



Rate Book

Effective Date
July 1, 2005

Division of Developmental Disabilities
1789 W. Jefferson
Phoenix, AZ



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

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David A. Berns
Director

July 2005

TO: Interested Parties

This document is the Division's response to legislative requirements (A.R.S. 36-557) that a RateBook be published describing our current rates and rate structure.

The published rates described herein evolve from the Division's Qualified Vendor Rules, R6-6-2114. The Division strives to use fair and equitable rates for all services and relies on outside consultants to recommend those rates. Typically, the minimum threshold is that these rates are sufficient to ensure a network of providers. However, the use of Benchmark rates to define the service delivery 'marketplace' will establish targets that will ensure that the provider network is not only sufficient but is adequately funded to provide high quality and stable services for our consumers.

The Division uses a Rate Panel to make recommendations to the Assistant Director as to rate changes, rate reevaluations, prioritizations, etc. Any party interested in having a rate examined by the Division, may contact the Rate Panel, 1789 W. Jefferson, Phoenix, AZ.

Thank you for your support and continuing advocacy for the best possible services for our consumers.

Sincerely,

Ric Zaharia, Ph.D.
Assistant Director

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IV. Rate Methodologies

Click [here](#) to review the previously published *Methodology and Assumptions, DES/DDD Published Rate Schedule*, as of August 25, 2003.

Difference Between Current Rate Schedules and Those Released on May 2, 2005

The current rate schedules are different from the rate schedules released for public comment on May 2, 2005. While most of the rates remained the same, the following is a list of differences between the two schedules:

1. The structure of the published rate schedules was changed. Starting with July 1, 2005, the Division introduces a Rate Book, which contains all of the schedules and supporting materials that before were presented separately. Published in Adobe Acrobat format, this Rate Book has a common Table of Contents with links to the relevant sections in the Rate Book.

The Division will no longer number its published rate schedules. Instead, starting from this Rate Book and for each subsequent amendment to this Rate Book, there will be a notation at the lower left corner of each page indicating the corresponding date for a given Rate Book. For example, this Rate Book is *As of July 1, 2005*.

2. Professional Services:
 - Adopted rates for Occupational Therapy, Physical Therapy and Speech Therapy services were increased to the level of benchmark rates. This increase in rates is retroactive to January 1, 2005. Qualified Vendors for these therapy services to the Division's consumers will receive a supplemental payment for units provided from January 1, 2005. This payment will be equal to the number of applicable units multiplied by the difference between then-billed rate and the effective rate published in this rate schedule.

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Introduction

Purpose of This Schedule

This schedule contains the rates that will begin in Fiscal Year 2006. 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 06 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.

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
Attendant Care					
AFC/ANC	Attendant Care	Client Hour	1	\$14.75	\$14.12
AFC/ANC	Attendant Care	Client Hour	2	\$9.22	\$8.83
AFC/ANC	Attendant Care	Client Hour	3	\$7.38	\$7.06
Habilitation, Community Protection and Treatment Hourly					
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	1	\$19.78	\$18.94
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	2	\$12.36	\$11.84
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	3	\$9.89	\$9.47
Habilitation, Support					
HAH	Habilitation, Support	Client Hour	1	\$18.83	\$18.03
HAH	Habilitation, Support	Client Hour	2	\$11.77	\$11.27
HAH	Habilitation, Support	Client Hour	3	\$9.41	\$9.02
Housekeeping					
HSK	Housekeeping	Client Hour	1	\$13.59	\$13.01
HSK	Housekeeping	Client Hour	2	\$8.49	\$8.13
HSK	Housekeeping	Client Hour	3	\$6.80	\$6.51
Respite, short-term					
RSP	Respite, short-term	Client Hour	1	\$14.46	\$13.84
RSP	Respite, short-term	Client Hour	2	\$9.04	\$8.65
RSP	Respite, short-term	Client Hour	3	\$7.23	\$6.92
Respite, continuous					
RSD	Respite, continuous	Day	1	\$176.82	\$169.30
RSD	Respite, continuous	Day	2	\$110.51	\$105.81
RSD	Respite, continuous	Day	3	\$88.41	\$84.65

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Independent Living 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 Division.

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

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
Independent Living Services					
HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	1	\$19.03	\$18.22
HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	2	\$11.89	\$11.39
HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	3	\$9.52	\$9.11

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 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 06 Benchmark and Adopted Rates
Day Treatment and Training Services**

Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate
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Day Treatment and Training, Adult*

DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	\$9.65	\$8.60
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	\$7.03	\$6.25
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	\$5.81	\$5.20
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	\$5.10	\$4.55

Day Treatment and Training, Children*

DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	\$9.32	\$8.30
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	\$7.18	\$6.40
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	\$6.19	\$5.50
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	\$5.61	\$5.00

DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	\$9.32	\$8.30
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	\$7.18	\$6.40
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	\$6.19	\$5.50
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	\$5.61	\$5.00

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Day Treatment and Training Services**

Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate
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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.

DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	\$10.72	\$9.60
DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	\$8.08	\$7.20
DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	\$6.88	\$6.15
DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	\$6.17	\$5.50

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Day Treatment and Training Services**

Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate
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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.

DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:1	Program Hour	\$18.83	\$18.03
DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2	Program Hour	\$11.77	\$11.27
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:1	Program Hour	\$18.83	\$18.03
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2	Program Hour	\$11.77	\$11.27
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:1	Program Hour	\$18.83	\$18.03
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2	Program Hour	\$11.77	\$11.27

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 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.

Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	Benchmark Rate	Adopted Rate
Developmental Home Services							
HBA*	Habilitation, Vendor Supported Developmental Home (Adult)	Day	All	N/A	N/A	\$98.89	\$109.75
HBC**	Habilitation, Vendor Supported Developmental Home (Child)	Day	All	N/A	N/A	\$100.87	\$111.95
* The Benchmark Rate is based on the independent rate model, while the Adopted Rate is equal to the SFY 03 Provider "Floor" rate.							
** The Benchmark and Adopted Rates include a 2% premium over HBA rate for additional provider training.							
RRB	Room and Board, Vendor Supported Developmental Home (Child and Adult)	Day	All	N/A	N/A	\$12.41	\$11.88

Incontinence Supplies and Nutritional Supplements

1. For Habilitation, Vendor Supported Developmental Home (HBA/HBC) services, incontinence supplies and/or nutritional supplements shall be billed separately.
2. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the per diem rate and only for those residents that require them.

Nutritional Supplement Modifier

HBA, HBC	Nutritional Supplement, 1:1	Day	All	N/A	N/A	\$4.00	\$4.00
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Incontinence Supplies Modifier

HBA, HBC	Incontinence Supplies, 1:1	Day	All	N/A	N/A	\$3.00	\$3.00
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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Group 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 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.

3. 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.

4. 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.

Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	Benchmark Rate	Adopted Rate
Group Home Services*							
HPD	Habilitation, Community Protection and Treatment Group Home*	Staff Hour	All	N/A	N/A	\$19.78	\$18.94
HAB	Habilitation, Group Home*	Staff Hour	All	N/A	N/A	\$17.79	\$17.03
* See schedule titled <i>SFY 06 Adopted Rates, Conversion to Daily Rates.</i>							
HAN	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	\$264.34	\$253.56
HAN	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	\$326.00	\$312.71
HAN	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	\$378.27	\$362.85

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Group Home Services

Service Code	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	\$36.64	\$35.15
RRB	Room and Board, All Group Homes	Day	1	2	1	\$39.59	\$37.98
RRB	Room and Board, All Group Homes	Day	1	2	2	\$23.75	\$22.78
RRB	Room and Board, All Group Homes	Day	1	3	1	\$48.47	\$46.49
RRB	Room and Board, All Group Homes	Day	1	3	2	\$28.15	\$27.00
RRB	Room and Board, All Group Homes	Day	1	3	3	\$21.37	\$20.50
RRB	Room and Board, All Group Homes	Day	1	4	1	\$52.85	\$50.70
RRB	Room and Board, All Group Homes	Day	1	4	2	\$30.32	\$29.08
RRB	Room and Board, All Group Homes	Day	1	4	3	\$22.81	\$21.88
RRB	Room and Board, All Group Homes	Day	1	4	4	\$19.05	\$18.27
RRB	Room and Board, All Group Homes	Day	1	5	1	\$61.65	\$59.14
RRB	Room and Board, All Group Homes	Day	1	5	2	\$34.70	\$33.29
RRB	Room and Board, All Group Homes	Day	1	5	3	\$25.73	\$24.68
RRB	Room and Board, All Group Homes	Day	1	5	4	\$21.24	\$20.37
RRB	Room and Board, All Group Homes	Day	1	5	5	\$18.54	\$17.78
RRB	Room and Board, All Group Homes	Day	1	6	1	\$65.64	\$62.96
RRB	Room and Board, All Group Homes	Day	1	6	2	\$36.69	\$35.19
RRB	Room and Board, All Group Homes	Day	1	6	3	\$27.04	\$25.94
RRB	Room and Board, All Group Homes	Day	1	6	4	\$22.22	\$21.31
RRB	Room and Board, All Group Homes	Day	1	6	5	\$19.32	\$18.53
RRB	Room and Board, All Group Homes	Day	1	6	6	\$17.39	\$16.68
RRB	Room and Board, All Group Homes	Day	2	1	1	\$32.27	\$30.95
RRB	Room and Board, All Group Homes	Day	2	2	1	\$35.29	\$33.85
RRB	Room and Board, All Group Homes	Day	2	2	2	\$21.60	\$20.72
RRB	Room and Board, All Group Homes	Day	2	3	1	\$43.41	\$41.64
RRB	Room and Board, All Group Homes	Day	2	3	2	\$25.62	\$24.58
RRB	Room and Board, All Group Homes	Day	2	3	3	\$19.69	\$18.89
RRB	Room and Board, All Group Homes	Day	2	4	1	\$47.18	\$45.26
RRB	Room and Board, All Group Homes	Day	2	4	2	\$27.48	\$26.36
RRB	Room and Board, All Group Homes	Day	2	4	3	\$20.91	\$20.06
RRB	Room and Board, All Group Homes	Day	2	4	4	\$17.63	\$16.91
RRB	Room and Board, All Group Homes	Day	2	5	1	\$54.75	\$52.52
RRB	Room and Board, All Group Homes	Day	2	5	2	\$31.25	\$29.98
RRB	Room and Board, All Group Homes	Day	2	5	3	\$23.42	\$22.47
RRB	Room and Board, All Group Homes	Day	2	5	4	\$19.51	\$18.71
RRB	Room and Board, All Group Homes	Day	2	5	5	\$17.16	\$16.46
RRB	Room and Board, All Group Homes	Day	2	6	1	\$58.18	\$55.81
RRB	Room and Board, All Group Homes	Day	2	6	2	\$32.96	\$31.62
RRB	Room and Board, All Group Homes	Day	2	6	3	\$24.55	\$23.55
RRB	Room and Board, All Group Homes	Day	2	6	4	\$20.35	\$19.52
RRB	Room and Board, All Group Homes	Day	2	6	5	\$17.83	\$17.10
RRB	Room and Board, All Group Homes	Day	2	6	6	\$16.15	\$15.49

