RateBook

Projected Posting Date
October 11, 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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Employment Related Services - List of High / Low Density Cities & Zip Codes

Difference Between Current Rate Schedules and Those Released on September 1, 2005

The current rate schedules are different from the rate schedules released on September 1, 2005. While most of the rates remained the same, the following is a list of differences between the two schedules:

1. Independent Living Services
   - ❒ A new schedule with direct service daily rates for Habilitation, Individually Designed Living Arrangement was added. The Qualified Vendor may bill the Division a daily rate if and only if the site is authorized by the Division. The Division will authorize daily rates if:

     - o Direct service time is provided in a given setting for 16 or more hours (consecutive or non-consecutive) in any calendar day. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day.

     - o Direct service time is provided in a given setting for 112 or more hours in one 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.

   This new schedule follows the schedule with hourly rates for Independent Living Services. For details on the billing instructions regarding these new rates, please review RFQVA #704011, Amendment 10, Section 7 – Service Specifications.

   The Division will reimburse providers for these updated rates retroactively back to May 2, 2005. Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

2. Group Home Services:
   - ❒ Benchmark and Adopted rates for Habilitation, Nursing Supported Group Home (all three levels) were increased. The new rates reflect 80 percent of SFY 2006 ICF/MR rates. The Division will reimburse providers for these updated rates retroactively back to July 1, 2005. Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

3. Professional Services:
   - ❒ Some of the Benchmark and Adopted rates for Occupational Therapy, Physical Therapy and Speech Therapy services were increased as part of the Therapy Rate Setting Project. These new rates will be effective starting with October 1, 2005. Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

4. Support Coordination Services:
   - ❒ Benchmark and Adopted rates were increased by roughly 5% pursuant to the increase in Long Term Care capitation rates by the Joint Legislative Budget Committee (JLBC).

   The Division will reimburse providers for these updated rates retroactively back to July 1, 2005. Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

5. Specialized Habilitation Services:
   - ❒ New services were added to this rate schedule. These services are:
     - o Specialized Habilitation, Behavioral-B
     - o Specialized Habilitation, Behavioral-M
     - o Habilitation, Communication

   These new rates will be effective starting December 1, 2005. Providers should not bill the Division for these services before this date. Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

6. Transportation Services:
   - ❒ New service titled *Transportation, Family and Friend* (billing code: TRI) was added. The adopted rate is higher than the benchmark rate due to an adjustment for higher fuel cost. This adjustment is temporary until further notice from the DES/DDD Assistant Director.

   - ❒ Adopted rates for *Flat Trip Rate for Regularly Scheduled Daily Transportation* (TRA) and *Employment Related Transportation* (TRE) were adjusted for higher fuel cost. These adjustments are temporary until further notice from the DES/DDD Assistant Director.

   Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

7. Other Services:
   - ❒ This service category is new to the rate schedule. It includes one new service titled *Person Centered Planning* (billing code: PCP).

   This new rate will be effective starting with December 1, 2005. Providers should not bill the Division for these services before this date. Please consult the *Matrix of Service Changes* attached at the end of this write-up for more details.

8. Methodology and Assumptions:
   - ❒ The *Methodology and Assumptions, DES/DDD Published Rate Schedule* document was updated to reflect the addition of new services. In addition, some sections of the Methodology were re-arranged to better reflect the structure of the rate schedules.

Matrix of Service Changes

SERVICE	DESCRIPTION	EFFECTIVE DATE	PURPOSE	PROVIDER BILL AT NEW RATE	RETRO ADJUSTMENT Y/N
Habilitation, Individually Designed Living Arrangement **(HID)**	To include billing rules and rates for "per diem" basis for this service.	May 2, 2005	To codify implementation into contract for "per diem" basis of this service.	Ongoing. District should be coordinating with vendors as appropriate for new payment authorizations.	Y
Habilitation, Nursing Supported Group Homes **(HAN)** Level I $320.51 Level II $384.91 Level III $439.50	To adjust the benchmark model for these rates. The model is a derivative of AHCCCS CES rate for Medically intense consumers.	July 1, 2005	The model is updated to reflect the change in AHCCCS CES rates.	November 1 for units delivered after October 1, 2005.	Y
Therapies (Occupational, Physical, and Speech)	Roll-out of Rate Study for Therapy rates.	October 1, 2005	Rate Study	November 1 for units delivered after October 1, 2005.	N
Support Coordination **(CMG)**	To adjust the benchmark model for these rates. The model is a derivative of AHCCCS capitation rate for CM.	July 1, 2005	The model is updated to reflect the change in AHCCCS capitation rates for CM.	November 1 for units delivered after October 1, 2005.	Y
Transportation, Day Program and Employment Related **(TRA, TRE)**	Fuel Adjustment	November 1, 2005	Fuel Adjustment	December 1 for units delivered after November 1, 2005.	N
Transportation, Family and Friend	Fuel Adjustment (Increase from $.345 to $.485 per mile)	November 1, 2005	Fuel Adjustment		N
Independent Rate Schedule (ATC, HAH, HAI, HSK, RSP)	Phase II Adjustment to Rate Schedule. In general all go from Adopted to	October 1, 2005	Phase II of Published Rate Implementation for Independent	Takes effect October 1, 2005.	N

SERVICE	DESCRIPTION	EFFECTIVE DATE	PURPOSE	PROVIDER BILL AT NEW RATE	RETRO ADJUSTMENT Y/N
	Assessed. Grandfathered reduced to Assessed, unless greater than 10% reduction. ALL GO TO Multiple Client Convention.		Providers.		
Habilitation, Communication	New Service, Specialized Habilitation	December 1, 2005	New Service	January 1 for units delivered after December 1, 2005.	N
Habilitation, Specialized Behavioral	New Service, Specialized Habilitation	December 1, 2005	New Service	January 1 for units delivered after December 1, 2005.	N
Person Centered Planning	New Service, In RFQVA 14. Case Management	December 1, 2005	New Service	January 1 for units delivered after December 1, 2005.	N

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
Attendent Care					
AFC/ANC	Attendant Care	Client Hour	1	$14.75	$14.40
AFC/ANC	Attendant Care	Client Hour	2	$9.22	$9.00
AFC/ANC	Attendant Care	Client Hour	3	$7.38	$7.20
Habilitation, Community Protection and Treatment Hourly					
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	1	$19.78	$19.30
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	2	$12.36	$12.06
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	3	$9.89	$9.65
Habilitation, Support					
HAH	Habilitation, Support	Client Hour	1	$18.83	$18.38
HAH	Habilitation, Support	Client Hour	2	$11.77	$11.49
HAH	Habilitation, Support	Client Hour	3	$9.41	$9.19
Housekeeping					
HSK	Housekeeping	Client Hour	1	$13.59	$13.27
HSK	Housekeeping	Client Hour	2	$8.49	$8.29
HSK	Housekeeping	Client Hour	3	$6.80	$6.64
Respite, short-term					
RSP	Respite, short-term	Client Hour	1	$14.46	$14.11
RSP	Respite, short-term	Client Hour	2	$9.04	$8.82
RSP	Respite, short-term	Client Hour	3	$7.23	$7.06
Respite, continuous					
RSD	Respite, continuous	Day	1	$176.82	$172.59
RSD	Respite, continuous	Day	2	$110.51	$107.87
RSD	Respite, continuous	Day	3	$88.41	$86.30

Rate
1. The hourly rate for this service is based on hour (60 minutes) of direct service time.

2. The daily rate for this service is based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.

- The Division will make payments to the Qualified Vendor on the per diem basis based on the hourly rate for the Staff Hour unit of service, the number of residents at the site, and the direct service hours provided up to the number of authorized direct service hours for the site.

Unit of Service – Hourly
1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. The Qualified Vendor may bill the Division an hourly rate if and only if the Division authorizes this invoicing of an hourly rate. The Division will authorize an hourly rate if:

- Direct service time that is authorized in a given setting is less than 16 hours (consecutive or non-consecutive) on any calendar day. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:

- Direct service time that is authorized in a given setting is less than 112 hours in a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday.

2. If the Qualified Vendor provides an hourly unit of direct service time, when billing the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for 0.75 hour.

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

Unit of Service – Daily
1. The basis of payment for this service is an hourly unit of direct service time converted into a daily rate. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. The Qualified Vendor may bill the Division a daily rate if and only if the Division authorizes this invoicing of a daily rate. The Division will authorize a daily rate if:

- Direct service time that is authorized in a given setting is more than 16 hours (consecutive or non-consecutive) on any calendar day in a week. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:

- Direct service time that is authorized in a given setting is more than 112 hours in a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday.

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

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

4. If the Qualified Vendor elects to calculate a monthly average of weekly direct service hours at the end of the month, the Qualified Vendor shall determine the total number of direct service hours in a given month and determine the average number of direct service hours per week by dividing (the total number of direct service hours in a month) by (the number of weeks in a month).
a. If there are 31 days in a month, then the number of weeks in a month is 4.43
b. If there are 30 days in a month, then the number of weeks in a month is 4.29
c. If there are 29 days in a month, then the number of weeks in a month is 4.14
d. If there are 28 days in a month, then the number of weeks in a month is 4.00

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

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

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

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

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	$18.58
HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	2	$11.89	$11.61
HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	3	$9.52	$9.29

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

The element of the schedule is either new or was changed from the September 1, 2005 release

Habilitation, Individually Designed Living Arrangement - Range 1

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	30	1	$53.09
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	30	2	$26.54
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	30	3	$17.70
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	30	4	$13.27
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	30	5	$10.62
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	30	6	$8.85

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.

Habilitation, Individually Designed Living Arrangement - Range 2

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	50	1	$106.17
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	50	2	$53.09
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	50	3	$35.39
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	50	4	$26.54
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	50	5	$21.23
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	50	6	$17.70

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.

Habilitation, Individually Designed Living Arrangement - Range 3

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	70	1	$159.26
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	70	2	$79.63
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	70	3	$53.09
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	70	4	$39.81
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	70	5	$31.85
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	70	6	$26.54

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.

Habilitation, Individually Designed Living Arrangement - Range 4

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	90	1	$212.34
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	90	2	$106.17
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	90	3	$70.78
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	90	4	$53.09
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	90	5	$42.47
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	90	6	$35.39

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.

Habilitation, Individually Designed Living Arrangement - Range 5

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	110	1	$265.43
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	110	2	$132.71
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	110	3	$88.48
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	110	4	$66.36
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	110	5	$53.09
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	110	6	$44.24

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Habilitation, Individually Designed Living Arrangement - Range 6

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	130	1	$318.51
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	130	2	$159.26
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	130	3	$106.17
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	130	4	$79.63
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	130	5	$63.70
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	130	6	$53.09

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Habilitation, Individually Designed Living Arrangement - Range 7

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	150	1	$371.60
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	150	2	$185.80
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	150	3	$123.87
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	150	4	$92.90
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	150	5	$74.32
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	150	6	$61.93

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
The box shaded in gray indicates that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Habilitation, Individually Designed Living Arrangement - Range 8

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	170	1	$424.69
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	170	2	$212.34
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	170	3	$141.56
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	170	4	$106.17
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	170	5	$84.94
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	170	6	$70.78

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Habilitation, Individually Designed Living Arrangement - Range 9

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	190	1	$477.77
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	190	2	$238.89
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	190	3	$159.26
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	190	4	$119.44
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	190	5	$95.55
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	190	6	$79.63

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Habilitation, Individually Designed Living Arrangement - Range 10

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	210	1	$530.86
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	210	2	$265.43
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	210	3	$176.95
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	210	4	$132.71
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	210	5	$106.17
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	210	6	$88.48

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 11

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	230	1	$583.94
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	230	2	$291.97
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	230	3	$194.65
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	230	4	$145.99
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	230	5	$116.79
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	230	6	$97.32

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 12

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	250	1	$637.03
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	250	2	$318.51
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	250	3	$212.34
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	250	4	$159.26
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	250	5	$127.41
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	250	6	$106.17

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 13

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	270	1	$690.11
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	270	2	$345.06
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	270	3	$230.04
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	270	4	$172.53
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	270	5	$138.02
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	270	6	$115.02

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 14

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	290	1	$743.20
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	290	2	$371.60
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	290	3	$247.73
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	290	4	$185.80
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	290	5	$148.64
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	290	6	$123.87

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 15

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	310	1	$796.29
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	310	2	$398.14
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	310	3	$265.43
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	310	4	$199.07
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	310	5	$159.26
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	310	6	$132.71

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 16

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	330	1	$849.37
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	330	2	$424.69
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	330	3	$283.12
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	330	4	$212.34
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	330	5	$169.87
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	330	6	$141.56

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 17

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	350	1	$902.46
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	350	2	$451.23
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	350	3	$300.82
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	350	4	$225.61
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	350	5	$180.49
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	350	6	$150.41

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 18

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	370	1	$955.54
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	370	2	$477.77
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	370	3	$318.51
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	370	4	$238.89
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	370	5	$191.11
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	370	6	$159.26

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 19

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	390	1	$1,008.63
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	390	2	$504.31
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	390	3	$336.21
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	390	4	$252.16
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	390	5	$201.73
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	390	6	$168.10

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 20

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	410	1	$1,061.71
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	410	2	$530.86
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	410	3	$353.90
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	410	4	$265.43
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	410	5	$212.34
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	410	6	$176.95

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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Habilitation, Individually Designed Living Arrangement - Range 21

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	21	410	420	430	1	$1,114.80
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	21	410	420	430	2	$557.40
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	21	410	420	430	3	$371.60
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	21	410	420	430	4	$278.70
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	21	410	420	430	5	$222.96
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	21	410	420	430	6	$185.80

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Habilitation, Individually Designed Living Arrangement - Range 22

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	22	430	440	450	1	$1,167.89
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	22	430	440	450	2	$583.94
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	22	430	440	450	3	$389.30
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	22	430	440	450	4	$291.97
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	22	430	440	450	5	$233.58
HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	22	430	440	450	6	$194.65

NOTES: The box shaded in yellow or gray indicates that the element of the rate schedule is either new or was changed from the September 1, 2005 release.
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To calculate the daily per resident rate when the authorized hours per week are greater than 440, use the following formula:

Daily Rate = Hourly Rate x Authorized Hours in a Range / 7 Days in a Week / Number of Residents

If the authorized hours per week are greater than those in Range 22, the authorized hours level will step up in increments of 20 hours for each additional level.

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
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	$9.42
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$7.03	$6.86
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$5.81	$5.67
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$5.10	$4.98
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	$9.10
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$7.18	$7.01
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$6.19	$6.04
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$5.61	$5.47
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	$9.32	$9.10
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$7.18	$7.01
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$6.19	$6.04
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$5.61	$5.47

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

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	$10.46
DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$8.08	$7.89
DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$6.88	$6.72
DTR	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$6.17	$6.02

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	$18.38
DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2	Program Hour	$11.77	$11.49
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:1	Program Hour	$18.83	$18.38
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2	Program Hour	$11.77	$11.49
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:1	Program Hour	$18.83	$18.38
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2	Program Hour	$11.77	$11.49

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	$12.11

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

Incontinence Supplies Modifier

HBA, HBC	Incontinence Supplies, 1:1	Day	All	N/A	N/A	$3.00	$3.00

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

Unit of Service

1. For the Group Home services except for Habilitation, Nursing Supported Group Home, one unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.

2. For Habilitation, Nursing Supported Group Home, one unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.

3. For Room and Board, All Group Home, one unit equals one day (24 hours). If the consumer is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that consumer.

