vehicle allocation assumed at 20 (twenty) percent for program-related transportation and 80 (eighty) percent for pick-up and drop off of consumers.
 - Staff hour allocation assumed at one hour for transportation services.

Service-Specific Assumptions

The following assumptions were made for each Day Treatment and Training service category:

Day Treatment and Training, Adult

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--------------------------|--------------------------|-----------------|
| Unit of Service | 1 client hour of program | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Hourly wage | \$13.22 | <ul style="list-style-type: none"> - 10% Arizona statewide hourly wage Social and Community Service Managers (SOC Code 11-9151) of \$19.88 - 40% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 50% Recreation Workers (SOC Code 39-9032) of \$10.06. All wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%). |
| ERE | 30.0% of wages | |
| Time allocated to direct care travel and compensated in the transportation rate | 0.8 hour | For each staff member |
| Time allocated to facility preparation and notes | 0.2 hour | For each staff member |
| Average on-site time | 7.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of staff members | Varies | Based on ratio of total direct care service staff hours with consumers present at the program to total consumer hours |
| Number of individuals | 16 | |
| Mileage: program-related | 2 miles per day | |
| Mileage: consumer pick-up and drop-off | 10 miles per day | In transportation model |
| Mileage reimbursement | 34.5 cents per mile | |
| Capital expense | \$7.50 | Per consumer per day |
| Total for program transportation cost | \$3.97 | Per consumer per day; includes cost of mileage and allocation of capital, insurance and staff time |
| Supplies | \$1.00 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 10% | |
| Transition Staffing Factor | 85% | Permanent adjustment that accounts for program absences |
| SFY 04 Benchmark Rate | Varies | Range of ratio rates from \$7.86 (ratio of 1 : 3.5) to \$4.15 (1 : 9.5) |
| SFY 05/06 Benchmark Rate | Varies | Range of ratio rates from \$9.65 (ratio of 1 : 3.5) to \$5.10 (1 : 9.5) |
| January 1, 2006 Benchmark Rate | Varies | Range of ratio rates from \$10.04 (ratio of 1 : 3.5) to \$5.30 (1 : 9.5) |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY07 Benchmark Rate | Varies | Range of ratio rates from \$10.20 (ratio of 1 : 3.5) to \$5.38 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | Varies | Range of ratio rates from \$10.53 (ratio of 1 : 3.5) to \$5.56 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | Varies | Range of ratio rates from \$10.53 (ratio of 1 : 3.5) to \$5.56 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | Varies | Range of ratio rates from \$10.53 (ratio of 1 : 3.5) to \$5.56 (1 : 9.5) and Adopted-to-Benchmark ratio set at 90.0% |

Day Treatment and Training, Children – After-School and Summer Programs

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|--------------------------|---|
| Unit of Service | 1 client hour of program | |
| Hourly wage | \$13.22 | <ul style="list-style-type: none"> - 10% Arizona statewide hourly wage Social and Community Service Managers (SOC Code 11-9151) of \$19.88 - 40% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 50% Recreation Workers (SOC Code 39-9032) of \$10.06. All wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%). |
| ERE | 15.0% of wages | |
| Time allocated to facility preparation/ notes | 15 minutes | For each staff member |
| Average on-site time | 4.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of staff members | Varies | Based on ratio of total direct care service staff hours with consumers present at the program to total consumer hours |
| Number of individuals | 6 | |
| Mileage: program-related | 2 miles per day | |
| Mileage: consumer pick-up and drop-off | 10 miles per day | In transportation model |
| Mileage reimbursement | 34.5 cents per mile | |
| Capital expense | \$6.94 | Per consumer per day |
| Total transportation cost | \$1.91 | Per consumer per day; includes cost of mileage and allocation of capital, insurance and staff time |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| Food | \$1.00 | Per consumer per day |
| Supplies | \$1.00 | Per consumer per day |
| Administrative overhead | 10% | |
| Transition Staffing Factor | 90% | Permanent adjustment that accounts for program absences |
| SFY 04 Benchmark Rate | Varies | Range of ratio rates from \$8.05 (ratio of 1 : 3.5) to \$4.84 (1 : 9.5) |
| SFY 05/06 Benchmark Rate | Varies | Range of ratio rates from \$9.32 (ratio of 1 : 3.5) to \$5.61 (1 : 9.5) |
| January 1, 2006 Benchmark Rate | Varies | Range of ratio rates from \$9.69 (ratio of 1 : 3.5) to \$5.83 (1 : 9.5) |
| SFY07 Benchmark Rate | Varies | Range of ratio rates from \$9.85 (ratio of 1 : 3.5) to \$5.92 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | Varies | Range of ratio rates from \$10.16 (ratio of 1 : 3.5) to \$6.11 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | Varies | Range of ratio rates from \$10.16 (ratio of 1 : 3.5) to \$6.11 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | Varies | Range of ratio rates from \$10.16 (ratio of 1 : 3.5) to \$6.11 (1 : 9.5) and Adopted-to-Benchmark ratio set at 90.0% |

Rural Day Treatment and Training, Adult Rate

A rural rate for Day Treatment and Training, Adult was developed for agency providers. The Rural Day Treatment and Training, Adult model is similar to a regular Day Treatment and Training, Adult model, except for the following differences:

- ❑ The Rural Day Treatment and Training, Adult model is based on 6 consumers.
- ❑ Each Rural Day Treatment and Training, Adult center assumed to have 1,000 square feet.
- ❑ The transportation capital assumes a lower annual vehicle cost and a higher mileage for both program-related and pick-up/drop-off transportation.

Rural Day Treatment and Training, Adult

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--------------------------|--------------------------|-----------------|
| Unit of Service | 1 client hour of program | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Hourly wage | \$13.22 | <ul style="list-style-type: none"> - 10% Arizona statewide hourly wage Social and Community Service Managers (SOC Code 11-9151) of \$19.88 - 40% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 50% Recreation Workers (SOC Code 39-9032) of \$10.06. All wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%). |
| ERE | 30.0% of wages | |
| Time allocated to direct care travel and compensated in the transportation rate | 0.8 hour | For each staff member |
| Time allocated to facility preparation and notes | 0.2 hour | For each staff member |
| Average on-site time | 7.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of staff members | Varies | Based on ratio of total direct care service staff hours with consumers present at the program to total consumer hours |
| Number of individuals | 6 | |
| Mileage: program-related | 4 miles per day | |
| Mileage: consumer pick-up and drop-off | 20 miles per day | In transportation model |
| Mileage reimbursement | 34.5 cents per mile | |
| Capital expense | \$10.00 | Per consumer per day |
| Total for program transportation cost | \$7.02 | Per consumer per day; includes cost of mileage and allocation of capital, insurance and staff time |
| Supplies | \$1.00 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 10% | |
| Transition Staffing Factor | 85% | Temporary adjustment that results in increased rate |
| SFY 04 Benchmark Rate | Varies | Range of ratio rates from \$8.74 (ratio of 1 : 3.5) to \$5.03 (1 : 9.5) |
| SFY 05/06 Benchmark Rate | Varies | Range of ratio rates from \$10.72 (ratio of 1 : 3.5) to \$6.17 (1 : 9.5) |
| January 1, 2006 Benchmark Rate | Varies | Range of ratio rates from \$11.15 (ratio of 1 : 3.5) to \$6.42 (1 : 9.5) |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY07 Benchmark | Varies | Range of ratio rates from \$11.33 (ratio of 1 : 3.5) to \$6.52 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | Varies | Range of ratio rates from \$11.69 (ratio of 1 : 3.5) to \$6.73 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | Varies | Range of ratio rates from \$11.69 (ratio of 1 : 3.5) to \$6.73 (1 : 9.5) and Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | Varies | Range of ratio rates from \$11.69 (ratio of 1 : 3.5) to \$6.73 (1 : 9.5) and Adopted-to-Benchmark ratio set at 90.0% |

Developmental Home Services

Individual rate models were developed for developmental home habilitation for adults and children, which are also applicable for the services of State supported developmental home (adults and children). Also, a separate model was developed for the agency provider costs, which is only applicable to services of Vendor supported developmental home (adults and children).

Service-Specific Assumptions

The following general assumptions were made for the rate models for both adults and children:

- ❑ Costs calculated on *per individual per day* basis.
- ❑ Administrative overhead is assumed at 2 (two) percent of total non-travel cost.
- ❑ For adults, the food expense assumed at \$220.21 per person per month, or \$7.24 per person per day, based on USDA Moderate-Cost Food Plan variations (for males) as of August 2002, inflated to December 2003, as indicated in Table 1. The USDA costs can be viewed at www.usda.gov.

Table 1

| | <u>Monthly</u> | <u>Daily</u> |
|-----------------------|----------------|--------------|
| 12-14 years | \$217.92 | \$7.17 |
| 15-19 years | \$226.22 | \$7.44 |
| 20-50 years | \$225.26 | \$7.41 |
| 51 years and over | \$211.44 | \$6.96 |
| Assumed Cost: average | \$220.21 | \$7.24 |

- ❑ For children, the food expense assumed at \$199.00 per person per month, or \$6.55 per person per day, based on USDA Moderate-Cost Food Plan variations as of August 2002, inflated to December 2003, as indicated in Table 2. The USDA costs can be viewed at www.usda.gov.

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Table 2

| | <u>Monthly</u> | <u>Daily</u> |
|----------------------------|----------------|--------------|
| 1-2 years | \$110.13 | \$3.62 |
| 3-5 years | \$127.14 | \$4.18 |
| 6-8 years | \$170.41 | \$5.61 |
| 9-11 years | \$199.00 | \$6.55 |
| Assumed Cost: max. expense | \$199.00 | \$6.55 |

Adults (Family Payment)

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|------------------------------------|---------------------|--|
| Unit of Service | 1 day | |
| Number of days receiving service | 365 | |
| Square footage | 170 | |
| Cost per square foot | \$10.00 | Includes maintenance, utilities, phone |
| Meals per individual per day | \$7.24 | Refer to Table 1 |
| Total RRB | \$11.90 | |
| Habilitation hours | 4 | |
| Habilitation hourly rate | \$13.35 | Consistent with the Habilitation, Support agency rate |
| Monthly number of miles | 200 miles | |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 2% | |
| Total Payment to Family | \$69.43 | Includes Room and Board |
| Effective Payment to Family | \$71.38 | Adjusted rate reflecting the same Adopted-to-Benchmark ratio utilized for Vendor Supported Developmental Home (Adult and Child). |

Children (Family Payment)

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|----------------------------------|----------------|--|
| Unit of Service | 1 day | |
| Number of days receiving service | 365 | |
| Square footage | 195 | |
| Cost per square foot | \$10.00 | Includes maintenance, utilities, phone |
| Meals per individual per day | \$6.55 | Refer to Table 2 |
| Total RRB | \$11.90 | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|------------------------------------|---------------------|--|
| Habilitation hours | 4 | |
| Habilitation hourly rate | \$13.35 | Consistent with the Habilitation, Support agency rate |
| Monthly number of miles | 200 miles | |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 2% | |
| Total Payment to Family | \$69.43 | Includes Room and Board |
| Effective Payment to Family | \$72.81 | Adjusted rate reflecting the same Adopted-to-Benchmark ratio utilized for Vendor Supported Developmental Home (Adult and Child). |

Vendor Supported Developmental Home (Adult & Child)

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|----------------|--|
| Unit of Service | 1 day | |
| Years family is under agency supervision | 5 | |
| Days per year family under agency supervision | 365 | |
| Initial Home Licensure, per year | \$220 | ACYF rate of \$750 inflated to December 2004 (32.3%), multiplied by 10% DDD premium, spread over 5 years |
| Licensure Renewal, per year | \$484 | 55% of Initial Home Licensure, spread over 5 years |
| Hourly wage for training staff | \$16.04 | This assumption is consistent with Arizona statewide hourly wage for Child, Family and School Social Worker (SOC Code 21-1021) of \$14.87, taken from BLS as of December 2000 and inflated to December 2002 (7.85%). |
| ERE | 30.0% of wages | |
| Initial Training, per year | \$84 | 20 hours, spread over 5 years |
| Ongoing Training, per year | \$168 | 10 hours, spread over 5 years |
| Respite/Relief, per year | \$9,100 | (720 hours) x (provider respite rate without admin. overhead) |
| Habilitation, per year | \$830 | (50 hours) x (provider habilitation, support rate without admin. overhead) |
| Attendant Care | \$650 | (50 hours) x (provider attendant care rate without admin. overhead) |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------------------------------|--|
| Hourly wage for administrative/ Monitoring staff | \$13.97 | <i>Blended Rate:</i> - 50% Arizona statewide hourly wage for Child, Family and School Social Worker (SOC Code 21-1021) of \$14.87 - 50% Social and Human Service Assistant (SOC Code 21-1093) of \$11.04 Wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Number of family visits per year | 26 | One visit every two weeks, on average |
| Duration of family visit | 1 hour | |
| Mileage, per year | 1,200 miles | 100 miles per month |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |
| Total Retained by Agency | \$37.33 | |
| Total Payment to Family | \$69.43 | \$11.90 for Room and Board and \$57.54 for Other |
| Total Payment to Agency SFY 03 | \$106.75 | \$94.85 without Room and Board |
| Total Payment to Agency SFY 04 | \$109.75 | \$97.85 without Room and Board |
| Total Payment to Agency SFY05 | \$109.75 (Adult) \$111.95 (Child) | \$97.87 without Room and Board (Adult) \$100.07 without Room and Board (Child) |
| Total Payment to Agency SFY 06 (07/01/05 – 12/31/05) | \$109.75 (Adult) \$111.95 (Child) | \$97.64 without Room and Board (Adult) \$99.84 without Room and Board (Child) |
| Total Payment to Agency SFY 06 (01/01/06 – 06/30/06) | \$109.75 (Adult) \$111.95 (Child) | \$97.61 without Room and Board (Adult) \$99.36 without Room and Board (Child) |
| Total Payment to Agency SFY 07 | \$109.75 (Adult) \$111.95 (Child) | \$96.64 without Room and Board (Adult) \$98.84 without Room and Board (Child) |
| Total Payment to Agency SFY 08 | \$109.75 (Adult) \$111.95 (Child) | \$96.22 without Room and Board (Adult) \$98.42 without Room and Board (Child) |
| Total Payment to Agency SFY 05 through SFY 09 (05/24/09) | \$109.75 (Adult) \$111.95 (Child) | \$96.22 without Room and Board (Adult) \$98.42 without Room and Board (Child) |
| Total Payment to Agency SFY 09 (05/25/09 – 06/30/09) | \$98.78 (Adult) \$100.75 (Child) | \$86.61 without Room and Board (Adult) \$85.58 without Room and Board (Child) |

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Group Home Services

Individual rate models were developed for providers with Habilitation, Group Home and Habilitation, Community Protection and Treatment Group Home. Each model consists of two parts: the Habilitation Service part and the Room and Board part.