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Group Home Services

Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	Benchmark Rate	Adopted Rate
RRB	Room and Board, All Group Homes	Day	3	1	1	\$37.30	\$35.78
RRB	Room and Board, All Group Homes	Day	3	2	1	\$40.79	\$39.13
RRB	Room and Board, All Group Homes	Day	3	2	2	\$24.35	\$23.36
RRB	Room and Board, All Group Homes	Day	3	3	1	\$49.82	\$47.79
RRB	Room and Board, All Group Homes	Day	3	3	2	\$28.83	\$27.65
RRB	Room and Board, All Group Homes	Day	3	3	3	\$21.83	\$20.94
RRB	Room and Board, All Group Homes	Day	3	4	1	\$54.44	\$52.22
RRB	Room and Board, All Group Homes	Day	3	4	2	\$31.11	\$29.84
RRB	Room and Board, All Group Homes	Day	3	4	3	\$23.33	\$22.38
RRB	Room and Board, All Group Homes	Day	3	4	4	\$19.44	\$18.65
RRB	Room and Board, All Group Homes	Day	3	5	1	\$63.45	\$60.86
RRB	Room and Board, All Group Homes	Day	3	5	2	\$35.60	\$34.15
RRB	Room and Board, All Group Homes	Day	3	5	3	\$26.32	\$25.25
RRB	Room and Board, All Group Homes	Day	3	5	4	\$21.68	\$20.80
RRB	Room and Board, All Group Homes	Day	3	5	5	\$18.90	\$18.13
RRB	Room and Board, All Group Homes	Day	3	6	1	\$67.66	\$64.90
RRB	Room and Board, All Group Homes	Day	3	6	2	\$37.70	\$36.16
RRB	Room and Board, All Group Homes	Day	3	6	3	\$27.71	\$26.58
RRB	Room and Board, All Group Homes	Day	3	6	4	\$22.72	\$21.79
RRB	Room and Board, All Group Homes	Day	3	6	5	\$19.72	\$18.92
RRB	Room and Board, All Group Homes	Day	3	6	6	\$17.72	\$17.00
RRB	Room and Board, All Group Homes	Day	4, 5, 6	1	1	\$31.07	\$29.80
RRB	Room and Board, All Group Homes	Day	4, 5, 6	2	1	\$33.89	\$32.51
RRB	Room and Board, All Group Homes	Day	4, 5, 6	2	2	\$20.90	\$20.05
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	1	\$41.49	\$39.80
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	2	\$24.67	\$23.66
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	3	\$19.05	\$18.27
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	1	\$43.28	\$41.52
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	2	\$25.54	\$24.50
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	3	\$19.62	\$18.82
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	4	\$16.66	\$15.98
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	1	\$48.38	\$46.41
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	2	\$28.07	\$26.93
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	3	\$21.30	\$20.43
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	4	\$17.91	\$17.18
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	5	\$15.89	\$15.24
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	1	\$50.81	\$48.74
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	2	\$29.27	\$28.08
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	3	\$22.10	\$21.20
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	4	\$18.50	\$17.75
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	5	\$16.36	\$15.69
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	6	\$14.92	\$14.31

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 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 as Nursing, Continuous. However, if the needs of the consumer require 24 hours of awake skilled 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.

3. Except for Nursing Services, in no event will more than three consumers receive the same service with a single direct service staff person at the same time.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
Home Health Aide					
HHA	Home Health Aide	Client Hour	1	\$17.43	\$16.69
HHA	Home Health Aide	Client Hour	2	\$10.89	\$10.43
HHA	Home Health Aide	Client Hour	3	\$8.72	\$8.35

Nursing, short-term

NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	1	\$37.21	\$35.63
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	2	\$23.25	\$22.27
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	3	\$18.60	\$17.82
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	1	\$41.38	\$39.62
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	\$25.86	\$24.76
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	\$20.69	\$19.81
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	1	\$42.42	\$40.62
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	\$26.51	\$25.39
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	\$21.21	\$20.31

If Nursing, short-term is provided by a single direct service staff person to more than 3 consumers at the same time, the following formula shall be used to determine the per consumer per hour rate:

(Regular Rate * ((1 + (25% * number of additional clients))) / Total number of clients

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
Nursing, continuous					
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	1	\$595.31	\$570.01
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	2	\$372.07	\$356.26
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	3	\$297.65	\$285.00
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	1	\$662.03	\$633.89
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	2	\$413.77	\$396.18
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	3	\$331.01	\$316.95
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	1	\$678.71	\$649.86
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	2	\$424.19	\$406.17
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	3	\$339.35	\$324.93

If Nursing, continuous is provided by a single direct service staff person to more than 3 consumers at the same time, the following formula shall be used to determine the per consumer per hour rate:
 (Regular Rate * ((1 + (25% * number of additional clients))) / Total number of clients

Occupational Therapy					
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	1	\$55.04	\$55.04
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	\$34.40	\$34.40
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	\$27.52	\$27.52
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	\$74.54	\$74.54
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	\$46.59	\$46.59
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	\$37.27	\$37.27

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	\$59.63	\$59.63
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	\$37.27	\$37.27
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	\$29.82	\$29.82
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	\$68.81	\$68.81
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	\$43.00	\$43.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	\$34.40	\$34.40
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	\$74.54	\$74.54
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	\$46.59	\$46.59
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	\$37.27	\$37.27
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	\$103.21	\$103.21
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	\$64.50	\$64.50
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	\$51.60	\$51.60
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	\$114.68	\$114.68
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	\$71.67	\$71.67
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	\$57.34	\$57.34
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	\$149.08	\$149.08
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	\$93.17	\$93.17
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	\$74.54	\$74.54
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	\$121.97	\$121.97
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	\$76.23	\$76.23
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	\$60.99	\$60.99

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	1	\$156.38	\$156.38
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	\$97.73	\$97.73
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	\$78.19	\$78.19
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	\$229.35	\$229.35
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	\$143.34	\$143.34
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	\$114.68	\$114.68
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	\$364.88	\$364.88
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	\$228.05	\$228.05
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	\$182.44	\$182.44

*NOTE: The rate is calculated per client in relation to the mileage distance from the Therapist's office to the location of the therapy appointment. If a therapist does not maintain office space, the distance is calculated from his/her home to the location of the therapy appointment. The one-way travel mileage to the appointment is used to determine the rate.

Physical Therapy

PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	1	\$55.04	\$55.04
PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	\$34.40	\$34.40
PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	\$27.52	\$27.52
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	\$74.54	\$74.54
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	\$46.59	\$46.59
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	\$37.27	\$37.27

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	\$59.63	\$59.63
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	\$37.27	\$37.27
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	\$29.82	\$29.82
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	\$68.81	\$68.81
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	\$43.00	\$43.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	\$34.40	\$34.40
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	\$74.54	\$74.54
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	\$46.59	\$46.59
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	\$37.27	\$37.27
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	\$103.21	\$103.21
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	\$64.50	\$64.50
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	\$51.60	\$51.60
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	\$114.68	\$114.68
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	\$71.67	\$71.67
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	\$57.34	\$57.34
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	\$149.08	\$149.08
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	\$93.17	\$93.17
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	\$74.54	\$74.54
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	\$121.97	\$121.97
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	\$76.23	\$76.23
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	\$60.99	\$60.99

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	1	\$156.38	\$156.38
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	\$97.73	\$97.73
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	\$78.19	\$78.19
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	\$229.35	\$229.35
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	\$143.34	\$143.34
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	\$114.68	\$114.68
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	\$364.88	\$364.88
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	\$228.05	\$228.05
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	\$182.44	\$182.44

*NOTE: The rate is calculated per client in relation to the mileage distance from the Therapist's office to the location of the therapy appointment. If a therapist does not maintain office space, the distance is calculated from his/her home to the location of the therapy appointment. The one-way travel mileage to the appointment is used to determine the rate.

Speech Therapy

SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	1	\$55.04	\$55.04
SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	\$34.40	\$34.40
SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	\$27.52	\$27.52
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	\$74.54	\$74.54
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	\$46.59	\$46.59
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	\$37.27	\$37.27

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	\$59.63	\$59.63
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	\$37.27	\$37.27
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	\$29.82	\$29.82
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	\$68.81	\$68.81
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	\$43.00	\$43.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	\$34.40	\$34.40
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	\$74.54	\$74.54
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	\$46.59	\$46.59
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	\$37.27	\$37.27
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	\$103.21	\$103.21
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	\$64.50	\$64.50
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	\$51.60	\$51.60
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	\$114.68	\$114.68
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	\$71.67	\$71.67
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	\$57.34	\$57.34
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	\$149.08	\$149.08
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	\$93.17	\$93.17
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	\$74.54	\$74.54
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	\$121.97	\$121.97
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	\$76.23	\$76.23
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	\$60.99	\$60.99

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Professional Services**

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	1	\$156.38	\$156.38
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	\$97.73	\$97.73
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	\$78.19	\$78.19
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	\$229.35	\$229.35
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	\$143.34	\$143.34
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	\$114.68	\$114.68
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	\$364.88	\$364.88
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	\$228.05	\$228.05
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	\$182.44	\$182.44

*NOTE: The rate is calculated per client in relation to the mileage distance from the Therapist's office to the location of the therapy appointment. If a therapist does not maintain office space, the distance is calculated from his/her home to the location of the therapy appointment. The one-way travel mileage to the appointment is used to determine the rate.

The element of the schedule is either new or was changed from the May 2, 2005 release

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 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.

Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate
Support Coordination (Case Management)				
CPG	Support Coordination (Case Management) Access to ASSISTS Through DES Office Caseload not to exceed an average of 1:40	One Month	\$87.30	\$87.30
Targeted Support Coordination (Targeted Case Management)				
CPG	Targeted Support Coordination (Targeted Case Management) Access to ASSISTS Through DES Office Caseload not to exceed an average of 1:80	One Month	\$36.80	\$36.80
State Funded Support Coordination (State Funded Case Management)				
CPG	State Funded Support Coordination (State Funded Case Management) Access to ASSISTS Through DES Office Caseload not to exceed an average of 1:110	One Month	\$22.50	\$22.50

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Specialized Habilitation Services**

Unit of Service

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

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
Habilitation, Music					
HAH	Habilitation, Music	Client Hour	1	\$36.78	\$35.28
HAH	Habilitation, Music	Client Hour	2	\$22.99	\$22.05
HAH	Habilitation, Music	Client Hour	3	\$18.39	\$17.64

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 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," 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" are defined as rural.

2. The "Flat Trip Rate for Regularly Scheduled Daily 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.

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.