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	$19.30
HAB	Habilitation, Group Home*	Staff Hour	All	N/A	N/A	$17.79	$17.36

* See *Conversion to Daily Rates* Schedule for daily rates

HAN	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	$320.51	$320.51
HAN	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	$384.91	$384.91
HAN	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	$439.50	$439.50

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	$35.77
RRB	Room and Board, All Group Homes	Day	1	2	1	$39.59	$38.65
RRB	Room and Board, All Group Homes	Day	1	2	2	$23.75	$23.18
RRB	Room and Board, All Group Homes	Day	1	3	1	$48.47	$47.31
RRB	Room and Board, All Group Homes	Day	1	3	2	$28.15	$27.47
RRB	Room and Board, All Group Homes	Day	1	3	3	$21.37	$20.86
RRB	Room and Board, All Group Homes	Day	1	4	1	$52.85	$51.59
RRB	Room and Board, All Group Homes	Day	1	4	2	$30.32	$29.59
RRB	Room and Board, All Group Homes	Day	1	4	3	$22.81	$22.26
RRB	Room and Board, All Group Homes	Day	1	4	4	$19.05	$18.59
RRB	Room and Board, All Group Homes	Day	1	5	1	$61.65	$60.18
RRB	Room and Board, All Group Homes	Day	1	5	2	$34.70	$33.88
RRB	Room and Board, All Group Homes	Day	1	5	3	$25.73	$25.11
RRB	Room and Board, All Group Homes	Day	1	5	4	$21.24	$20.73
RRB	Room and Board, All Group Homes	Day	1	5	5	$18.54	$18.09
RRB	Room and Board, All Group Homes	Day	1	6	1	$65.64	$64.07
RRB	Room and Board, All Group Homes	Day	1	6	2	$36.69	$35.81
RRB	Room and Board, All Group Homes	Day	1	6	3	$27.04	$26.40
RRB	Room and Board, All Group Homes	Day	1	6	4	$22.22	$21.68
RRB	Room and Board, All Group Homes	Day	1	6	5	$19.32	$18.86
RRB	Room and Board, All Group Homes	Day	1	6	6	$17.39	$16.97
RRB	Room and Board, All Group Homes	Day	2	1	1	$32.27	$31.49
RRB	Room and Board, All Group Homes	Day	2	2	1	$35.29	$34.45
RRB	Room and Board, All Group Homes	Day	2	2	2	$21.60	$21.08
RRB	Room and Board, All Group Homes	Day	2	3	1	$43.41	$42.37
RRB	Room and Board, All Group Homes	Day	2	3	2	$25.62	$25.01
RRB	Room and Board, All Group Homes	Day	2	3	3	$19.69	$19.22
RRB	Room and Board, All Group Homes	Day	2	4	1	$47.18	$46.06
RRB	Room and Board, All Group Homes	Day	2	4	2	$27.48	$26.82
RRB	Room and Board, All Group Homes	Day	2	4	3	$20.91	$20.41
RRB	Room and Board, All Group Homes	Day	2	4	4	$17.63	$17.21
RRB	Room and Board, All Group Homes	Day	2	5	1	$54.75	$53.44
RRB	Room and Board, All Group Homes	Day	2	5	2	$31.25	$30.51
RRB	Room and Board, All Group Homes	Day	2	5	3	$23.42	$22.87
RRB	Room and Board, All Group Homes	Day	2	5	4	$19.51	$19.04
RRB	Room and Board, All Group Homes	Day	2	5	5	$17.16	$16.75
RRB	Room and Board, All Group Homes	Day	2	6	1	$58.18	$56.79
RRB	Room and Board, All Group Homes	Day	2	6	2	$32.96	$32.18
RRB	Room and Board, All Group Homes	Day	2	6	3	$24.55	$23.96
RRB	Room and Board, All Group Homes	Day	2	6	4	$20.35	$19.86
RRB	Room and Board, All Group Homes	Day	2	6	5	$17.83	$17.40
RRB	Room and Board, All Group Homes	Day	2	6	6	$16.15	$15.76

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	$36.41
RRB	Room and Board, All Group Homes	Day	3	2	1	$40.79	$39.82
RRB	Room and Board, All Group Homes	Day	3	2	2	$24.35	$23.77
RRB	Room and Board, All Group Homes	Day	3	3	1	$49.82	$48.63
RRB	Room and Board, All Group Homes	Day	3	3	2	$28.83	$28.14
RRB	Room and Board, All Group Homes	Day	3	3	3	$21.83	$21.31
RRB	Room and Board, All Group Homes	Day	3	4	1	$54.44	$53.14
RRB	Room and Board, All Group Homes	Day	3	4	2	$31.11	$30.36
RRB	Room and Board, All Group Homes	Day	3	4	3	$23.33	$22.77
RRB	Room and Board, All Group Homes	Day	3	4	4	$19.44	$18.98
RRB	Room and Board, All Group Homes	Day	3	5	1	$63.45	$61.93
RRB	Room and Board, All Group Homes	Day	3	5	2	$35.60	$34.75
RRB	Room and Board, All Group Homes	Day	3	5	3	$26.32	$25.69
RRB	Room and Board, All Group Homes	Day	3	5	4	$21.68	$21.17
RRB	Room and Board, All Group Homes	Day	3	5	5	$18.90	$18.45
RRB	Room and Board, All Group Homes	Day	3	6	1	$67.66	$66.04
RRB	Room and Board, All Group Homes	Day	3	6	2	$37.70	$36.80
RRB	Room and Board, All Group Homes	Day	3	6	3	$27.71	$27.05
RRB	Room and Board, All Group Homes	Day	3	6	4	$22.72	$22.17
RRB	Room and Board, All Group Homes	Day	3	6	5	$19.72	$19.25
RRB	Room and Board, All Group Homes	Day	3	6	6	$17.72	$17.30
RRB	Room and Board, All Group Homes	Day	4, 5, 6	1	1	$31.07	$30.32
RRB	Room and Board, All Group Homes	Day	4, 5, 6	2	1	$33.89	$33.08
RRB	Room and Board, All Group Homes	Day	4, 5, 6	2	2	$20.90	$20.40
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	1	$41.49	$40.50
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	2	$24.67	$24.08
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	3	$19.05	$18.59
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	1	$43.28	$42.25
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	2	$25.54	$24.93
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	3	$19.62	$19.15
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	4	$16.66	$16.26
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	1	$48.38	$47.23
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	2	$28.07	$27.40
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	3	$21.30	$20.79
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	4	$17.91	$17.48
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	5	$15.89	$15.51
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	1	$50.81	$49.60
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	2	$29.27	$28.57
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	3	$22.10	$21.57
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	4	$18.50	$18.06
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	5	$16.36	$15.97
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	6	$14.92	$14.56

The element of the schedule is either new or was changed from the September 1, 2005 release

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	$17.01
HHA	Home Health Aide	Client Hour	2	$10.89	$10.63
HHA	Home Health Aide	Client Hour	3	$8.72	$8.51
Nursing, short-term					
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	1	$37.21	$36.32
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	2	$23.26	$22.70
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	3	$18.61	$18.16
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	1	$41.38	$40.39
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	$25.86	$25.24
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	$20.69	$20.20
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	1	$42.42	$41.41
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	$26.51	$25.88
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	$21.21	$20.71

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	$581.08
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	2	$372.07	$363.18
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	3	$297.65	$290.54
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	1	$662.03	$646.21
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	2	$413.77	$403.88
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	3	$331.01	$323.11
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	1	$678.71	$662.49
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	2	$424.19	$414.06
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	3	$339.35	$331.25

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	$57.59	$57.59
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	$35.99	$35.99
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	$28.80	$28.80
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	$75.98	$75.98
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	$47.49	$47.49
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	$37.99	$37.99

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
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	$66.87	$66.87
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	$41.79	$41.79
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	$33.43	$33.43
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	$77.15	$77.15
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	$48.22	$48.22
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	$38.58	$38.58
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	$83.58	$83.58
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	$52.24	$52.24
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	$41.79	$41.79
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	$115.73	$115.73
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	$72.33	$72.33
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	$57.87	$57.87
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	$128.59	$128.59
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	$80.37	$80.37
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	$64.29	$64.29
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	$167.17	$167.17
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	$104.48	$104.48
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	$83.58	$83.58
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	$124.34	$124.34
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	$77.71	$77.71
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	$62.17	$62.17

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	$159.41	$159.41
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	$99.63	$99.63
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	$79.70	$79.70
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	$233.80	$233.80
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	$146.12	$146.12
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	$116.90	$116.90
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	$371.95	$371.95
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	$232.47	$232.47
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	$185.98	$185.98

*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 milieage 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	$57.59	$57.59
PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	$35.99	$35.99
PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	$28.80	$28.80
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	$75.98	$75.98
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	$47.49	$47.49
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	$37.99	$37.99

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
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	$66.87	$66.87
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	$41.79	$41.79
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	$33.43	$33.43
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	$77.15	$77.15
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	$48.22	$48.22
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	$38.58	$38.58
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	$83.58	$83.58
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	$52.24	$52.24
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	$41.79	$41.79
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	$115.73	$115.73
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	$72.33	$72.33
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	$57.87	$57.87
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	$128.59	$128.59
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	$80.37	$80.37
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	$64.29	$64.29
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	$167.17	$167.17
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	$104.48	$104.48
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	$83.58	$83.58
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	$124.34	$124.34
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	$77.71	$77.71
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	$62.17	$62.17

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	$159.41	$159.41
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	$99.63	$99.63
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	$79.70	$79.70
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	$233.80	$233.80
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	$146.12	$146.12
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	$116.90	$116.90
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	$371.95	$371.95
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	$232.47	$232.47
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	$185.98	$185.98

*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 milieage 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	$57.59	$57.59
SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	$35.99	$35.99
SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	$28.80	$28.80
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	$75.98	$75.98
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	$47.49	$47.49
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	$37.99	$37.99
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	$66.87	$66.87
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	$41.79	$41.79

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	3	$33.43	$33.43
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	$77.15	$77.15
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	$48.22	$48.22
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	$38.58	$38.58
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	$83.58	$83.58
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	$52.24	$52.24
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	$41.79	$41.79
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	$115.73	$115.73
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	$72.33	$72.33
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	$57.87	$57.87
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	$128.59	$128.59
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	$80.37	$80.37
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	$64.29	$64.29
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	$167.17	$167.17
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	$104.48	$104.48
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	$83.58	$83.58
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	$124.34	$124.34
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	$77.71	$77.71
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	$62.17	$62.17

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	$159.41	$159.41
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	$99.63	$99.63
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	$79.70	$79.70
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	$233.80	$233.80
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	$146.12	$146.12
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	$116.90	$116.90
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	$371.95	$371.95
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	$232.47	$232.47
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	$185.98	$185.98

*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 milieage to the appointment is used to determine the rate.

The element of the schedule is either new or was changed from the September 1, 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	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	$91.68	$91.68
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	$38.50	$38.50
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	$23.61	$23.61

The element of the schedule is either new or was changed from the September 1, 2005 release

Unit of Service

For Center-Based Service
1. The basis of payment for this service is an hourly unit of time in which the consumer is in attendance in contact with direct service staff and verified by the consumer. Any fraction of an hour should be billed in 15-minute increments. When billing, the Qualified Vendor should round consumer attendance time to the nearest 15-minute increment, as illustrated in the examples below:
1. If consumer attended for 65 minutes, bill for 1 hour.
2. If consumer attended for 68 minutes, bill for 1.25 hour.
3. If consumer attended for 50 minutes, bill for .75 hour.

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

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

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

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

For Group Supported Employment
1. The basis of payment for this service is an hourly unit of time in which the consumer is in attendance in contact with direct service staff and verified by the consumer. Direct service time begins when the consumer shows up at the job site or staging area, whichever is earlier. Any fraction of an hour should be billed in 15-minute increments. When billing, the Qualified Vendor should round consumer attendance time to the nearest 15-minute increment, as illustrated in the examples below:
If services were provided for 65 minutes, bill for 1 hour.
If services were provided for 68 minutes, bill for 1.25 hour.
If services were provided for 50 minutes, bill for .75 hour.

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

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

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

Total billable consumer hours divided by total direct service staff hours = 30 / 6 or 600 / 120 = 5.0
This program's ratio is 1:5

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

If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5.5 hours
If total hours for a consumer or direct service staff were equal to 5 hours and 48 minutes, round the total to 6 hours

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

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

For Individual Supported Employment

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

1.1. Meetings with the consumer and/or employer;
1.2. Travel time of Qualified Vendor staff to and from the consumer's worksite; and
1.3. Other tasks necessary to support the consumer to keep or obtain the job and be successful including, but not limited to, job development, career development counseling, on-the-job training, job coaching, ongoing employer contact, job search activities, mobility training, worksite analysis and report writing.

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

If activities were conducted for 65 minutes, bill for 1 hour.
If activities were conducted for 68 minutes, bill for 1.25 hour.
If activities were conducted for 50 minutes, bill for .75 hour.

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

For Employment Support Aide

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

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

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

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

Service Code	Description	Density	Unit of Service	Benchmark Rate	Adopted Rate
Center-Based Employment					
CBE	Center-Based Employment	High	Client Hour	$5.26	$5.21
CBE	Center-Based Employment	Low	Client Hour	$5.78	$5.72
ESA	Employment Support Aid - Center-Based Employment	High	Client Hour	$15.30	$15.14
ESA	Employment Support Aid - Center-Based Employment	Low	Client Hour	$16.83	$16.66
Group Supported Employment					
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:2 To 1:2.5	High	Client Hour	$17.44	$17.26
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:2 To 1:2.5	Low	Client Hour	$20.01	$19.81
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:2.51 To 1:3.5	High	Client Hour	$11.62	$11.51
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:2.51 To 1:3.5	Low	Client Hour	$13.34	$13.21
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:3.51 To 1:4.5	High	Client Hour	$8.46	$8.37
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:3.51 To 1:4.5	Low	Client Hour	$9.73	$9.63
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:4.51 To 1:5.5	High	Client Hour	$6.76	$6.70
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:4.51 To 1:5.5	Low	Client Hour	$7.78	$7.71
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:5.51 To 1:6.5	High	Client Hour	$5.64	$5.58
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:5.51 To 1:6.5	Low	Client Hour	$6.49	$6.42
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:6.51 To 1:7.5*	High	Client Hour	$4.83	$4.78
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:6.51 To 1:7.5*	Low	Client Hour	$5.56	$5.50
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:7.51 To 1:8*	High	Client Hour	$4.23	$4.19
GSE	Group Supported Employment - Staff : Consumer Ratio Of 1:7.51 To 1:8*	Low	Client Hour	$4.87	$4.82

* Rates for group sizes greater than 6 are transitional and will expire on June 30, 2006.

ESA	Employment Support Aid - Group Supported Employment	High	Client Hour	$17.38	$17.21
ESA	Employment Support Aid - Group Supported Employment	Low	Client Hour	$19.12	$18.93

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

Service Code	Description	Density	Unit of Service	Benchmark Rate	Adopted Rate
Individual Supported Employment					
ISE	Individual Supported Employment	High	Staff Hour	$26.74	$26.47
ISE	Individual Supported Employment	Low	Staff Hour	$29.42	$29.13
ESA	Employment Support Aid - Individual Supported Employment	High	Client Hour	$17.38	$17.21
ESA	Employment Support Aid - Individual Supported Employment	Low	Client Hour	$19.12	$0.00

Unit of Service

1. The basis of payment for *Habilitation, Music* and *Habilitation, Communication* is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

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

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

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

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

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

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

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate
Habilitation, Music					
HAH	Habilitation, Music	Client Hour	1	$36.78	$35.90
HAH	Habilitation, Music	Client Hour	2	$22.99	$22.44
HAH	Habilitation, Music	Client Hour	3	$18.39	$17.95
Specialized Habilitation, Behavioral					
HAH	Specialized Habilitation, Behavioral-B	Staff Hour	1	$40.00	$40.00
HAH	Specialized Habilitation, Behavioral-M	Staff Hour	1	$60.00	$60.00
Habilitation, Communication					
HAH	Habilitation, Communication, Level I	Client Hour	1	$19.00	$19.00
HAH	Habilitation, Communication, Level I	Client Hour	2	$11.88	$11.88
HAH	Habilitation, Communication, Level I	Client Hour	3	$9.50	$9.50
HAH	Habilitation, Communication, Level II	Client Hour	1	$25.00	$25.00
HAH	Habilitation, Communication, Level II	Client Hour	2	$15.63	$15.63
HAH	Habilitation, Communication, Level II	Client Hour	3	$12.50	$12.50
HAH	Habilitation, Communication, Level III	Client Hour	1	$30.00	$30.00
HAH	Habilitation, Communication, Level III	Client Hour	2	$18.75	$18.75
HAH	Habilitation, Communication, Level III	Client Hour	3	$15.00	$15.00

The element of the schedule is either new or was changed from the September 1, 2005 release

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” and "Employment Related Transportation," urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports that are not “Flat Trip Rate for Regularly Scheduled Daily Transportation” or "Employment Related Transportation" are defined as rural.

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

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

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

Unit of Service

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

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

Service Code	Description	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate
AHCCCS Non-Emergency Ground Transportation Services FFS Rates					
TRO	Ambulatory van	Urban	Base rate	$7.02	$6.85
TRO	Ambulatory van	Rural	Base rate	$7.69	$7.69
TRO	Ambulatory van	Urban	Per mile	$1.12	$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	$1.07
TRO	Taxicab	Rural	Per mile	$1.10	$1.07
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	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate

Transportation, Family and Friend

TRI	Transportation, Family and Friend*	Both	Per mile	$0.375	$0.485

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

Other Transportation Services

TRA	Flat Trip Rate for Regularly Scheduled Daily Transportation*	Urban	Per Trip	$8.34	$9.23
TRA	Flat Trip Rate for Regularly Scheduled Daily Transportation*	Rural	Per Trip	$11.12	$13.02
TRO	Transportation Aide for non-Regularly Scheduled Daily Transportation ONLY	Both	Client Hour	Minimum Wage**	Minimum Wage**

* The adopted rate is higher than the benchmark rate due to an adjustment for higher mileage cost. This adjustment is temporary until further notice from the DES/DDD Assistant Director.
** As of the date of publication, the federal minimum wage for covered nonexempt employees is $5.15 an hour.