Purpose of the Rate Model

Traditionally, DDD reimbursed its Residential Services providers with a daily unit rate. The purpose of the Habilitation, Group Home and Habilitation, Community Protection and Treatment Group Home rate models is to express the Habilitation Service part of the model in terms of an hourly Full-Time Equivalency (FTE) staff hour unit.

Room and Board, All Group Homes Assumptions

The following assumptions were made for Room and Board, All Group Homes, rate models:

- Capital expense assumption is Rental payments based on the size of the facility and its geographical location as indicated in Table 3:

Table 3

| | Number of bedrooms | | | | | |
|------------------|----------------------|-------|---------|---------|---------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Flagstaff | \$660 | \$857 | \$1,149 | \$1,380 | \$1,587 | \$1,825 |
| Phoenix-Mesa | \$641 | \$806 | \$1,121 | \$1,320 | \$1,518 | \$1,746 |
| Tucson | \$513 | \$683 | \$949 | \$1,119 | \$1,287 | \$1,480 |
| Yuma/Yavapai | \$478 | \$636 | \$884 | \$890 | \$1,024 | \$1,177 |
| Non-metropolitan | Same as Yuma/Yavapai | | | | | |

- Utility assumptions outlined in Table 4 are based on research from Arizona Public Service Online Home Analyzer tool as of October 17, 2002 and the City of Phoenix Manager's Executive Report for 1999-2000:

Table 4

| | Number of bedrooms (per month costs) | | | | | |
|--------------------|--------------------------------------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Gas | \$28.63 | \$32.49 | \$36.35 | \$40.14 | \$43.82 | \$47.52 |
| Electricity | \$84.71 | \$97.68 | \$109.98 | \$121.36 | \$132.26 | \$144.15 |
| Water, trash, etc. | \$31.59 | \$31.59 | \$31.59 | \$31.59 | \$31.59 | \$31.59 |
| Total | \$144.93 | \$161.76 | \$177.92 | \$193.09 | \$207.67 | \$223.26 |

- Maintenance expense assumed at \$50 per month for a two-bedroom facility (assuming a three-person occupancy), with \$5.00 decrease/increase for each additional bedroom as indicated in Table 5:

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Table 5

| | Number of bedrooms | | | | | |
|-------------|--------------------|---------|---------|---------|---------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Maintenance | \$45.00 | \$50.00 | \$55.00 | \$60.00 | \$65.00 | \$70.00 |

- ❑ Telephone expense assumed at \$25 per month for a two-person occupancy, with \$5.00 decrease/increase for each additional person as indicated in Table 6:

Table 6

| | Number of persons | | | | | |
|-----------|-------------------|---------|---------|---------|---------|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Telephone | \$20.00 | \$25.00 | \$30.00 | \$35.00 | \$40.00 | \$45.00 |

- ❑ On average, meal expense assumed at \$218.35 per person per month. Meal expense is based on USDA Moderate-Cost Plan variations as of August 2002, inflated to December 2003, as indicated in Table 7:

Table 7

| Food per person per month | |
|---------------------------|----------|
| 20-50 years old | \$225.26 |
| 51 years old and over | \$211.44 |
| Average | \$218.35 |

Vehicle Assumptions

The following assumptions were made about vehicle expense in both Habilitation, Group Home and Habilitation, Community Protection and Treatment Group Home:

- ❑ Vehicle lease assumed at \$500 per month.
- ❑ Vehicle insurance assumed at \$200 per month.
- ❑ Vehicle maintenance assumed to be included in mileage reimbursement at 34.5 cents per mile.
- ❑ Either same type of vehicle is utilized in group homes of different capacity and vehicles last longer in group homes with smaller capacity, or group homes with smaller capacity purchase vehicles that are cheaper than those of group homes with larger capacity.
- ❑ There are 173.33 hours per month (2,080 / 12).

The following methodology was used to convert the vehicle expense (fixed cost) into the hourly FTE unit:

- ❑ From the Habilitation, Group Home SFY 01 payment file provided by DDD:
 - It was assumed that July 2001 capacity is equivalent to 100% utilization.
 - All 522 sites were sorted based on July 2001 capacity.
 - From the distribution of capacity, number of corresponding sites and average FTE per site, it was assumed that the average FTE per site increases with the increasing capacity as indicated in Table 8:

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Table 8

| Capacity | Number of Sites | Average FTE per Site | Median FTE per Site | Std. Dev. FTE per Site |
|----------|-----------------|----------------------|---------------------|------------------------|
| 1 | 40 | 3.69 | 3.80 | 2.24 |
| 2 | 85 | 4.71 | 4.67 | 1.88 |
| 3 | 121 | 5.95 | 6.23 | 1.73 |
| 4 | 152 | 6.55 | 6.26 | 1.56 |
| 5 | 79 | 7.07 | 6.75 | 1.66 |
| 6 | 35 | 6.70 | 6.50 | 1.45 |
| 7 | 3 | 8.96 | 8.75 | 1.32 |
| 8 | 2 | 9.87 | 9.87 | 5.82 |
| 9 | 2 | 11.47 | 11.47 | 6.25 |
| 10 | 2 | 7.96 | 7.96 | 0.65 |
| 11 | 1 | 7.30 | | |
| >=6 | 45 | 7.27 | 6.90 | 2.23 |
| >=7 | 10 | 9.28 | 8.09 | 3.25 |
| >=8 | 7 | 9.41 | 7.50 | 3.89 |

- ❑ 472 sites with capacity between two and six clients, or 90% of the total number of sites, were evaluated as indicated in Table 9:

Table 9

| Capacity | Number of Sites | Average FTE per Site | Median FTE per Site | Std. Dev. FTE per Site |
|-------------------|-----------------|----------------------|---------------------|------------------------|
| Total for all cap | 522 | 6.02 | 6.22 | 2.06 |
| 2 <= cap >= 6 | 472 | 6.16 | 6.23 | 1.84 |

- ❑ Vehicle expense per FTE was converted according to the following formula: (\$700 fixed vehicle expense per month) / ((6.16 average FTE per site) x (173.33 hours per month)) = 65.56 cents per FTE hour.

Transportation Assumptions

The following assumptions were made about transportation expense:

- ❑ On average, total daily mileage allowance per facility assumed at 40 miles, as indicated in Table 10:

Table 10

| Activity | Mileage |
|---------------------------------------|-----------|
| Doctor's appointment | 10 |
| Day Treatment and Training or similar | 20 |
| Recreational activities | 10 |
| Total | 40 |

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- ❑ Total average hours per day assumed at 35, calculated as: (6.16 average FTE per site) x (2,080 hours per year) / (365 days per year) = 35.1 hours per day.
- ❑ On average, every direct care staff member has 1.14 miles of work-related commute per hour, calculated as: (40 miles per day) / (35.1 hours per day) = 1.14 miles per hour.

Service-Specific Assumptions

The following assumptions were made for each Residential Services category:

Habilitation, Group Home

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$10.99 | <ul style="list-style-type: none"> - 5% Arizona statewide hourly wage for Social and Community Services Managers (SOC Code 11-9151) of \$19.88 - 25% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 70% Personal and Home Care Aide (SOC Code 39-9021) of \$8.46 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average travel | 0 | Included in the "billable hours" |
| Notes and medical records | 0 | |
| Average on-site time | 8.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 1.14 miles | Based on transportation assumptions |
| Mileage reimbursement | 34.5 cents per mile | |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$17.06 | |
| SFY 05/06 Benchmark Rate | \$17.79 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$18.50 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$18.79 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$19.39 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$19.39 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$19.39 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

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Habilitation, Community Protection and Treatment Group Home

Habilitation, Community Protection and Treatment Group Home is similar in structure and service to Habilitation, Group Home, with the following exceptions:

- ❑ 10 (ten) percent premium on wages.
- ❑ 2 (two) percent premium on program compliance.

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$12.09 | <ul style="list-style-type: none"> - 5% Arizona statewide hourly wage for Social and Community Services Managers (SOC Code 11-9151) of \$19.88 - 25% Rehabilitation Counselors (SOC Code 21-1015) of \$13.11 - 70% Personal and Home Care Aide (SOC Code 39-9021) of \$8.46 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85.) Then 10% premium was added to blended wage. |
| ERE | 30.0% of wages | At 20%, rate is \$17.59 with transportation |
| Average travel | 0 | Included in the "billable hours" |
| Notes and medical records | 0 | |
| Average on-site time | 8.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 1.14 miles | |
| Mileage reimbursement | 34.5 cents per mile | |
| Program Compliance | 4% | 2% premium over Habilitation, Group Home |
| Administrative overhead | 10% | |
| Benchmark Rate | \$18.97 | \$18.58 without transportation |
| SFY 05/06 Benchmark Rate | \$19.78 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$20.57 | Following a 4% adjustment |
| SFY07 Benchmark Rate | \$20.90 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY08 Benchmark Rate | \$21.57 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$21.57 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$21.57 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

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The Habilitation, Community Protection and Treatment Group Home model is also applicable to Habilitation, Community Protection and Treatment Hourly, a Home-Based Service mentioned in the *Home-Based Services* section above.

Habilitation, Nursing Supported Group Home

The Habilitation, Nursing Supported Group Home rates are based on 80 percent of the Arizona's Intermediate Care Facilities for the Mentally Retarded (ICF/MR) rates for three levels. Tables 11a, 11b, 11c and 11d outline the ICF/MR rates, Habilitation, Nursing Supported Group Home rates for July 1, 2005, January 1, 2006 (which includes a 4% increase to the adopted rate), July 1, 2006 and July 1, 2007 (which includes a 5% increase to the adopted rate).

Table 11a – SFY06 (7/1/05 to 12/31/05)

| Level | 7/1/05 ICF/MR Rates | 7/1/05 Rates (80% of ICF/MR) (Benchmark) | 7/1/05 Rates (Adopted) |
|-----------|---------------------|--|------------------------|
| Level I | \$400.64 | \$320.51 | \$320.51 |
| Level II | \$481.14 | \$384.91 | \$384.91 |
| Level III | \$549.38 | \$439.50 | \$439.50 |

Table 11b – SFY06 (1/1/06 to 6/30/06)

| Level | 7/1/05 ICF/MR Rates | 1/1/06 Rates (80% of ICF/MR) with 4% (Benchmark) | 1/1/06 Rates (Adopted) |
|-----------|---------------------|--|------------------------|
| Level I | \$400.64 | \$333.33 | \$340.00 |
| Level II | \$481.14 | \$400.31 | \$408.31 |
| Level III | \$549.38 | \$457.08 | \$466.23 |

Table 11c – SFY07 (7/1/06 to 6/30/07)

| Level | 7/1/06 ICF/MR Rates | 7/1/06 Rates (80% of ICF/MR) (Benchmark) | 7/1/06 Rates (Adopted) |
|-----------|---------------------|--|------------------------|
| Level I | \$417.47 | \$333.98 | \$340.00 |
| Level II | \$501.35 | \$401.08 | \$408.31 |
| Level III | \$583.91 | \$457.96 | \$466.23 |

Table 11d –SFY08 (7/1/07 to 5/24/09)

| Level | 7/1/07 ICF/MR Rates | 7/1/07 Rates (80% of ICF/MR) (Benchmark) | 7/1/07 Rates (Adopted) |
|-----------|---------------------|--|------------------------|
| Level I | \$417.47 | \$333.98 | \$357.00 |
| Level II | \$501.35 | \$401.08 | \$428.73 |
| Level III | \$583.91 | \$457.96 | \$489.54 |

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Table 11e –SFY08 (5/25/09 to 6/30/09)

| Level | 7/1/07 ICF/MR Rates | 7/1/07 Rates (80% of ICF/MR) (Benchmark) | 7/1/07 Rates (Adopted) |
|-----------|---------------------|--|------------------------|
| Level I | \$417.47 | \$333.98 | \$321.30 |
| Level II | \$501.35 | \$401.08 | \$385.86 |
| Level III | \$583.91 | \$457.96 | \$440.59 |

Table 12 illustrates assumptions that resulted in the reduction of the ICF/MR rates by 20 percent. The rates used in this table reflect original 2004 ICF/MR and resulting SFY 04 published rates:

Table 12

| | Level I | Level II | Level III | Comments |
|----------------------------|-----------------|-----------------|-----------------|--|
| SFY 04 ICF/MR Rate | \$316.95 | \$390.89 | \$453.56 | |
| Deductions | | | | |
| Room and Board | \$18.27 | \$18.27 | \$18.27 | Per Room and Board model at 4 occupants in a 4-capacity group home in Phoenix-Mesa |
| Formula | \$6.00 | \$6.00 | \$6.00 | Per Cost Study provided by the Division |
| Feeding Supply | \$9.67 | \$9.67 | \$9.67 | Per Cost Study provided by the Division |
| Incontinence Supplies | \$3.00 | \$3.00 | \$3.00 | Rate modifier, will be approved by the Division on a case-by-case basis. |
| Pharmaceuticals | \$7.00 | \$7.00 | \$7.00 | Assumption |
| Day Programs | \$42.00 | \$42.00 | \$42.00 | 7 hours at billing staff-to-consumer ratio of 1:5.5 |
| Cost savings vs. ICF/MR | \$15.85 | \$19.54 | \$22.68 | Assumed at 5% |
| Total Deductions | \$101.79 | \$105.48 | \$108.62 | |
| Net Amount | \$215.16 | \$285.41 | \$344.94 | |
| % of ICF/MR | 67.9% | 73.0% | 76.1% | |
| SFY 04 Adopted Rate | \$253.56 | \$312.71 | \$362.85 | |
| % of ICF/MR | 80% | 80% | 80% | |

Room and Board, All Group Homes

It is assumed that room and board requirements are the same for all group home services. Table 13 indicates the daily per-person Room and Board rate with the following assumptions:

- ❑ This is a two-bedroom facility.
- ❑ There are three individuals in this facility.

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- This facility is located in Flagstaff metropolitan area.

Table 13

| <u>Assumption</u> | <u>Calculation</u> | <u>Monthly Value</u> | <u>Daily Value</u> |
|-------------------|--------------------|----------------------|--------------------|
| Rent | \$857/3 | \$285.67 | \$9.39 |
| Utilities | \$161.76/3 | \$53.92 | \$1.77 |
| Telephone | (\$25+\$5)/3 | \$10.00 | \$0.33 |
| Maintenance | \$50/3 | \$16.67 | \$0.55 |
| Food | \$218.35/1 | \$218.35 | \$7.18 |
| Total | | \$584.60 | \$19.22 |

The Room and Board rate is based on the average individual occupancy in the facilities of different sizes (number of bedrooms). Similar to other services, SFY 2004 original Benchmark Rates have been adjusted by 4.25% for SFY 2005 / 2006, by 4% for January 1, 2006, by 1.6% for SFY 2006 and by 3.2% for SFY 2008.

Professional Services

Therapies

Sources and General Assumptions

This section presents the data sources and general assumptions that are used in developing the Therapy independent models.