Service Code	Description	Urban / Rural	Unit of Service	Benchmark Rate	Adopted Rate
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AHCCCS Non-Emergency Ground Transportation Services FFS Rates

TRO	Ambulatory van	Urban	Base rate	\$7.02	\$6.72
TRO	Ambulatory van	Rural	Base rate	\$7.69	\$7.69
TRO	Ambulatory van	Urban	Per mile	\$1.15	\$1.15
TRO	Ambulatory van	Rural	Per mile	\$1.34	\$1.34
TRO	Wheelchair van	Urban	Base rate	\$13.94	\$13.94
TRO	Wheelchair van	Rural	Base rate	\$16.03	\$16.03
TRO	Wheelchair van	Urban	Per mile	\$1.05	\$1.05
TRO	Wheelchair van	Rural	Per mile	\$1.20	\$1.20
TRO	Stretcher van	Urban	Base rate	\$44.59	\$44.59
TRO	Stretcher van	Rural	Base rate	\$51.28	\$51.28
TRO	Stretcher van	Urban	Per mile	\$2.10	\$2.10
TRO	Stretcher van	Rural	Per mile	\$2.42	\$2.42
TRO	Taxicab	Urban	Base rate	\$1.12	\$1.11
TRO	Taxicab	Rural	Base rate	\$1.12	\$1.11
TRO	Taxicab	Urban	Per mile	\$1.10	\$1.05
TRO	Taxicab	Rural	Per mile	\$1.10	\$1.05
TRO	Transportation Waiting Time	Urban	30 minutes	\$4.85	\$4.85
TRO	Transportation Waiting Time	Rural	30 minutes	\$4.85	\$4.85

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Benchmark and Adopted Rates
Transportation Services**

Service Code	Description	Urban / Rural	Unit of Service	Benchmark Rate	Adopted Rate
Other Transportation Services					
TRA	Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	\$8.34	\$8.00
TRA	Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	\$11.12	\$10.67
TRO	Transportation Aide for non-Regularly Scheduled Daily Transportation ONLY	Both	Client Hour	Minimum Wage*	Minimum Wage*

Modified Rates

The Division established separate exceptional transportation modified rate for "Flat Trip Rate for Regularly Scheduled Daily 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. Based on the premise that these are temporary or transitional modified rates, these modified rates are capped at 50 consumers statewide annually.

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 Administrator/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.

TRA	Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	\$16.68	\$16.00
TRA	Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	\$22.25	\$21.34

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.

TRA	Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	\$16.68	\$16.00
TRA	Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	\$22.25	\$21.34

* As of the date of publication, the federal minimum wage for covered nonexempt employees is \$5.15 an hour.

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 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 (HPD) and Habilitation, Group Home (HAB). 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 (HPD) rate for all residents in the facility. Otherwise, the Qualified Vendor must bill the Division the Habilitation, Group Home (HAB) rate for all residents in the facility.
2. If the resident that requires Habilitation, Community Protection and Treatment Group Home (HPD) 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 (HPD) rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home (HAB) 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 6A and 6B, 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 6A and 6B contain 14 tables with Daily Rates, and each table refers to one of 14 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 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.

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
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.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

To calculate the daily per resident rate when the authorized hours per week are less than 60, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are less than those in Range 1, the authorized hours level will step down in increments of 20 hours for each additional level.

Habilitation, Community Protection and Treatment Group Home - Range 1

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	None	\$162.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional	\$166.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Incontinence	\$165.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional and Incontinence	\$169.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	None	\$81.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional	\$85.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Incontinence	\$84.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional and Incontinence	\$88.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	None	\$54.11
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional	\$58.11
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Incontinence	\$57.11
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional and Incontinence	\$61.11

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 2

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	None	\$216.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional	\$220.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Incontinence	\$219.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional and Incontinence	\$223.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	None	\$108.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional	\$112.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Incontinence	\$111.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional and Incontinence	\$115.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	None	\$72.15
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional	\$76.15
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Incontinence	\$75.15
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional and Incontinence	\$79.15

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 3

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	None	\$270.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional	\$274.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Incontinence	\$273.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional and Incontinence	\$277.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	None	\$135.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional	\$139.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Incontinence	\$138.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional and Incontinence	\$142.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	None	\$90.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional	\$94.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Incontinence	\$93.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional and Incontinence	\$97.19

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 4

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	None	\$324.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional	\$328.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Incontinence	\$327.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional and Incontinence	\$331.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	None	\$162.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional	\$166.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Incontinence	\$165.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional and Incontinence	\$169.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	None	\$108.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional	\$112.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Incontinence	\$111.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional and Incontinence	\$115.23

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 5

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	None	\$378.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional	\$382.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Incontinence	\$381.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional and Incontinence	\$385.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	None	\$189.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional	\$193.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Incontinence	\$192.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional and Incontinence	\$196.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	None	\$126.27
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional	\$130.27
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Incontinence	\$129.27
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional and Incontinence	\$133.27

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 6

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	None	\$432.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional	\$436.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Incontinence	\$435.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional and Incontinence	\$439.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	None	\$216.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional	\$220.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Incontinence	\$219.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional and Incontinence	\$223.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	None	\$144.30
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional	\$148.30
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Incontinence	\$147.30
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional and Incontinence	\$151.30

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 7

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	None	\$487.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional	\$491.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Incontinence	\$490.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional and Incontinence	\$494.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	None	\$243.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional	\$247.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Incontinence	\$246.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional and Incontinence	\$250.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	None	\$162.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional	\$166.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Incontinence	\$165.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional and Incontinence	\$169.34

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 8

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	None	\$541.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional	\$545.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Incontinence	\$544.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional and Incontinence	\$548.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	None	\$270.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional	\$274.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Incontinence	\$273.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional and Incontinence	\$277.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	None	\$180.38
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional	\$184.38
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Incontinence	\$183.38
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional and Incontinence	\$187.38

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home

Habilitation, Community Protection and Treatment Group Home - Range 9

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	None	\$595.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional	\$599.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Incontinence	\$598.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional and Incontinence	\$602.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	None	\$297.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional	\$301.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Incontinence	\$300.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional and Incontinence	\$304.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	None	\$198.42
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional	\$202.42
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Incontinence	\$201.42
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional and Incontinence	\$205.42

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 10

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	None	\$649.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional	\$653.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Incontinence	\$652.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional and Incontinence	\$656.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	None	\$324.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional	\$328.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Incontinence	\$327.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional and Incontinence	\$331.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	None	\$216.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional	\$220.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Incontinence	\$219.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional and Incontinence	\$223.46

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 11

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	None	\$703.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional	\$707.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Incontinence	\$706.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional and Incontinence	\$710.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	None	\$351.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional	\$355.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Incontinence	\$354.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional and Incontinence	\$358.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	None	\$234.50
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional	\$238.50
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Incontinence	\$237.50
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional and Incontinence	\$241.50

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 12

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	None	\$757.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional	\$761.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Incontinence	\$760.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional and Incontinence	\$764.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	None	\$378.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional	\$382.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Incontinence	\$381.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional and Incontinence	\$385.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	None	\$252.53
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional	\$256.53
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Incontinence	\$255.53
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional and Incontinence	\$259.53

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 13

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	None	\$811.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional	\$815.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Incontinence	\$814.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional and Incontinence	\$818.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	None	\$405.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional	\$409.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Incontinence	\$408.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional and Incontinence	\$412.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	None	\$270.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional	\$274.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Incontinence	\$273.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional and Incontinence	\$277.57

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Community Protection and Treatment Group Home**

Habilitation, Community Protection and Treatment Group Home - Range 14

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	None	\$865.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional	\$869.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Incontinence	\$868.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional and Incontinence	\$872.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	None	\$432.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional	\$436.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Incontinence	\$435.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional and Incontinence	\$439.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	None	\$288.61
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional	\$292.61
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Incontinence	\$291.61
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional and Incontinence	\$295.61

NOTE: The shaded boxes indicate 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.

To calculate the daily per resident rate when the authorized hours per week are greater than 320, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are greater than those in Range 14, the authorized hours level will step up in increments of 20 hours for each additional level.

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

To calculate the daily per resident rate when the authorized hours per week are less than 60, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are less than those in Range 1, the authorized hours level will step down in increments of 20 hours for each additional level.

Habilitation, Group Home - Range 1

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	None	\$72.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional	\$76.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Incontinence	\$75.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional and Incontinence	\$79.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional and Incontinence	\$55.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	None	\$36.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Nutritional	\$40.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Incontinence	\$39.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Nutritional and Incontinence	\$43.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	None	\$29.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Nutritional	\$33.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Incontinence	\$32.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Nutritional and Incontinence	\$36.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	None	\$24.33
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Nutritional	\$28.33
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Incontinence	\$27.33
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Nutritional and Incontinence	\$31.33

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

Habilitation, Group Home - Range 2

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	None	\$64.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional	\$68.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Incontinence	\$67.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional and Incontinence	\$71.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Nutritional and Incontinence	\$55.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	None	\$38.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Nutritional	\$42.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Incontinence	\$41.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Nutritional and Incontinence	\$45.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	None	\$32.44
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Nutritional	\$36.44
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Incontinence	\$35.44
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Nutritional and Incontinence	\$39.44

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

Habilitation, Group Home - Range 3

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	None	\$243.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional	\$247.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Incontinence	\$246.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional and Incontinence	\$250.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	None	\$121.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional	\$125.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Incontinence	\$124.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional and Incontinence	\$128.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	None	\$81.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional	\$85.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Incontinence	\$84.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional and Incontinence	\$88.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	None	\$60.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Nutritional	\$64.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Incontinence	\$63.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Nutritional and Incontinence	\$67.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Nutritional and Incontinence	\$55.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	None	\$40.55
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Nutritional	\$44.55
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Incontinence	\$43.55
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Nutritional and Incontinence	\$47.55

**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

Habilitation, Group Home - Range 4

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	None	\$291.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional	\$295.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Incontinence	\$294.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional and Incontinence	\$298.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	None	\$72.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Nutritional	\$76.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Incontinence	\$75.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Nutritional and Incontinence	\$79.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	None	\$58.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Nutritional	\$62.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Incontinence	\$61.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Nutritional and Incontinence	\$65.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Nutritional and Incontinence	\$55.66

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
 Habilitation, Group Home**

Habilitation, Group Home - Range 5

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	None	\$340.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional	\$344.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Incontinence	\$343.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional and Incontinence	\$347.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	None	\$170.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional	\$174.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Incontinence	\$173.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional and Incontinence	\$177.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	None	\$113.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional	\$117.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Incontinence	\$116.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional and Incontinence	\$120.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	None	\$85.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Nutritional	\$89.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Incontinence	\$88.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Nutritional and Incontinence	\$92.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	None	\$68.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Nutritional	\$72.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Incontinence	\$71.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Nutritional and Incontinence	\$75.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	None	\$56.77
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Nutritional	\$60.77
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Incontinence	\$59.77
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Nutritional and Incontinence	\$63.77

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

Habilitation, Group Home - Range 6

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	None	\$389.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional	\$393.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Incontinence	\$392.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional and Incontinence	\$396.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	None	\$129.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional	\$133.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Incontinence	\$132.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional and Incontinence	\$136.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	None	\$77.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Nutritional	\$81.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Incontinence	\$80.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Nutritional and Incontinence	\$84.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	None	\$64.88
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Nutritional	\$68.88
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Incontinence	\$67.88
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Nutritional and Incontinence	\$71.88

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**Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

Habilitation, Group Home - Range 7

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	None	\$437.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional	\$441.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Incontinence	\$440.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional and Incontinence	\$444.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	None	\$218.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional	\$222.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Incontinence	\$221.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional and Incontinence	\$225.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	None	\$109.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Nutritional	\$113.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Incontinence	\$112.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Nutritional and Incontinence	\$116.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	None	\$87.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Nutritional	\$91.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Incontinence	\$90.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Nutritional and Incontinence	\$94.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	None	\$72.99
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Nutritional	\$76.99
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Incontinence	\$75.99
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Nutritional and Incontinence	\$79.99

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**Arizona Department of Economic Security, Division of Developmental Disabilities
 SFY 06 Adopted Rates, Conversion to Daily Rates
 Habilitation, Group Home**