TRE	Employment Related Transportation*	High Density (Urban)	Per Trip	$8.34	$9.23
TRE	Employment Related Transportation*	Low Density (Rural)	Per Trip	$11.12	$13.02

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

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

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

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

TRA	Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	$16.68	$16.28
TRA	Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	$22.25	$21.72

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

Service Code	Description	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate
TRE	Single Person, Employment Related Transportation	High Density (Urban)	Per Trip	$16.68	$16.28
TRE	Single Person, Employment Related Transportation	Low Density (Rural)	Per Trip	$22.25	$21.72

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	$16.28
TRA	Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	$22.25	$21.72
TRE	Extensive Distance, Employment Related Transportation	High Density (Urban)	Per Trip	$16.68	$16.28
TRE	Extensive Distance, Employment Related Transportation	Low Density (Rural)	Per Trip	$22.25	$21.72

The element of the schedule is either new or was changed from the September 1, 2005 release

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

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

Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate
Person Centered Planning				
PCP	Person Centered Planning	Plan	$400.00	$400.00

The element of the schedule is either new or was changed from the September 1, 2005 release

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.

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:

Daily Rate = Hourly Rate x Authorized Hours in a Range / 7 Days in a Week / 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	$165.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional	$169.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Incontinence	$168.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional and Incontinence	$172.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	None	$82.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional	$86.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Incontinence	$85.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional and Incontinence	$89.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	None	$55.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional	$59.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Incontinence	$58.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional and Incontinence	$62.14

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	$220.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional	$224.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Incontinence	$223.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional and Incontinence	$227.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	None	$110.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional	$114.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Incontinence	$113.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional and Incontinence	$117.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	None	$73.52
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional	$77.52
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Incontinence	$76.52
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional and Incontinence	$80.52

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	$275.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional	$279.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Incontinence	$278.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional and Incontinence	$282.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	None	$137.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional	$141.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Incontinence	$140.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional and Incontinence	$144.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	None	$91.90
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional	$95.90
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Incontinence	$94.90
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional and Incontinence	$98.90

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	$330.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional	$334.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Incontinence	$333.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional and Incontinence	$337.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	None	$165.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional	$169.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Incontinence	$168.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional and Incontinence	$172.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	None	$110.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional	$114.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Incontinence	$113.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional and Incontinence	$117.29

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	$386.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional	$390.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Incontinence	$389.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional and Incontinence	$393.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	None	$193.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional	$197.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Incontinence	$196.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional and Incontinence	$200.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	None	$128.67
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional	$132.67
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Incontinence	$131.67
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional and Incontinence	$135.67

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	$441.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional	$445.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Incontinence	$444.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional and Incontinence	$448.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	None	$220.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional	$224.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Incontinence	$223.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional and Incontinence	$227.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	None	$147.05
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional	$151.05
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Incontinence	$150.05
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional and Incontinence	$154.05

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	$496.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional	$500.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Incontinence	$499.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional and Incontinence	$503.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	None	$248.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional	$252.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Incontinence	$251.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional and Incontinence	$255.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	None	$165.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional	$169.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Incontinence	$168.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional and Incontinence	$172.43

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

Habilitation, 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	$551.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional	$555.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Incontinence	$554.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional and Incontinence	$558.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	None	$275.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional	$279.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Incontinence	$278.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional and Incontinence	$282.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	None	$183.81
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional	$187.81
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Incontinence	$186.81
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional and Incontinence	$190.81

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

Habilitation, 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	$606.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional	$610.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Incontinence	$609.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional and Incontinence	$613.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	None	$303.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional	$307.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Incontinence	$306.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional and Incontinence	$310.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	None	$202.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional	$206.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Incontinence	$205.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional and Incontinence	$209.19

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

Habilitation, 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	$661.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional	$665.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Incontinence	$664.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional and Incontinence	$668.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	None	$330.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional	$334.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Incontinence	$333.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional and Incontinence	$337.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	None	$220.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional	$224.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Incontinence	$223.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional and Incontinence	$227.57

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

Habilitation, 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	$716.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional	$720.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Incontinence	$719.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional and Incontinence	$723.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	None	$358.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional	$362.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Incontinence	$361.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional and Incontinence	$365.43
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	None	$238.95
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional	$242.95
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Incontinence	$241.95
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional and Incontinence	$245.95

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

Habilitation, 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	$772.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional	$776.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Incontinence	$775.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional and Incontinence	$779.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	None	$386.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional	$390.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Incontinence	$389.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional and Incontinence	$393.00
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	None	$257.33
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional	$261.33
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Incontinence	$260.33
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional and Incontinence	$264.33

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

Habilitation, 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	$827.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional	$831.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Incontinence	$830.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional and Incontinence	$834.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	None	$413.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional	$417.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Incontinence	$416.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional and Incontinence	$420.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	None	$275.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional	$279.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Incontinence	$278.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional and Incontinence	$282.71

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

Habilitation, 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	$882.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional	$886.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Incontinence	$885.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional and Incontinence	$889.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	None	$441.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional	$445.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Incontinence	$444.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional and Incontinence	$448.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	None	$294.10
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional	$298.10
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Incontinence	$297.10
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional and Incontinence	$301.10

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

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

Daily Rate = Hourly Rate x Authorized Hours in a Range / 7 Days in a Week / 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.

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Habilitation, Group Home

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

Daily Rate = Hourly Rate x Authorized Hours in a Range / 7 Days in a Week / 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	$148.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional	$152.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Incontinence	$151.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional and Incontinence	$155.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	None	$74.40
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional	$78.40
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Incontinence	$77.40
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional and Incontinence	$81.40
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	None	$49.60
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional	$53.60
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Incontinence	$52.60
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional and Incontinence	$56.60
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	None	$37.20
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Nutritional	$41.20
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Incontinence	$40.20
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Nutritional and Incontinence	$44.20
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	None	$29.76
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Nutritional	$33.76
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Incontinence	$32.76
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Nutritional and Incontinence	$36.76
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	None	$24.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Nutritional	$28.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Incontinence	$27.80
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Nutritional and Incontinence	$31.80

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	$198.40
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional	$202.40
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Incontinence	$201.40
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional and Incontinence	$205.40
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	None	$99.20
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional	$103.20
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Incontinence	$102.20
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional and Incontinence	$106.20
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	None	$66.13
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional	$70.13
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Incontinence	$69.13
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional and Incontinence	$73.13
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	None	$49.60
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Nutritional	$53.60
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Incontinence	$52.60
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Nutritional and Incontinence	$56.60
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	None	$39.68
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Nutritional	$43.68
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Incontinence	$42.68
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Nutritional and Incontinence	$46.68
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	None	$33.07
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Nutritional	$37.07
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Incontinence	$36.07
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Nutritional and Incontinence	$40.07

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	$248.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional	$252.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Incontinence	$251.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional and Incontinence	$255.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	None	$124.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional	$128.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Incontinence	$127.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional and Incontinence	$131.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	None	$82.67
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional	$86.67
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Incontinence	$85.67
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional and Incontinence	$89.67
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	None	$62.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Nutritional	$66.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Incontinence	$65.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Nutritional and Incontinence	$69.00
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	None	$49.60
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Nutritional	$53.60
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Incontinence	$52.60
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Nutritional and Incontinence	$56.60
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	None	$41.33
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Nutritional	$45.33
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Incontinence	$44.33
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Nutritional and Incontinence	$48.33

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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	$297.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional	$301.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Incontinence	$300.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional and Incontinence	$304.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	None	$148.80
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional	$152.80
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Incontinence	$151.80
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional and Incontinence	$155.80
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	None	$99.20
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional	$103.20
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Incontinence	$102.20
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional and Incontinence	$106.20
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	None	$74.40
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Nutritional	$78.40
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Incontinence	$77.40
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Nutritional and Incontinence	$81.40
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	None	$59.52
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Nutritional	$63.52
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Incontinence	$62.52
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Nutritional and Incontinence	$66.52
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	None	$49.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Nutritional	$53.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Incontinence	$52.60
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Nutritional and Incontinence	$56.60

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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	$347.20
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional	$351.20
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Incontinence	$350.20
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional and Incontinence	$354.20
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	None	$173.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional	$177.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Incontinence	$176.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional and Incontinence	$180.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	None	$115.73
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional	$119.73
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Incontinence	$118.73
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional and Incontinence	$122.73
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	None	$86.80
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Nutritional	$90.80
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Incontinence	$89.80
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Nutritional and Incontinence	$93.80
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	None	$69.44
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Nutritional	$73.44
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Incontinence	$72.44
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Nutritional and Incontinence	$76.44
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	None	$57.87
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Nutritional	$61.87
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Incontinence	$60.87
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Nutritional and Incontinence	$64.87

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

Habilitation, 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	$396.80
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional	$400.80
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Incontinence	$399.80
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional and Incontinence	$403.80
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	None	$198.40
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional	$202.40
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Incontinence	$201.40
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional and Incontinence	$205.40
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	None	$132.27
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional	$136.27
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Incontinence	$135.27
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional and Incontinence	$139.27
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	None	$99.20
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Nutritional	$103.20
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Incontinence	$102.20
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Nutritional and Incontinence	$106.20
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	None	$79.36
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Nutritional	$83.36
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Incontinence	$82.36
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Nutritional and Incontinence	$86.36
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	None	$66.13
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Nutritional	$70.13
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Incontinence	$69.13
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Nutritional and Incontinence	$73.13

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

Habilitation, 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	$446.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional	$450.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Incontinence	$449.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional and Incontinence	$453.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	None	$223.20
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional	$227.20
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Incontinence	$226.20
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional and Incontinence	$230.20
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	None	$148.80
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional	$152.80
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Incontinence	$151.80
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional and Incontinence	$155.80
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	None	$111.60
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Nutritional	$115.60
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Incontinence	$114.60
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Nutritional and Incontinence	$118.60
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	None	$89.28
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Nutritional	$93.28
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Incontinence	$92.28
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Nutritional and Incontinence	$96.28
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	None	$74.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Nutritional	$78.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Incontinence	$77.40
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Nutritional and Incontinence	$81.40

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

Habilitation, 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	$496.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional	$500.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Incontinence	$499.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional and Incontinence	$503.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	None	$248.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional	$252.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Incontinence	$251.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional and Incontinence	$255.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	None	$165.33
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional	$169.33
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Incontinence	$168.33
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional and Incontinence	$172.33
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	None	$124.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Nutritional	$128.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Incontinence	$127.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Nutritional and Incontinence	$131.00
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	None	$99.20
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Nutritional	$103.20
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Incontinence	$102.20
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Nutritional and Incontinence	$106.20
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	None	$82.67
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Nutritional	$86.67
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Incontinence	$85.67
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Nutritional and Incontinence	$89.67

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

Habilitation, 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	$545.60
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional	$549.60
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Incontinence	$548.60
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional and Incontinence	$552.60
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	None	$272.80
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional	$276.80
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Incontinence	$275.80
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional and Incontinence	$279.80
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	None	$181.87
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional	$185.87
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Incontinence	$184.87
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional and Incontinence	$188.87
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	None	$136.40
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Nutritional	$140.40
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Incontinence	$139.40
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Nutritional and Incontinence	$143.40
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	None	$109.12
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Nutritional	$113.12
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Incontinence	$112.12
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Nutritional and Incontinence	$116.12
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	None	$90.93
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Nutritional	$94.93
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Incontinence	$93.93
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Nutritional and Incontinence	$97.93

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

Habilitation, 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	$595.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional	$599.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Incontinence	$598.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional and Incontinence	$602.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	None	$297.60
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional	$301.60
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Incontinence	$300.60
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional and Incontinence	$304.60
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	None	$198.40
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional	$202.40
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Incontinence	$201.40
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional and Incontinence	$205.40
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	None	$148.80
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Nutritional	$152.80
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Incontinence	$151.80
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Nutritional and Incontinence	$155.80
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	None	$119.04
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Nutritional	$123.04
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Incontinence	$122.04
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Nutritional and Incontinence	$126.04
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	None	$99.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Nutritional	$103.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Incontinence	$102.20
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Nutritional and Incontinence	$106.20

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

Habilitation, 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	$644.80
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional	$648.80
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Incontinence	$647.80
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional and Incontinence	$651.80
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	None	$322.40
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional	$326.40
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Incontinence	$325.40
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional and Incontinence	$329.40
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	None	$214.93
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional	$218.93
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Incontinence	$217.93
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional and Incontinence	$221.93
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	None	$161.20
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Nutritional	$165.20
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Incontinence	$164.20
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Nutritional and Incontinence	$168.20
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	None	$128.96
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Nutritional	$132.96
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Incontinence	$131.96
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Nutritional and Incontinence	$135.96
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	None	$107.47
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Nutritional	$111.47
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Incontinence	$110.47
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Nutritional and Incontinence	$114.47

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

Habilitation, 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	$694.40
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional	$698.40
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Incontinence	$697.40
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional and Incontinence	$701.40
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	None	$347.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional	$351.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Incontinence	$350.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional and Incontinence	$354.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	None	$231.47
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional	$235.47
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Incontinence	$234.47
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional and Incontinence	$238.47
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	None	$173.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Nutritional	$177.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Incontinence	$176.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Nutritional and Incontinence	$180.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	None	$138.88
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Nutritional	$142.88
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Incontinence	$141.88
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Nutritional and Incontinence	$145.88
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	None	$115.73
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Nutritional	$119.73
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Incontinence	$118.73
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Nutritional and Incontinence	$122.73

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

Habilitation, 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	$744.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional	$748.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Incontinence	$747.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional and Incontinence	$751.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	None	$372.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional	$376.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Incontinence	$375.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional and Incontinence	$379.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	None	$248.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional	$252.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Incontinence	$251.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional and Incontinence	$255.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	None	$186.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Nutritional	$190.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Incontinence	$189.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Nutritional and Incontinence	$193.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	None	$148.80
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Nutritional	$152.80
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Incontinence	$151.80
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Nutritional and Incontinence	$155.80
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	None	$124.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Nutritional	$128.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Incontinence	$127.00
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Nutritional and Incontinence	$131.00

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

Arizona Department of Economic Security, Division of Developmental Disabilities
SFY 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	$793.60
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional	$797.60
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Incontinence	$796.60
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional and Incontinence	$800.60
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	None	$396.80
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional	$400.80
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Incontinence	$399.80
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional and Incontinence	$403.80
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	None	$264.53
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional	$268.53
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Incontinence	$267.53
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional and Incontinence	$271.53
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	None	$198.40
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Nutritional	$202.40
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Incontinence	$201.40
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Nutritional and Incontinence	$205.40
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	None	$158.72
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Nutritional	$162.72
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Incontinence	$161.72
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Nutritional and Incontinence	$165.72
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	None	$132.27
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Nutritional	$136.27
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Incontinence	$135.27
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Nutritional and Incontinence	$139.27

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

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

Daily Rate = Hourly Rate x Authorized Hours in a Range / 7 Days in a Week / 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.

Purpose of This Schedule
This schedule 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.