Data Sources

The following data sources were used as inputs to the models:

- Hourly wage information was obtained from the Bureau of Labor Statistics (BLS) for the hourly wages for specific occupations. The BLS information was as of May of 2005, obtained in 2007. All wage data was inflated to December 2007, mid-point of SFY 08.
- Inflation data was obtained from Global Insight (Q1 2007, Table 6.5CY: *Home Health Agency Market Basket*) to inflate wages to December 2007.
- The Arizona Department of Administration, General Accounting Office, Arizona Accounting Manual, Section II-D-6, published November 15, 2006, was used to determine the mileage reimbursement.
- The *FY 2006 Appropriations Report* was used to determine the cost per square foot of provider-used facility. This report was published by the Arizona Joint Legislative Budget Committee in July 2005.

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In addition to the quantitative data listed above, the Division's service manuals and service specifications were reviewed. The purpose of this review was to ensure that model assumptions are in line with the service objectives, provider qualifications and units of service.

In the development of the models, the Division conducted a series of focus groups. The purpose of the focus groups was to better understand the productivity factors and cost drivers facing the therapy providers. In addition, the Division conducted an online survey to solicit additional input from therapy providers on productivity and elements of cost of services. Both the focus groups and the on line survey were used in developing and validating model assumptions.

General Assumptions

The following general assumptions were made for Therapy independent models:

- Employee related expenses (ERE) were assumed to be 30 percent of respective hourly wages for each service category. Refer to the *Employee-Related Expenses Assumptions* section for the ERE model and discussion.
- Total hours were assumed to be 8 hours per day and 2,080 hours per year.
- Where applicable, mileage reimbursement was assumed to be 44.5 cents per mile.
- Where applicable, cost per square foot of rental/leased office space was assumed to be \$15.50 per square foot (from FY 2006 Appropriations Report, as indicated in *Sources*).
- Where applicable, 3 years of amortization were assumed for the cost of equipment.
- Administrative overhead was assumed to be 12 percent of the total non-travel cost, this amount includes a factor of 2% for costs associated with the third party liability billing processes.

Rate Schedule Features

This section of the document presents information related to features of the rate schedule. Included is a discussion of the setting in which the service is delivered, the underserved adjustment factor, and the multiple client adjustment.

Setting

For each service, a "base model" was created based on a clinical setting, then adjusted to allow for natural setting related expenses including travel.

A "clinical setting" includes the office or central location of the provider and generally requires the consumer to travel to the provider specifically to receive the service.

A "natural setting" includes the home and community settings such as parks, restaurants, day care, etc, in which persons without disabilities participate.

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Therapy Providers will bill the Division the appropriate rate based on the setting in which the service was delivered.

Underserved Area - Tiers

One of the goals of the rate setting process was to institute a rate system that encouraged the establishment of provider practices in areas of the State that have traditionally been difficult to serve. The current rate system for therapies was examined against this goal. It was concluded that the current system may have provided an incentive for the delivery of services in an area – because the rates increased in proportion to the miles traveled – but did not provide an incentive to providers to establish their practices in a difficult to serve area.

In order to establish and maintain provider capacity in rural and hard-to-serve areas of the State, the proposed rate schedules include a tier system. This system incrementally increases the base rate for a service to reflect the perceived difficulty in serving the area based upon the zip code of the client being served.

The determination of the perceived difficulty to serve an area based on the client zip code was a two step process. The first step was the analysis of provider locations within the state, the measurement of the distance from the center of each zip code to each provider, and the number and percentage of the units of service delivered in the zip code. For example:

Zip Code 85736 had 76.7% of its units served by a provider within 50 miles and 23.3% of its units served by a provider greater than 50 miles but less than 120 miles away.

An initial review of these data resulted in the categorization of the zip codes into three categories: a “base rate” category and two tiers.

The second step in the determination of the tiers was the review of the quantitative results by both the Early Intervention Redesign Team and personnel from the Division’s Districts.

This review resulted in the addition of a fourth tier that moved some of the zip codes that had been originally categorized as either “base rate” or the first tier into a new tier one that reflected the consensus of difficulty to serve.

The resulting general criteria for the assignment of a zip code to a tier category are:

- Base Rate – Generally the client zip codes with the majority of units delivered by a provider within 50 miles of the center of the zip code
- Tier 1 Rates – A tier that resulted from the judgment of the Redesign Team and District personnel from reviewing the client zip codes that had initially been assigned to either Base Rate or the first tier
- Tier 2 Rates – Generally the client zip codes with the majority of units delivered by a provider greater than 50 miles but less than 120 miles from the center of the zip code

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- Tier 3 Rates – Generally client zip codes with the majority of units delivered by a provider greater than 120 miles from the center of the zip code

After the assignment of all client zip codes to a tier, an overall review was performed and based on additional judgments, selected client zip codes were moved to different tiers.

Appendix 2 displays the State’s zip codes and their assignment to the Base Rate or Tier designation.

The Base Rate classification for a client zip code will result in the base rate being paid for services delivered to clients with this zip code. The rates shown on the rate schedule for the tiers are adjusted by the following factors:

- Tier 1 = a 10% increase to the Base Rate derived from the independent rate model
- Tier 2 = a 25% increase to the Base Rate derived from the independent rate model
- Tier 3 = a 50% increase to the Base Rate derived from the independent rate model

The rates paid for therapy evaluations will not receive a tier adjustment.

Rate Model

The Base Model for therapy services is for *ongoing* therapy in a *clinical* setting. One rate model was developed for three therapy services:

- Occupation Therapy
- Physical Therapy
- Speech Therapy

The assumptions and values included in the independent model are outlined in the table below:

Ongoing Therapy Services in Clinical Setting – Occupational, Physical and Speech

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--------------------------|--------------|---|
| Unit of Service | 60 minutes | Includes direct service time, assumed at 45 minutes, plus 15 minutes for notes/medical records. |
| Hourly wage | \$32.83 | This assumption is consistent with Arizona statewide hourly wage for Physical Therapist (SOC Code 29-1123) of \$30.19, taken from the BLS as of May 2005 and inflated to December 2007 (8.73%). The wage for physical therapist is the highest of possible wages for occupational, physical and speech therapists, as provided by the BLS. |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|---|
| ERE | 30.0% of wages | Without assumptions for part-time employees and turnover, the benefits model results in 24% ERE. After assumptions for 20% part-time and 20% turnover, ERE percentage is reduced to 18%. |
| Average weekly caseload | 35 consumers | Assumption corroborated by the focus group studies and online survey. |
| Average DDD consumers per day | 7 visits | Based on 5-day work week |
| Average billable hours per day | 7 hours | Based on 7 consumers at 1 hour each. |
| Average non-billable time per day | 1 hour | Assumes time for missed appointments (30 minutes), continuous education (12 minutes, or roughly 50 hours per year), and other non-billable activities (18 minutes, or roughly 75 hours per year). |
| Mileage per day | 1.5 miles | Assumes travel to ISP meetings on consumers' behalf. |
| Mileage reimbursement | 44.5 cents per mile | |
| Office square footage | 250 | |
| Cost per square foot | \$15.50 | Allocated over total annual billable hours. |
| Cost of equipment and maintenance | \$2,000 | Amortized over 3 years. Allocated over total annual billable hours. |
| Administrative overhead | 10% | |
| TPL Management | 2% | Expenses related to third-party billing |
| Model Benchmark Rate | \$57.52 | The rate effective for September 30, 2007 (\$62.80) serves as the floor for the Adopted rate for Clinical Setting, Base Rate. |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$57.52 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0% with \$62.80 'floor' for the Clinical Setting, Base Rate |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$57.52 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% with \$56.52 'floor' for the Clinical Setting, Base Rate |

The Base Model was adjusted for the natural setting and evaluation services.

Natural Setting: For therapy services provided in a natural (in-home) setting, the model is adjusted to add 1.5 hours of travel time and 58.5 miles (totaling 60 miles). As a result, total non-billable hours increase to 2.5 hours per day, total billable hours decrease to 5.5 hours per day and total mileage allowance increases to 60.0 miles. These changes result in a reduced caseload and the allowance for trips between consumers. The resulting model has an hourly rate of \$77.94.

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Evaluation Service, Clinical Setting: In a clinical setting, the rate for therapy evaluation is 3 times greater than the rate for ongoing therapy. This is because of the assumption that, on average, each evaluation session lasts for 3 hours. The resulting model has a rate of \$172.56. The unit of service for this rate is one encounter compared to an hourly unit of service for ongoing therapy.

Evaluation Service, Natural Setting: The evaluation therapy rate in a natural setting is derived from one hour of the natural setting rate and two hours of the Base Model rate. This has the effect of preserving the adjustment for natural setting. The resulting model has a *per encounter* rate of \$192.98.

Because the independent rate model for a Clinical Setting for the Base Rate produced a rate less than the rate that was contained in the July 1, 2007 RateBook, the Division overrode the rate model and adopted a floor rate for the Clinical Setting, Base Rate of \$62.80.

Home Health Aide and Nursing

The rate models for Home Health Aide and Nursing services were developed for the SFY 2004 published rate schedule and reflect original sources of third-party information and assumptions.

Home Health Aide

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$8.67 | This assumption is consistent with Arizona statewide hourly wage for Home Health Aide (SOC Code 31-1011) of \$8.04, taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 3 visits | |
| Average travel | 40 minutes | Two travels between clients |
| Notes and medical records | 30 minutes per day | 10 minutes per visit |
| Average on-site time | 6.90 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Supervisor hourly wage | \$24.41 | This assumption is consistent with Arizona statewide hourly wage Registered Nurse (SOC Code 29-1111) of \$22.63, taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| Daily portion of supervision | 15 minutes a day | |
| Mileage | 30 miles | Average distance for each travel of 15 miles |
| Mileage reimbursement | 34.5 cents per mile | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$16.72 | |
| SFY 05/06 Benchmark Rate | \$17.43 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$18.13 | Following a 4% adjustment |
| SFY 07 Benchmark Rate | \$18.42 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$19.01 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$19.01 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$19.01 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Nursing, Short-term

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|--|
| Unit of Service | 60 minutes | |
| Hourly wage | \$20.11 | <i>Blended Rate:</i> - 50% Arizona statewide hourly wage for Registered Nurse (SOC Code 29-1111) of \$22.63 - 50% Licensed Practical and Licensed Vocational Nurses (SOC Code 29-2061) of \$14.67 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 3 visits | |
| Average travel | 40 minutes | Two travels between clients |
| Notes and medical records | 30 minutes per day | 10 minutes per visit |
| Average on-site time | 6.90 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Supervisor hourly wage | \$24.41 | This assumption is consistent with Arizona statewide hourly wage Registered Nurse (SOC Code 29-1111) of \$22.63, taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| Daily portion of supervision | 15 minutes a day | |
| Mileage | 30 miles | Average distance for each travel of 15 miles |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY 04 Benchmark Rate | \$35.69 | |
| SFY 05/06 Benchmark Rate | \$37.21 | Following a 4.25% adjustment |
| Jan 1 2006 Benchmark Rate | \$38.70 | Following a 4% adjustment |
| SFY 07 Benchmark Rate | \$39.31 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$40.57 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$40.57 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$40.57 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Nursing, Continuous

If nursing is provided for more than 16 hours in one day, this is considered to be Nursing, Continuous. One unit of Nursing, Continuous equals one day (16 or more hours in a 24-hour period) of direct service.

The SFY 2004 Benchmark Rate for this service is equal to \$571.04 (\$35.69/hr * 16 hours). Following an inflationary adjustment of 4.25%, the Benchmark Rate for this service is equal to \$595.31 in SFY 2005 / 2006. An additional inflationary adjustment of 4% yields a Benchmark Rate of \$619.12 for January 1, 2006. The Benchmark Rate for SFY 2007 has increased to \$629.03 after applying an inflationary adjustment of 1.60% and the Adopted-to-Benchmark ratio is set at 100.0%. The Benchmark Rate for SFY 2008 has increased to \$649.16 after applying an inflationary adjustment of 3.20%.

Support Coordination Services

The models for Support Coordination services, also known as Case Management services, are based on the capitation model developed by the Arizona Health Care Cost Containment System (AHCCCS) for the fiscal year 2007.

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AHCCCS Case Management Capitation Model

| | | | | |
|---------------------------|----------------------------------|-------------------|--------------|--------------|
| | Estimated number of clients | 17,422 | 17,422 | |
| | HCBS Mix | 100% | 100% | |
| Assumptions | Case Manager Base Pay | \$33,425 | \$33,425 | |
| | Administrative Staff Base Pay | \$29,325 | \$29,325 | |
| | Case Manager Supervisor Base Pay | \$41,010 | \$41,010 | |
| | Employee Related Expenses | 37% | 37% | |
| | HCBS clients/case mgr | 40 | 35 | |
| | Case Manager/Supervisor ratio | 8.0 | 8.0 | |
| | CM FTEs per vehicle | 1.3 | 1.3 | |
| | Vehicle cost per mile | \$0.405 | \$0.405 | |
| | Vehicle miles per day | 100 | 100 | |
| | Vehicle days per year | 250 | 250 | |
| | Mix of Caseload to Total* | 95.34% | 4.66% | |
| | Calculations | CM FTEs required | 436 | 498 |
| | | CM Salary and ERE | \$19,944,814 | \$20,077,612 |
| Admin FTEs required | | 54 | 62 | |
| Admin Salary and ERE | | \$2,187,291 | \$2,499,761 | |
| Supervisor FTEs required | | 54 | 62 | |
| Supervisor Salary and ERE | | \$3,058,851 | \$3,495,830 | |
| Vehicles required | | 377 | 431 | |
| Vehicle costs | | \$3,816,297 | \$4,361,483 | |
| Total Annual CM Cost | | \$29,007,255 | \$33,151,148 | |
| CM-related PMPM FY 07 | | \$138.75 | \$158.57 | |
| Weighted Rate | | \$139.67 | | |

* Percentage represents relative weight of rate factored into total.

Based on this model, the Division established three Support Coordination services, depending on the type of population each Support Coordination will provide service to. The resulting models and assumptions for the various components are provided on the following page.