Habilitation, Group Home - Range 8

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	None	\$486.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional	\$490.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Incontinence	\$489.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional and Incontinence	\$493.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	None	\$243.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional	\$247.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Incontinence	\$246.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional and Incontinence	\$250.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	None	\$162.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional	\$166.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Incontinence	\$165.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional and Incontinence	\$169.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	None	\$121.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Nutritional	\$125.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Incontinence	\$124.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Nutritional and Incontinence	\$128.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	None	\$81.10
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Nutritional	\$85.10
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Incontinence	\$84.10
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Nutritional and Incontinence	\$88.10

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**Arizona Department of Economic Security, Division of Developmental Disabilities
 SFY 06 Adopted Rates, Conversion to Daily Rates
 Habilitation, Group Home**

Habilitation, Group Home - Range 9

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	None	\$535.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional	\$539.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Incontinence	\$538.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional and Incontinence	\$542.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	None	\$267.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional	\$271.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Incontinence	\$270.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional and Incontinence	\$274.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	None	\$178.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional	\$182.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Incontinence	\$181.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional and Incontinence	\$185.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	None	\$133.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Nutritional	\$137.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Incontinence	\$136.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Nutritional and Incontinence	\$140.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	None	\$107.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Nutritional	\$111.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Incontinence	\$110.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Nutritional and Incontinence	\$114.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	None	\$89.20
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Nutritional	\$93.20
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Incontinence	\$92.20
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Nutritional and Incontinence	\$96.20

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**Arizona Department of Economic Security, Division of Developmental Disabilities
 SFY 06 Adopted Rates, Conversion to Daily Rates
 Habilitation, Group Home**

Habilitation, Group Home - Range 10

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	None	\$583.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional	\$587.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Incontinence	\$586.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional and Incontinence	\$590.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	None	\$291.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional	\$295.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Incontinence	\$294.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional and Incontinence	\$298.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	None	\$116.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Nutritional	\$120.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Incontinence	\$119.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Nutritional and Incontinence	\$123.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Nutritional and Incontinence	\$104.31

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home

Habilitation, Group Home - Range 11

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	None	\$632.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional	\$636.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Incontinence	\$635.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional and Incontinence	\$639.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	None	\$316.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional	\$320.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Incontinence	\$319.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional and Incontinence	\$323.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	None	\$210.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional	\$214.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Incontinence	\$213.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional and Incontinence	\$217.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	None	\$158.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Nutritional	\$162.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Incontinence	\$161.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Nutritional and Incontinence	\$165.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	None	\$126.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Nutritional	\$130.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Incontinence	\$129.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Nutritional and Incontinence	\$133.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	None	\$105.42
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Nutritional	\$109.42
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Incontinence	\$108.42
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Nutritional and Incontinence	\$112.42

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Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home

Habilitation, Group Home - Range 12

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	None	\$681.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional	\$685.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Incontinence	\$684.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional and Incontinence	\$688.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	None	\$340.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional	\$344.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Incontinence	\$343.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional and Incontinence	\$347.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	None	\$227.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional	\$231.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Incontinence	\$230.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional and Incontinence	\$234.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	None	\$170.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Nutritional	\$174.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Incontinence	\$173.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Nutritional and Incontinence	\$177.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	None	\$136.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Nutritional	\$140.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Incontinence	\$139.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Nutritional and Incontinence	\$143.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	None	\$113.53
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Nutritional	\$117.53
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Incontinence	\$116.53
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Nutritional and Incontinence	\$120.53

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home

Habilitation, Group Home - Range 13

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	None	\$729.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional	\$733.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Incontinence	\$732.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional and Incontinence	\$736.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	None	\$364.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional	\$368.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Incontinence	\$367.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional and Incontinence	\$371.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	None	\$243.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional	\$247.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Incontinence	\$246.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional and Incontinence	\$250.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	None	\$182.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Nutritional	\$186.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Incontinence	\$185.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Nutritional and Incontinence	\$189.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	None	\$121.64
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Nutritional	\$125.64
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Incontinence	\$124.64
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Nutritional and Incontinence	\$128.64

NOTE: The shaded boxes indicate 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 06 Adopted Rates, Conversion to Daily Rates
Habilitation, Group Home**

Habilitation, Group Home - Range 14

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	None	\$778.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional	\$782.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Incontinence	\$781.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional and Incontinence	\$785.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	None	\$389.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional	\$393.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Incontinence	\$392.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional and Incontinence	\$396.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	None	\$259.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional	\$263.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Incontinence	\$262.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional and Incontinence	\$266.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	None	\$155.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Nutritional	\$159.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Incontinence	\$158.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Nutritional and Incontinence	\$162.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	None	\$129.75
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Nutritional	\$133.75
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Incontinence	\$132.75
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Nutritional and Incontinence	\$136.75

NOTE: The shaded boxes indicate 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.

To calculate the daily per resident rate when the authorized hours per week are greater than 320, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are greater than those in Range 14, the authorized hours level will step up in increments of 20 hours for each additional level.

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

Purpose of This Schedule

Schedule 1.3 contains the maximum benchmark and Phase I adopted rates. "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 equal to 92% of the benchmark rate. 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 will occur in three phases.

1. Phase I Rules

Phase I rate rules will be in effect from the inception of the rate schedule through September 30, 2005. If the consumer is new to the system, is 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 will not exceed the Phase I adopted rate. If the consumer has received services from a provider between April 1, 2004 and June 30, 2004 the rate for that provider will be 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 is equal to or greater than the adopted rate, the "rate to pay" for the provider will be 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 is less than the adopted rate, the "rate to pay" for the provider will be the new adopted rate. The adopted rate is 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 may be paid at rate that is higher than the agency rate for the same service.

2. Phase II Rules

Phase II rate rules will be in effect beginning October 1, 2005. All rates will move to the benchmark rate with a stop loss provision which will prevent 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 will be in effect during Fiscal Year 2007. All rates will move 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 to be 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 2006 provider rate increase enacted by the Legislature in 2005.

**Arizona Department of Economic Security, Division of Developmental Disabilities
Arizona Independent Provider Rate Schedule
SFY 06 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 I	\$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%	7.25%	7.29%	7.33%
SFY 05 Maximum Assessed Rate	\$17.58	\$13.88	\$13.74	\$11.68	\$11.58	\$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	\$11.58	\$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	\$10.66	\$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 06 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							
Benchmark Rate Adjustment (SFY 06 Provider Rate Increase)	1.94%	1.98%	1.98%	1.98%	2.00%	1.95%	1.94%
SFY 06 Maximum Assessed Rate	\$17.92	\$14.16	\$14.02	\$11.92	\$11.82	\$16.20	\$196.48
SFY 05 Agency Adopted Rate	\$18.38	\$18.58	\$14.40	\$14.40	\$13.27	\$14.11	\$172.59
SFY 06 Maximum Benchmark Rate (1)	\$17.92	\$14.16	\$14.02	\$11.92	\$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	\$16.49	\$13.02	\$12.90	\$10.96	\$10.87	\$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

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

**Independent Rate Models
Agency Providers (RFP)**

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[Habilitation, Music](#)

Transportation Services

[Flat Trip Rate for Regularly Scheduled Daily Transportation \(Urban and Rural\)](#)

**Attendant Care (AFC/ANC)
Independent Rate Models
Home-Based Services
Agency Providers (RFP)**

Service	Attendant Care
Unit of Service	1 hour
DDD Taxonomy Code	T03809
AHCCCS Procedure Code	Z3080
AHCCCS Rate	\$13.50
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
- 1 staff, 2 clients	\$8.83
- 1 staff, 3 clients	\$7.06

**Habilitation, Support (HAH)
Independent Rate Models
Home-Based Services
Agency Providers (RFP)**

Service	Habilitation, Support
Unit of Service	1 hour
DDD Taxonomy Code	T03827
AHCCCS Procedure Code	Z3134
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
- 1 staff, 2 clients	\$11.27
- 1 staff, 3 clients	\$9.02

**Housekeeping (HSK)
Independent Rate Models
Home-Based Services
Agency Providers (RFP)**

Service	Housekeeping
Unit of Service	1 hour
DDD Taxonomy Code	T03802
AHCCCS Procedure Code	Z3040
AHCCCS Rate	\$17.92
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
- 1 staff, 2 clients	\$8.13
- 1 staff, 3 clients	\$6.51

**Respite (RSP)
Independent Rate Models
Home-Based Services
Agency Providers (RFP)**

Service	Respite, Short-Term	Respite, Continuous
Unit of Service	1 hour	13+ hours
DDD Taxonomy Code	T03807	T03807
AHCCCS Procedure Code	Z3060	Z3070
AHCCCS Rate	\$13.50	\$162.20
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
- 1 staff, 2 clients	\$8.65	\$105.81
- 1 staff, 3 clients	\$6.92	\$84.65

**Habilitation, Individually Designed Living Arrangement (HAI)
Independent Rate Models
Independent Living Services
Agency Providers (RFP)**

Service	Habilitation, Individually Designed Living Arrangement
Unit of Service	1 hour
DDD Taxonomy Code	T03827
AHCCCS Procedure Code	Z3134
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
- 1 staff, 2 clients	\$11.39
- 1 staff, 3 clients	\$9.11

**Day Treatment and Training, Adult (DTA)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Day Treatment and Training, Adult RFP Providers			
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 (DTA)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)

Service	Day Treatment and Training, Adult RFP Providers			
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
Total Pgm 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 (DTA)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)

Service	Day Treatment and Training, Adult RFP Providers			
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%

**Day Treatment and Training, Children (DTT)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers 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 (DTT)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers 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 (DTT)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers Summer and After-School Programs	Day Treatment and Training, Children RFP Providers 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%

**Rural Day Treatment and Training, Adult (DTR)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers
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	16,252
Total Hourly Compensation After Adjustment	\$30.28	\$19.23	\$14.15	\$11.16
Hourly Compensation per Individual	\$5.25	\$3.33	\$2.45	\$1.93

**Rural Day Treatment and Training, Adult (DTR)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers
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
Total Pgm 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	\$5.50
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	\$5.50

**Rural Day Treatment and Training, Adult (DTR)
Independent Rate Models
Day Treatment and Training Services
Agency Providers (RFP)**

Service	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers	Rural Day Treatment and Training, Adult RFP Providers
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	\$5.50
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	\$5.50
Adopted as percentage of Benchmark	89.6%	89.1%	89.4%	89.2%

Habilitation, Vendor Supported Developmental Home, Adult (HBA)
Independent Rate Model
Residential Services
Agency Providers (RFP)

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

**Habilitation, Vendor Supported Developmental Home, Adult (HBA)
Independent Rate Model
Residential Services
Agency Providers (RFP)**

Service	Habilitation, Vendor Supported Developmental Home, Adult
Unit of Service	1 day
Daily Rate Based on	1 individual
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
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	\$57.54
Total Payment to Family, per Day	\$69.43
Total Payment to Agency, per Day	\$106.75
SFY 04	
Benchmark Rate	\$94.86
Adopted Rate Factor	93.0%
Calculated Adopted Rate	\$88.22
Adopted Rate = Floor Rate for SFY 03 Provider Increase	\$109.75
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	\$98.89
Adopted Rate Factor	95.75%
Calculated Adopted Rate	\$94.69
Adopted Rate = Same as in SFY 04	\$109.75