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 (HAI)**	**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 (HAI)**	**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

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Attendant Care
Independent Rate Models
Home-Based Services
Agency Providers

Service	**Attendant Care**
Unit of Service	1 hour
DDD Taxonomy Code	T03809
AHCCCS Procedure Code / Unit of Service	**S5152 / 15 min.**
FFY 05 AHCCCS Rate	**$3.61**
Hourly Wage (inflated to December 2002)	$9.12
Annual Wage	$18,978
ERE (as percent of wages)	30.0%
Hourly Compensation (wages + ERE)	**$11.86**
Annual Compensation (wages + ERE)	$24,671
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.25
- Time allocated to notes/med records	0.25
- Down Time	0.00
- Average on-site time; "Billable Hours"	7.50
- *Productivity Adjustment*	*1.07*
Hourly Compensation After Adjustment	**$12.65**
Annual Compensation After Adjustment	$24,671
Mileage	
- Number of Miles	5.0
- Amount per mile	$0.345
Total Mileage Amount	$1.73
Hourly mileage cost	**$0.23**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$12.65
Hourly administrative cost	**$1.27**
SFY 04	
Benchmark Rate	$14.15
Adopted Rate Factor	93.0%
Adopted Rate - 1 Staff, 1 Client	**$13.16**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$14.75
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$14.12**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$14.75
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$14.40**
- 1 staff, 2 clients	$9.00
- 1 staff, 3 clients	$7.20

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

Service	**Habilitation, Support**
Unit of Service	1 hour
DDD Taxonomy Code	T03827
AHCCCS Procedure Code / Unit of Service	**T2017 / hour**
FFY 05 AHCCCS Rate	**By Report**
Hourly Wage (inflated to December 2002)	$10.99
Annual Wage	$22,866
ERE (as percent of wages)	30.0%
Hourly Compensation (wages + ERE)	**$14.29**
Annual Compensation (wages + ERE)	$29,726
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.50
- Time allocated to notes/med records	0.25
- Down Time	0.00
- Average on-site time; "Billable Hours"	7.25
- *Productivity Adjustment*	*1.10*
Hourly Compensation After Adjustment	**$15.77**
Annual Compensation After Adjustment	$29,726
Mileage	
- Number of Miles	15
- Amount per mile	$0.345
Total Mileage Amount	$5.18
Hourly mileage cost	**$0.71**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$15.77
Hourly administrative cost	**$1.58**
SFY 04	
Benchmark Rate	$18.06
Adopted Rate Factor	93.0%
Adopted Rate - 1 Staff, 1 Client	**$16.80**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$18.83
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$18.03**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$18.83
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$18.38**
- 1 staff, 2 clients	$11.49
- 1 staff, 3 clients	$9.19

Housekeeping
Independent Rate Models
Home-Based Services
Agency Providers

Service	**Housekeeping**
Unit of Service	1 hour
DDD Taxonomy Code	T03802
AHCCCS Procedure Code / Unit of Service	**S5130 / 15 min.**
FFY 05 AHCCCS Rate	**$4.79**
Hourly Wage (inflated to December 2002)	$8.09
Annual Wage	$16,835
ERE (as percent of wages)	30.0%
Hourly Compensation (wages + ERE)	**$10.52**
Annual Compensation (wages + ERE)	$21,886
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.50
- Time allocated to notes/med records	0.00
- Down Time	0.00
- Average on-site time; "Billable Hours"	7.50
- *Productivity Adjustment*	*1.07*
Hourly Compensation After Adjustment	**$11.22**
Annual Compensation After Adjustment	$21,886
Mileage	
- Number of Miles	15
- Amount per mile	$0.345
Total Mileage Amount	$5.18
Hourly mileage cost	**$0.69**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$11.22
Hourly administrative cost	**$1.12**
SFY 04	
Benchmark Rate	$13.04
Adopted Rate Factor	93.0%
Adopted Rate - 1 Staff, 1 Client	**$12.13**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$13.59
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$13.01**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$13.59
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$13.27**
- 1 staff, 2 clients	$8.29
- 1 staff, 3 clients	$6.64

Respite
Independent Rate Models
Home-Based Services
Agency Providers

Service	**Respite, Short-Term**	**Respite, Continuous**
Unit of Service	1 hour	13+ hours
DDD Taxonomy Code	T03807	T03807
AHCCCS Procedure Code / Unit of Service	**T5150 / 15 min.**	**T5151 / per diem**
FFY 05 AHCCCS Rate	**$3.61**	**$173.58**
Hourly Wage (inflated to December 2002)	$9.12	$9.12
Annual Wage	$18,978	$18,978
ERE (as percent of wages)	30.0%	30.0%
Hourly Compensation (wages + ERE)	**$11.86**	**$11.86**
Annual Compensation (wages + ERE)	$24,671	$24,671
Productivity Assumptions		
- Total Hours	8.00	8.00
- Travel Time	0.25	0.00
- Time allocated to notes/med records	0.10	0.00
- Down Time	0.00	0.00
- Average on-site time; "Billable Hours"	7.65	8.00
- *Productivity Adjustment*	*1.05*	*1.00*
Hourly Compensation After Adjustment	**$12.40**	**$11.86**
Annual Compensation After Adjustment	$24,671	$24,671
Mileage		
- Number of Miles	5	0
- Amount per mile	$0.345	$0.345
Total Mileage Amount	$1.73	$0.00
Hourly mileage cost	**$0.23**	**$0.00**
Administrative Overhead		
- Administrative Percent	10%	10%
- Non-travel cost	$12.40	$11.86
Hourly administrative cost	**$1.24**	**$1.19**
SFY 04		
Benchmark Rate	$13.87	$169.61
Adopted Rate Factor	93.0%	93.0%
Adopted Rate - 1 Staff, 1 Client	**$12.90**	**$157.74**
SFY 05		
Benchmark Rate Inflation Adjustment	4.25%	4.25%
Benchmark Rate	$14.46	$176.82
Adopted Rate Factor	95.75%	95.75%
Adopted Rate - 1 Staff, 1 Client	**$13.84**	**$169.30**
SFY 06		
Benchmark Rate Inflation Adjustment	0.00%	0.00%
Benchmark Rate	$14.46	$176.82
Adopted Rate Factor	97.61%	97.61%
Adopted Rate - 1 Staff, 1 Client	**$14.11**	**$172.59**
- 1 staff, 2 clients	$8.82	$107.87
- 1 staff, 3 clients	$7.06	$86.30

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

Service	**Habilitation, Individually Designed Living Arrangement**
Unit of Service	1 hour
DDD Taxonomy Code	T03827
AHCCCS Procedure Code / Unit of Service	**T2017 / hour**
FFY 05 AHCCCS Rate	**By Report**
Hourly Wage (inflated to December 2002)	$12.36
Annual Wage	$25,712
ERE (as percent of wages)	30.0%
Hourly Compensation (wages + ERE)	**$16.07**
Annual Compensation (wages + ERE)	$33,425
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.00
- Time allocated to notes/med records	0.25
- Down Time	0.00
- Average on-site time; "Billable Hours"	7.75
- *Productivity Adjustment*	*1.03*
Hourly Compensation After Adjustment	**$16.59**
Annual Compensation After Adjustment	$33,425
Mileage	
- Number of Miles	0
- Amount per mile	$0.345
Total Mileage Amount	$0.00
Hourly mileage cost	**$0.00**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$16.59
Hourly administrative cost	**$1.66**

SFY 04	
Benchmark Rate	$18.25
Adopted Rate Factor	93.0%
Adopted Rate - 1 Staff, 1 Client	**$16.97**

SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$19.03
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$18.22**

SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$19.03
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$18.58**
- 1 staff, 2 clients	$11.61
- 1 staff, 3 clients	$9.29

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

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

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

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

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

Service	Day Treatment and Training, Adult	Day Treatment and Training, Adult	Day Treatment and Training, Adult	Day Treatment and Training, Adult
SFY 04 Revised				
Subtotal	$7.87	$5.73	$4.74	$4.16
Transition Staffing Factor (TSF)	85.0%	85.0%	85.0%	85.0%
Transition Staffing Adjustment (Dividing by TSF)	$9.26	$6.74	$5.58	$4.89
Benchmark Rate	$9.26	$6.74	$5.58	$4.89
Adopted Rate Factor	93.0%	93.0%	93.0%	93.0%
Calculated Adopted Rate	$8.61	$6.27	$5.19	$4.55
Adopted Rate - Rounded	**$8.60**	**$6.25**	**$5.20**	**$4.55**
SFY 05 Revised				
Benchmark Rate Inflation Adjustment	4.25%	4.25%	4.25%	4.25%
Benchmark Rate	$9.65	$7.03	$5.81	$5.10
Adopted Rate Factor	95.75%	95.75%	95.75%	95.75%
Calculated Adopted Rate	$9.24	$6.73	$5.57	$4.89
Adopted Rate = Same as in SFY 04	$8.60	$6.25	$5.20	$4.55
Adopted as percentage of Benchmark	89.1%	88.9%	89.4%	89.2%
SFY 06				
Benchmark Rate Inflation Adjustment	0.00%	0.00%	0.00%	0.00%
Benchmark Rate	$9.65	$7.03	$5.81	$5.10
Adopted Rate Factor	97.61%	97.61%	97.61%	97.61%
Adopted Rate	$9.42	$6.86	$5.67	$4.98

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

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

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

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

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

Service	Day Treatment and Training, Children Summer and After-School Programs	Day Treatment and Training, Children Summer and After-School Programs	Day Treatment and Training, Children Summer and After-School Programs	Day Treatment and Training, Children Summer and After-School Programs
SFY 04 Revised				
Subtotal	$8.05	$6.20	$5.34	$4.84
Transition Staffing Factor (TSF)	90.0%	90.0%	90.0%	90.0%
Transition Staffing Adjustment (Dividing by TSF)	$8.94	$6.89	$5.93	$5.38
Benchmark Rate	$8.94	$6.89	$5.93	$5.38
Adopted Rate Factor	93.0%	93.0%	93.0%	93.0%
Calculated Adopted Rate	$8.32	$6.41	$5.52	$5.00
Adopted Rate - Rounded	**$8.30**	**$6.40**	**$5.50**	**$5.00**
SFY 05 Revised				
Benchmark Rate Inflation Adjustment	4.25%	4.25%	4.25%	4.25%
Benchmark Rate	$9.32	$7.18	$6.19	$5.61
Adopted Rate Factor	95.75%	95.75%	95.75%	95.75%
Calculated Adopted Rate	$8.93	$6.88	$5.92	$5.37
Adopted Rate = Same as in SFY 04	**$8.30**	**$6.40**	**$5.50**	**$5.00**
Adopted as percentage of Benchmark	89.0%	89.1%	88.9%	89.2%
SFY 06				
Benchmark Rate Inflation Adjustment	0.00%	0.00%	0.00%	0.00%
Benchmark Rate	$9.32	$7.18	$6.19	$5.61
Adopted Rate Factor	97.61%	97.61%	97.61%	97.61%
Adopted Rate	$9.10	$7.01	$6.04	$5.47

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

Service	**Rural Day Treatment and Training, Adult**	**Rural Day Treatment and Training, Adult**	**Rural Day Treatment and Training, Adult**	**Rural Day Treatment and Training, Adult**
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	1.37	0.87	0.64	0.51
- Number of Individuals Served	6	6	6	6
Ratio of staff to individual	1:3.5	1:5.5	1:7.5	1:9.5
Total Staff Compensation	$44,090	$27,999	$20,597	$16,261
Total Hourly Compensation After Adjustment	**$30.28**	**$19.23**	**$14.15**	**$11.17**
Hourly Compensation per Individual	**$5.25**	**$3.33**	**$2.45**	**$1.94**

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

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

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

Service	Rural Day Treatment and Training, Adult	Rural Day Treatment and Training, Adult	Rural Day Treatment and Training, Adult	Rural Day Treatment and Training, Adult
SFY 04 Revised				
Subtotal	$8.74	$6.59	$5.61	$5.03
Transition Staffing Factor (TSF)	85.0%	85.0%	85.0%	85.0%
Transition Staffing Adjustment (Dividing by TSF)	$10.28	$7.75	$6.60	$5.92
Benchmark Rate	$10.28	$7.75	$6.60	$5.92
Adopted Rate Factor	93.0%	93.0%	93.0%	93.0%
Calculated Adopted Rate	$9.56	$7.21	$6.14	$5.50
Adopted Rate - Rounded	**$9.60**	**$7.20**	**$6.15**	**$6.15**
SFY 05 Revised				
Benchmark Rate Inflation Adjustment	4.25%	4.25%	4.25%	4.25%
Benchmark Rate	$10.72	$8.08	$6.88	$6.17
Adopted Rate Factor	95.75%	95.75%	95.75%	95.75%
Calculated Adopted Rate	$10.26	$7.74	$6.59	$5.91
Adopted Rate = Same as in SFY 04	**$9.60**	**$7.20**	**$6.15**	**$6.15**
Adopted as percentage of Benchmark	89.6%	89.1%	89.4%	99.7%
SFY 06				
Benchmark Rate Inflation Adjustment	0.00%	0.00%	0.00%	0.00%
Benchmark Rate	$10.72	$8.08	$6.88	$6.17
Adopted Rate Factor	97.61%	97.61%	97.61%	97.61%
Adopted Rate	$10.46	$7.89	$6.72	$6.02

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

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

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

Service	**Habilitation, Vendor Supported Developmental Home, Adult**
Unit of Service	1 day
Daily Rate Based on	1 individual
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**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$98.89
Adopted Rate Factor	97.61%
Calculated Adopted Rate	$96.53
Adopted Rate = Same as in SFY 05	**$109.75**

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

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

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

Service	**Habilitation, Vendor Supported Developmental Home, Child**
Unit of Service	1 day
Daily Rate Based on	1 individual
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**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$100.87
Adopted Rate Factor	97.61%
Calculated Adopted Rate	$98.46
Adopted Rate = Same as in SFY 05	**$111.95**

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

Service	Room and Board, Vendor Supported Developmental Home (Adult)
Unit of Service	1 day
DDD Taxonomy Code	T03827
Room - Capital	
- Square Footage	170
- Cost per Square Foot	$10.00
- Number of Days in Service	365
Total Square Footage per Day	**$4.66**
Board - Meals	
- Cost per Day	$7.24
Total Meals per Day	**$7.24**
SFY 04	
Benchmark Rate	$11.90
Adopted Rate Factor	93.0%
Calculated Adopted Rate	$11.07
Adopted Rate = Floor Rate for SFY 03 Provider Increase	**$11.60**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$12.41
Adopted Rate Factor	95.75%
Adopted Rate	**$11.88**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$12.41
Adopted Rate Factor	97.61%
Adopted Rate	**$12.11**

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

Service	**Room and Board, Vendor Supported Developmental Home (Child)**
Unit of Service	1 day
DDD Taxonomy Code	T03827
Room - Capital	
- Square Footage	195
- Cost per Square Foot	$10.00
- Number of Days in Service	365
Total Square Footage per Day	**$5.34**
Board - Meals	
- Cost per Day	$6.55
Total Meals per Day	**$6.55**

SFY 04	
Benchmark Rate	$11.89
Adopted Rate Factor	93.0%
Calculated Adopted Rate	$11.06
Adopted Rate = Floor Rate for SFY 03 Provider Increase	**$11.60**

SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$12.40
Adopted Rate Factor	95.75%
Calculated Adopted Rate	$11.87
Adopted Rate = Same as for Adults	**$11.88**

SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$12.40
Adopted Rate Factor	97.61%
Calculated Adopted Rate	$12.10
Adopted Rate = Same as for Adults	**$12.11**

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

Service	**Habilitation, Community Protection and Treatment (Hourly 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
- *Productivity Adjustment*	*1.00*
Hourly Compensation After Adjustment	**$15.72**
Annual Compensation After Adjustment	$32,699
Transportation	
- Vehicle allocation	$0.6556
- Number of Miles	1.14
- Amount per mile	$0.345
Total Mileage Amount	$0.39
Hourly Transportation cost	**$1.05**
Program Compliance	
- Compliance Percent	4%
- Non-travel cost	$15.72
Hourly Program Compliance cost	**$0.63**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$15.72
Hourly Administrative Overhead cost	**$1.57**
SFY 04	
Benchmark Rate	$18.97
Adopted Rate Factor	93.0%
Adopted Rate - 1 Staff, 1 Client	**$17.64**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$19.78
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$18.94**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$19.78
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$19.30**
- 1 staff, 2 clients	$12.06
- 1 staff, 3 clients	$9.65

Habilitation, Group Home
Independent Rate Model
Residential Services
Agency Providers

Service	**Habilitation, Group Home**
Unit of Service	1 hour
DDD Taxonomy Code	T03827
Hourly Wage (Inflated to December 2002)	$10.99
Annual Wage	$22,866
ERE (as percent of wages)	30%
Hourly Compensation (wages + ERE)	**$14.29**
Annual Compensation (wages + ERE)	$29,726
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.00
- Time allocated to notes/med records	0.00
- Down Time	0.00
- Average on-site time; "Billable Hours"	8.00
- *Productivity Adjustment*	*1.00*
Hourly Compensation After Adjustment	**$14.29**
Annual Compensation After Adjustment	$29,726
Transportation	
- Vehicle allocation	$0.6556
- Number of Miles	1.14
- Amount per mile	$0.345
Total Mileage Amount	$0.39
Hourly Transportation cost	**$1.05**
Hourly Program Compliance cost	
- Compliance Percent	2%
- Non-travel cost	$14.29
Hourly Program Compliance cost	**$0.29**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$14.29
Hourly Administrative Overhead cost	**$1.43**

SFY 04	
Benchmark Rate	$17.06
Adopted Rate Factor	93.0%
Adopted Rate	**$15.87**

SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$17.79
Adopted Rate Factor	95.75%
Adopted Rate	**$17.03**

SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$17.79
Adopted Rate Factor	97.61%
Adopted Rate	**$17.36**

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

Room and Board Assumptions		
DDD Unit / Taxonomy Code	1 day	T04507
AHCCCS Unit / Procedure Code	1 day	10001

Fair Market Rent (FMR) per month

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

Source: HUD, May 2002

FMR per bedroom per month

	FMR per bedroom					
	1	**2**	**3**	**4**	**5**	**6**
Flagstaff	$660	$429	$383	$345	$317	$304
Phoenix-Mesa	$641	$403	$374	$330	$304	$291
Tuscon	$513	$342	$316	$280	$257	$247
Yuma/Yavapai	$478	$318	$295	$223	$205	$196
Non-metropolitan	same as Yuma/Yavapai					