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Summary of Various Support Coordination Models

| | Regular Support Coordination | | Targeted Support Coordination | | State Funded Support Coordination | |
|--|-------------------------------------|-----------------|--------------------------------------|----------------|--|----------------|
| Caseload | 17,422 | | 17,422 | | 2,409 | |
| Clients/case mgr | Weighted 80 | | 80 | | 110 | |
| CM FTEs required (direct care) | 436 | | 218 | | 22 | |
| Yearly CM hrs | 906,880 | | 453,440 | | 45,760 | |
| Monthly CM hrs | 75,573 | | 37,787 | | 3,813 | |
| Monthly CM hrs/client | 4.34 | | 2.17 | | 1.58 | |
| Specific Tasks Retained by the Division | Hrs | % | Hrs | % | Hrs | % |
| Eligibility / Intake | 0.22 | 5.0% | 0.16 | 7.5% | 0.16 | 10.1% |
| Authorization | 0.09 | 2.0% | 0.04 | 2.0% | 0.04 | 2.5% |
| Policy and Cost-Effectiveness | 0.22 | 5.0% | 0.11 | 5.0% | 0.11 | 7.0% |
| Claims Resolution Activity | 0.09 | 2.0% | 0.04 | 2.0% | 0.04 | 2.5% |
| Training / Meetings | 0.04 | 1.0% | 0.02 | 1.0% | 0.02 | 1.0% |
| File Review / Contract Monitoring | 0.22 | 5.0% | 0.16 | 7.5% | 0.16 | 10.1% |
| Reporting | 0.22 | 5.0% | 0.11 | 5.0% | 0.08 | 5.0% |
| DES/DDD Supervision | 0.25 | 5.7% | 0.12 | 5.7% | 0.07 | 4.5% |
| Total | 1.35 | 30.7% | 0.76 | 35.5% | 0.68 | 42.8% |
| Base Capitation Rate | | \$139.67 | | \$69.37 | | \$50.45 |
| DD keeps, % | | 30.7% | | 35.5% | | 42.8% |
| DD keeps, \$\$ | | \$42.86 | | \$24.79 | | \$21.61 |
| Contract Service Rate | | \$96.81 | | \$44.58 | | \$28.84 |
| Overhead Premium | | 5.0% | | 5.0% | | 5.0% |
| Published / Suggested Rate | | \$101.65 | | \$46.81 | | \$30.28 |
| Same % as used in the Regular Support Coordination model | | | | | | |
| Time estimate for a specific task within Targeted Support Coordination setting | | | | | | |

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Employment Support Services

Individual rate models were developed for Center-Based Employment, Group Supported Employment and Individual Supported Employment. In addition, two separate models were developed for Employment Support Aide: one for Center-Based Employment and another for Group Supported Employment and Individual Supported Employment.

General Assumptions

The following general assumptions were used in the rate models:

- ❑ Providers in *low-client density* areas will likely travel farther on each in-program trip (all models), spend less time doing direct service as more time is spent in travel (Group Supported Employment and Individual Supported Employment), have smaller facilities (Center-Based Employment only), have a slightly lower cost per square foot for their facility space (Center-Based Employment only), and need more square footage per service staff (Group Supported Employment and Individual Supported Employment).
- ❑ For Center-Based Employment and Group Supported Employment, billable time is defined as time spent in direct contact with clients.
- ❑ For Individual Supported Employment, time spent either directly with a client or certain categories of time on behalf of a client (such as report writing) is billable.
- ❑ Employee-related expenses (ERE), including such items as health insurance benefits and vacation time, are assumed to be 34 percent of wages for all service models.

Data Sources

Sources of data for Employment Services are sometimes different than those used in other independent models. Specific data sources used in model components include:

- ❑ **Hourly Direct Service Wage:** Data and weightings are based on data from the Bureau of Labor Statistics (BLS), the Employment Support Services (ESS) Provider Survey (distributed and collected by Mercer Government Human Services Consulting (Mercer)), and Mercer's professional experience.
- ❑ **Employee Related Expenses (ERE):** ESS Provider Survey, as well as Mercer's professional experience.
- ❑ **Program Expenses:** ESS Provider Survey, other DDD rate models, and Mercer's professional experience.
- ❑ **Administrative Expenses:** ESS Provider Survey, other DDD rate models, and Mercer's professional experience.
- ❑ **Absence Factor:** ESS Provider Survey and billing data provided by the individual districts.
- ❑ **High versus Low Density Rate:** SFY 2004 utilization data and Mercer's proprietary zip code analysis.

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Center-Based Employment

The following general assumptions were made for the Center-Based Employment programs:

- ❑ Two models were developed for Center-Based Employment to distinguish areas of high and low density.
- ❑ Total hours assumed at 8 hours per day.
- ❑ Average billable hours at the program assumed at 7 hours.
- ❑ Each high-density Center-Based Employment center assumed to have 16 expected consumers per day, compared to 6 expected consumers for a low-density Center-Based Employment center.
- ❑ Absence Factor of 14% assumes that an average *actual* number of consumers will be at 13.76 and 5.16 in high and low density areas, respectively.
- ❑ The ratio of staff members to consumers assumed at 1:6.
- ❑ Capital expense assumed as follows:
 - Each high-density Center-Based Employment center assumed to have 2,000 square feet. Low-density center assumed to have 1,000 square feet.
 - Average cost per square foot in a high-density Center-Based Employment center assumed at \$12.00 per annum, compared to \$11.50 to a Center-Based Employment center in a low-density area.

Center-Based Employment, High Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|--|
| Unit of Service | 1 client hour | |
| Hourly wage | \$11.17 | |
| ERE | 34.0% of wages | |
| Time allocated to reporting and facility preparation | 0.8 hour | |
| Time allocated to training | 0.2 hour | |
| Average on-site time | 7.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of staff members | 2.29 | Based on ratio of total direct care service staff with consumers present at the program to total consumers |
| Number of individuals | 13.76 | Actual attendance after allowances for absence |
| Number of client trips | 1.5 | |
| Mileage per trip | 6 miles | |
| Mileage reimbursement | 41.0 cents per mile | |
| Capital expense | \$6.67 | Per consumer per day |
| Supplies | \$2.00 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 12% | Based on hourly compensation |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| Absence Factor | 14% | Permanent adjustment that accounts for program absences |
| SFY 06 Benchmark Rate | \$5.26 | |
| SFY 07 Benchmark Rate | \$5.34 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$5.51 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$5.51 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$5.51 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Center-Based Employment, Low Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|--|
| Unit of Service | 1 client hour | |
| Hourly wage | \$11.17 | |
| ERE | 34.0% of wages | |
| Time allocated to reporting and facility preparation | 0.8 hour | |
| Time allocated to training | 0.2 hour | |
| Average on-site time | 7.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of staff members | 0.86 | Based on ratio of total direct care service staff with consumers present at the program to total consumers |
| Number of individuals | 5.16 | Actual attendance after allowances for absence |
| Number of client trips | 1.5 | |
| Mileage per trip | 15 miles | |
| Mileage reimbursement | 41.0 cents per mile | |
| Capital expense | \$8.52 | Per consumer per day |
| Supplies | \$2.00 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 12% | Based on hourly compensation |
| Absence Factor | 14% | Permanent adjustment that accounts for program absences |
| SFY 06 Benchmark Rate | \$5.78 | |
| SFY 07 Benchmark Rate | \$5.87 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$6.06 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|--|
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$6.06 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$6.06 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Group Supported Employment

The following general assumptions were made for the Group Supported Employment programs:

- ❑ Four models were developed for Group Supported Employment to distinguish between size of the group, as well as areas of high and low density.
- ❑ Total hours assumed at 8 hours per day.
- ❑ Average productivity at the program assumed at 6 hours in high-density areas and 5.50 hours in low-density areas.
- ❑ A 2.5% effective client absence rate assumed for larger groups; 3.0% assumed for smaller groups.
- ❑ Capital expense assumed as follows:
 - Each high-density Group Supported Employment office assumed to have 600 square feet. Low-density office assumed to have 700 square feet.
 - Average cost per square foot in both high- and low-density areas assumed at \$12.00 per annum.

Group Supported Employment, Large Group (4 to 6 clients) in High Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Unit of Service | 1 staff hour | |
| Hourly wage | \$12.53 | |
| ERE | 34.0% of wages | |
| Job development time, employer contact time | 0.25 hour | |
| Travel time between employer sites | 0.75 hour | |
| Time allocated to reporting | 0.75 hour | |
| Time allocated to training | 0.25 hour | |
| Average on-site time | 6.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of client trips | 2.0 | |
| Mileage per trip | 17.50 miles | |
| Mileage reimbursement | 41.0 cents per mile | |
| Capital expense | \$4.80 | Per billable hour |
| Supplies | \$1.50 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 12% | Based on hourly compensation |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|---|
| Effective Client Absence Rate | 2.5% | Permanent adjustment that accounts for program absences |
| SFY 06 Benchmark Rate | \$33.82 | |
| SFY 07 Benchmark Rate | \$34.36 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$35.46 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$35.46 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$35.46 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Model for a low-density area is similar to that for a high-density area, except for the following:

- ❑ Allowance for travel time is greater at 1.25 hours.
- ❑ Mileage per trip allowance is greater at 25 miles
- ❑ Square footage allowance is greater at 700 square feet
- ❑ Capital expense is greater at \$6.11 per billable hour

As a result of these revisions, the SFY 06 benchmark rate for a large-group Group Supported Employment service in a low-density area is \$38.92. The SFY 07 benchmark rate for a large-group Group Supported Employment service in a low-density area is \$39.54 (includes a 1.6% adjustment). The SFY 08 benchmark rate for a large-group Group Supported Employment service in a low-density area is \$40.81 (includes a 3.2% adjustment). The SFY 09 benchmark rate for a large-group Group Supported Employment service in a low-density area continues to be \$40.81 (includes a 0.0% adjustment).

Group Supported Employment, Small Group (2 or 3 clients) in High Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Unit of Service | 1 staff hour | |
| Hourly wage | \$13.43 | |
| ERE | 34.0% of wages | |
| Job development time, employer contact time | 0.25 hour | |
| Travel time between employer sites | 0.75 hour | |
| Time allocated to reporting | 0.75 hour | |
| Time allocated to training | 0.25 hour | |
| Average on-site time | 6.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of client trips | 2.0 | |
| Mileage per trip | 11.00 miles | |
| Mileage reimbursement | 41.0 cents per mile | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| Capital expense | \$4.80 | Per billable hour |
| Supplies | \$1.00 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 12% | Based on hourly compensation |
| Effective Client Absence Rate | 3.0% | Permanent adjustment that accounts for program absences |
| SFY 06 Benchmark Rate | \$34.87 | |
| SFY 07 Benchmark Rate | \$35.43 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$36.56 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$36.56 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$36.56 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Model for a low-density area is similar to that for a high-density area, except for the following:

- ❑ Allowance for travel time is greater at 1.25 hours.
- ❑ Mileage per trip allowance is greater at 18 miles
- ❑ Square footage allowance is greater at 700 square feet
- ❑ Capital expense is greater at \$6.11 per billable hour

As a result of these revisions, the SFY 06 benchmark rate for a large-group Group Supported Employment service in a low-density area is \$40.02. The SFY 07 benchmark rate for a large-group Group Supported Employment service in a low-density area is \$40.66 (includes a 1.6% adjustment). The SFY 08 benchmark rate for a large-group Group Supported Employment service in a low-density area is \$41.96 (includes a 3.2% adjustment). The SFY 09 benchmark rate for a large-group Group Supported Employment service in a low-density area continues to be \$41.96 (includes a 0.0% adjustment).

Individual Supported Employment

The following general assumptions were made for the Individual Supported Employment models:

- ❑ Two models were developed for Individual Supported Employment to distinguish areas of high and low density.
- ❑ Total hours assumed at 8 hours per day.
- ❑ Average productivity at the program assumed at 7.75 hours in both high- and low-density areas.
- ❑ A 0.25% effective client absence rate assumed to account for absences.
- ❑ Capital expense assumed as follows:
 - Each high-density Individual Supported Employment model assumes to have 400 square feet. Low-density model assumes to have 575 square feet.

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- Average cost per square foot in both high- and low-density areas assumed at \$12.00 per annum.

Individual Supported Employment, High Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|---|
| Unit of Service | 1 staff hour | |
| Hourly wage | \$14.34 | |
| ERE | 34.0% of wages | |
| Non-client time | 0.25 hour | |
| Average billable time | 7.75 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of client trips | 4.0 | |
| Mileage per trip | 7.50 miles | |
| Mileage reimbursement | 41.0 cents per mile | |
| Capital expense | \$2.48 | Per billable hour |
| Supplies | \$1.50 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 11% | Based on hourly compensation |
| Effective Client Absence Rate | 0.25% | Permanent adjustment that accounts for absences |
| SFY 06 Benchmark Rate | \$26.74 | |
| SFY 07 Benchmark Rate | \$27.17 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$28.04 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$28.04 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$28.04 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Individual Supported Employment, Low Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---------------------------------|---------------------|---|
| Unit of Service | 1 staff hour | |
| Hourly wage | \$14.34 | |
| ERE | 34.0% of wages | |
| Non-client time | 0.25 hour | |
| Average billable time | 7.75 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Number of client trips | 4.0 | |
| Mileage per trip | 15.0 miles | |
| Mileage reimbursement | 41.0 cents per mile | |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| Capital expense | \$3.56 | Per billable hour |
| Supplies | \$1.50 | Per consumer per day |
| Program Compliance | 2% | Program activity expense |
| Administrative overhead | 11% | Based on hourly compensation |
| Effective Client Absence Rate | 0.25% | Permanent adjustment that accounts for absences |
| SFY 06 Benchmark Rate | \$29.42 | |
| SFY 07 Benchmark Rate | \$29.89 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$30.85 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$30.85 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$30.85 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Employment Support Aide

The following general assumptions were made for the Employment Support Aide models:

- ❑ Four models were developed for Employment Support Aide. One set of rates is to be used for aides in Center-Based Employment programs in high- and low-density areas. The other two models are for either Group Supported Employment or Individual Supported Employment, also in high- and low-density areas
- ❑ Total hours assumed at 8 hours per day.
- ❑ Average productivity at the program assumed at 7.75 hours for Center-Based Employment and 7.00 for Group Supported Employment / Individual Supported Employment.

Employment Support Aide, for Center-Based Employment in High-Density Area

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|-------------------------------------|--------------------|---|
| Unit of Service | 1 client hour | |
| Hourly wage | \$9.97 | |
| ERE | 34.0% of wages | |
| Time allocated to notes and records | 0.25 hour | |
| Average billable time | 7.75 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Administrative overhead | 11% | Based on non-travel costs |
| SFY 06 Benchmark Rate | \$15.30 | |
| SFY 07 Benchmark Rate | \$15.54 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|--------------|---|
| SFY 08 Benchmark Rate | \$16.04 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$16.04 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$16.04 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

The premium for Employment Support Aide in a low-density area is 10%. Therefore, the Aide's SFY 06 benchmark rate for a Center-Based Employment program in a low-density area is \$16.83. The SFY 07 benchmark rate for a Center-Based Employment program in a low-density area is \$17.09 (includes a 1.6% adjustment). The SFY 08 benchmark rate for a Center-Based Employment program in a low-density area is \$17.64 (includes a 3.2% adjustment). The SFY 09 benchmark rate for a Center-Based Employment program in a low-density area continues to be \$17.64 (includes a 0.0% adjustment).

Employment Support Aide, for Group Supported Employment and Individual Supported Employment

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|--|---------------------|---|
| Unit of Service | 1 client hour | |
| Hourly wage | \$9.97 | |
| ERE | 34.0% of wages | |
| Travel time | 0.75 hour | |
| Time allocated to notes and records | 0.25 hour | |
| Average billable time | 7.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage allowance | 7.50 miles | |
| Mileage reimbursement | 41.5 cents per mile | |
| Administrative overhead | 11% | Based on non-travel costs |
| SFY 06 Benchmark Rate | \$17.38 | |
| SFY 07 Benchmark Rate | \$17.66 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$18.23 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$18.23 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$18.23 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

The premium for ESA in a low-density area is 10%. Therefore, the Aide's SFY 06 benchmark rate for Group Supported Employment / Individual Supported Employment programs in a low-density area is \$19.12. The SFY 07 benchmark rate for Group Supported Employment /

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Individual Supported Employment programs in a low-density area is \$19.43 (includes a 1.6% adjustment). The SFY 08 benchmark rate for Group Supported Employment / Individual Supported Employment programs in a low-density area is \$20.05 (includes a 3.2% adjustment). The SFY 09 benchmark rate for Group Supported Employment / Individual Supported Employment programs in a low-density area continues to be \$20.05 (includes a 0.0% adjustment).