Habilitation, Vendor Supported Developmental Home. Child (HBC)
Independent Rate Model
Residential Services
Agency Providers (RFP)

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

Habilitation, Vendor Supported Developmental Home. Child (HBC)
Independent Rate Model
Residential Services
Agency Providers (RFP)

Service	Habilitation, Vendor Supported Developmental Home, Child
Unit of Service	1 day
Daily Rate Based on	1 individual
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
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	\$57.54
Total Payment to Family, per Day	\$69.43
Total Payment to Agency, per Day	\$106.75
SFY 04	
Benchmark Rate	\$94.86
Adopted Rate Factor	93.0%
Calculated Adopted Rate	\$88.22
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 RFQVA #704011)	2.00%
Benchmark Rate	\$100.87
Adopted Rate Factor	95.75%
Calculated Adopted Rate	\$96.58
Adopted Rate	\$111.95

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

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

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

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

Habilitation, Community Protection and Treatment Hourly (HPH)
Habilitation, Community Protection and Treatment Group Home (HPD)
Independent Rate Model
Residential Services
Agency Providers (RFP)

Service	Habilitation, Community Protection and Treatment (Hourly and 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
- 1 staff, 2 clients	\$11.84
- 1 staff, 3 clients	\$9.47

**Habilitation, Group Home (HAB)
Independent Rate Model
Residential Services
Agency Providers (RFP)**

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

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 (RFP)

Room and Board Assumptions						
DDD Unit / Taxonomy Code	1 day	T04507				
AHCCS 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
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					
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
Tucson	\$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

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 - 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

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

Tucson - 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

Tucson - 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 - 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

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 (RFP)

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	\$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	\$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	\$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	\$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 (RFP)

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	\$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	\$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	\$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	\$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 (RFP)

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	Inflation Adjust.	Payment by Occupancy based on # of people					
							1	2	3	4	5	6
1	\$35.78	\$0.66	\$7.18	\$7.84	\$35.78	4.25%	\$37.30					
2	\$23.36	\$0.41	\$7.18	\$7.59	\$46.72	4.25%	\$40.79	\$24.35				
3	\$20.94	\$0.33	\$7.18	\$7.51	\$62.81	4.25%	\$49.82	\$28.83	\$21.83			
4	\$18.65	\$0.29	\$7.18	\$7.47	\$74.62	4.25%	\$54.44	\$31.11	\$23.33	\$19.44		
5	\$18.13	\$0.26	\$7.18	\$7.44	\$90.63	4.25%	\$63.45	\$35.60	\$26.32	\$21.68	\$18.90	
6	\$17.00	\$0.25	\$7.18	\$7.43	\$102.03	4.25%	\$67.66	\$37.70	\$27.71	\$22.72	\$19.72	\$17.72

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 Adjust.	Payment by Occupancy based on # of people					
							1	2	3	4	5	6
1	\$35.15	\$0.66	\$7.18	\$7.84	\$35.15	4.25%	\$36.64					
2	\$22.78	\$0.41	\$7.18	\$7.59	\$45.57	4.25%	\$39.59	\$23.75				
3	\$20.50	\$0.33	\$7.18	\$7.51	\$61.51	4.25%	\$48.47	\$28.15	\$21.37			
4	\$18.27	\$0.29	\$7.18	\$7.47	\$73.10	4.25%	\$52.85	\$30.32	\$22.81	\$19.05		
5	\$17.78	\$0.26	\$7.18	\$7.44	\$88.91	4.25%	\$61.65	\$34.70	\$25.73	\$21.24	\$18.54	
6	\$16.68	\$0.25	\$7.18	\$7.43	\$100.09	4.25%	\$65.64	\$36.69	\$27.04	\$22.22	\$19.32	\$17.39

Tuscon - Daily Per Occupant Payment Based on Contracted Capacity												
Contracted Capacity	Rate per Person	Telephone Expense	Food Expense	Total Ind. Expense	Capacity Rate	Inflation Adjust.	Payment by Occupancy based on # of people					
							1	2	3	4	5	6
1	\$30.95	\$0.66	\$7.18	\$7.84	\$30.95	4.25%	\$32.27					
2	\$20.72	\$0.41	\$7.18	\$7.59	\$41.44	4.25%	\$35.29	\$21.60				
3	\$18.89	\$0.33	\$7.18	\$7.51	\$56.66	4.25%	\$43.41	\$25.62	\$19.69			
4	\$16.91	\$0.29	\$7.18	\$7.47	\$67.66	4.25%	\$47.18	\$27.48	\$20.91	\$17.63		
5	\$16.46	\$0.26	\$7.18	\$7.44	\$82.29	4.25%	\$54.75	\$31.25	\$23.42	\$19.51	\$17.16	
6	\$15.49	\$0.25	\$7.18	\$7.43	\$92.93	4.25%	\$58.18	\$32.96	\$24.55	\$20.35	\$17.83	\$16.15

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 Adjust.	Payment by Occupancy based on # of people					
							1	2	3	4	5	6
1	\$29.80	\$0.66	\$7.18	\$7.84	\$29.80	4.25%	\$31.07					
2	\$20.05	\$0.41	\$7.18	\$7.59	\$40.09	4.25%	\$33.89	\$20.90				
3	\$18.27	\$0.33	\$7.18	\$7.51	\$54.82	4.25%	\$41.49	\$24.67	\$19.05			
4	\$15.98	\$0.29	\$7.18	\$7.47	\$63.92	4.25%	\$43.28	\$25.54	\$19.62	\$16.66		
5	\$15.24	\$0.26	\$7.18	\$7.44	\$76.18	4.25%	\$48.38	\$28.07	\$21.30	\$17.91	\$15.89	
6	\$14.31	\$0.25	\$7.18	\$7.43	\$85.86	4.25%	\$50.81	\$29.27	\$22.10	\$18.50	\$16.36	\$14.92

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

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	Payment by Occupancy based on # of people					
						1	2	3	4	5	6
1	\$35.78	\$0.66	\$7.18	\$7.84	\$35.78	\$35.78					
2	\$23.36	\$0.41	\$7.18	\$7.59	\$46.72	\$39.13	\$23.36				
3	\$20.94	\$0.33	\$7.18	\$7.51	\$62.81	\$47.79	\$27.65	\$20.94			
4	\$18.65	\$0.29	\$7.18	\$7.47	\$74.62	\$52.22	\$29.84	\$22.38	\$18.65		
5	\$18.13	\$0.26	\$7.18	\$7.44	\$90.63	\$60.86	\$34.15	\$25.25	\$20.80	\$18.13	
6	\$17.00	\$0.25	\$7.18	\$7.43	\$102.03	\$64.90	\$36.16	\$26.58	\$21.79	\$18.92	\$17.00

Phoenix-Mesa - Daily Per Occupant Payment Based on Contracted Capacity											
Contracted Capacity	Rate per Person	Telephone Expense	Food Expense	Total Ind. Expense	Capacity Rate	Payment by Occupancy based on # of people					
						1	2	3	4	5	6
1	\$35.15	\$0.66	\$7.18	\$7.84	\$35.15	\$35.15					
2	\$22.78	\$0.41	\$7.18	\$7.59	\$45.57	\$37.98	\$22.78				
3	\$20.50	\$0.33	\$7.18	\$7.51	\$61.51	\$46.49	\$27.00	\$20.50			
4	\$18.27	\$0.29	\$7.18	\$7.47	\$73.10	\$50.70	\$29.08	\$21.88	\$18.27		
5	\$17.78	\$0.26	\$7.18	\$7.44	\$88.91	\$59.14	\$33.29	\$24.68	\$20.37	\$17.78	
6	\$16.68	\$0.25	\$7.18	\$7.43	\$100.09	\$62.96	\$35.19	\$25.94	\$21.31	\$18.53	\$16.68

Tuscon - Daily Per Occupant Payment Based on Contracted Capacity											
Contracted Capacity	Rate per Person	Telephone Expense	Food Expense	Total Ind. Expense	Capacity Rate	Payment by Occupancy based on # of people					
						1	2	3	4	5	6
1	\$30.95	\$0.66	\$7.18	\$7.84	\$30.95	\$30.95					
2	\$20.72	\$0.41	\$7.18	\$7.59	\$41.44	\$33.85	\$20.72				
3	\$18.89	\$0.33	\$7.18	\$7.51	\$56.66	\$41.64	\$24.58	\$18.89			
4	\$16.91	\$0.29	\$7.18	\$7.47	\$67.66	\$45.26	\$26.36	\$20.06	\$16.91		
5	\$16.46	\$0.26	\$7.18	\$7.44	\$82.29	\$52.52	\$29.98	\$22.47	\$18.71	\$16.46	
6	\$15.49	\$0.25	\$7.18	\$7.43	\$92.93	\$55.81	\$31.62	\$23.55	\$19.52	\$17.10	\$15.49

Yuma/Yavapai - Daily Per Occupant Payment Based on Contracted Capacity											
Contracted Capacity	Rate per Person	Telephone Expense	Food Expense	Total Ind. Expense	Capacity Rate	Payment by Occupancy based on # of people					
						1	2	3	4	5	6
1	\$29.80	\$0.66	\$7.18	\$7.84	\$29.80	\$29.80					
2	\$20.05	\$0.41	\$7.18	\$7.59	\$40.09	\$32.51	\$20.05				
3	\$18.27	\$0.33	\$7.18	\$7.51	\$54.82	\$39.80	\$23.66	\$18.27			
4	\$15.98	\$0.29	\$7.18	\$7.47	\$63.92	\$41.52	\$24.50	\$18.82	\$15.98		
5	\$15.24	\$0.26	\$7.18	\$7.44	\$76.18	\$46.41	\$26.93	\$20.43	\$17.18	\$15.24	
6	\$14.31	\$0.25	\$7.18	\$7.43	\$85.86	\$48.74	\$28.08	\$21.20	\$17.75	\$15.69	\$14.31

NOTE: SFY 05 Adopted Rates = SFY 04 Adopted Rates because SFY 05 Benchmark Rates * 95.75% < SFY 04 Adopted Rates

**Home Health Aide (HHA)
Independent Rate Models
Professional Services
Agency Providers (RFP)**

Service	Home Health Aide
Unit of Service	1 hour
DDD Procedure Code	T01609
AHCCCS Procedure Code	Z3020
AHCCCS Rate	\$30.61
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
- 1 staff, 2 clients	\$10.43
- 1 staff, 3 clients	\$8.35

**Nursing (NHx)
Independent Rate Models
Professional Services
Agency Providers (RFP)**

Service	Nursing, short-term
Unit of Service	1 hour
DDD Taxonomy Code	T02304
AHCCCS Procedure Code	varies
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
- 1 staff, 2 clients	\$22.27
- 1 staff, 3 clients	\$17.82