Source: HUD, May 2002

Utilities per housing unit per month

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

Source: APS (10-17-02), SWEEP (1999-2000 data)

Telephone expense per person per month

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

Source: EP&P research and assumption
Note: per-person amount fluctuation: $5.00

Maintenance expense per housing unit per month

	Number of bedrooms					
	1	**2**	**3**	**4**	**5**	**6**
Telephone	$45.00	$50.00	$55.00	$60.00	$65.00	$70.00

Source: EP&P research and assumption
Note: amount fluctuation: $5.00

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

Source: USDA Food Plans: Moderate-Cost Plan, June 2002

Average number of days per month	30.4

Flagstaff - Rent per person per day

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

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

Tuscon - Rent per person per day

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

Tuscon - Utilities per person per day

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

Yuma/Yavapai - 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

Flagstaff - Telephone per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$0.66					
2	$0.41	$0.41				
3		$0.33	$0.33			
4		$0.29	$0.29	$0.29		
5			$0.26	$0.26	$0.26	
6			$0.25	$0.25	$0.25	$0.25
7				$0.23	$0.23	$0.23
8				$0.23	$0.23	$0.23

Flagstaff - Maintenance per person per day

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

Phoenix-Mesa - Telephone per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$0.66					
2	$0.41	$0.41				
3		$0.33	$0.33			
4		$0.29	$0.29	$0.29		
5			$0.26	$0.26	$0.26	
6			$0.25	$0.25	$0.25	$0.25
7				$0.23	$0.23	$0.23
8				$0.23	$0.23	$0.23

Phoenix-Mesa - Maintenance per person per day

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

Tuscon - Telephone per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$0.66					
2	$0.41	$0.41				
3		$0.33	$0.33			
4		$0.29	$0.29	$0.29		
5			$0.26	$0.26	$0.26	
6			$0.25	$0.25	$0.25	$0.25
7				$0.23	$0.23	$0.23
8				$0.23	$0.23	$0.23

Tuscon - Maintenance per person per day

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

Yuma/Yavapai - Telephone per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$0.66					
2	$0.41	$0.41				
3		$0.33	$0.33			
4		$0.29	$0.29	$0.29		
5			$0.26	$0.26	$0.26	
6			$0.25	$0.25	$0.25	$0.25
7				$0.23	$0.23	$0.23
8				$0.23	$0.23	$0.23

Yuma/Yavapai - Maintenance per person per day

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

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

Flagstaff - Food per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$7.18					
2	$7.18	$7.18				
3		$7.18	$7.18			
4		$7.18	$7.18	$7.18		
5			$7.18	$7.18	$7.18	
6			$7.18	$7.18	$7.18	$7.18
7				$7.18	$7.18	$7.18
8				$7.18	$7.18	$7.18

Flagstaff - Total RRB per person per day

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

Phoenix-Mesa - Food per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$7.18					
2	$7.18	$7.18				
3		$7.18	$7.18			
4		$7.18	$7.18	$7.18		
5			$7.18	$7.18	$7.18	
6			$7.18	$7.18	$7.18	$7.18
7				$7.18	$7.18	$7.18
8				$7.18	$7.18	$7.18

Phoenix-Mesa - Total RRB per person per day

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

Tuscon - Food per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$7.18					
2	$7.18	$7.18				
3		$7.18	$7.18			
4		$7.18	$7.18	$7.18		
5			$7.18	$7.18	$7.18	
6			$7.18	$7.18	$7.18	$7.18
7				$7.18	$7.18	$7.18
8				$7.18	$7.18	$7.18

Tuscon - Total RRB per person per day

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

Yuma/Yavapai - Food per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6
1	$7.18					
2	$7.18	$7.18				
3		$7.18	$7.18			
4		$7.18	$7.18	$7.18		
5			$7.18	$7.18	$7.18	
6			$7.18	$7.18	$7.18	$7.18
7				$7.18	$7.18	$7.18
8				$7.18	$7.18	$7.18

Yuma/Yavapai - Total RRB per person per day

Number of People	Number of bedrooms 1	2	3	4	5	6	Blended Rate
1	$29.80						$29.80
2	$18.57	$21.53					$20.05
3		$16.80	$19.75				$18.27
4		$14.43	$16.65	$16.86			$15.98
5			$14.79	$14.96	$15.96		$15.24
6			$13.55	$13.69	$14.53	$15.48	$14.31
7				$12.78	$13.50	$14.32	$13.53
8				$12.10	$12.73	$13.45	$12.76

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

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

Flagstaff - Daily Per Occupant Payment Based on Contracted Capacity

Contracted Capacity	Rate per Person	Telephone Expense	Food Expense	Total Ind. Expense	Capacity Rate	SFY 04 Infl. Adj.	SFY 05 Infl. Adj.	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%	0.00%	**$37.30**					
2	$23.36	$0.41	$7.18	$7.59	$46.72	4.25%	0.00%	$40.79	**$24.35**				
3	$20.94	$0.33	$7.18	$7.51	$62.81	4.25%	0.00%	$49.82	$28.83	**$21.83**			
4	$18.65	$0.29	$7.18	$7.47	$74.62	4.25%	0.00%	$54.44	$31.11	$23.33	**$19.44**		
5	$18.13	$0.26	$7.18	$7.44	$90.63	4.25%	0.00%	$63.45	$35.60	$26.32	$21.68	**$18.90**	
6	$17.00	$0.25	$7.18	$7.43	$102.03	4.25%	0.00%	$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.	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%	0.00%	**$36.64**					
2	$22.78	$0.41	$7.18	$7.59	$45.57	4.25%	0.00%	$39.59	**$23.75**				
3	$20.50	$0.33	$7.18	$7.51	$61.51	4.25%	0.00%	$48.47	$28.15	**$21.37**			
4	$18.27	$0.29	$7.18	$7.47	$73.10	4.25%	0.00%	$52.85	$30.32	$22.81	**$19.05**		
5	$17.78	$0.26	$7.18	$7.44	$88.91	4.25%	0.00%	$61.65	$34.70	$25.73	$21.24	**$18.54**	
6	$16.68	$0.25	$7.18	$7.43	$100.09	4.25%	0.00%	$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.	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%	0.00%	**$32.27**					
2	$20.72	$0.41	$7.18	$7.59	$41.44	4.25%	0.00%	$35.29	**$21.60**				
3	$18.89	$0.33	$7.18	$7.51	$56.66	4.25%	0.00%	$43.41	$25.62	**$19.69**			
4	$16.91	$0.29	$7.18	$7.47	$67.66	4.25%	0.00%	$47.18	$27.48	$20.91	**$17.63**		
5	$16.46	$0.26	$7.18	$7.44	$82.29	4.25%	0.00%	$54.75	$31.25	$23.42	$19.51	**$17.16**	
6	$15.49	$0.25	$7.18	$7.43	$92.93	4.25%	0.00%	$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.	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%	0.00%	**$31.07**					
2	$20.05	$0.41	$7.18	$7.59	$40.09	4.25%	0.00%	$33.89	**$20.90**				
3	$18.27	$0.33	$7.18	$7.51	$54.82	4.25%	0.00%	$41.49	$24.67	**$19.05**			
4	$15.98	$0.29	$7.18	$7.47	$63.92	4.25%	0.00%	$43.28	$25.54	$19.62	**$16.66**		
5	$15.24	$0.26	$7.18	$7.44	$76.18	4.25%	0.00%	$48.38	$28.07	$21.30	$17.91	**$15.89**	
6	$14.31	$0.25	$7.18	$7.43	$85.86	4.25%	0.00%	$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

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

Flagstaff - Daily Per Occupant Payment Based on Contracted Capacity

Contracted Capacity	Payment by Occupancy based on # of people					
	1	2	3	4	5	6
1	**$36.41**					
2	$39.82	**$23.77**				
3	$48.63	$28.14	**$21.31**			
4	$53.14	$30.36	$22.77	**$18.98**		
5	$61.93	$34.75	$25.69	$21.17	**$18.45**	
6	$66.04	$36.80	$27.05	$22.17	$19.25	**$17.30**

Phoenix-Mesa - Daily Per Occupant Payment Based on Contracted Capacity

Contracted Capacity	Payment by Occupancy based on # of people					
	1	2	3	4	5	6
1	**$35.77**					
2	$38.65	**$23.18**				
3	$47.31	$27.47	**$20.86**			
4	$51.59	$29.59	$22.26	**$18.59**		
5	$60.18	$33.88	$25.11	$20.73	**$18.09**	
6	$64.07	$35.81	$26.40	$21.68	$18.86	**$16.97**

Tuscon - Daily Per Occupant Payment Based on Contracted Capacity

Contracted Capacity	Payment by Occupancy based on # of people					
	1	2	3	4	5	6
1	**$31.49**					
2	$34.45	**$21.08**				
3	$42.37	$25.01	**$19.22**			
4	$46.06	$26.82	$20.41	**$17.21**		
5	$53.44	$30.51	$22.87	$19.04	**$16.75**	
6	$56.79	$32.18	$23.96	$19.86	$17.40	**$15.76**

Yuma/Yavapai - Daily Per Occupant Payment Based on Contracted Capacity

Contracted Capacity	Payment by Occupancy based on # of people					
	1	2	3	4	5	6
1	**$30.32**					
2	$33.08	**$20.40**				
3	$40.50	$24.08	**$18.59**			
4	$42.25	$24.93	$19.15	**$16.26**		
5	$47.23	$27.40	$20.79	$17.48	**$15.51**	
6	$49.60	$28.57	$21.57	$18.06	$15.97	**$14.56**

Note: SFY 06 Adopted Rate = 97.61% of SFY 06 Benchmark Rate

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

Description: Unit of Service	PT/OT/ST 1 Hour
Hourly Wage	**$32.08**
Annual Wage	$66,721
ERE as a Pct. of Wages	**30%**
Hourly Compensation *(wages + ERE)*	**$41.70**
Annual Compensation *(wages + ERE)*	$86,737
Productivity Assumptions	
- Total Hours	8.00
- Average Travel after arrival at first client and before leaving last client	0.00
- Missed Appointments	0.50
- Continuous Education	0.20
- Teaming Factor	0.00
- In-Program Training	0.00
- Other Non-Billable Activity	0.30
- Average on-site time; "Billable Hours"	7.00
- *Productivity Adjustment*	*1.14*
Hourly Compensation After Adjustment	**$47.66**
Annual Compensation After Adjustment	$86,737
Employee Supervision Time by a Licensed Professional	
Hourly Compensation	$0.00
Average daily portion of an hour	0.00
Average Supervisory Cost per Hour	**$0.00**
Mileage	
- Number of Miles	1.50
- Amount per mile	$0.375
Total Mileage Amount	**$0.56**
Hourly Mileage Amount	**$0.08**
Rent	
- Square Footage	500.00
- Cost per Square Foot	$15.50
- Hours of Allocation per Year	1,820
Hourly Rent Amount	**$4.26**
Capital	
- Cost of Equipment and Maintenance	$2,000.00
- Year of Amortization	3.00
- Annual Cost	$666.67
- Hours of Allocation per Year	1,820
Hourly Cost of Capital	**$0.37**
Administrative Overhead	
- Administrative Pct.	10.0%
- Non-travel cost	$52.28
Hourly Administrative Cost	**$5.23**
SFY 06 Rate	
Benchmark Rate	**$57.59**
Adopted Rate Factor	100.0%
Adopted Rate	**$57.59**

Home Health Aide
Independent Rate Model
Professional Services
Agency Providers

Service	**Home Health Aide**
Unit of Service	1 hour
DDD Procedure Code	T01609
AHCCCS Procedure Code / Unit of Service	**T1021 / visit**
FFY 05 AHCCCS Rate	**$32.76**
Hourly Wage (inflated to December 2002)	$8.67
Annual Wage	$18,035
ERE (as percent of wages)	30.0%
Hourly Compensation (wages + ERE)	**$11.27**
Annual Compensation (wages + ERE)	$23,446
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.60
- Time allocated to notes/med records	0.50
- Down Time	0.00
- Average on-site time; "Billable Hours"	6.90
- *Productivity Adjustment*	*1.16*
Hourly Compensation After Adjustment	**$13.07**
Annual Compensation After Adjustment	$23,446
Supervision	
- Hourly Wage	$24.41
- Daily portion of an hour	0.25
Hourly supervision cost	**$0.76**
Mileage	
- Number of Miles	30
- Amount per mile	$0.345
Total Mileage Amount	$10.35
Hourly mileage cost	**$1.50**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$13.83
Hourly administrative cost	**$1.38**
SFY 04	
Benchmark Rate	$16.72
Adopted Rate Factor	93.0%
Adopted Rate - 1 Staff, 1 Client	**$15.55**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$17.43
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$16.69**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$17.43
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$17.01**
- 1 staff, 2 clients	$10.63
- 1 staff, 3 clients	$8.51

Nursing
Independent Rate Models
Professional Services
Agency Providers

Service	**Nursing, short-term**
Unit of Service	1 hour
DDD Taxonomy Code	T02304
AHCCCS Procedure Code / Unit of Service	**varies / hour**
FFY 05 AHCCCS Rate	**varies**
Hourly Wage (inflated to December 2002)	$20.11
Annual Wage	$41,836
ERE (as percent of wages)	30.0%
Hourly Compensation (wages + ERE)	**$26.15**
Annual Compensation (wages + ERE)	$54,387
Productivity Assumptions	
- Total Hours	8.00
- Travel Time	0.60
- Time allocated to notes/med records	0.50
- Down Time	0.00
- Average on-site time; "Billable Hours"	6.90
- *Productivity Adjustment*	*1.16*
Hourly Compensation After Adjustment	**$30.32**
Annual Compensation After Adjustment	$54,387
Supervision	
- Hourly Wage	$24.41
- Daily portion of an hour	0.25
Hourly supervision cost	**$0.76**
Mileage	
- Number of Miles	30
- Amount per mile	$0.345
Total Mileage Amount	$10.35
Hourly mileage cost	**$1.50**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$31.08
Hourly administrative cost	**$3.11**
SFY 04	
Benchmark Rate	$35.69
Adopted Rate Factor	93.0%
Calculated Adopted Rate	$33.19
Adopted Rate = Floor Rate for SFY 03 Provider Increase	**$35.00**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$37.21
Adopted Rate Factor	95.75%
Adopted Rate - 1 Staff, 1 Client	**$35.63**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$37.21
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$36.32**
- 1 staff, 2 clients	$22.70
- 1 staff, 3 clients	$18.16

Support Coordination (Case Management)
Independent Rate Models
Agency Providers

		AHCCCS Base		Adjustments to Model			
		Capitation Base Model		Adjusted for Insitutional Clients		Difference	
	Estimated number of clients	13,471		13,471			
	HCBS Mix	99%		99%			
Assumptions	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%)
	(1) Model CM Rate CYE 03		$109.14		$108.04	($1.10)	(1.0%)
	(2) 10/1/03 - 12/31/04 CM Rate		$121.00		$119.78	($1.22)	(1.0%)
	(2) / (1) % change		10.9%		10.9%		
	(3) 1/1/05-6/30/06 CM Rate		$127.13		$125.85	($1.28)	(1.0%)
	(3) / (2) % change		5.07%		5.07%		

DD Costs / % of Rate	
Cumulative DD Costs / % of Rate	
Net Rate	$125.85

Source for Rates in (2) and (3): Joint Legislative Budget Committee, memo to Representative Russell Pearce, Subject: Department of Economic Security - Review of Long Term Care Capitation Rate Changes, 2/25/05

Support Coordination (Case Management)
Independent Rate Models
Agency Providers

		DES/DDD Case Management Costs (1)							
		Eligibility / Intake		Authorization		Policy and Cost-Effectiveness		Claims Resolution Activity	
		% Change from Base		% Change from Base		% Change from Base		% Change from Base	
	Estimated number of clients		13,471		13,471		13,471		13,471
	HCBS Mix		99%		99%		99%		99%
Assumptions	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
	(1) Model CM Rate CYE 03			$5.41		$2.16		$5.41		$2.16
	(2) 10/1/03 - 12/31/04 CM Rate			$6.00		$2.40		$6.00		$2.40
	(2) / (1) % change			10.9%		10.9%		10.9%		10.9%
	(3) 1/1/05-6/30/06 CM Rate			$6.30		$2.52		$6.30		$2.52
	(3) / (2) % change			5.07%		5.07%		5.07%		5.07%
	DD Costs / % of Rate		$6.30	5.0%	$2.52	2.0%	$6.30	5.0%	$2.52	2.0%
	Cumulative DD Costs / % of Rate		$6.30	5.0%	$8.82	7.0%	$15.12	12.0%	$17.64	14.0%
	Net Rate		$119.55		$117.03		$110.72		$108.20	