Specialized Habilitation Services

Specialized Habilitation with Music Component

The rate for Specialized Habilitation with Music Component was originally developed for SFY 2004. Therefore, assumptions and sources of data used in the independent model for this service are those that were outlined on pages 2-4 of this Methodology.

Specialized Habilitation with Music Component

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Unit of Service | 60 minutes | |
| Hourly wage | \$20.53 | <ul style="list-style-type: none"> - 40% Arizona statewide hourly wage for Child, Family and School Social Worker (SOC Code 21-1021) of \$14.87 - 60% Health Educators (21-1091) of \$21.82 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 4 visits | |
| Average travel | 45 minutes | Three travels between clients |
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.00 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 35 miles | Average distance for each travel of 11.7 miles |
| Mileage reimbursement | 34.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 04 Benchmark Rate | \$35.28 | |
| SFY 05/06 Benchmark Rate | \$36.78 | Following a 4.25% adjustment |
| January 1, 2006 Benchmark Rate | \$38.25 | Following a 4% adjustment |
| SFY 07 Benchmark Rate | \$38.86 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| SFY 08 Benchmark Rate | \$40.10 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$40.10 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$40.10 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 46.08% |

Habilitation, Communication

The rate for Habilitation, Communication was originally developed for SFY 2006. Assumptions and sources of data used in the independent model for this service are identical to those that were outlined on pages 2-4 of this Methodology; however the actual figures used were updated to represent the current costs.

Habilitation, Communication (Level I)

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Unit of Service | 60 minutes | |
| Hourly wage | \$11.47 | <ul style="list-style-type: none"> - 5% Arizona statewide hourly wage for Social & Community Service Managers (SOC Code 11-9151) of \$22.41 - 25% Rehabilitation Counselors (21-1015) of \$12.89 - 70% Personal & Home Care Aides (39-9021) of \$9.38 All wages were taken from BLS as of May 2004 and inflated to December 2005 (5.11%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 7 visits | |
| Average travel | 30 minutes | |
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.25 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 15 miles | |
| Mileage reimbursement | 37.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 06 Benchmark Rate | \$18.87 | Rate effective 11/1/05. |
| SFY 06 Adopted Rate | \$19.00 | |
| SFY 07 Benchmark Rate | \$19.17 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$19.78 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |

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| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|--|
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$19.78 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$19.78 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 90.0% |

Habilitation, Communication (Level II)

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Unit of Service | 60 minutes | |
| Hourly wage | \$15.18 | Wage set at midpoint of Level I & III |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 7 visits | |
| Average travel | 30 minutes | |
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.25 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 15 miles | |
| Mileage reimbursement | 37.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 06 Benchmark Rate | \$24.72 | Rate effective 11/1/05. |
| SFY 06 Adopted Rate | \$25.00 | |
| SFY 07 Benchmark Rate | \$25.12 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$25.92 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$25.92 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$25.92 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 71.30% |

Habilitation, Communication (Level III)

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Unit of Service | 60 minutes | |
| Hourly wage | \$18.89 | Arizona statewide hourly wage for Special Education Teachers, Middle School (SOC Code 25-2042) of \$17.97 Wages were taken from BLS as of May 2004 and inflated to December 2005 (5.11%) |
| ERE | 30.0% of wages | |
| Average number of client visits per day | 7 visits | |
| Average travel | 30 minutes | |

**Methodology and Assumptions
DES/DDD Published Rate Schedule
May 25, 2009**

| <u>Assumption/Result</u> | <u>Value</u> | <u>Comments</u> |
|---|---------------------|---|
| Notes and medical records | 15 minutes per day | |
| Average on-site time | 7.25 hours per day | Billable Hours – difference between Total Hours and other productivity components |
| Mileage | 15 miles | |
| Mileage reimbursement | 37.5 cents per mile | |
| Administrative overhead | 10% | |
| SFY 06 Benchmark Rate | \$30.58 | Rate effective 11/1/05. |
| SFY 06 Adopted Rate | \$30.00 | |
| SFY 07 Benchmark Rate | \$31.07 | Following a 1.6% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY 08 Benchmark Rate | \$32.06 | Following a 3.2% adjustment. Adopted-to-Benchmark ratio set at 100.0% |
| SFY09 Benchmark Rate (07/01/08 – 05/24/09) | \$32.06 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 100.0 |
| SFY09 Benchmark Rate (05/25/09 – 06/30/09) | \$32.06 | Following a 0.0% adjustment. Adopted-to-Benchmark ratio set at 57.70% |

Transportation Services

Non-Emergency Ground Transportation

Published rates reflect selected services and rates published (at the time this document is effective) by the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS rates represent Benchmark Rates for the Division. Therefore, some of the rates have been reduced subject to the Division's ratio of Adopted-to-Benchmark rates. For SFY 07 and SFY 08, the ratio of Adopted-to-Benchmark rates for all services is at least 100.0%.

Other Transportation Services

Assumptions for *Flat Trip Rate for Regularly Scheduled Daily Transportation* rates are outlined in the *Day Treatment and Training Services* section of this Methodology.

Rates for *Employment Related Transportation* are equal to those for *Flat Trip Rate for Regularly Scheduled Daily Transportation*.

Benchmark Rates for both Flat Trip Rate for Regularly Scheduled Daily Transportation and Employment Related Transportation have been inflated by 4% for January 1, 2006. For SFY 07 the rates have been inflated by 1.6% and the Adopted-to-Benchmark rates for both services have been raised to 100.0%. For SFY 08 the rates have been inflated by 3.2% and the Adopted-to-Benchmark rates for both services have been raised to 100.0%. For SFY 09, through 2/28/09, the rates have been inflated by 0.0% and the Adopted-to-Benchmark rates for both services remain at 100.0%. For SFY 09, beginning 3/1/09, the Adopted-to-Benchmark rates for both services has been reduced to 90.0%.

MEMORANDUM

FROM: Peter Burns, EP&P Consulting, Inc.
Ilya Zeldin, EP&P Consulting, Inc.

TO: Ed Rapaport, DDD
Antonia Valladares, DDD

DATE: August 2, 2005, Revised from July 1, 2003

RE: **Use of Modifiers in Rate Setting Models**

This memo addresses the use of modifiers throughout the various rate models, where each rate model was created for a respective service code. A modifier is a factor, or assumption, that may be adjusted based on a type or number of criteria affecting such assumption. The first section of this memo refers to the ten modifiers that are currently used in various models. The second section addresses the use of additional modifiers that may be used to further differentiate the rates.

Currently Used Modifiers

In an effort to both properly reflect the different types of services offered by the Division to its population and, at the same time, eliminate complexities on the Division's systems and service tracking, EP&P Consulting limited its use of modifiers to the following ten types:

1. For Habilitation, Group Home (HAB) and Habilitation, Community Protection and Treatment Group Home (HPD), a matrix of authorized staff hours was developed that allows different number of FTE, depending on the size of the facility and needs of individuals in the facility.
2. For Day Treatment and Training services, the *per consumer per program hour* rate is based on the ratio of total direct care service staff hours with consumers present at the program to total consumer hours.
3. For Day Treatment and Training, Adult (DTA), a Rural Day Treatment and Training, Adult rate was developed for agency providers. Among other differences, while the standard DTA model is based on 16 consumers in the Day Treatment center, the Rural DTA model is based on 6 consumers. This code is only to be used when the potential client base of the program size has fewer than 20 consumers in a 40 mile radius.
4. Room and Board, All Group Homes uses a modifier for different districts throughout the state that reflects the discrepancy among the Fair Market Rents throughout the different districts. Districts 1, 2 and 3 refer to specific MSAs as used by the U.S. Department of Housing and Urban Development (HUD).

5. “Capacity” and “Actual Occupancy” modifiers were used in the Room and Board, All Group Homes rates. Within each district, Room and Board rates vary by the capacity and number of consumers in the Group Home.
6. For therapy services, a modifier of non-billable travel time and mileage allowance was used to distinguish between services provided in clinical versus natural settings.
7. A multiple clients modifier was used to establish a *per client* rate in situations when the same service is provided to more than one client at the same time and within the same setting. This multi-client modifier was used primarily with rate setting for In-Home Services, and the formula for multi-client modifier is as follows: $(\text{Regular Rate} * ((1 + (25\% * \text{number of additional clients}))) / \text{Total number of clients}$.

For example, the rate for Attendant Care agency provider was set at \$14.15 per client hour. Using the multi-client modifier formula, the *per person per client hour* rate was set at \$8.84 for two clients and one service provider, and \$7.07 for three clients and one service provider.

8. For independent providers, a modifier was used throughout the rate setting models to distinguish between the agency and independent providers. In most cases, the difference in rates among these two types of providers is based on reducing the agency provider rate for the Employee-Related Expense (ERE) from 30% to 20.5%, reducing the administrative overhead expense from 10% to 2% of the total non-travel cost, and eliminating the mileage allowance and reimbursement for travel between clients for independent providers. The rates for independent providers were further reduced by setting the base rates at no more than 75% of the agency provider rate. The specific rate for each consumer is based upon a set of consumer-specific characteristics obtained from an assessment and calculated by the Arizona Individual Rate Assessment Tool.
9. Nutritional supplements. Current models rely, where applicable, on the Moderate-Cost Food Plan cost tables published by the U.S. Department of Agriculture for assumptions on food/meal expense. The Division, however, will also make available an additional nutritional supplement modifier for consumers in group home and developmental home settings. This modifier will be approved by the Division on a case-by-case basis, and providers will be paid for these expenses in addition to the *per diem* rate and only for those consumers that require them.
10. Incontinent Supplies. Current rate models do not account for additional expense associated with undergarments. The Division, however, will make available an additional incontinent supplies modifier for consumers in group home and developmental home settings. This modifier will be approved by the Division on a case-by-case basis, and providers will be paid for these expenses in addition to the *per diem* rate and only for those consumers that require them.

Additional Options for Modifiers

There is a wide range of additional modifiers available to further differentiate between the various services. Some of these modifiers include:

1. **Wages.** Current models include a wage component for services rendered for a particular service offered by the Division. The wage data used in the models reflects the Arizona statewide average wages posted by the Bureau of Labor Statistics (BLS). In addition to the statewide wages, however, BLS also reports wages by Arizona Metropolitan Statistical Areas (MSAs).
2. **Wage or allowance modifiers** could also be applied for specific skills such as sign language, or additional training. This modifier would be applied to individual providers on the case-by-case basis. We have provided a template under separate cover that can be applied to any service code. Using this template, the Division will be able to adjust the wage or any other component of the model by either a dollar amount or a percent increase to derive to the appropriate rate that reflects the specific skills required for the situation.
3. **Additional Fair Market Rent modifier.** The Room and Board, All Group Homes modifiers described in the first section of this memo assumes a constant monthly rent expense for the entire district/MSA. It is possible, however, to further differentiate among specific areas within a given district. However, there are no readily available objective data sources that we identified that would allow this adjustment to be made.

Attachment 1: Hourly Wages Used in the Original SFY 2004 Rate Models

Arizona Statewide Data on Employment and Hourly Wages

| SOC Code | Occupational Title | Arizona | |
|----------|---|---------------------|--------------------|
| | | Number of Employees | Mean Wage (Hourly) |
| 11-9151 | Social and Community Service Managers | 2,050 | \$19.88 |
| 21-1015 | Rehabilitation Counselors | 880 | \$13.11 |
| 21-1021 | Child, Family, and School Social Workers | 4,790 | \$14.87 |
| 21-1091 | Health Educators | 490 | \$21.82 |
| 21-1093 | Social and Human Service Assistants | 3,250 | \$11.04 |
| 29-1111 | Registered Nurses | 28,680 | \$22.63 |
| 29-2061 | Licensed Practical and Licensed Vocational Nurses | 8,690 | \$14.67 |
| 31-1011 | Home Health Aides | 9,820 | \$8.04 |
| 39-9021 | Personal and Home Care Aides | 2,510 | \$8.46 |
| 39-9032 | Recreation Workers | 5,500 | \$10.06 |
| 37-2011 | Janitors and Cleaners, Except Maids and Housekeeping Cleaners | 29,850 | \$7.94 |
| 37-2012 | Maids and Housekeeping Cleaners | 18,070 | \$7.07 |

Source: Bureau of Labor Statistics, December 2000

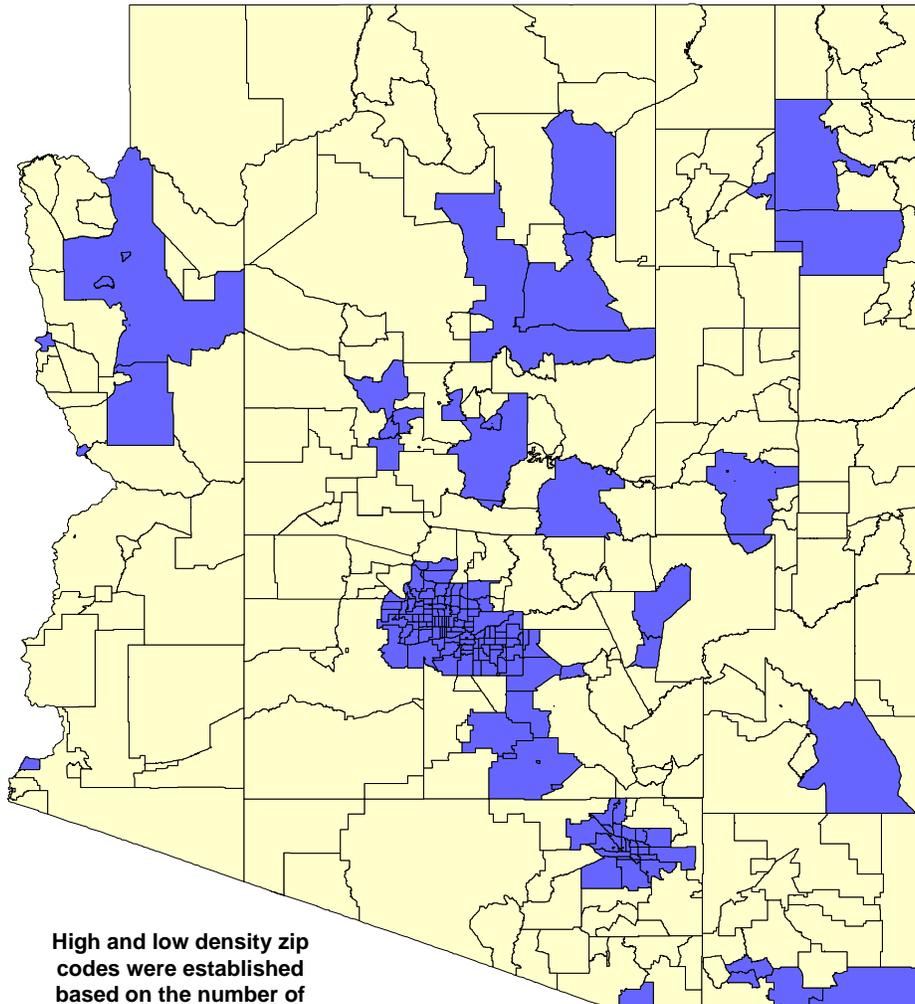
Appendix 1
Employment Related Services - List of High/Low Density Cities & Zip Codes

High / Low Density Analysis

In order to apply a rate adjustment that reflects the differentials between high-and-low density service areas, a consumer must reside in a low-density zip code and the vendor must receive an approval to use the low-density rate. A map and comprehensive list of zip codes / Arizona cities are included below.