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

		AHCCCS Base	Adjustments to Model		
		Capitation Base Model	Adjusted for Institutional Clients		
				Difference	
Assumptions	Estimated number of clients	13,471	13,471		
	HCBS Mix	99%	99%		
	Case Manager Base Pay	\$29,976	\$29,976		
	Case Manager Supervisor Base Pay	\$37,400	\$37,400		
	Employee Related Expenses	27%	27%		
	Institutional clients/case mgr	120	0		
	HCBS clients/case mgr	40	40		
	Case Manager/Supervisor ratio	7	7		
	CM FTEs per vehicle	1.3	1.3		
	Vehicle cost per mile	\$0.345	\$0.345		
	Vehicle miles per day	100 Urban/rural	100		
	Vehicle days per year	250	250		
Calculations	CM FTEs required	337	333		
	CM FTEs required - rounded	337	333		
	Salary and ERE	\$12,813,376	\$12,661,289	(\$152,088)	(1.2%)
	Supervisor FTEs required	48	48		
	Supervisor salary	\$2,277,032	\$2,277,032	\$0	0.0%
	Vehicles required	296	293		
	Vehicle costs	\$2,553,000	\$2,527,125	(\$25,875)	(1.0%)
	Total Annual CM Cost	\$17,643,408	\$17,465,445	(\$177,963)	(1.0%)
	CM-related PMPM CYE 03	\$109.14	\$108.04	(\$1.10)	(1.0%)
	CM-related PMPM CYE 04	\$121.00	\$119.78	(\$1.22)	(1.0%)
	Difference	\$11.86	\$11.74	(\$0.12)	(1.0%)
	% change	10.9%	10.9%		
DD Costs / % of Rate					
Cumulative DD Costs / % of Rate					
Net Rate		\$119.78			

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

		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	13,471		13,471		13,471		13,471		
	HCBS Mix	99%		99%		99%		99%		
	Case Manager Base Pay	5%	\$1,499	2%	\$600	5%	\$1,499	2%	\$600	
	Case Manager Supervisor Base Pay	5%	\$1,870	2%	\$748	5%	\$1,870	2%	\$748	
	Employee Related Expenses	27%		27%		27%		27%		
	Institutional clients/case mgr	0		0		0		0		
	HCBS clients/case mgr	40		40		40		40		
	Case Manager/Supervisor ratio	7		7		7		7		
	CM FTEs per vehicle	1.3		1.3		1.3		1.3		
	Vehicle cost per mile	\$0.345		\$0.345		\$0.345		\$0.345		
	Vehicle miles per day	100		100		100		100		
	Vehicle days per year	250		250		250		250		
	Calculations	CM FTEs required	333		333		333		333	
		CM FTEs required - rounded	333		333		333		333	
Salary and ERE			\$633,064		\$253,226		\$633,064		\$253,226	
Supervisor FTEs required		48		48		48		48		
Supervisor salary			\$113,852		\$45,541		\$113,852		\$45,541	
Vehicles required		293		293		293		293		
Vehicle costs		5%	\$127,650	2%	\$51,060	5%	\$127,650	2%	\$51,060	
Total Annual CM Cost			\$874,566		\$349,826		\$874,566		\$349,826	
CM-related PMPM CYE 03			\$5.41		\$2.16		\$5.41		\$2.16	
CM-related PMPM CYE 04			\$6.00		\$2.40		\$6.00		\$2.40	
Difference			\$0.59		\$0.24		\$0.59		\$0.24	
% change			10.9%		10.9%		10.9%		10.9%	
DD Costs / % of Rate		\$6.00	5.0%	\$2.40	2.0%	\$6.00	5.0%	\$2.40	2.0%	
Cumulative DD Costs / % of Rate		\$6.00	5.0%	\$8.40	7.0%	\$14.39	12.0%	\$16.79	14.0%	
Net Rate	\$113.78		\$111.38		\$105.38		\$102.99			

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

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

		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	13,471		13,471		13,471		13,471	
	HCBS Mix	99%		99%		99%		99%	
	Case Manager Base Pay	1%	\$300	5%	\$1,499	5%	\$1,499	0%	\$0
	Case Manager Supervisor Base Pay	1%	\$374	5%	\$1,870	5%	\$1,870	100%	\$37,400
	Employee Related Expenses	27%		27%		27%		27%	
	Institutional clients/case mgr	0		0		0			
	HCBS clients/case mgr	40		40		40			
	Case Manager/Supervisor ratio	7		7		7		Total CM & Supervisor FTEs	381
	CM FTEs per vehicle	1.3		1.3		1.3		DDD FTEs : Contractor FTEs	1 : 21
	Vehicle cost per mile	\$0.345		\$0.345		\$0.345			1.3
Vehicle miles per day	100		100		100			\$0.345	
Vehicle days per year	250		250		250			100	
									250
Calculations	CM FTEs required	333		333		333			
	CM FTEs required - rounded	333		333		333			
	Salary and ERE		\$126,613		\$633,064		\$633,064		
	Supervisor FTEs required	48		48		48		18	
	Supervisor salary		\$22,770		\$113,852		\$113,852		\$853,887
	Vehicles required	293		293		293		14	
	Vehicle costs	1%	\$25,530	5%	\$127,650	5%	\$127,650		\$120,750
	Total Annual CM Cost		\$174,913		\$874,566		\$874,566		\$974,637
	CM-related PMPM CYE 03		\$1.08		\$5.41		\$5.41		\$6.03
	CM-related PMPM CYE 04		\$1.20		\$6.00		\$6.00		\$6.68
Difference		\$0.12		\$0.59		\$0.59		\$0.65	
% change		10.9%		10.9%		10.9%		10.9%	
DD Costs / % of Rate		\$1.20	1.0%	\$6.00	5.0%	\$6.00	5.0%	\$6.68	5.6%
Cumulative DD Costs / % of Rate		\$17.99	15.0%	\$23.99	20.0%	\$29.99	25.0%	\$36.67	30.6%
Net Rate		\$101.79		\$95.79		\$89.79		\$83.11	

Overhead Premium 5.0%
SFY 05 Rate - Calculated \$87.26
SFY 05 Rate - Rounded \$87.30

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

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

	AHCCCS		Adjustments to Model		
	AHCCCS Capitation Base Model		Adjusted for Clients/Mgr Ratio	Adjusted for Insitutional Clients	Difference
Assumptions					
Estimated number of clients	13,471		13,471	13,471	
HCBS Mix	99%		99%	99%	
Case Manager Base Pay	\$29,976		\$29,976	\$29,976	
Case Manager Supervisor Base Pay	\$37,400		\$37,400	\$37,400	
Employee Related Expenses	27%		27%	27%	
Institutional clients/case mgr	120		120	0	
HCBS clients/case mgr	40		80	80	
Case Manager/Supervisor ratio	7		7	7	
CM FTEs per vehicle	1.3		1.3	1.3	
Vehicle cost per mile	\$0.345		\$0.345	\$0.345	
Vehicle miles per day	100 Urban/rural		100 Urban/rural	100	
Vehicle days per year	250		250	250	
Calculations					
CM FTEs required	337		170	167	
CM FTEs required - rounded	337		170	167	
Salary and ERE	\$12,813,376		\$6,463,721	\$6,349,655	(\$6,463,721) (50.4%)
Supervisor FTEs required	48		24	24	
Supervisor salary	\$2,277,032		\$1,138,516	\$1,138,516	(\$1,138,516) (50.0%)
Vehicles required	296		149	147	
Vehicle costs	\$2,553,000		\$1,285,125	\$1,267,875	(\$1,285,125) (50.3%)
Total Annual CM Cost	\$17,643,408		\$8,887,362	\$8,756,046	(\$8,887,362) (50.4%)
CM-related PMPM CYE 03	\$109.14		* \$54.98	* \$54.17	(\$54.98) (50.4%)
CM-related PMPM CYE 04	\$121.00		* \$54.98	* \$54.17	(\$66.83) (55.2%)
Difference	\$11.86		\$0.00	\$0.00	(\$11.86) (100.0%)
% change	10.9%		0.0%	0.0%	
DD Costs / % of Rate					
Cumulative DD Costs / % of Rate					
Net Rate				\$54.17	

* 2003 and 2004 rates are equal because AHCCCS paid the same capitation rate in both years for this service.

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

		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		13,471		13,471		13,471		13,471
	HCBS Mix		99%		99%		99%		99%
	Case Manager Base Pay	8%	\$2,248	2%	\$600	5%	\$1,499	2%	\$600
	Case Manager Supervisor Base Pay	8%	\$2,805	2%	\$748	5%	\$1,870	2%	\$748
	Employee Related Expenses		27%		27%		27%		27%
	Institutional clients/case mgr		0		0		0		0
	HCBS clients/case mgr		80		80		80		80
	Case Manager/Supervisor ratio		7		7		7		7
	CM FTEs per vehicle		1.3		1.3		1.3		1.3
	Vehicle cost per mile		\$0.345		\$0.345		\$0.345		\$0.345
Vehicle miles per day		100		100		100		100	
Vehicle days per year		250		250		250		250	
Calculations	CM FTEs required		167		167		167		167
	CM FTEs required - rounded		167		167		167		167
	Salary and ERE		\$476,224		\$126,993		\$317,483		\$126,993
	Supervisor FTEs required		24		24		24		24
	Supervisor salary		\$85,389		\$22,770		\$56,926		\$22,770
	Vehicles required		147		147		147		147
	Vehicle costs	8%	\$95,091	2%	\$25,358	5%	\$63,394	2%	\$25,358
	Total Annual CM Cost		\$656,703		\$175,121		\$437,802		\$175,121
	CM-related PMPM CYE 03		\$4.06		\$1.08		\$2.71		\$1.08
	CM-related PMPM CYE 04		\$4.06		\$1.08		\$2.71		\$1.08
	Difference		\$0.00		\$0.00		\$0.00		\$0.00
	% change		0.0%		0.0%		0.0%		0.0%
DD Costs / % of Rate			\$4.06 7.5%		\$1.08 2.0%		\$2.71 5.0%		\$1.08 2.0%
Cumulative DD Costs / % of Rate			\$4.06 7.5%		\$5.15 9.5%		\$7.85 14.5%		\$8.94 16.5%
Net Rate			\$50.10		\$49.02		\$46.31		\$45.23

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

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

		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		13,471		13,471		13,471		13,471
	HCBS Mix		99%		99%		99%		99%
	Case Manager Base Pay	1%	\$300	8%	\$2,248	5%	\$1,499	0%	\$0
	Case Manager Supervisor Base Pay	1%	\$374	8%	\$2,805	5%	\$1,870	100%	\$37,400
	Employee Related Expenses		27%		27%		27%		27%
	Institutional clients/case mgr		0		0		0		
	HCBS clients/case mgr		80		80		80		
	Case Manager/Supervisor ratio		7		7		7		
	CM FTEs per vehicle		1.3		1.3		1.3		
	Vehicle cost per mile		\$0.345		\$0.345		\$0.345		
Calculations	Vehicle miles per day		100		100		100		
	Vehicle days per year		250		250		250		
	CM FTEs required		167		167		167		
	CM FTEs required - rounded		167		167		167		
	Salary and ERE		\$63,497		\$476,224		\$317,483		
	Supervisor FTEs required		24		24		24		9
	Supervisor salary		\$11,385		\$85,389		\$56,926		\$426,943
	Vehicles required		147		147		147		7
	Vehicle costs	1%	\$12,679	8%	\$95,091	5%	\$63,394		\$60,375
	Total Annual CM Cost		\$87,560		\$656,703		\$437,802		\$487,318
CM-related PMPM CYE 03		\$0.54		\$4.06		\$2.71		\$3.01	
CM-related PMPM CYE 04		\$0.54		\$4.06		\$2.71		\$3.01	
Difference		\$0.00		\$0.00		\$0.00		\$0.00	
% change		0.0%		0.0%		0.0%		0.0%	
DD Costs / % of Rate		\$0.54	1.0%	\$4.06	7.5%	\$2.71	5.0%	\$3.01	5.6%
Cumulative DD Costs / % of Rate		\$9.48	17.5%	\$13.54	25.0%	\$16.25	30.0%	\$19.26	35.6%
Net Rate		\$44.69		\$40.62		\$37.92		\$34.90	