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

Support Coordination (Case Management)
Independent Rate Models
Agency Providers

		DES/DDD Case Management Costs (1)							
		Training / Meetings		File Review / Contract Monitoring		Reporting		DES/DDD Supervision	
		% Change from Base		% Change from Base		% Change from Base		% Change from Base	
	Estimated number of clients		13,471		13,471		13,471		13,471
	HCBS Mix		99%		99%		99%		99%
Assumptions	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	Total CM & Supervisor FTEs	381
	Case Manager/Supervisor ratio		7		7		7	DDD FTEs : Contractor FTEs	1 : 21
	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		
	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
	(1) Model CM Rate CYE 03		$1.08		$5.41		$5.41		$6.03
	(2) 10/1/03 - 12/31/04 CM Rate		$1.20		$6.00		$6.00		$6.68
	(2) / (1) % change		10.9%		10.9%		10.9%		10.9%
	(3) 1/1/05-6/30/06 CM Rate		$1.26		$6.30		$6.30		$7.02
	(3) / (2) % change		5.07%		5.07%		5.07%		5.07%
	DD Costs / % of Rate		$1.26 1.0%		$6.30 5.0%		$6.30 5.0%		$7.02 5.6%
	Cumulative DD Costs / % of Rate		$18.91 15.0%		$25.21 20.0%		$31.51 25.0%		$38.53 30.6%
	Net Rate		$106.94		$100.64		$94.34		$87.32

Overhead Premium	5.0%
SFY 06 Rate	**$91.68**

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

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

		AHCCCS		Adjustments to Model					
		AHCCCS Capitation Base Model		Adjusted for Clients/Mgr Ratio		Adjusted for Insitutional Clients		Difference	
	Estimated number of clients	13,471		13,471		13,471			
	HCBS Mix	99%		99%		99%			
Assumptions	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%)
	(1) Model CM Rate CYE 03		$109.14	*	$54.98		$54.17	($54.98)	(50.4%)
	(2) 10/1/03 - 12/31/04 CM Rate		$121.00	*	$54.98		$54.17	($66.83)	(55.2%)
	(2) / (1) % change		10.9%		0.0%		0.0%		
	(3) 1/1/05-6/30/06 CM Rate		$127.13		$57.76		$56.91	($70.22)	(55.2%)
	(3) / (2) % change		5.07%		5.07%		5.07%		

DD Costs / % of Rate	
Cumulative DD Costs / % of Rate	
Net Rate	$56.91

Source for Rates in (2) and (3): Joint Legislative Budget Committee, memo to Representative Russell Pearce, Subject: Department of Economic Security - Review of Long Term Care Capitation Rate Changes, 2/25/05

* 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

		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	13,471		13,471		13,471		13,471	
	HCBS Mix	99%		99%		99%		99%	
Assumptions	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
	(1) Model CM Rate CYE 03		$4.06		$1.08		$2.71		$1.08
	(2) 10/1/03 - 12/31/04 CM Rate		$4.06		$1.08		$2.71		$1.08
	(2) / (1) % change		0.0%		0.0%		0.0%		0.0%
	(3) 1/1/05-6/30/06 CM Rate		$4.27		$1.14		$2.85		$1.14
	(3) / (2) % change		5.07%		5.07%		5.07%		5.07%
	DD Costs / % of Rate	$4.27	7.5%	$1.14	2.0%	$2.85	5.0%	$1.14	2.0%
	Cumulative DD Costs / % of Rate	$4.27	7.5%	$5.41	9.5%	$8.25	14.5%	$9.39	16.5%
	Net Rate	$52.64		$51.50		$48.66		$47.52	

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

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

		DES/DDD Case Management Costs (1)											
		Training / Meetings			File Review / Contract Monitoring			Reporting			DES/DDD Supervision		
		% Change from Base			% Change from Base			% Change from Base			% Change from Base		
	Estimated number of clients		13,471			13,471			13,471			13,471	
	HCBS Mix		99%			99%			99%			99%	
Assumptions	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		Total CM & Supervisor FTEs		191
	Case Manager/Supervisor ratio		7			7			7		DDD FTEs : Contractor FTEs		1 : 21
	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				
	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
	(1) Model CM Rate CYE 03			$0.54			$4.06			$2.71			$3.01
	(2) 10/1/03 - 12/31/04 CM Rate			$0.54			$4.06			$2.71			$3.01
	(2) / (1) % change			0.0%			0.0%			0.0%			0.0%
	(3) 1/1/05-6/30/06 CM Rate			$0.57			$4.27			$2.85			$3.17
	(3) / (2) % change			5.07%			5.07%			5.07%			5.07%
	DD Costs / % of Rate		$0.57	1.0%		$4.27	7.5%		$2.85	5.0%		$3.17	5.6%
	Cumulative DD Costs / % of Rate		$9.96	17.5%		$14.23	25.0%		$17.07	30.0%		$20.24	35.6%
	Net Rate		$46.95			$42.68			$39.84			$36.67	

Overhead Premium	5.0%
SFY 06 Rate	**$38.50**

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

State Funded Support Coordination (state funded case management)
Independent Rate Models
Agency Providers

		AHCCCS		Adjustments to Model					
		AHCCCS Capitation Base Model		Adjusted for Clients/Mgr Ratio		Adjusted for Insitutional Clients		Difference	
	Estimated number of clients	13,471		13,471		1,863			
	HCBS Mix	99%		99%		100%			
Assumptions	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%)
	(1) Model CM Rate CYE 03		$109.14	*	$40.55		$38.94	($70.20)	(64.3%)
	(2) 10/1/03 - 12/31/04 CM Rate		$121.00	*	$40.55		$38.94	($82.06)	(67.8%)
	(2) / (1) % change		10.9%		0.0%		0.0%		
	(3) 1/1/05-6/30/06 CM Rate		$127.13		$42.61		$40.92	($86.21)	(67.8%)
	(3) / (2) % change		5.07%		5.07%		5.07%		

DD Costs / % of Rate	
Cumulative DD Costs / % of Rate	
Net Rate	$40.92

Source for Rates in (2) and (3): Joint Legislative Budget Committee, memo to Representative Russell Pearce, Subject: Department of Economic Security - Review of Long Term Care Capitation Rate Changes, 2/25/05

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

State Funded Support Coordination (state funded case management)
Independent Rate Models
Agency Providers

		DES/DDD Case Management Costs (1)							
		Eligibility / Intake		**Authorization**		**Policy and Cost-Effectiveness**		**Claims Resolution Activity**	
		% Change from Base		**% Change from Base**		**% Change from Base**		**% Change from Base**	
	Estimated number of clients	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
	(1) Model CM Rate CYE 03		$3.97		$1.06		$2.65		$1.06
	(2) 10/1/03 - 12/31/04 CM Rate		$3.97		$1.06		$2.65		$1.06
	(2) / (1) % change		0.0%		0.0%		0.0%		0.0%
	(3) 1/1/05-6/30/06 CM Rate		$4.17		$1.11		$2.78		$1.11
	(3) / (2) % change		5.07%		5.07%		5.07%		5.07%
	DD Costs / % of Rate	$4.17	10.2%	$1.11	2.7%	$2.78	6.8%	$1.11	2.7%
	Cumulative DD Costs / % of Rate	$4.17	10.2%	$5.28	12.9%	$8.06	19.7%	$9.17	22.4%
	Net Rate	$36.75		$35.64		$32.86		$31.74	

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

State Funded Support Coordination (state funded case management)
Independent Rate Models
Agency Providers

		DES/DDD Case Management Costs (1)											
		Training / Meetings			File Review / Contract Monitoring			Reporting			DES/DDD Supervision		
		% Change from Base			% Change from Base			% Change from Base			% Change from Base		
	Estimated number of clients		1,863			1,863			1,863			1,863	
	HCBS Mix		100%			100%			100%			100%	
Assumptions	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		Total CM & Supervisor FTEs		19
	Case Manager/Supervisor ratio		7			7			7		DDD FTEs : Contractor FTEs		1 : 21
	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				
	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
	(1) Model CM Rate CYE 03			$0.39			$3.97			$1.95			$2.51
	(2) 10/1/03 - 12/31/04 CM Rate			$0.39			$3.97			$1.95			$2.51
	(2) / (1) % change			0.0%			0.0%			0.0%			0.0%
	(3) 1/1/05-6/30/06 CM Rate			$0.41			$4.17			$2.05			$2.63
	(3) / (2) % change			5.07%			5.07%			5.07%			5.07%
	DD Costs / % of Rate		$0.41	1.0%		$4.17	10.2%		$2.05	5.0%		$2.63	6.4%
	Cumulative DD Costs / % of Rate		$9.58	23.4%		$13.75	33.6%		$15.80	38.6%		$18.43	45.0%
	Net Rate		$31.34			$27.17			$25.12			$22.49	

Overhead Premium	5.0%
SFY 06 Rate	**$23.61**

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

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

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

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

	1:6.0 Model	1:6.0 Low Density Model
Center Based Employment	**1:6.0 Ratio**	**1:6.0 Ratio**
Unit of Service	Client Hour	Client Hour
DDD Service Code	**CBE**	**CBE**
Administrative Overhead		
Program Expenses		
In-Program Transportation		
Total Number of Client Trips	1.50	1.50
Number of Miles	6.00	15.00
Amount per Mile	$0.41	$0.41
Total Transportation Cost	$3.69	$9.23
Transportation Hourly Cost	$0.53	$1.32
Hourly Transportation Cost per Individual	$0.03	$0.22
Supplies		
Supplies per Individual per Day	$2.00	$2.00
Hourly Supply Cost per Individual	$0.29	$0.29
Capital		
Square Footage	2,000	1,000
Cost per Square Foot	$12.00	$11.50
Number of Days in Service	225	225
Total Cost per Individual per Day	$6.67	$8.52
Hourly Capital Cost per Individual	$0.95	$1.22
Program Compliance		
Compliance Percentage	2.0%	2.0%
Hourly Compliance Cost per Individual	$0.06	$0.06
Total Program Expenses per Billable Hour	$1.33	$1.78
Program Expenses (as % of hourly compensation)	46.7%	62.5%
Total Administrative Expenses per Billable Hour	$0.34	$0.34
Admin Expenses (as % of hourly compensation)	12.0%	12.0%
Hourly Administrative Cost	$1.67	$2.12
Rate Loaded with Admin		
Per Individual per Billable Hour	$4.52	$4.97
Absence Factor	10.0%	10.0%
Absence Factor Adjustment	$0.74	$0.81
SFY 06		
Benchmark Rate	**$5.26**	**$5.78**
Adopted Rate Factor*	99.0%	99.0%
Adopted Rate	**$5.21**	**$5.72**

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

Group Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers

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

Group Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers

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

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

Individual Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers

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

Individual Supported Employment
Independent Rate Models
Employment Support Services
Agency Providers

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

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

Employment Support Aide
Independent Rate Models
Employment Support Services
Agency Providers

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

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

Habilitation, Music
Independent Rate Models
Specialized Habilitation Services
Agency Providers

Service	**Habilitation, Music**
Unit of Service	1 hour
DDD Taxonomy Code	
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
- *Productivity Adjustment*	*1.14*
Hourly Compensation After Adjustment	**$30.51**
Annual Compensation After Adjustment	$55,524
Mileage	
- Number of Miles	35
- Amount per mile	$0.345
Total Mileage Amount	$12.08
Hourly mileage cost	**$1.73**
Administrative Overhead	
- Administrative Percent	10%
- Non-travel cost	$30.51
Hourly administrative cost	**$3.05**
SFY 04	
Benchmark Rate	$35.28
Adopted Rate Factor	100.0%
Adopted Rate	**$35.28**
SFY 05	
Benchmark Rate Inflation Adjustment	4.25%
Benchmark Rate	$36.78
Adopted Rate Factor	95.75%
Calculated Adopted Rate	$35.22
Adopted Rate = Same as in SFY 04 (1 Staff, 1 Client)	**$35.28**
SFY 06	
Benchmark Rate Inflation Adjustment	0.00%
Benchmark Rate	$36.78
Adopted Rate Factor	97.61%
Adopted Rate - 1 Staff, 1 Client	**$35.90**
- 1 staff, 2 clients	$22.44
- 1 staff, 3 clients	$17.95

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

	Adults		Adults, rural		Children	
	200 days		200 days		240 days	
Total Staff in a DTA Program		**5**		**2**		**2**
Total Individuals in a DTA Program		**16**		**6**		**6**
Without Tranportation	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	Per Day
Vehicle/Van	$8,000	$40.00	$5,200	$26.00	$5,200	$21.67
Insurance	$3,600	$18.00	$3,600	$18.00	$3,600	$15.00
Total tranport cost	$11,600	$58.00	$8,800	$44.00	$8,800	$36.67

	Without Tranportation	With Transportation	Without Tranportation	With Transportation	Without Tranportation	With Transportation
Tranportation-Related Staff Hours	1	4	0.4	1.6	0	1
Hourly Wage (Inflated to December 2002)	$13.22	$13.22	$13.22	$13.22	$13.22	$13.22
ERE	30%	30%	30%	30%	15%	15%
Hourly Compensation (wages + ERE)	$17.19	$17.19	$17.19	$17.19	$15.21	$15.21
Total Transportation Staff Hours per Day	$17.19	$68.77	$6.88	$27.51	$0.00	$15.21
Transportation Capital Cost Allocation						
within program	10%	10%	10%	10%	6.7%	13.3%
pick-up/drop-off	.	80%	.	80%	.	80%
Cost per Day						
within program	$5.80	$5.80	$4.40	$4.40	$2.44	$4.89
pick-up/drop-off		$46.40		$35.20		$29.33
Total Transportation Capital per Day	$5.80	$52.20	$4.40	$39.60	$2.44	$34.22
Total Transportation Capital Allocation	10.0%	90.0%	10.0%	90.0%	6.7%	93.3%
Total Transportation Staff Hours per Day	$17.19	$68.77	$6.88	$27.51	$0.00	$15.21
Total Cost per Day	**$22.99**	**$120.97**	**$11.28**	**$67.11**	**$2.44**	**$49.43**
Individuals	7	9	2	4	2	4
Mileage per person per day	2	12	4	24	2	12
Total miles	14	108	8	96	4	48
Cost per mile	$0.345	$0.345	$0.345	$0.345	$0.345	$0.345
Total miles cost	$4.83	$37.26	$2.76	$33.12	$1.38	$16.56
Total Transportation Cost	$27.82	$158.23	$14.04	$100.23	$3.82	$65.99
Cost per Person	$3.97	$17.58	$7.02	$25.06	$1.91	$16.50
Cost per Hour	**$0.57**	$2.51	**$1.00**	$3.58	**$0.48**	$4.12
Difference per person per hour		$1.94		$2.58		$3.64
Difference per person per day - Transportation		$13.58		$18.06		$14.58

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

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

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

Employment Related Transportation
Independent Rate Models
Transportation Services
Agency Providers

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

	Adults, High Density		Adults, Low Density	
	200 days		200 days	
Total Staff in a DTA Program		**5**		**2**
Total Individuals in a DTA Program		**16**		**6**
Without Tranportation	44%	7	33%	2
With Transportation	56%	9	67%	4

Transportation Capital	Per Year	Per Day	Per Year	Per Day
Vehicle/Van	$8,000	$40.00	$5,200	$26.00
Insurance	$3,600	$18.00	$3,600	$18.00
Total tranport cost	$11,600	$58.00	$8,800	$44.00

	Without Tranportation	With Transportation	Without Tranportation	With Transportation
Tranportation-Related Staff Hours	1	4	0.4	1.6
Hourly Wage (Inflated to December 2002)	$13.22	$13.22	$13.22	$13.22
ERE	30%	30%	30%	30%
Hourly Compensation (wages + ERE)	$17.19	$17.19	$17.19	$17.19
Total Transportation Staff Hours per Day	$17.19	$68.77	$6.88	$27.51
Transportation Capital Cost Allocation				
within program	10%	10%	10%	10%
pick-up/drop-off	.	80%	.	80%
Cost per Day				
within program	$5.80	$5.80	$4.40	$4.40
pick-up/drop-off		$46.40		$35.20
Total Transportation Capital per Day	$5.80	$52.20	$4.40	$39.60
Total Transportation Capital Allocation	10.0%	90.0%	10.0%	90.0%
Total Transportation Staff Hours per Day	$17.19	$68.77	$6.88	$27.51
Total Cost per Day	**$22.99**	**$120.97**	**$11.28**	**$67.11**
Individuals	7	9	2	4
Mileage per person per day	2	12	4	24
Total miles	14	108	8	96
Cost per mile	$0.345	$0.345	$0.345	$0.345
Total miles cost	$4.83	$37.26	$2.76	$33.12
Total Transportation Cost	$27.82	$158.23	$14.04	$100.23
Cost per Person	$3.97	$17.58	$7.02	$25.06
Cost per Hour	**$0.57**	$2.51	**$1.00**	$3.58
Difference per person per hour		$1.94		$2.58
Difference per person per day - Transportation		$13.58		$18.06

Employment Related Transportation
Independent Rate Models
Transportation Services
Agency Providers

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

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

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

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Introduction

This document presents the assumptions and methodology used by DES/DDD in compiling the benchmark rate schedule. This methodology was updated from its previously released version (as of August 25, 2003) to account for rate revisions for the intervening fiscal years. The document is generally divided into the following sections:

- Data Sources
- General Assumptions
- Rate Models for Selected Services:
  - In-Home Services
  - Day Treatment and Training Services
  - Residential Services
  - Professional Services
  - Support Coordination Services
  - Employment Support Services
  - Specialized Habilitation Services
- Memo on the uses of modifiers
- Attachment with Arizona statewide hourly wages

This document presents a discussion of the assumptions used in the rate models. The rate examples presented in this document are generally for agency (RFQVA) providers only. An independent provider rate was developed for several services based on the agency provider rate. These independent provider rates are generally lower than the agency rates because of a reduction for employee-related expenses and administrative overhead, as well as a general cap at 75% of the agency rate. Independent provider rates are adjusted for specific consumer characteristics through the Arizona Independent Rate Assessment Tool.