Map

Arizona



High and low density zip codes were established based on the number of adult DDD clients in each zip code

| |
|--|
|  Low Dense: 921 (10%) |
|  High Dense: 8056 (90%) |

List of High / Low Density Cities & Zip Codes (some cities may be on both tables)

| HIGH DENSE CITIES | | | | | |
|--------------------|-----------------|---------------------|--------------------|--------------------|--------------|
| APACHE JUNCTION AZ | CHINO VALLEY AZ | GILBERT AZ | LUKE AFB AZ | PRESCOTT AZ | SUN CITY AZ |
| ARIZONA CITY AZ | CHLORIDE AZ | GLENDALE AZ | MESA AZ | PRESCOTT VALLEY AZ | SURPRISE AZ |
| AVONDALE AZ | COOLIDGE AZ | GLOBE AZ | NACO AZ | QUEEN CREEK AZ | TEMPE AZ |
| BISBEE AZ | COTTONWOOD AZ | GOODYEAR AZ | NOGALES AZ | RED ROCK AZ | TOLLESON AZ |
| BULLHEAD CITY AZ | DOUGLAS AZ | HIGLEY AZ | PARADISE VALLEY AZ | RIMROCK AZ | TUBA CITY AZ |
| CAMP VERDE AZ | EL MIRAGE AZ | KINGMAN AZ | PAYSON AZ | SAFFORD AZ | TUCSON AZ |
| CASA GRANDE AZ | ELOY AZ | LAKE HAVASU CITY AZ | PEORIA AZ | SCOTTSDALE AZ | WADDELL AZ |
| CHANDLER AZ | FLAGSTAFF AZ | LAVEEN AZ | PHOENIX AZ | SHOW LOW AZ | YOUNGTOWN AZ |
| CHINLE AZ | GANADO AZ | LITCHFIELD PARK AZ | PICACHO AZ | SIERRA VISTA AZ | YUMA AZ |

| LOW DENSE CITIES | | | | | |
|----------------------|-----------------------|-----------------------------|------------------------|-------------|--|
| AGUILA AZ | FORT APACHE AZ | MOHAVE VALLEY AZ | SANDERS AZ | WOODRUFF AZ | |
| AJO AZ | FORT DEFIANCE AZ | MORENCI AZ | SASABE AZ | YARNELL AZ | |
| ALPINE AZ | FORT HUACHUCA AZ | MORMON LAKE AZ | SAWMILL AZ | YOUNG AZ | |
| AMADO AZ | FORT MCDOWELL AZ | MORRISTOWN AZ | SCOTTSDALE AZ | YUCCA AZ | |
| APACHE JUNCTION AZ | FORT MOHAVE AZ | MOUNT LEMMON AZ | SECOND MESA AZ | YUMA AZ | |
| ARIVACA AZ | FORT THOMAS AZ | MUNDS PARK AZ | SEDONA AZ | | |
| ARLINGTON AZ | FOUNTAIN HILLS AZ | NAZLINI AZ | SELIGMAN AZ | | |
| ASH FORK AZ | FREDONIA AZ | NEW RIVER AZ | SELLS AZ | | |
| BAGDAD AZ | GADSDEN AZ | NORTH RIM AZ | SHONTO AZ | | |
| BAPCHULE AZ | GILA BEND AZ | NUTRIOSO AZ | SKULL VALLEY AZ | | |
| BELLEMONT AZ | GOLDEN VALLEY AZ | OATMAN AZ | SNOWFLAKE AZ | | |
| BENSON AZ | GRAND CANYON AZ | ORACLE AZ | SOLOMON AZ | | |
| BLACK CANYON CITY AZ | GRAY MOUNTAIN AZ | OVERGAARD AZ | SOMERTON AZ | | |
| BLUE AZ | GREEN VALLEY AZ | PAGE AZ | SONOITA AZ | | |
| BLUE GAP AZ | GREER AZ | PALO VERDE AZ | SPRINGERVILLE AZ | | |
| BOUSE AZ | HACKBERRY AZ | PARKER AZ | STANFIELD AZ | | |
| BOWIE AZ | HAPPY JACK AZ | PARKS AZ | SUN CITY WEST AZ | | |
| BUCKEYE AZ | HAYDEN AZ | PATAGONIA AZ | SUN VALLEY AZ | | |
| BYLAS AZ | HEBER AZ | PAULDEN AZ | SUPAI AZ | | |
| CAMERON AZ | HEREFORD AZ | PAYSON AZ | SUPERIOR AZ | | |
| CAREFREE AZ | HOLBROOK AZ | PEACH SPRINGS AZ | SURPRISE AZ | | |
| CASA GRANDE AZ | HOTEVILLA AZ | PEARCE AZ | TACNA AZ | | |
| CASHION AZ | HOUCK AZ | PERIDOT AZ | TAYLOR AZ | | |
| CATALINA AZ | HUACHUCA CITY AZ | PETRIFIED FOREST NATL PK AZ | TEEC NOS POS AZ | | |
| CAVE CREEK AZ | HUALAPAI AZ | PIMA AZ | TEMPLE BAR MARINA AZ | | |
| CENTRAL AZ | HUMBOLDT AZ | PINE AZ | THATCHER AZ | | |
| CHAMBERS AZ | INDIAN WELLS AZ | PINEDALE AZ | TOMBSTONE AZ | | |
| CHANDLER HEIGHTS AZ | IRON SPRINGS AZ | PINETOP AZ | TONALEA AZ | | |
| CIBECUE AZ | JEROME AZ | PINON AZ | TONOPAH AZ | | |
| CIBOLA AZ | JOSEPH CITY AZ | PIRTLEVILLE AZ | TONTO BASIN AZ | | |
| CLARKDALE AZ | KAIBITO AZ | POLACCA AZ | TOPAWA AZ | | |
| CLAY SPRINGS AZ | KAYENTA AZ | POMERENE AZ | TOPOCK AZ | | |
| CLAYPOOL AZ | KEAMS CANYON AZ | POSTON AZ | TORTILLA FLAT AZ | | |
| CLIFTON AZ | KEARNY AZ | PRESCOTT AZ | TSAILA AZ | | |
| COCHISE AZ | KIRKLAND AZ | PRESCOTT VALLEY AZ | TUBAC AZ | | |
| COLORADO CITY AZ | KYKOTSMOVI VILLAGE AZ | QUARTZSITE AZ | TUCSON AZ | | |
| CONCHO AZ | LAKE HAVASU CITY AZ | RED VALLEY AZ | TUMACACORI AZ | | |
| CONGRESS AZ | LAKE MONTEZUMA AZ | RILLITO AZ | VAIL AZ | | |
| CORNVILLE AZ | LAKESIDE AZ | RIO RICO AZ | VALENTINE AZ | | |
| CORTARO AZ | LEUPP AZ | RIO VERDE AZ | VALLEY FARMS AZ | | |
| CROWN KING AZ | LITTLEFIELD AZ | ROCK POINT AZ | VERNON AZ | | |
| DATLAND AZ | LUKACHUKAI AZ | ROLL AZ | WELLTON AZ | | |
| DENNEHOTSO AZ | LUKEVILLE AZ | ROOSEVELT AZ | WENDEN AZ | | |
| DEWEY AZ | LUPTON AZ | ROUND ROCK AZ | WHITE MOUNTAIN LAKE AZ | | |
| DOLAN SPRINGS AZ | MAMMOTH AZ | SACATON AZ | WHITERIVER AZ | | |
| DRAGOON AZ | MANY FARMS AZ | SAHUARITA AZ | WICKENBURG AZ | | |
| DUNCAN AZ | MARANA AZ | SAINT DAVID AZ | WIKIEUP AZ | | |
| EAGAR AZ | MARBLE CANYON AZ | SAINT JOHNS AZ | WILLCOX AZ | | |
| EDEN AZ | MARICOPA AZ | SAINT MICHAELS AZ | WILLIAMS AZ | | |
| EHRENBERG AZ | MAYER AZ | SALOME AZ | WILLOW BEACH AZ | | |
| ELFRIDA AZ | MC NEAL AZ | SAN CARLOS AZ | WINDOW ROCK AZ | | |
| ELGIN AZ | MENARY AZ | SAN LUIS AZ | WINKELMAN AZ | | |
| FLORENCE AZ | MEADVIEW AZ | SAN MANUEL AZ | WINSLOW AZ | | |
| FOREST LAKES AZ | MIAMI AZ | SAN SIMON AZ | WITTMANN AZ | | |

| High Dense Zip Codes | | | |
|----------------------|-------|-------|-------|
| 85001 | 85099 | 85307 | 85742 |
| 85002 | 85201 | 85308 | 85743 |
| 85003 | 85202 | 85309 | 85744 |
| 85004 | 85203 | 85310 | 85745 |
| 85005 | 85204 | 85311 | 85746 |
| 85006 | 85205 | 85312 | 85747 |
| 85007 | 85206 | 85313 | 85748 |
| 85008 | 85207 | 85318 | 85749 |
| 85009 | 85208 | 85323 | 85750 |
| 85010 | 85210 | 85335 | 85751 |
| 85011 | 85211 | 85338 | 85752 |
| 85012 | 85212 | 85339 | 85754 |
| 85013 | 85213 | 85340 | 85775 |
| 85014 | 85214 | 85345 | 85777 |
| 85015 | 85215 | 85351 | 85901 |
| 85016 | 85216 | 85353 | 85902 |
| 85017 | 85217 | 85355 | 86001 |
| 85018 | 85219 | 85363 | 86002 |
| 85019 | 85220 | 85364 | 86003 |
| 85020 | 85222 | 85372 | 86004 |
| 85021 | 85223 | 85373 | 86011 |
| 85022 | 85224 | 85374 | 86045 |
| 85023 | 85225 | 85378 | 86301 |
| 85024 | 85226 | 85379 | 86302 |
| 85027 | 85228 | 85380 | 86303 |
| 85028 | 85231 | 85381 | 86304 |
| 85029 | 85233 | 85382 | 86314 |
| 85030 | 85234 | 85383 | 86322 |
| 85031 | 85236 | 85385 | 86323 |
| 85032 | 85241 | 85501 | 86326 |
| 85033 | 85242 | 85502 | 86335 |
| 85034 | 85244 | 85541 | 86401 |
| 85035 | 85245 | 85546 | 86402 |
| 85036 | 85246 | 85548 | 86403 |
| 85037 | 85248 | 85603 | 86429 |
| 85038 | 85249 | 85607 | 86430 |
| 85040 | 85250 | 85608 | 86431 |
| 85041 | 85251 | 85620 | 86439 |
| 85042 | 85252 | 85621 | 86442 |
| 85043 | 85253 | 85628 | 86503 |
| 85044 | 85254 | 85635 | 86505 |
| 85045 | 85255 | 85636 | |
| 85046 | 85256 | 85650 | |
| 85048 | 85257 | 85655 | |
| 85050 | 85258 | 85662 | |
| 85051 | 85259 | 85671 | |
| 85053 | 85260 | 85701 | |

| Low Dense Zip Codes | | | |
|---------------------|-------|-------|-------|
| 85087 | 85539 | 85924 | 86351 |
| 85218 | 85540 | 85925 | 86404 |
| 85221 | 85542 | 85926 | 86405 |
| 85227 | 85543 | 85927 | 86406 |
| 85230 | 85544 | 85928 | 86411 |
| 85232 | 85545 | 85929 | 86412 |
| 85235 | 85547 | 85930 | 86413 |
| 85237 | 85550 | 85931 | 86426 |
| 85239 | 85551 | 85932 | 86427 |
| 85247 | 85552 | 85933 | 86432 |
| 85262 | 85553 | 85934 | 86433 |
| 85263 | 85554 | 85935 | 86434 |
| 85264 | 85601 | 85936 | 86435 |
| 85268 | 85602 | 85937 | 86436 |
| 85269 | 85605 | 85938 | 86437 |
| 85272 | 85606 | 85939 | 86438 |
| 85273 | 85609 | 85940 | 86440 |
| 85279 | 85610 | 85941 | 86441 |
| 85290 | 85611 | 85942 | 86443 |
| 85291 | 85613 | 86015 | 86444 |
| 85292 | 85614 | 86016 | 86445 |
| 85320 | 85615 | 86017 | 86446 |
| 85321 | 85616 | 86018 | 86502 |
| 85322 | 85617 | 86020 | 86504 |
| 85324 | 85618 | 86021 | 86506 |
| 85325 | 85619 | 86022 | 86507 |
| 85326 | 85622 | 86023 | 86508 |
| 85327 | 85623 | 86024 | 86510 |
| 85328 | 85624 | 86025 | 86511 |
| 85329 | 85625 | 86028 | 86512 |
| 85331 | 85626 | 86029 | 86514 |
| 85332 | 85627 | 86030 | 86515 |
| 85333 | 85629 | 86031 | 86520 |
| 85334 | 85630 | 86032 | 86535 |
| 85336 | 85631 | 86033 | 86538 |
| 85337 | 85632 | 86034 | 86540 |
| 85341 | 85633 | 86035 | 86544 |
| 85342 | 85634 | 86036 | 86545 |
| 85343 | 85637 | 86038 | 86547 |
| 85344 | 85638 | 86039 | 86549 |
| 85346 | 85639 | 86040 | 86556 |
| 85347 | 85640 | 86042 | |
| 85348 | 85641 | 86043 | |
| 85349 | 85643 | 86044 | |
| 85350 | 85644 | 86046 | |
| 85352 | 85645 | 86047 | |
| 85354 | 85646 | 86052 | |

| High Dense Zip Codes | | | |
|----------------------|-------|-------|--|
| 85054 | 85261 | 85702 | |
| 85060 | 85267 | 85703 | |
| 85061 | 85271 | 85704 | |
| 85062 | 85274 | 85705 | |
| 85063 | 85275 | 85706 | |
| 85064 | 85277 | 85707 | |
| 85066 | 85278 | 85708 | |
| 85067 | 85280 | 85709 | |
| 85068 | 85281 | 85710 | |
| 85069 | 85282 | 85711 | |
| 85070 | 85283 | 85712 | |
| 85071 | 85284 | 85713 | |
| 85072 | 85285 | 85714 | |
| 85074 | 85287 | 85715 | |
| 85075 | 85289 | 85716 | |
| 85076 | 85296 | 85717 | |
| 85077 | 85297 | 85718 | |
| 85078 | 85299 | 85719 | |
| 85079 | 85301 | 85725 | |
| 85080 | 85302 | 85726 | |
| 85082 | 85303 | 85728 | |
| 85085 | 85304 | 85730 | |
| 85086 | 85305 | 85737 | |
| 85098 | 85306 | 85741 | |

| Low Dense Zip Codes | | | |
|---------------------|-------|-------|--|
| 85356 | 85648 | 86053 | |
| 85357 | 85652 | 86054 | |
| 85358 | 85653 | 86305 | |
| 85359 | 85654 | 86312 | |
| 85360 | 85670 | 86313 | |
| 85361 | 85720 | 86320 | |
| 85362 | 85721 | 86321 | |
| 85365 | 85722 | 86324 | |
| 85366 | 85723 | 86325 | |
| 85367 | 85724 | 86327 | |
| 85369 | 85731 | 86329 | |
| 85371 | 85732 | 86330 | |
| 85375 | 85733 | 86331 | |
| 85376 | 85734 | 86332 | |
| 85377 | 85735 | 86333 | |
| 85387 | 85736 | 86334 | |
| 85390 | 85738 | 86336 | |
| 85530 | 85739 | 86337 | |
| 85531 | 85740 | 86338 | |
| 85532 | 85911 | 86339 | |
| 85533 | 85912 | 86340 | |
| 85534 | 85920 | 86341 | |
| 85535 | 85922 | 86342 | |
| 85536 | 85923 | 86343 | |