Overhead Premium	5.0%
SFY 05 Rate - Calculated	\$36.65
SFY 05 Rate - Rounded	\$36.80

(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 (RFP)**

	AHCCCS		Adjustments to Model		
	AHCCCS Capitation Base Model	Adjusted for Clients/Mgr Ratio	Adjusted for Insitutional Clients	Difference	
Assumptions					
Estimated number of clients	13,471	13,471	1,863		
HCBS Mix	99%	99%	100%		
Case Manager Base Pay	\$29,976	\$29,976	\$29,976		
Case Manager Supervisor Base Pay	\$37,400	\$37,400	\$37,400		
Employee Related Expenses	27%	27%	27%		
Institutional clients/case mgr	120	120	0		
HCBS clients/case mgr	40	110	110		
Case Manager/Supervisor ratio	7	7	7		
CM FTEs per vehicle	1.3	1.3	1.3		
Vehicle cost per mile	\$0.345	\$0.345	\$0.345		
Vehicle miles per day	100 Urban/rural	100 Urban/rural	100		
Vehicle days per year	250	250	250		
Calculations					
CM FTEs required	337	125	17		
CM FTEs required - rounded	337	125	17		
Salary and ERE	\$12,813,376	\$4,752,736	\$646,372	(\$12,167,004)	(95.0%)
Supervisor FTEs required	48	18	2		
Supervisor salary	\$2,277,032	\$853,887	\$94,876	(\$2,182,155)	(95.8%)
Vehicles required	296	110	15		
Vehicle costs	\$2,553,000	\$948,750	\$129,375	(\$2,423,625)	(94.9%)
Total Annual CM Cost	\$17,643,408	\$6,555,373	\$870,623	(\$16,772,785)	(95.1%)
CM-related PMPM CYE 03	\$109.14	\$40.55	\$38.94	(\$70.20)	(64.3%)
CM-related PMPM CYE 04	\$121.00	\$40.55	\$38.94	(\$82.06)	(67.8%)
Difference	\$11.86	\$0.00	\$0.00	(\$11.86)	(100.0%)
% change	10.9%	0.0%	0.0%		
DD Costs / % of Rate					
Cumulative DD Costs / % of Rate					
Net Rate			\$38.94		

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

		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		1,863		1,863		1,863		1,863
	HCBS Mix		100%		100%		100%		100%
Assumptions	Case Manager Base Pay	10%	\$3,054	3%	\$814	7%	\$2,036	3%	\$814
	Case Manager Supervisor Base Pay	10%	\$3,811	3%	\$1,016	7%	\$2,541	3%	\$1,016
	Employee Related Expenses		27%		27%		27%		27%
	Institutional clients/case mgr		0		0		0		0
	HCBS clients/case mgr		110		110		110		110
	Case Manager/Supervisor ratio		7		7		7		7
	CM FTEs per vehicle		1.3		1.3		1.3		1.3
	Vehicle cost per mile		\$0.345		\$0.345		\$0.345		\$0.345
	Vehicle miles per day		100		100		100		100
	Vehicle days per year		250		250		250		250
Calculations	CM FTEs required		17		17		17		17
	CM FTEs required - rounded		17		17		17		17
	Salary and ERE		\$65,860		\$17,563		\$43,907		\$17,563
	Supervisor FTEs required		2		2		2		2
	Supervisor salary		\$9,667		\$2,578		\$6,445		\$2,578
	Vehicles required		15		15		15		15
	Vehicle costs	10%	\$13,182	3%	\$3,515	7%	\$8,788	3%	\$3,515
	Total Annual CM Cost		\$88,710		\$23,656		\$59,140		\$23,656
	CM-related PMPM CYE 03		\$3.97		\$1.06		\$2.65		\$1.06
	CM-related PMPM CYE 04		\$3.97		\$1.06		\$2.65		\$1.06
	Difference		\$0.00		\$0.00		\$0.00		\$0.00
	% change		0.0%		0.0%		0.0%		0.0%
DD Costs / % of Rate			\$3.97 10.2%		\$1.06 2.7%		\$2.65 6.8%		\$1.06 2.7%
Cumulative DD Costs / % of Rate			\$3.97 10.2%		\$5.03 12.9%		\$7.67 19.7%		\$8.73 22.4%
Net Rate			\$34.98		\$33.92		\$31.27		\$30.21

(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 (RFP)**

		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		1,863		1,863		1,863		1,863
	HCBS Mix		100%		100%		100%		100%
	Case Manager Base Pay	1%	\$300	10%	\$3,054	5%	\$1,499	0%	\$0
	Case Manager Supervisor Base Pay	1%	\$374	10%	\$3,811	5%	\$1,870	100%	\$37,400
	Employee Related Expenses		27%		27%		27%		27%
	Institutional clients/case mgr		0		0		0		
	HCBS clients/case mgr		110		110		110		
	Case Manager/Supervisor ratio		7		7		7		
	CM FTEs per vehicle		1.3		1.3		1.3		
	Vehicle cost per mile		\$0.345		\$0.345		\$0.345		
Vehicle miles per day		100		100		100			
Vehicle days per year		250		250		250			
Calculations	CM FTEs required		17		17		17		
	CM FTEs required - rounded		17		17		17		
	Salary and ERE		\$6,464		\$65,860		\$32,319		
	Supervisor FTEs required		2		2		2		1
	Supervisor salary		\$949		\$9,667		\$4,744		\$47,438
	Vehicles required		15		15		15		1
	Vehicle costs	1%	\$1,294	10%	\$13,182	5%	\$6,469		\$8,625
	Total Annual CM Cost		\$8,706		\$88,710		\$43,531		\$56,063
	CM-related PMPM CYE 03		\$0.39		\$3.97		\$1.95		\$2.51
	CM-related PMPM CYE 04		\$0.39		\$3.97		\$1.95		\$2.51
Difference		\$0.00		\$0.00		\$0.00		\$0.00	
% change		0.0%		0.0%		0.0%		0.0%	
DD Costs / % of Rate		\$0.39	1.0%	\$3.97	10.2%	\$1.95	5.0%	\$2.51	6.4%
Cumulative DD Costs / % of Rate		\$9.12	23.4%	\$13.09	33.6%	\$15.03	38.6%	\$17.54	45.0%
Net Rate		\$29.82		\$25.86		\$23.91		\$21.40	

Overhead Premium 5.0%
SFY 05 Rate - Calculated \$22.47
SFY 05 Rate - Rounded \$22.50

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

**Habilitation, Music
Independent Rate Models
Other Services
Agency Providers (RFP)**

Service	Habilitation, Music
Unit of Service	1 hour
DDD Taxonomy Code	
AHCCCS Procedure Code	
AHCCCS Rate	
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 Factor	\$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
- 1 staff, 2 clients	\$22.05
- 1 staff, 3 clients	\$17.64

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

	Adults		Adults, rural		Children
	170 days		170 days		240 days
Total Staff in a DTA Program	5		2		2
Total Individuals in a DTA Program	16		6		6
Without Transportation	44% 7		33% 2		33% 2
With Transportation	56% 9		67% 4		67% 4
Transportation Capital	Per Year	Per Day	Per Year	Per Day	Per Year
Vehicle/Van	\$8,000	\$47.06	\$5,200	\$30.59	\$5,200
Insurance	\$3,600	\$21.18	\$3,600	\$21.18	\$3,600
Total transport cost	\$11,600	\$68.24	\$8,800	\$51.76	\$8,800
	Without Transportation	With Transportation	Without Transportation	With Transportation	Without Transportation
Transportation-Related Staff Hours	1	4	0.4	1.6	0
Hourly Wage (Inflated to December 2002)	\$13.22	\$13.22	\$13.22	\$13.22	\$13.22
ERE	30%	30%	30%	30%	15%
Hourly Compensation (wages + ERE)	\$17.19	\$17.19	\$17.19	\$17.19	\$15.21
Total Transportation Staff Hours per Day	\$17.19	\$68.77	\$6.88	\$27.51	\$0.00
Transportation Capital Cost Allocation					
within program	10%	10%	10%	10%	7%
pick-up/drop-off		80%		80%	13%
Cost per Day					
within program	\$6.82	\$6.82	\$5.18	\$5.18	\$2.44
pick-up/drop-off		\$54.59		\$41.41	\$4.89
Total Transportation Capital per Day	\$6.82	\$61.41	\$5.18	\$46.59	\$2.44
Total Transportation Capital Allocation	10.0%	90.0%	10.0%	90.0%	6.7%
Total Transportation Staff Hours per Day	\$17.19	\$68.77	\$6.88	\$27.51	\$0.00
Total Cost per Day	\$24.01	\$130.18	\$12.05	\$74.09	\$2.44
Individuals	7	9	2	4	2
Mileage per person per day	2	12	4	24	2
Total miles	14	108	8	96	4
Cost per mile	\$0.345	\$0.345	\$0.345	\$0.345	\$0.345
Total miles cost	\$4.83	\$37.26	\$2.76	\$33.12	\$1.38
Total Transportation Cost	\$28.84	\$167.44	\$14.81	\$107.21	\$3.82
Cost per Person (used in models 1 and 2)	\$4.12	\$18.60	\$7.41	\$26.80	\$1.91
Cost per Hour (used in models 1 and 2)	\$0.59	\$2.66	\$1.06	\$3.83	\$0.48
Difference per person per hour		\$2.07		\$2.77	\$3.65
Difference per person per day - Transportation		\$14.48		\$19.40	\$14.59
Administrative overhead addition per hour		\$0.21		\$0.28	\$0.36
Difference per person per day - Total		\$15.93		\$21.34	\$16.04
SFY 04					
Model Rate		\$7.97		\$10.67	\$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

Methodology and Assumptions

DES/DDD Published Rate Schedule

August 25, 2003

Introduction

This document presents the assumptions and methodology used by DES/DDD in compiling the benchmark rate schedule. This document is generally divided into the following sections :

- Data Sources,
- General Assumptions,
- Rate Models for Selected Services:
 - In-Home Services,
 - Day Treatment and Training Services,
 - Residential Services,
 - Professional Services, and
 - Other Services

This document presents a discussion of the assumptions used in the rate models. The rate examples presented in this document are generally for agency (RFP) providers only. A non-RFP rate was developed for several services based on the agency provider rate. These non-RFP rates are lower than the agency rates because of a reduction for employee-related expenses and administrative overhead, as well as a general cap at 75% of the agency (RFP) rate, for all services except Day Treatment and Training.

Also, it should be noted that the rates presented in this document (Benchmark Rates) are different from the actual reimbursement rates (Adopted Rates) that appear in the Published Rate Schedule. This is a result of DES/DDD constraint to implement a published rate system in a budget neutral manner. This constraint has forced the Division to scale back the Benchmark Rates. The Adopted Rates (or Actual Reimbursement Rates) are generally fixed at the greater of 93% of Adopted Rate or SFY03 Floor Rate. Room and Board services in group homes is an exception to this general rule. In this service category, the Adopted Rates are set at 100% of the Benchmark rate, even though this amount is below the SFY03 Floor Rate.