Also, it should be noted that the rates presented in this document (Benchmark Rates) are different from the actual reimbursement rates (Adopted Rates) that appear in the published rate schedule. This is a result of the budget constraints on the Division to implement a published rate system in a budget neutral manner. These constraints have forced the Division to scale back the Benchmark Rates. In SFY 06, the Adopted Rates (or Actual Reimbursement Rates) are generally fixed at 97.61% of SFY 05 Benchmark Rates. Some services, including therapy services and Support Coordination are an exception to this general rule. In these service categories, the Adopted Rates are set at 100% of the SFY 06 Benchmark Rate.

The first set of Benchmark Rates for most services was developed through an independent rate setting process for SFY 2004. In accordance with the legislative mandate, the Division has to conduct another rate setting study five years after the implementation of the original published rate schedule, or for SFY 2009. In the interim, the Division has implemented a set of measures aimed to:

- Adjust Benchmark Rates for the rising costs of providing services (e.g., inflation)
- Narrow the gap between Adopted and Benchmark rates

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

	Benchmark Rates	**Adopted Rates**
SFY 04 Base Year	Rate established through an independent rate setting process	93.00% of the Benchmark rate
SFY 05	Increased by 4.25%	Increased by 7.34% to bring the ratio of Adopted-to-Benchmark rates to 95.75
SFY 06		Increased by 1.94% to bring the ratio of Adopted-to-Benchmark rates to 97.61

For a more detailed explanations of specific changes in a given service category, refer to the "Changes…" document that precedes every amendment to the published rate schedule.

Modifiers

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

Data Sources

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

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

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General Assumptions

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

- The inflation factor for all wage categories is 7.85%. This reflects inflation from the December 2000 wage period of 4.2% for 2001 and 3.5% for 2002. Effective hourly wages are higher in SFY 06 due to the rate-wide adjustments mentioned in the *Introduction* section of this Methodology.
- Employee-related expenses (ERE) is assumed at 30% of the respective wages for all full-time staff. Benefits include legally required benefits, vacation time, sick leave, holidays and health insurance. (See *Employee-Related Expenses Assumptions* discussion below*).*
- Total Hours assumed at 8 hours per day and 2,080 hours per year (unless otherwise indicated).
- With 365 days in a year, the average number of days per month assumed at 30.4.
- Administrative overhead is assumed at 10% of total non-travel cost (unless otherwise indicated).

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

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

Agency Providers

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

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

Independent Providers

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

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

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

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

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

Home-Based Services

Home-Based 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)
- HPH – Habilitation, Community Protection and Treatment Hourly

Attendant Care – ANC and AFC
The Division combined 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.

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

Habilitation, Support – HAH

Assumption/Result	Value	Comments
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 $19.88 - 25% Rehabilitation Counselors (SOC Code 21-1015) of $13.11 - 70% Personal and Home Care Aide (SOC Code 39-9021) of $8.46 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%)
ERE	30.0% of wages	
Average number of client visits per day	3 visits	
Average travel	30 minutes	Two travels between clients

Assumption/Result	Value	Comments
Notes and medical records	15 minutes per day	
Average on-site time	7.25 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage	15 miles	Average distance for each travel of 7.5 miles
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	10%	
SFY 04 Benchmark Rate	$18.06	
SFY 05/06 Benchmark Rate	$18.83	Following a 4.25% adjustment

Housekeeping – HSK

Assumption/Result	Value	Comments
Unit of Service	60 minutes	
Hourly wage	$8.09	- 50% Arizona statewide hourly wage for Janitors and Cleaners (SOC Code 37-2011) of $7.94 - 50% Arizona statewide hourly wage for Maids and Housekeeping Cleaners (SOC Code 37-2012) of $7.07 Wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%)
ERE	30.0% of wages	
Average number of client visits per day	3 visits	
Average travel	30 minutes	Two travels between clients
Notes and medical records	0	
Average on-site time	7.50 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage	15 miles	Average distance for each travel of 7.5 miles
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	10%	
SFY 04 Benchmark Rate	$13.04	
SFY 05/06 Benchmark Rate	$13.59	Following a 4.25% adjustment

Respite, short-term – RSP

Assumption/Result	Value	Comments

Unit of Service	60 minutes	
Hourly wage	$9.12	This assumption is consistent with Arizona statewide hourly wage for Personal and Home Care Aide (SOC Code 39-9021) of $8.46, taken from BLS as of December 2000 and inflated to December 2002 (7.85%)
ERE	30.0% of wages	
Average number of client visits per day	2 visits	
Average travel	15 minutes per day	One travel between clients
Notes and medical records	6 minutes per day	
Average on-site time	7.65 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage	5 miles	Average distance for one travel
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	10%	
SFY 04 Benchmark Rate	$13.87	
SFY 05/06 Benchmark Rate	$14.46	Following a 4.25% adjustment

Respite, continuous – RSD

Assumption/Result	Value	Comments
Unit of Service	1 day	Equivalent to 13 hours
Hourly wage	$9.12	Same as Respite short
ERE	30.0% of wages	
Average travel	0	Continuous service for one client
Notes and medical records	0	
Average on-site time	8.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage	0	No travel
Mileage reimbursement	None	
Administrative overhead	10%	
SFY 04 Benchmark Rate	$169.61	
SFY 05/06 Benchmark Rate	$176.82	Following a 4.25% adjustment

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.

Independent Living Services

Habilitation, Individually Designed Living Arrangement – HAI

Assumption/Result	Value	Comments
Unit of Service	60 minutes	
Hourly wage	$12.36	- 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%	
SFY 04 Benchmark Rate	$18.25	
SFY 05/06 Benchmark Rate	$19.03	Following a 4.25% adjustment

Day Treatment and Training Services

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

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

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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 Professional Billing System (PBS)_claims processing system.
- Total hours assumed at 8 hours per day.
- Average productivity at the program assumed at 7 hours.
- Each 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/ 5yrs/ 240 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 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)

Assumption/Result	Value	Comments
Unit of Service	1 client hour of program	
Hourly wage	$13.22	- 10% Arizona statewide hourly wage Social and Community Service Managers (SOC Code 11-9151) of $19.88 - 40% Rehabilitation Counselors (SOC Code 21-1015) of $13.11 - 50% Recreation Workers (SOC Code 39-9032) of $10.06. All wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%).
ERE	30.0% of wages	
Time allocated to direct care travel and compensated in the transportation rate	0.8 hour	For each staff member
Time allocated to facility preparation and notes	0.2 hour	For each staff member
Average on-site time	7.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of staff members	Varies	Based on ratio of total direct care service staff hours with consumers present at the program to total consumer hours
Number of individuals	16	
Mileage: program-related	2 miles per day	
Mileage: consumer pick-up and drop-off	10 miles per day	In transportation model
Mileage reimbursement	34.5 cents per mile	
Capital expense	$7.50	Per consumer per day
Total for program transportation cost	$3.97	Per consumer per day; includes cost of mileage and allocation of capital, insurance and staff time

Assumption/Result	Value	Comments
Supplies	$1.00	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	10%	
Transition Staffing Factor	85%	Permanent adjustment that accounts for program absences
SFY 04 Benchmark Rate	Varies	Range of ratio rates from $7.86 (ratio of 1 : 3.5) to $4.15 (1 : 9.5)
SFY 05/06 Benchmark Rate	Varies	Range of ratio rates from $9.65 (ratio of 1 : 3.5) to $5.10 (1 : 9.5)

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

Assumption/Result	Value	Comments
Unit of Service	1 client hour of program	
Hourly wage	$13.22	- 10% Arizona statewide hourly wage Social and Community Service Managers (SOC Code 11-9151) of $19.88 - 40% Rehabilitation Counselors (SOC Code 21-1015) of $13.11 - 50% Recreation Workers (SOC Code 39-9032) of $10.06. All wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%).
ERE	15.0% of wages	
Time allocated to facility preparation/ notes	15 minutes	For each staff member
Average on-site time	4.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of staff members	Varies	Based on ratio of total direct care service staff hours with consumers present at the program to total consumer hours
Number of individuals	6	
Mileage: program-related	2 miles per day	
Mileage: consumer pick-up and drop-off	10 miles per day	In transportation model
Mileage reimbursement	34.5 cents per mile	
Capital expense	$6.94	Per consumer per day
Total transportation cost	$1.91	Per consumer per day; includes cost of mileage and allocation of capital, insurance and staff time

Assumption/Result	Value	Comments
Food	$1.00	Per consumer per day
Supplies	$1.00	Per consumer per day
Administrative overhead	10%	
Transition Staffing Factor	90%	Permanent adjustment that accounts for program absences
SFY 04 Benchmark Rate	Varies	Range of ratio rates from $8.05 (ratio of 1 : 3.5) to $4.84 (1 : 9.5)
SFY 05/06 Benchmark Rate	Varies	Range of ratio rates from $9.32 (ratio of 1 : 3.5) to $5.61 (1 : 9.5)

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)

Assumption/Result	Value	Comments
Unit of Service	1 client hour of program	
Hourly wage	$13.22	- 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

Assumption/Result	Value	Comments
Number of staff members	Varies	Based on ratio of total direct care service staff hours with consumers present at the program to total consumer hours
Number of individuals	6	
Mileage: program-related	4 miles per day	
Mileage: consumer pick-up and drop-off	20 miles per day	In transportation model
Mileage reimbursement	34.5 cents per mile	
Capital expense	$10.00	Per consumer per day
Total for program transportation cost	$7.02	Per consumer per day; includes cost of mileage and allocation of capital, insurance and staff time
Supplies	$1.00	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	10%	
Transition Staffing Factor	85%	Temporary adjustment that results in increased rate
SFY 04 Benchmark Rate	Varies	Range of ratio rates from $8.74 (ratio of 1 : 3.5) to $5.03 (1 : 9.5)
SFY 05/06 Benchmark Rate	Varies	Range of ratio rates from $10.72 (ratio of 1 : 3.5) to $6.17 (1 : 9.5)

Developmental Home Services

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 1. The USDA costs can be viewed at www.usda.gov.

Table 1

	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 2. The USDA costs can be viewed at www.usda.gov.

Table 2

	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 agency rate
Monthly number of miles	200 miles	
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	2%	
Total Payment to Family	**$69.43**	Includes RRB

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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 agency rate
Monthly number of miles	200 miles	
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	2%	
Total Payment to Family	**$69.43**	Includes 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

Assumption/Result	Value	Comments
		(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	*Blended Rate:* - 50% Arizona statewide hourly wage for Child, Family and School Social Worker (SOC Code 21-1021) of $14.87 - 50% Social and Human Service Assistant (SOC Code 21-1093) of $11.04 Wages taken from BLS as of December 2000 and inflated to December 2002 (7.85%)
ERE	30.0% of wages	
Number of family visits per year	26	One visit every two weeks, on average
Duration of family visit	1 hour	
Mileage, per year	1,200 miles	100 miles per month
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	10%	
Total Retained by Agency	$37.33	
Total Payment to Family	$69.43	$11.90 for RRB and $57.54 for Other
Total Payment to Agency	**$106.76**	$94.86 without RRB

Group Home Services

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) staff hour 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 3:

Table 3

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

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

Table 4

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

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

Table 5

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

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

Table 6

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

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

Table 7

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

Vehicle Assumptions

The following assumptions were made about vehicle expense in both 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 8:

Table 8

Capacity	Number of Sites	Average FTE per Site	Median FTE per Site	Std. Dev. FTE per Site
1	40	3.69	3.80	2.24
2	85	4.71	4.67	1.88
3	121	5.95	6.23	1.73
4	152	6.55	6.26	1.56
5	79	7.07	6.75	1.66
6	35	6.70	6.50	1.45
7	3	8.96	8.75	1.32
8	2	9.87	9.87	5.82
9	2	11.47	11.47	6.25
10	2	7.96	7.96	0.65

11	1	7.30		
>=6	45	7.27	6.90	2.23
>=7	10	9.28	8.09	3.25
>=8	7	9.41	7.50	3.89

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

Table 9

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

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

Transportation Assumptions
The following assumptions were made about transportation expense:

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

Table 10

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

- 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

Assumption/Result	Value	Comments
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

Assumption/Result	Value	Comments
		$19.88 - 25% Rehabilitation Counselors (SOC Code 21-1015) of $13.11 - 70% Personal and Home Care Aide (SOC Code 39-9021) of $8.46 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%)
ERE	30.0% of wages	
Average travel	0	Included in the "billable hours"
Notes and medical records	0	
Average on-site time	8.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage	1.14 miles	Based on transportation assumptions
Mileage reimbursement	34.5 cents per mile	
Program Compliance	2%	Program activity expense
Administrative overhead	10%	
SFY 04 Benchmark Rate	$17.06	
SFY 05/06 Benchmark Rate	$17.79	Following a 4.25% adjustment

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.

Assumption/Result	Value	Comments
Unit of Service	60 minutes	
Hourly wage	$12.09	- 5% Arizona statewide hourly wage for Social and Community Services Managers (SOC Code 11-9151) of $19.88 - 25% Rehabilitation Counselors (SOC Code 21-1015) of $13.11 - 70% Personal and Home Care Aide (SOC Code 39-9021) of $8.46 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85.) Then 10% premium was added to blended wage.
ERE	30.0% of wages	At 20%, rate is $17.59 with

Assumption/Result	Value	Comments
		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
SFY 05/06 Benchmark Rate	$19.78	Following a 4.25% adjustment

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 11 outlines the ICF/MR HAN rates for SFY 06.

Table 11

Level	ICF/MR Rates	SFY 06 HAN Rates (80% of ICF/MR)
Level I	$400.64	$320.51
Level II	$481.14	$384.91
Level III	$549.38	$439.50

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

Table 12

	Level I	Level II	Level III	Comments
SFY 04 ICF/MR Rate	$316.95	$390.89	$453.56	
Deductions				
Room and Board	$18.27	$18.27	$18.27	Per RRB model at 4 occupants in a 4-capacity group home in Phoenix-Mesa
Formula	$6.00	$6.00	$6.00	Per Cost Study provided by the Division

	Level I	Level II	Level III	Comments
Feeding Supply	$9.67	$9.67	$9.67	Per Cost Study provided by the Division
Incontinence Supplies	$3.00	$3.00	$3.00	Rate modifier, will be approved by the Division on a case-by-case basis.
Pharmaceuticals	$7.00	$7.00	$7.00	Assumption
Day Programs	$42.00	$42.00	$42.00	7 hours at billing staff-to-consumer ratio of 1:5.5
Cost savings vs. ICF/MR	$15.85	$19.54	$22.68	Assumed at 5%
Total Deductions	**$101.79**	**$105.48**	**$108.62**	
Net Amount	$215.16	$285.41	$344.94	
% of ICF/MR	67.9%	73.0%	76.1%	
SFY 04 Adopted Rate	**$253.56**	**$312.71**	**$362.85**	
% of ICF/MR	80%	80%	80%	

Room and Board, All Group Homes – RRB

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

- This is a two-bedroom facility.
- There are three individuals in this facility.
- This facility is located in Flagstaff metropolitan area.

Table 13

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

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

Professional Services

Therapies

Beginning with November 1, 2005, the Division will implement a set of rates for therapy services, which include Occupational Therapy, Physical Therapy and Speech Therapy. Prior to this rate setting initiative, the Division used an internally developed rate schedule; no rates were developed through independent models. For all three therapy services, the Division will implement one common "base" rate with the following assumptions:

- Services are provided in the clinical setting (e.g., provider's office).
- Services are provided for ongoing therapy. The Division will publish a separate rate for evaluation therapy services.

Since the independent model presented in this Methodology was developed in SFY 2006, assumptions used in individual components reflect the latest available information from third-party sources. While these assumptions may show a higher value than a similar assumption used in other models (e.g., mileage reimbursement in Attendant Care), on aggregate, rate adjustments made to these other rates in SFY 2005 and 2006 reflect changes in SFY 2006 Benchmark Rates if these rates were developed using the latest available information but without rate adjustments.