Appendix 2

Listing of Tier assignment by Zip Code
Ascending by Zip Code

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|-------------|-----------|---------------|-----------------|-------------|
| 85001 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85002 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85003 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85004 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85005 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85006 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85007 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85008 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85009 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85012 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85013 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85014 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85015 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85016 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85017 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85018 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85019 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85020 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85021 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85022 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85023 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85024 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85027 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85028 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85029 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85031 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85032 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85033 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85034 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85035 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85036 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85037 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85039 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85040 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85041 | Phoenix | AZ | Maricopa | District 1 | Base Rate |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|-----------------|-----------|---------------|-----------------|-------------|
| 85042 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85043 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85044 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85045 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85048 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85050 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85051 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85053 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85054 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85063 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85064 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85066 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85068 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85069 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85071 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85072 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85074 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85075 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85076 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85083 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85085 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85086 | Phoenix | AZ | Maricopa | District 1 | Base Rate |
| 85087 | New River | AZ | Maricopa | District 1 | Tier 1 |
| 85201 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85202 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85203 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85204 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85205 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85206 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85207 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85208 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85209 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85210 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85211 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85212 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85213 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85214 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85215 | Mesa | AZ | Maricopa | District 1 | Tier 1 |
| 85216 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85217 | Apache Junction | AZ | Pinal | District 5 | Tier 1 |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|------------------|-----------|---------------|-----------------|-------------|
| 85218 | Apache Junction | AZ | Pinal | District 5 | Tier 1 |
| 85219 | Apache Junction | AZ | Pinal | District 5 | Tier 1 |
| 85220 | Apache Junction | AZ | Pinal | District 1 | Tier 1 |
| 85221 | Bapchule | AZ | Pinal | District 5 | Tier 2 |
| 85222 | Casa Grande | AZ | Pinal | District 5 | Tier 2 |
| 85223 | Arizona City | AZ | Pinal | District 5 | Tier 2 |
| 85224 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85225 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85226 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85227 | Chandler Heights | AZ | Maricopa | District 1 | Base Rate |
| 85228 | Coolidge | AZ | Pinal | District 5 | Tier 2 |
| 85230 | Casa Grande | AZ | Pinal | District 5 | Tier 2 |
| 85231 | Eloy | AZ | Pinal | District 5 | Tier 2 |
| 85232 | Florence | AZ | Pinal | District 5 | Tier 2 |
| 85233 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85234 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85235 | Hayden | AZ | Pinal | District 5 | Tier 3 |
| 85236 | Higley | AZ | Maricopa | District 1 | Base Rate |
| 85237 | Kearny | AZ | Pinal | District 5 | Tier 2 |
| 85238 | Maricopa | AZ | Pinal | District 5 | Tier 2 |
| 85239 | Maricopa | AZ | Pinal | District 5 | Tier 2 |
| 85240 | Queen Creek | AZ | Maricopa | District 1 | Tier 1 |
| 85241 | Picacho | AZ | Pinal | District 5 | Tier 2 |
| 85242 | Queen Creek | AZ | Maricopa | District 1 | Tier 1 |
| 85243 | Queen Creek | AZ | Maricopa | District 5 | Tier 1 |
| 85244 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85245 | Red Rock | AZ | Pinal | District 5 | Tier 2 |
| 85246 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85247 | Sacaton | AZ | Pinal | District 5 | Tier 2 |
| 85248 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85249 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85250 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85251 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85253 | Paradise Valley | AZ | Maricopa | District 1 | Base Rate |
| 85254 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85255 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85256 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85257 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85258 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85259 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|-----------------|-----------|---------------|-----------------|-------------|
| 85260 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85262 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85263 | Rio Verde | AZ | Maricopa | District 1 | Base Rate |
| 85264 | Fort McDowell | AZ | Maricopa | District 1 | Base Rate |
| 85266 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85267 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85268 | Fountain Hills | AZ | Maricopa | District 1 | Base Rate |
| 85269 | Fountain Hills | AZ | Maricopa | District 1 | Base Rate |
| 85271 | Scottsdale | AZ | Maricopa | District 1 | Base Rate |
| 85272 | Stanfield | AZ | Pinal | District 5 | Tier 2 |
| 85273 | Superior | AZ | Pinal | District 5 | Tier 3 |
| 85277 | Mesa | AZ | Maricopa | District 1 | Base Rate |
| 85278 | Apache Junction | AZ | Maricopa | District 1 | Tier 1 |
| 85279 | Florence | AZ | Pinal | District 5 | Tier 2 |
| 85280 | Tempe | AZ | Maricopa | District 1 | Base Rate |
| 85281 | Tempe | AZ | Maricopa | District 1 | Base Rate |
| 85282 | Tempe | AZ | Maricopa | District 1 | Base Rate |
| 85283 | Tempe | AZ | Maricopa | District 1 | Base Rate |
| 85284 | Tempe | AZ | Maricopa | District 1 | Base Rate |
| 85285 | Tempe | AZ | Maricopa | District 1 | Base Rate |
| 85286 | Chandler | AZ | Maricopa | District 1 | Base Rate |
| 85291 | Valley Farms | AZ | Pinal | District 5 | Tier 2 |
| 85292 | Winkelman | AZ | Gila | District 5 | Tier 3 |
| 85295 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85296 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85297 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85298 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85299 | Gilbert | AZ | Maricopa | District 1 | Base Rate |
| 85301 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85302 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85303 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85304 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85305 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85306 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85307 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85308 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85309 | Luke AFB | AZ | Maricopa | District 1 | Base Rate |
| 85310 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85311 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85312 | Glendale | AZ | Maricopa | District 1 | Base Rate |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|-------------------|-----------|---------------|-----------------|-------------|
| 85318 | Glendale | AZ | Maricopa | District 1 | Base Rate |
| 85320 | Aguila | AZ | Maricopa | District 1 | Tier 1 |
| 85321 | Ajo | AZ | Pima | District 2 | Tier 3 |
| 85322 | Arlington | AZ | Maricopa | District 1 | Tier 1 |
| 85323 | Avondale | AZ | Maricopa | District 1 | Base Rate |
| 85324 | Black Canyon City | AZ | Yavapai | District 3 | Tier 2 |
| 85325 | Bouse | AZ | La Paz | District 4 | Tier 2 |
| 85326 | Buckeye | AZ | Maricopa | District 1 | Tier 1 |
| 85327 | Cave Creek | AZ | Maricopa | District 1 | Base Rate |
| 85328 | Cibola | AZ | La Paz | District 4 | Tier 2 |
| 85329 | Cashion | AZ | Maricopa | District 1 | Base Rate |
| 85331 | Cave Creek | AZ | Maricopa | District 1 | Base Rate |
| 85332 | Congress | AZ | Yavapai | District 3 | Tier 2 |
| 85333 | Dateland | AZ | Yuma | District 4 | Tier 2 |
| 85335 | El Mirage | AZ | Maricopa | District 1 | Base Rate |
| 85336 | Gadsden | AZ | Yuma | District 4 | Tier 2 |
| 85337 | Gila Bend | AZ | Maricopa | District 1 | Tier 1 |
| 85338 | Goodyear | AZ | Maricopa | District 1 | Base Rate |
| 85339 | Laveen | AZ | Maricopa | District 1 | Base Rate |
| 85340 | Litchfield Park | AZ | Maricopa | District 1 | Base Rate |
| 85341 | Lukeville | AZ | Pima | District 2 | Base Rate |
| 85342 | Morristown | AZ | Maricopa | District 1 | Tier 1 |
| 85343 | Palo Verde | AZ | Maricopa | District 1 | Tier 1 |
| 85344 | Parker | AZ | La Paz | District 4 | Tier 2 |
| 85345 | Peoria | AZ | Maricopa | District 1 | Base Rate |
| 85346 | Quartzite | AZ | La Paz | District 4 | Tier 2 |
| 85347 | Roll | AZ | Yuma | District 4 | Tier 2 |
| 85348 | Salome | AZ | La Paz | District 4 | Tier 2 |
| 85349 | San Luis | AZ | Yuma | District 4 | Tier 2 |
| 85350 | Somerton | AZ | Yuma | District 4 | Tier 2 |
| 85351 | Sun City | AZ | Maricopa | District 1 | Base Rate |
| 85352 | Tacna | AZ | Yuma | District 4 | Tier 2 |
| 85353 | Tolleson | AZ | Maricopa | District 1 | Base Rate |
| 85354 | Tonopah | AZ | Maricopa | District 1 | Tier 1 |
| 85355 | Waddell | AZ | Maricopa | District 1 | Base Rate |
| 85356 | Wellton | AZ | Yuma | District 4 | Tier 2 |
| 85357 | Wenden | AZ | La Paz | District 4 | Tier 2 |
| 85358 | Wickenburg | AZ | Maricopa | District 1 | Tier 1 |
| 85359 | Quartzite | AZ | La Paz | District 4 | Tier 2 |
| 85360 | Wikieup | AZ | Mohave | District 4 | Tier 3 |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|---------------|-----------|---------------|-----------------|-------------|
| 85361 | Wittmann | AZ | Maricopa | District 1 | Tier 1 |
| 85362 | Yarnell | AZ | Yavapai | District 3 | Tier 2 |
| 85363 | Youngtown | AZ | Maricopa | District 1 | Base Rate |
| 85364 | Yuma | AZ | Yuma | District 4 | Tier 2 |
| 85365 | Yuma | AZ | Yuma | District 4 | Tier 2 |
| 85366 | Yuma | AZ | Yuma | District 4 | Tier 2 |
| 85367 | Yuma | AZ | Yuma | District 4 | Tier 2 |
| 85371 | Poston | AZ | La Paz | District 4 | Tier 2 |
| 85373 | Sun City | AZ | Maricopa | District 1 | Base Rate |
| 85374 | Surprise | AZ | Maricopa | District 1 | Base Rate |
| 85375 | Sun City West | AZ | Maricopa | District 1 | Base Rate |
| 85376 | Sun City West | AZ | Maricopa | District 1 | Base Rate |
| 85377 | Carefree | AZ | Maricopa | District 1 | Base Rate |
| 85379 | Surprise | AZ | Maricopa | District 1 | Base Rate |
| 85380 | Peoria | AZ | Maricopa | District 1 | Base Rate |
| 85381 | Peoria | AZ | Maricopa | District 1 | Base Rate |
| 85382 | Peoria | AZ | Maricopa | District 1 | Base Rate |
| 85383 | Peoria | AZ | Maricopa | District 1 | Base Rate |
| 85385 | Peoria | AZ | Maricopa | District 1 | Base Rate |
| 85387 | Surprise | AZ | Maricopa | District 1 | Base Rate |
| 85388 | Surprise | AZ | Maricopa | District 1 | Base Rate |
| 85390 | Wickenburg | AZ | Maricopa | District 1 | Tier 1 |
| 85392 | Avondale | AZ | Maricopa | District 1 | Base Rate |
| 85395 | Goodyear | AZ | Maricopa | District 1 | Base Rate |
| 85396 | Buckeye | AZ | Maricopa | District 1 | Tier 1 |
| 85501 | Globe | AZ | Gila | District 5 | Tier 3 |
| 85502 | Globe | AZ | Gila | District 5 | Tier 3 |
| 85530 | Bylas | AZ | Graham | District 6 | Tier 3 |
| 85531 | Central | AZ | Graham | District 6 | Tier 3 |
| 85532 | Claypool | AZ | Gila | District 5 | Tier 3 |
| 85533 | Clifton | AZ | Greenlee | District 6 | Tier 3 |
| 85534 | Duncan | AZ | Greenlee | District 6 | Tier 3 |
| 85535 | Eden | AZ | Graham | District 6 | Tier 3 |
| 85536 | Fort Thomas | AZ | Graham | District 6 | Tier 3 |
| 85539 | Miami | AZ | Gila | District 5 | Tier 3 |
| 85540 | Morenci | AZ | Greenlee | District 6 | Tier 3 |
| 85541 | Payson | AZ | Gila | District 3 | Tier 2 |
| 85542 | Peridot | AZ | Gila | District 5 | Tier 3 |
| 85543 | Pima | AZ | Graham | District 6 | Tier 3 |
| 85544 | Pine | AZ | Gila | District 3 | Tier 2 |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|---------------|-----------|---------------|-----------------|-------------|
| 85545 | Roosevelt | AZ | Gila | District 5 | Tier 3 |
| 85546 | Safford | AZ | Graham | District 6 | Tier 3 |
| 85547 | Payson | AZ | Gila | District 3 | Tier 2 |
| 85548 | Safford | AZ | Graham | District 6 | Tier 3 |
| 85550 | San Carlos | AZ | Gila | District 6 | Tier 3 |
| 85551 | Solomon | AZ | Graham | District 6 | Tier 3 |
| 85552 | Thatcher | AZ | Graham | District 6 | Tier 3 |
| 85553 | Tonto Basin | AZ | Gila | District 3 | Tier 2 |
| 85601 | Arivaca | AZ | Pima | District 2 | Tier 2 |
| 85602 | Benson | AZ | Cochise | District 6 | Tier 2 |
| 85603 | Bisbee | AZ | Cochise | District 6 | Tier 2 |
| 85605 | Bowie | AZ | Cochise | District 6 | Tier 2 |
| 85606 | Cochise | AZ | Cochise | District 6 | Tier 2 |
| 85607 | Douglas | AZ | Cochise | District 6 | Tier 3 |
| 85608 | Douglas | AZ | Cochise | District 6 | Tier 3 |
| 85610 | Elfrida | AZ | Cochise | District 6 | Tier 3 |
| 85611 | Elgin | AZ | Santa Cruz | District 6 | Tier 2 |
| 85613 | Fort Huachuca | AZ | Cochise | District 6 | Base Rate |
| 85614 | Green Valley | AZ | Pima | District 2 | Tier 2 |
| 85615 | Hereford | AZ | Cochise | District 6 | Tier 2 |
| 85616 | Huachuca City | AZ | Cochise | District 6 | Tier 2 |
| 85617 | Mc Neal | AZ | Cochise | District 6 | Tier 3 |
| 85618 | Mammoth | AZ | Pinal | District 5 | Tier 3 |
| 85619 | Mount Lemmon | AZ | Pima | District 2 | Base Rate |
| 85620 | Naco | AZ | Cochise | District 6 | Tier 2 |
| 85621 | Nogales | AZ | Santa Cruz | District 6 | Tier 2 |
| 85622 | Green Valley | AZ | Pima | District 2 | Base Rate |
| 85623 | Oracle | AZ | Pinal | District 5 | Tier 3 |
| 85624 | Patagonia | AZ | Santa Cruz | District 6 | Tier 2 |
| 85625 | Pearce | AZ | Cochise | District 6 | Tier 2 |
| 85626 | Pirtleville | AZ | Cochise | District 6 | Tier 2 |
| 85627 | Pomerene | AZ | Cochise | District 6 | Tier 2 |
| 85628 | Nogales | AZ | Santa Cruz | District 6 | Tier 2 |
| 85629 | Sahuartia | AZ | Pima | District 2 | Base Rate |
| 85630 | Saint David | AZ | Cochise | District 6 | Tier 2 |
| 85631 | San Manuel | AZ | Pinal | District 5 | Tier 3 |
| 85632 | San Simon | AZ | Cochise | District 6 | Tier 2 |
| 85634 | Sells | AZ | Pima | District 2 | Tier 2 |
| 85635 | Sierra Vista | AZ | Cochise | District 6 | Base Rate |
| 85636 | Sierra Vista | AZ | Cochise | District 6 | Base Rate |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|---------------|-----------|---------------|-----------------|-------------|
| 85637 | Sonoita | AZ | Santa Cruz | District 6 | Tier 2 |
| 85638 | Tombstone | AZ | Cochise | District 6 | Tier 2 |
| 85639 | Topawa | AZ | Pima | District 2 | Tier 2 |
| 85640 | Tumacacori | AZ | Santa Cruz | District 6 | Tier 2 |
| 85641 | Vail | AZ | Pima | District 2 | Base Rate |
| 85643 | Willcox | AZ | Cochise | District 6 | Tier 2 |
| 85645 | Amado | AZ | Santa Cruz | District 6 | Tier 2 |
| 85646 | Tubac | AZ | Santa Cruz | District 6 | Tier 2 |
| 85648 | Rio Rico | AZ | Santa Cruz | District 6 | Tier 2 |
| 85650 | Sierra Vista | AZ | Cochise | District 6 | Base Rate |
| 85652 | Cortaro | AZ | Pima | District 2 | Base Rate |
| 85653 | Marana | AZ | Pima | District 2 | Base Rate |
| 85670 | Fort Huachuca | AZ | Cochise | District 6 | Base Rate |
| 85701 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85702 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85703 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85704 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85705 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85706 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85707 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85708 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85710 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85711 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85712 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85713 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85714 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85715 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85716 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85717 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85718 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85719 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85724 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85726 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85728 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85730 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85731 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85732 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85733 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85734 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85735 | Tucson | AZ | Pima | District 2 | Base Rate |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|---------------------|-----------|---------------|-----------------|-------------|
| 85736 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85737 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85739 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85740 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85741 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85742 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85743 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85745 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85746 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85747 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85748 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85749 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85750 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85751 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85752 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85755 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85757 | Tucson | AZ | Pima | District 2 | Base Rate |
| 85901 | Show Low | AZ | Navajo | District 3 | Tier 3 |
| 85902 | Show Low | AZ | Navajo | District 3 | Tier 3 |
| 85911 | Cibecue | AZ | Navajo | District 3 | Tier 3 |
| 85912 | White Mountain Lake | AZ | Navajo | District 3 | Tier 3 |
| 85920 | Alpine | AZ | Apache | District 3 | Tier 3 |
| 85922 | Blue | AZ | Greenlee | District 6 | Tier 3 |
| 85923 | Clay Springs | AZ | Navajo | District 3 | Tier 3 |
| 85924 | Concho | AZ | Apache | District 3 | Tier 3 |
| 85925 | Eagar | AZ | Apache | District 3 | Tier 3 |
| 85926 | Fort Apache | AZ | Navajo | District 3 | Tier 3 |
| 85927 | Greer | AZ | Apache | District 3 | Tier 3 |
| 85928 | Heber | AZ | Navajo | District 3 | Tier 3 |
| 85929 | Lakeside | AZ | Navajo | District 3 | Tier 3 |
| 85930 | McNary | AZ | Apache | District 3 | Tier 3 |
| 85932 | Nutriso | AZ | Apache | District 3 | Tier 3 |
| 85933 | Overgaard | AZ | Navajo | District 3 | Tier 3 |
| 85934 | Pinedale | AZ | Navajo | District 3 | Tier 3 |
| 85935 | Pinetop | AZ | Navajo | District 3 | Tier 3 |
| 85936 | Saint Johns | AZ | Apache | District 3 | Tier 3 |
| 85937 | Snowflake | AZ | Navajo | District 3 | Tier 3 |
| 85938 | Springerville | AZ | Apache | District 3 | Tier 3 |
| 85939 | Taylor | AZ | Navajo | District 3 | Tier 3 |
| 85940 | Vernon | AZ | Apache | District 3 | Tier 3 |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|--------------------|-----------|---------------|-----------------|-------------|
| 85941 | Whiteriver | AZ | Navajo | District 3 | Tier 3 |
| 85942 | Woodruff | AZ | Navajo | District 3 | Tier 3 |
| 86001 | Flagstaff | AZ | Coconino | District 3 | Base Rate |
| 86002 | Flagstaff | AZ | Coconino | District 3 | Base Rate |
| 86003 | Flagstaff | AZ | Coconino | District 3 | Base Rate |
| 86004 | Flagstaff | AZ | Coconino | District 3 | Base Rate |
| 86011 | Flagstaff | AZ | Coconino | District 3 | Base Rate |
| 86015 | Bellemont | AZ | Coconino | District 3 | Base Rate |
| 86017 | Munds Park | AZ | Coconino | District 3 | Base Rate |
| 86018 | Parks | AZ | Coconino | District 3 | Base Rate |
| 86020 | Cameron | AZ | Navajo | District 3 | Tier 2 |
| 86021 | Colorado City | AZ | Mohave | District 4 | Tier 3 |
| 86022 | Fredonia | AZ | Coconino | District 3 | Tier 3 |
| 86023 | Grand Canyon | AZ | Coconino | District 3 | Tier 2 |
| 86024 | Happy Jack | AZ | Coconino | District 3 | Tier 2 |
| 86025 | Holbrook | AZ | Navajo | District 3 | Tier 3 |
| 86029 | Sun Valley | AZ | Navajo | District 3 | Tier 3 |
| 86030 | Hotevilla | AZ | Navajo | District 3 | Tier 3 |
| 86031 | Indian Wells | AZ | Navajo | District 3 | Tier 3 |
| 86032 | Joseph City | AZ | Navajo | District 3 | Tier 3 |
| 86033 | Kayenta | AZ | Navajo | District 3 | Tier 3 |
| 86034 | Keams Canyon | AZ | Navajo | District 3 | Tier 3 |
| 86035 | Leupp | AZ | Coconino | District 3 | Tier 2 |
| 86036 | Marble Canyon | AZ | Coconino | District 3 | Tier 3 |
| 86038 | Mormon Canyon | AZ | Coconino | District 3 | Base Rate |
| 86039 | Kykotsmovi Village | AZ | Navajo | District 3 | Tier 3 |
| 86040 | Page | AZ | Coconino | District 3 | Tier 3 |
| 86042 | Polacca | AZ | Navajo | District 3 | Tier 3 |
| 86043 | Second Mesa | AZ | Navajo | District 3 | Tier 3 |
| 86044 | Tonalea | AZ | Coconino | District 3 | Tier 3 |
| 86045 | Tuba City | AZ | Coconino | District 3 | Tier 2 |
| 86046 | Williams | AZ | Coconino | District 3 | Tier 2 |
| 86047 | Winslow | AZ | Navajo | District 3 | Tier 3 |
| 86053 | Kaibito | AZ | Coconino | District 3 | Tier 3 |
| 86054 | Shoton | AZ | Navajo | District 3 | Tier 3 |
| 86301 | Prescott | AZ | Yavapai | District 3 | Base Rate |
| 86302 | Prescott | AZ | Yavapai | District 3 | Base Rate |
| 86303 | Prescott | AZ | Yavapai | District 3 | Base Rate |
| 86304 | Prescott | AZ | Yavapai | District 3 | Base Rate |
| 86305 | Prescott | AZ | Yavapai | District 3 | Base Rate |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|------------------|-----------|---------------|-----------------|-------------|
| 86312 | Prescott Valley | AZ | Yavapai | District 3 | Base Rate |
| 86314 | Prescott Valley | AZ | Yavapai | District 3 | Base Rate |
| 86320 | Ash Fork | AZ | Yavapai | District 3 | Tier 2 |
| 86321 | Bagdad | AZ | Yavapai | District 3 | Tier 2 |
| 86322 | Camp Verde | AZ | Yavapai | District 3 | Base Rate |
| 86323 | Chino Valley | AZ | Yavapai | District 3 | Base Rate |
| 86324 | Clarkdale | AZ | Yavapai | District 3 | Base Rate |
| 86325 | Cornville | AZ | Yavapai | District 3 | Base Rate |
| 86326 | Cottonwood | AZ | Yavapai | District 3 | Base Rate |
| 86327 | Dewey | AZ | Yavapai | District 3 | Base Rate |
| 86329 | Humboldt | AZ | Yavapai | District 3 | Base Rate |
| 86332 | Kirkland | AZ | Yavapai | District 3 | Tier 2 |
| 86333 | Mayer | AZ | Yavapai | District 3 | Base Rate |
| 86334 | Paulden | AZ | Yavapai | District 3 | Tier 2 |
| 86335 | Rimrock | AZ | Yavapai | District 3 | Base Rate |
| 86336 | Sedona | AZ | Coconino | District 3 | Base Rate |
| 86337 | Seligman | AZ | Yavapai | District 3 | Tier 2 |
| 86338 | Skull Valley | AZ | Yavapai | District 3 | Tier 2 |
| 86339 | Sedona | AZ | Coconino | District 3 | Base Rate |
| 86340 | Sedona | AZ | Coconino | District 3 | Base Rate |
| 86341 | Sedona | AZ | Coconino | District 3 | Base Rate |
| 86342 | Lake Montezuma | AZ | Yavapai | District 3 | Base Rate |
| 86343 | Crown King | AZ | Yavapai | District 3 | Tier 2 |
| 86351 | Sedona | AZ | Coconino | District 3 | Tier 2 |
| 86401 | Kingman | AZ | Mohave | District 4 | Base Rate |
| 86402 | Kingman | AZ | Mohave | District 4 | Base Rate |
| 86403 | Lake Havasu City | AZ | Mohave | District 4 | Tier 3 |
| 86404 | Lake Havasu City | AZ | Mohave | District 4 | Tier 3 |
| 86405 | Lake Havasu City | AZ | Mohave | District 4 | Tier 3 |
| 86406 | Lake Havasu City | AZ | Mohave | District 4 | Tier 3 |
| 86409 | Kingman | AZ | Mohave | District 4 | Base Rate |
| 86413 | Golden Valley | AZ | Mohave | District 4 | Tier 3 |
| 86426 | Fort Mohave | AZ | Mohave | District 4 | Tier 3 |
| 86427 | Fort Mohave | AZ | Mohave | District 4 | Tier 3 |
| 86429 | Bullhead City | AZ | Mohave | District 4 | Tier 3 |
| 86430 | Bullhead City | AZ | Mohave | District 4 | Tier 3 |
| 86432 | Littlefield | AZ | Mohave | District 4 | Tier 3 |
| 86433 | Oatman | AZ | Mohave | District 4 | Tier 3 |
| 86434 | Peach Springs | AZ | Mohave | District 4 | Tier 3 |
| 86435 | Supai | AZ | Coconino | District 3 | Tier 3 |