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 models:

- ❑ Wage data from the Bureau of Labor Statistics (BLS) was used to determine the hourly wages for specific occupational categories.
- ❑ 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 DRI-WEFA, CMS Home Health Agency Market Basket, Q1 2002 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/MF) 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 rate models:

- ❑ The inflation factor for all wage categories is 7.85%. This reflects inflation of 4.2% during 2001 and 3.5% during 2002.
- ❑ 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 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. Following is a table of Arizona statewide data on employment and hourly wages as of December 2000.

*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

Employee-Related Expenses Assumptions

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

Agency Providers (RFP)

		Base Rate	Base Rate	Base Rate
Hourly Rate		\$8.09	\$9.12	\$10.99
Annual Wage		\$16,827	\$18,970	\$22,859
FUTA	0.80%	\$56	\$56	\$56
FICA	7.65%	\$1,287	\$1,451	\$1,749
Legally required benefits	8.45%	\$1,343	\$1,507	\$1,805
Vacation	80 hrs/yr	\$647	\$730	\$879
Sick Leave	48 hrs/yr	\$388	\$438	\$528
Holidays	72 hrs/yr	\$582	\$657	\$791
Health Insurance	\$170	\$2,040	\$2,040	\$2,040
Total ERE per employee		\$5,001	\$5,371	\$6,043
		29.72%	28.31%	26.43%

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

Non-Agency Providers (non-RFP)

		Base Rate	Base Rate	Base Rate
Hourly Rate		\$8.09	\$9.12	\$10.99
Annual Wage		\$16,827	\$18,970	\$22,859
FUTA	0.80%	\$56	\$56	\$56
FICA	7.65%	\$1,287	\$1,451	\$1,749
Legally required benefits	8.45%	\$1,343	\$1,507	\$1,805
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		\$3,3383	\$3,547	\$3,845
		20.11%	18.70%	16.82%

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:

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

In-Home Services

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

- ANC/AFC – Attendant Care
- HAH – Habilitation, Support
- HSK – Housekeeping
- RSP/RSD – Respite (short-term and continuous)
- HAI – Habilitation, Individually Designed Living Arrangement
- HPH – Habilitation, Community Protection and Treatment Hourly

Attendant Care – ANC and AFC

It is the intention of the DDD to combine ANC and AFC into one rate. Two different models, however, were originally developed to reflect different assumptions in travel time and mileage allowance between these two services. The final model presented below represents the ANC 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	At 20%, rate is \$13.08 with transportation
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%	
Benchmark Rate	\$14.15	\$13.92 without transportation

Habilitation, Support – HAH

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
Unit of Service	60 minutes	
Hourly wage	\$10.99	- 5% Arizona statewide hourly wage for Social and Community Services Managers (SOC Code 11-9151) of

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
		\$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	At 20%, rate is \$16.73 with transportation
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%	
Benchmark Rate	\$18.06	\$17.35 without transportation

Housekeeping – HSK

<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	At 20%, rate is \$12.09 with transportation
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

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
		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%	
Benchmark Rate	\$13.04	\$12.35 without transportation

Respite, short-term – RSP

<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	At 20%, rate is \$12.82 with transportation
Average number of client visits per day	2 visits	
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%	
Benchmark Rate	\$13.87	\$13.64 without transportation

Respite, continuous – RSD

<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	At 20%, rate is \$158.55
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

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
Mileage reimbursement	None	
Administrative overhead	10%	
Benchmark Rate	\$169.61	

Habilitation, Individually Designed Living Arrangement – HAI

<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%	
Benchmark Rate	\$18.25	

Habilitation, Community Protection and Treatment Hourly – HPH

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.

Day Treatment and Training Services

Individual rate models were developed for Day Treatment and Training for adults (DTA) and children (DTT).

General Assumptions

The Day Treatment and Training programs have different assumptions for adults' as opposed to the children's programs.

The following general assumptions were made for the DTA 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.
- ❑ DTA 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 DTA consumers. This assumption was derived from the data obtained from the Division's "700 Club" claims processing system.
- ❑ Total hours assumed at 8 hours per day.
- ❑ Average productivity at the program assumed at 7 hours.
- ❑ Each DTA center assumed to have 16 consumers per day.
- ❑ Capital expense assumed as follows:
 - Each DTA 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.
 - 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 DTT programs:

- ❑ The DDD established one common rate model for both DTT 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.
- ❑ DTA 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 DTT center assumed to have 6 consumers per day.
- ❑ Capital expense assumed as follows:
 - Each DTT 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 (DTA)

<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	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	

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
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%	Temporary adjustment that results in increased rate
Benchmark Rate	Varies	Range of ratio rates from \$7.87 (ratio of 1 : 3.5) to \$4.16 (1 : 9.5)

Day Treatment and Training, Children (DTT) – 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

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
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
Food	\$1.00	Per consumer per day
Supplies	\$1.00	Per consumer per day
Administrative overhead	10%	
Transition Staffing Factor	90%	Temporary adjustment that results in increased rate
Benchmark Rate	Varies	Range of ratio rates from \$8.05 (ratio of 1 : 3.5) to \$4.84 (1 : 9.5)

Rural DTA Rate

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

- ❑ The Rural DTA model is based on 6 consumers.
- ❑ Each Rural DTA 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 (DTA)

<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	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

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
		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
Benchmark Rate	Varies	Range of ratio rates from \$8.74 (ratio of 1 : 3.5) to \$5.03 (1 : 9.5)

Residential Services – Group Home

Individual rate models were developed for providers with Habilitation, Group Home (HAB) and Habilitation, Community Protection and Treatment Group Home (HPD). 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 HAB and HPD rate models is to express the Habilitation Service part of the model in terms of an hourly Full-Time Equivalency (FTE) unit.

Room and Board, All Group Homes (RRB) Assumptions

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

- Capital expense assumption is Rental payments based on the size of the facility and its geographical location as indicated in Table 1:

Table 1

	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 2 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 2

	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 \$15.00 decrease/increase for each additional bedroom as indicated in Table 3:

Table 3

	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 4:

Table 4

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

\$50 for 7 persons; \$55 for 8 persons

- 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 5:

Table 5

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

Vehicle Assumptions

The following assumptions were made about vehicle expense both HAB and HPD:

- 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 HAB 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 6:

Table 6

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 7:

Table 7

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 8:

Table 8

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

- 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 – HAB

<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	At 20%, rate is \$15.82 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	Based on transportation assumptions
Mileage reimbursement	34.5 cents per mile	
Program Compliance	2%	Program activity expense
Administrative overhead	10%	
Benchmark Rate	\$17.06	\$16.66 without transportation

Habilitation, Community Protection and Treatment Group Home – HPD

HPD is similar in structure and service to HAB, 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

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
		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 HAB
Administrative overhead	10%	
Benchmark Rate	\$18.97	\$18.58 without transportation

The HPD model is also applicable to Habilitation, Community Protection and Treatment Hourly (HPH), an In-Home Service mentioned in the *In-Home Services* section above.

Habilitation, Nursing Supported Group Home – HAN

The HAN rates are based on 80 percent of the Arizona's Intermediate Care Facilities for the Mentally Retarded (ICF/MR) ICFMR rates for three levels. Table 9 outlines the ICF/MR HAN rates.

Table 9

Level	ICF/MR Rates	HAN Rates (80% of ICF/MR)
Level I	\$316.95	\$253.56
Level II	\$390.89	\$312.71
Level III	\$453.56	\$362.85

Table 10 illustrates assumptions that resulted in the reduction of the ICF/MR rates by 20 percent.

Table 10

	Level I	Level II	Level III	Comments
ICF/MR Rate	\$316.95	\$390.89	\$453.56	
Deductions				
Room and Board	\$18.27	\$18.27	\$18.27	Per RRB model at 4 occupants in a 4-capacity

	Level I	Level II	Level III	Comments
				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%	
Adopted Rate	\$253.56	\$312.71	\$362.85	
% of ICF/MR	80%	80%	80%	

Room and Board, All Group Homes – RRB

It is assumed that room and board requirements are the same for all group home services (HAB, HPD and HAN). Table 11 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.
- This facility is located in Flagstaff metropolitan area.

Table 11

<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).

Residential Services - Developmental Home

Individual rate models were developed for developmental home habilitation for adults (HBA) and children (HBC), which are also applicable for service codes HAA and HAC. Also, a separate model was developed for the agency provider costs, which is only applicable to service codes HBA and HBC.

Service-Specific Assumptions

The following general assumptions were made for both HBA and HBC rate models:

- ❑ Costs calculated on *per individual per day* basis.
- ❑ Administrative overhead is assumed at 2 (two) percent of total non-travel cost.
- ❑ For adults (HBA), 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 12. The USDA costs can be viewed at www.usda.gov.

Table 12

	Monthly	Daily
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 (HBC), 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 13. The USDA costs can be viewed at www.usda.gov.

Table 13

	Monthly	Daily
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) – HBA/HAA

Assumption/Result	Value	Comments
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 12
Total RRB	\$11.90	
Habilitation hours	4	
Habilitation hourly rate	\$13.35	Consistent with the HAH non-RFP rate
Monthly number of miles	200 miles	
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	2%	
Total Payment to Family	\$69.43	Includes RRB

HBC/HAC – Children (Family Payment)

Assumption/Result	Value	Comments
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 13
Total RRB	\$11.90	
Habilitation hours	4	
Habilitation hourly rate	\$13.35	Consistent with the HAH non-RFP rate
Monthly number of miles	200 miles	
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	2%	
Total Payment to Family	\$69.43	Includes RRB

HBA/HBC (Agency Provider Payment)

Assumption/Result	Value	Comments
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 (RSP) without admin. overhead)
Habilitation, per year	\$830	(50 hours) x (provider habilitation rate (HAH) without admin. overhead)
Attendant Care	\$650	(50 hours) x (provider attendant care rate (ATC) without admin. overhead)
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

<u>Assumption/Result</u>	<u>Value</u>	<u>Comments</u>
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 RRB and \$57.54 for Other
Total Payment to Agency	\$106.76	\$94.86 without RRB

Professional Services

Therapies

At this time, the Division is not setting rates for Therapies through independent models. Therefore, rate models were developed for Home Health Aide (HHA) and Nursing (NUR) services only.

Home Health Aide - HHA

Assumption/Result	Value	Comments
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	
Administrative overhead	10%	
Benchmark Rate	\$16.72	

Nursing, short-term – NUR

Assumption/Result	Value	Comments
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%	
Benchmark Rate	\$35.69	

Nursing, continuous – NUR

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 Benchmark Rate for this service is equal to \$571.04 (\$35.69/hr * 16 hours)

MEMORANDUM

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

TO: Ed Rapaport, DDD
Antonia Valladares, DDD

DATE: August 25, 2003, Revised from October 1, 2002

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 nine modifies 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 Modifies

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 eight 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 allow 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. 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.

7. 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.
8. 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 Modifies

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

1. Intensity level modifiers. The Division is conducting the development and administration of the statewide individual consumer level of need assessment process. Upon completion in the Fall of 2003, the Division will release rates for the independent providers and adopt intensity level modifiers. These modifiers will apply only to independent (non-RFP) providers because it is assumed that agency providers have a broad pool of individuals and, on average, the costs associated with caring for high or low intensity individuals are balanced.

2. 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). Table 2 of the attached *Occupational Categories Used in Rate Setting Models* exhibit illustrates the variance of hourly wages between Arizona MSAs and the statewide average for selected occupational categories used in the models. It is possible, therefore, to have an additional wage modifier.
3. 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.
4. 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.