For Zip Codes not listed, please contact the appropriate DDD District Office.

Zip Code Rate Table

| ZIP | City | St | County | District | Tier |
|------------|----------------|-----------|---------------|-----------------|-------------|
| 86436 | Topock | AZ | Mohave | District 4 | Tier 3 |
| 86438 | Yucca | AZ | Mohave | District 4 | Tier 3 |
| 86439 | Bullhead City | AZ | Mohave | District 4 | Tier 3 |
| 86440 | Mohave Valley | AZ | Mohave | District 4 | Tier 3 |
| 86441 | Dolan Springs | AZ | Mohave | District 4 | Tier 3 |
| 86442 | Bullhead City | AZ | Mohave | District 4 | Tier 3 |
| 86444 | Meadview | AZ | Mohave | District 4 | Tier 3 |
| 86502 | Chambers | AZ | Apache | District 3 | Tier 3 |
| 86503 | Chinle | AZ | Apache | District 3 | Tier 3 |
| 86504 | Fort Defiance | AZ | Apache | District 3 | Tier 3 |
| 86505 | Ganado | AZ | Apache | District 3 | Tier 3 |
| 86506 | Houck | AZ | Apache | District 3 | Tier 3 |
| 86507 | Lukachukai | AZ | Apache | District 3 | Tier 3 |
| 86508 | Lupton | AZ | Apache | District 3 | Tier 3 |
| 86510 | Pinon | AZ | Navajo | District 3 | Tier 3 |
| 86511 | Saint Michaels | AZ | Apache | District 3 | Tier 3 |
| 86512 | Sanders | AZ | Apache | District 3 | Tier 3 |
| 86514 | Teec Nos Pos | AZ | Apache | District 3 | Tier 3 |
| 86515 | Window Rock | AZ | Apache | District 3 | Tier 3 |
| 86520 | Blue Gap | AZ | Navajo | District 3 | Tier 3 |
| 86535 | Dennehotso | AZ | Apache | District 3 | Tier 3 |
| 86538 | Many Farms | AZ | Apache | District 3 | Tier 3 |
| 86540 | Nazlini | AZ | Apache | District 3 | Tier 3 |
| 86544 | Red Valley | AZ | Apache | District 3 | Tier 3 |
| 86545 | Rock Point | AZ | Apache | District 3 | Tier 3 |
| 86547 | Round Rock | AZ | Apache | District 3 | Tier 3 |
| 86556 | Tsaile | AZ | Apache | District 3 | Tier 3 |