Ongoing Therapy Services in Clinical Setting – OCT, PHT and SPT

Assumption/Result	Value	Comments
Unit of Service	60 minutes	
Hourly wage	$32.08	This assumption is consistent with Arizona statewide hourly wage for Physical Therapists (SOC Code 29-1123) of $30.08, taken from BLS as of November 2003 and inflated to December 2005 (6.78%)
ERE	30.0% of wages	
Average daily caseload	7 consumers	
Average travel	None	
Missed appointments	30 minutes per day	Non-billable, totals 125 hours per year
Continuous education	12 minutes per day	Non-billable activity, totals 50 hours per year
Other non-billable activity	18 minutes per day	Non-billable activity, totals 75 hours per year. Includes non-billable work on behalf of a consumer.
Billable time	7 hours per day	Billable Hours – includes 45 minutes of direct therapy time and 15 minutes of therapy-related notes
Mileage	1.5 miles per day	Allowance for travel to conferences and IFSP meetings on behalf of consumer

Assumption/Result	Value	Comments
Mileage reimbursement	37.5 cents per mile	
Rent expense	$4.26 per consumer per hour	Reflects 500 square feet of office space at $15.50 per sq. ft. per annum.
Capital expense	$0.37 per consumer per hour	Reflects $2,000 in cost of equipment and maintenance amortized over 3 years.
Administrative overhead	10%	
SFY 06 Benchmark Rate	$57.59	

Home Health Aide and Nursing

The remaining rate models for Home Health Aide (HHA) and Nursing (NUR) services were developed for SFY 2004 published rate schedule and, therefore, reflect original sources of third-party information in assumptions.

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	

Assumption/Result	Value	Comments
Administrative overhead	10%	
SFY 04 Benchmark Rate	$16.72	
SFY 05/05 Benchmark Rate	$17.43	Following a 4.25% adjustment

Nursing, short-term – NUR

Assumption/Result	Value	Comments
Unit of Service	60 minutes	
Hourly wage	$20.11	*Blended Rate:* - 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%	
SFY 04 Benchmark Rate	$35.69	
SFY 05/06 Benchmark Rate	$37.21	Following a 4.25% adjustment

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 SFY 2004 Benchmark Rate for this service is equal to $571.04 ($35.69/hr * 16 hours). Following inflationary adjustments of 4.25%, the Benchmark Rate for this service is equal to $595.31 in SFY 2005 / 2006.

Support Coordination Services

The models for Support Coordination services, also known as Case Management services, are based on the capitation model developed by the Arizona Health Care Cost Containment System (AHCCCS) for the calendar year 2003 and subsequently inflated for the calendar year 2004.

AHCCCS Case Management Capitation Model

	Estimated number of clients		13,471	
	HCBS Mix		99%	
Assumptions	Case Manager Base Pay		$29,976	
	Case Manager Supervisor Base Pay		$37,400	
	Employee Related Expenses		27%	
	Institutional clients/case mgr		120	
	HCBS clients/case mgr		40	
	Case Manager/Supervisor ratio		7	
	CM FTEs per vehicle		1.3	
	Vehicle cost per mile		$0.345	
	Vehicle miles per day		100	Urban/rural
	Vehicle days per year		250	
Calculations	CM FTEs required		337	
	CM FTEs required - rounded		337	
	Salary and ERE			$12,813,376
	Supervisor FTEs required		48	
	Supervisor salary			$2,277,032
	Vehicles required		296	
	Vehicle costs			$2,553,000
	Total Annual CM Cost			$17,643,408
	CM-related PMPM CYE 03			$109.14
	CM-related PMPM CYE 04			$121.00

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

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Summary of Various Support Coordination Models

	Regular Support Coordination		Targeted Support Coordination		State Funded Support Coordination	
Caseload	13,336	(1)	13,336	(1)	1,863	
Clients/case mgr	**40**		**80**		**110**	
FTEs required (direct care), rounded	333		167		17	
Yearly CM hrs	692,640		347,360		35,360	
Monthly CM hrs	57,720		28,947		2,947	
Monthly CM hrs/client	4.28		2.15		1.58	
Specific Tasks Retained by the Division	**Hrs**	**%**	**Hrs**	**%**	**Hrs**	**%**
Eligibility / Intake	0.21	5.0%	0.16	7.5%	0.16	10.2%
Authorization	0.09	2.0%	0.04	2.0%	0.04	2.7%
Policy and Cost-Effectiveness	0.21	5.0%	0.11	5.0%	0.11	6.8%
Claims Resolution Activity	0.09	2.0%	0.04	2.0%	0.04	2.7%
Training / Meetings	0.04	1.0%	0.02	1.0%	0.02	1.0%
File Review / Contract Monitoring	0.21	5.0%	0.16	7.5%	0.16	10.2%
Reporting	0.21	5.0%	0.11	5.0%	0.08	5.0%
DES/DDD Supervision	0.24	5.6%	0.12	5.6%	0.10	6.4%
Total	**1.31**	**30.6%**	**0.76**	**35.6%**	**0.71**	**45.0%**
Base Capitation Rate		$119.78		$54.17		$38.94
DD keeps, %		30.6%		35.6%		45.0%
DD keeps, $$		$36.67		$19.26		$17.54
Contract Service Rate		$83.11		$34.90		$21.40
Overhead Premium		5.0%		5.0%		5.0%
Rate Before Rounding		$87.26		$36.65		$22.47
Published / Suggested Rate		**$87.30**		**$36.80**		**$22.50**

(1) AHCCCS model is based on a total caseload of 13,471 with 99% mix for HCBS clients

Same % as used in the Regular Support Coordination model

Time estimate for a specific task within Targeted Support Coordination setting

Employment Support Services

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

General Assumptions

The following general assumptions were used in the rate models:

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

Data Sources

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

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

Methodology and Assumptions
DES/DDD Published Rate Schedule
October 11, 2005

Center-Based Employment (CBE)

The following general assumptions were made for the CBE programs:

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

Center-Based Employment, High Density Area

Assumption/Result	Value	Comments
Unit of Service	1 client hour	
Hourly wage	$11.17	
ERE	34.0% of wages	
Time allocated to reporting and facility preparation	0.8 hour	
Time allocated to training	0.2 hour	
Average on-site time	7.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of staff members	2.29	Based on ratio of total direct care service staff with consumers present at the program to total consumers
Number of individuals	13.76	Actual attendance after allowances for absence
Number of client trips	1.5	
Mileage per trip	6 miles	
Mileage reimbursement	41.0 cents per mile	
Capital expense	$6.67	Per consumer per day
Supplies	$2.00	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	12%	Based on hourly compensation
Absence Factor	14%	Permanent adjustment that accounts for program absences
SFY 06 Benchmark Rate	$5.26	

Center-Based Employment, Low Density Area

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

Group Supported Employment (GSE)

The following general assumptions were made for the GSE programs:

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

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

Assumption/Result	Value	Comments
Unit of Service	1 staff hour	
Hourly wage	$12.53	
ERE	34.0% of wages	
Job development time, employer contact time	0.25 hour	
Travel time between employer sites	0.75 hour	
Time allocated to reporting	0.75 hour	
Time allocated to training	0.25 hour	
Average on-site time	6.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of client trips	2.0	
Mileage per trip	17.50 miles	
Mileage reimbursement	41.0 cents per mile	
Capital expense	$4.80	Per billable hour
Supplies	$1.50	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	12%	Based on hourly compensation
Effective Client Absence Rate	2.5%	Permanent adjustment that accounts for program absences
SFY 06 Benchmark Rate	$33.82	

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

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

As a result of these revisions, the SFY 06 benchmark rate for a large-group GSE service in a low-density area is $38.92.

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

Assumption/Result	Value	Comments
Unit of Service	1 staff hour	
Hourly wage	$13.43	
ERE	34.0% of wages	
Job development time, employer contact time	0.25 hour	
Travel time between employer sites	0.75 hour	
Time allocated to reporting	0.75 hour	

Assumption/Result	Value	Comments
Time allocated to training	0.25 hour	
Average on-site time	6.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of client trips	2.0	
Mileage per trip	11.00 miles	
Mileage reimbursement	41.0 cents per mile	
Capital expense	$4.80	Per billable hour
Supplies	$1.00	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	12%	Based on hourly compensation
Effective Client Absence Rate	3.0%	Permanent adjustment that accounts for program absences
SFY 06 Benchmark Rate	$34.87	

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

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

As a result of these revisions, the SFY 06 benchmark rate for a large-group GSE service in a low-density area is $40.02.

Individual Supported Employment (ISE)

The following general assumptions were made for the ISE models:

- Two models were developed for Individual Supported Employment (ISE) to distinguish areas of high and low density.
- Total hours assumed at 8 hours per day.
- Average productivity at the program assumed at 7.75 hours in both high- and low-density areas.
- A 0.25% effective client absence rate assumed to account for absences.
- Capital expense assumed as follows:
  - Each high-density ISE model assumes to have 400 square feet. Low-density model assumes to have 575 square feet.
  - Average cost per square foot in both high- and low-density areas assumed at $12.00 per annum.

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Individual Supported Employment, High Density Area

Assumption/Result	Value	Comments
Unit of Service	1 staff hour	
Hourly wage	$14.34	
ERE	34.0% of wages	
Non-client time	0.25 hour	
Average billable time	7.75 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of client trips	4.0	
Mileage per trip	7.50 miles	
Mileage reimbursement	41.0 cents per mile	
Capital expense	$2.48	Per billable hour
Supplies	$1.50	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	11%	Based on hourly compensation
Effective Client Absence Rate	0.25%	Permanent adjustment that accounts for absences
SFY 06 Benchmark Rate	$26.74	

Individual Supported Employment, Low Density Area

Assumption/Result	Value	Comments
Unit of Service	1 staff hour	
Hourly wage	$14.34	
ERE	34.0% of wages	
Non-client time	0.25 hour	
Average billable time	7.75 hours per day	Billable Hours – difference between Total Hours and other productivity components
Number of client trips	4.0	
Mileage per trip	15.0 miles	
Mileage reimbursement	41.0 cents per mile	
Capital expense	$3.56	Per billable hour
Supplies	$1.50	Per consumer per day
Program Compliance	2%	Program activity expense
Administrative overhead	11%	Based on hourly compensation
Effective Client Absence Rate	0.25%	Permanent adjustment that accounts for absences
SFY 06 Benchmark Rate	$29.42	

Employment Support Aide (ESA)

The following general assumptions were made for the ESA models:

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

Employment Support Aide, for CBE in High-Density Area

Assumption/Result	Value	Comments
Unit of Service	1 client hour	
Hourly wage	$9.97	
ERE	34.0% of wages	
Time allocated to notes and records	0.25 hour	
Average billable time	7.75 hours per day	Billable Hours – difference between Total Hours and other productivity components
Administrative overhead	11%	Based on non-travel costs
SFY 06 Benchmark Rate	$15.30	

The premium for ESA in a low-density area is 10%. Therefore, the Aid's SFY 06 benchmark rate for a CBE program in a low-density area is $16.83.

Employment Support Aide, for GSE and ISE

Assumption/Result	Value	Comments
Unit of Service	1 client hour	
Hourly wage	$9.97	
ERE	34.0% of wages	
Travel time	0.75 hour	
Time allocated to notes and records	0.25 hour	
Average billable time	7.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage allowance	7.50 miles	
Mileage reimbursement	41.5 cents per mile	
Administrative overhead	11%	Based on non-travel costs
SFY 06 Benchmark Rate	$17.38	

The premium for ESA in a low-density area is 10%. Therefore, the Aide's SFY 06 benchmark rate for GSE / ISE programs in a low-density area is $19.12.

Specialized Habilitation Services

Habilitation, Music (HAH)

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

Habilitation, Music – HAH

Assumption/Result	Value	Comments
Unit of Service	60 minutes	
Hourly wage	$20.53	- 40% Arizona statewide hourly wage for Child, Family and School Social Worker (SOC Code 21-1021) of $14.87 - 60% Health Educators 21-1091) of $21.82 All wages were taken from BLS as of December 2000 and inflated to December 2002 (7.85%)
ERE	30.0% of wages	
Average number of client visits per day	4 visits	
Average travel	45 minutes	Three travels between clients
Notes and medical records	15 minutes per day	
Average on-site time	7.00 hours per day	Billable Hours – difference between Total Hours and other productivity components
Mileage	35 miles	Average distance for each travel of 11.7 miles
Mileage reimbursement	34.5 cents per mile	
Administrative overhead	10%	
SFY 04 Benchmark Rate	$35.28	
SFY 05/06 Benchmark Rate	$36.78	Following a 4.25% adjustment

Transportation Services

Non-Emergency Ground Transportation (TRO)

Published rates reflect selected services and rates published by the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS rates represent Benchmark Rates for the Division. Therefore, some of the rates have been reduced subject to the Division's ratio of Adopted to Benchmark rates.

Other Transportation Services (TRA and TRE)

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

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

MEMORANDUM

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

TO: Ed Rapaport, DDD
Antonia Valladares, DDD

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

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

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

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

1. For Habilitation, Group Home (HAB) and Habilitation, Community Protection and Treatment Group Home (HPD), a matrix of authorized staff hours was developed that allows different number of FTE, depending on the size of the facility and needs of individuals in the facility.

2. For Day Treatment and Training services, the *per consumer per program hour* rate is based on the ratio of total direct care service staff hours with consumers present at the program to total consumer hours.

3. For Day Treatment and Training, Adult (DTA), a Rural Day Treatment and Training, Adult rate was developed for agency providers. Among other differences, while the standard DTA model is based on 16 consumers in the Day Treatment center, the Rural DTA model is based on 6 consumers. This code is only to be used when the potential client base of the program size has fewer than 20 consumers in a 40 mile radius.

4. Room and Board, All Group Homes uses a modifier for different districts throughout the state that reflects the discrepancy among the Fair Market Rents throughout the different districts. Districts 1, 2 and 3 refer to specific MSAs as used by the U.S. Department of Housing and Urban Development (HUD).

5. “Capacity” and “Actual Occupancy” modifiers were used in the Room and Board, All Group Homes rates. Within each district, Room and Board rates vary by the capacity and number of consumers in the Group Home.

6. For therapy services, a modifier of non-billable travel time and mileage allowance was used to distinguish between services provided in clinical versus natural settings.

7. A multiple clients modifier was used to establish a *per client* rate in situations when the same service is provided to more than one client at the same time and within the same setting. This multi-client modifier was used primarily with rate setting for In-Home Services, and the formula for multi-client modifier is as follows: (Regular Rate * ((1 + (25% * number of additional clients))) / Total number of clients.

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

8. For independent providers, a modifier was used throughout the rate setting models to distinguish between the agency and independent providers. In most cases, the difference in rates among these two types of providers is based on reducing the agency provider rate for the Employee-Related Expense (ERE) from 30% to 20.5%, reducing the administrative overhead expense from 10% to 2% of the total non-travel cost, and eliminating the mileage allowance and reimbursement for travel between clients for independent providers. The rates for independent providers were further reduced by setting the base rates at no more than 75% of the agency provider rate. The specific rate for each consumer is based upon a set of consumer-specific characteristics obtained from an assessment and calculated by the Arizona Individual Rate Assessment Tool.

9. Nutritional supplements. Current models rely, where applicable, on the Moderate-Cost Food Plan cost tables published by the U.S. Department of Agriculture for assumptions on food/meal expense. The Division, however, will also make available an additional nutritional supplement modifier for consumers in group home and developmental home settings. This modifier will be approved by the Division on a case-by-case basis, and providers will be paid for these expenses in addition to the *per diem* rate and only for those consumers that require them.

10. Incontinent Supplies. Current rate models do not account for additional expense associated with undergarments. The Division, however, will make available an additional incontinent supplies modifier for consumers in group home and developmental home settings. This modifier will be approved by the Division on a case-by-case basis, and providers will be paid for these expenses in addition to the *per diem* rate and only for those consumers that require them.

Additional Options for Modifiers

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

1. Wages. Current models include a wage component for services rendered for a particular service offered by the Division. The wage data used in the models reflects the Arizona statewide average wages posted by the Bureau of Labor Statistics (BLS). In addition to the statewide wages, however, BLS also reports wages by Arizona Metropolitan Statistical Areas (MSAs).

2. Wage or allowance modifiers could also be applied for specific skills such as sign language, or additional training. This modifier would be applied to individual providers on the case-by-case basis. We have provided a template under separate cover that can be applied to any service code. Using this template, the Division will be able to adjust the wage or any other component of the model by either a dollar amount or a percent increase to derive to the appropriate rate that reflects the specific skills required for the situation.

3. Additional Fair Market Rent modifier. The Room and Board, All Group Homes modifiers described in the first section of this memo assumes a constant monthly rent expense for the entire district/MSA. It is possible, however, to further differentiate among specific areas within a given district. However, there are no readily available objective data sources that we identified that would allow this adjustment to be made.

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

Arizona Statewide Data on Employment and Hourly Wages

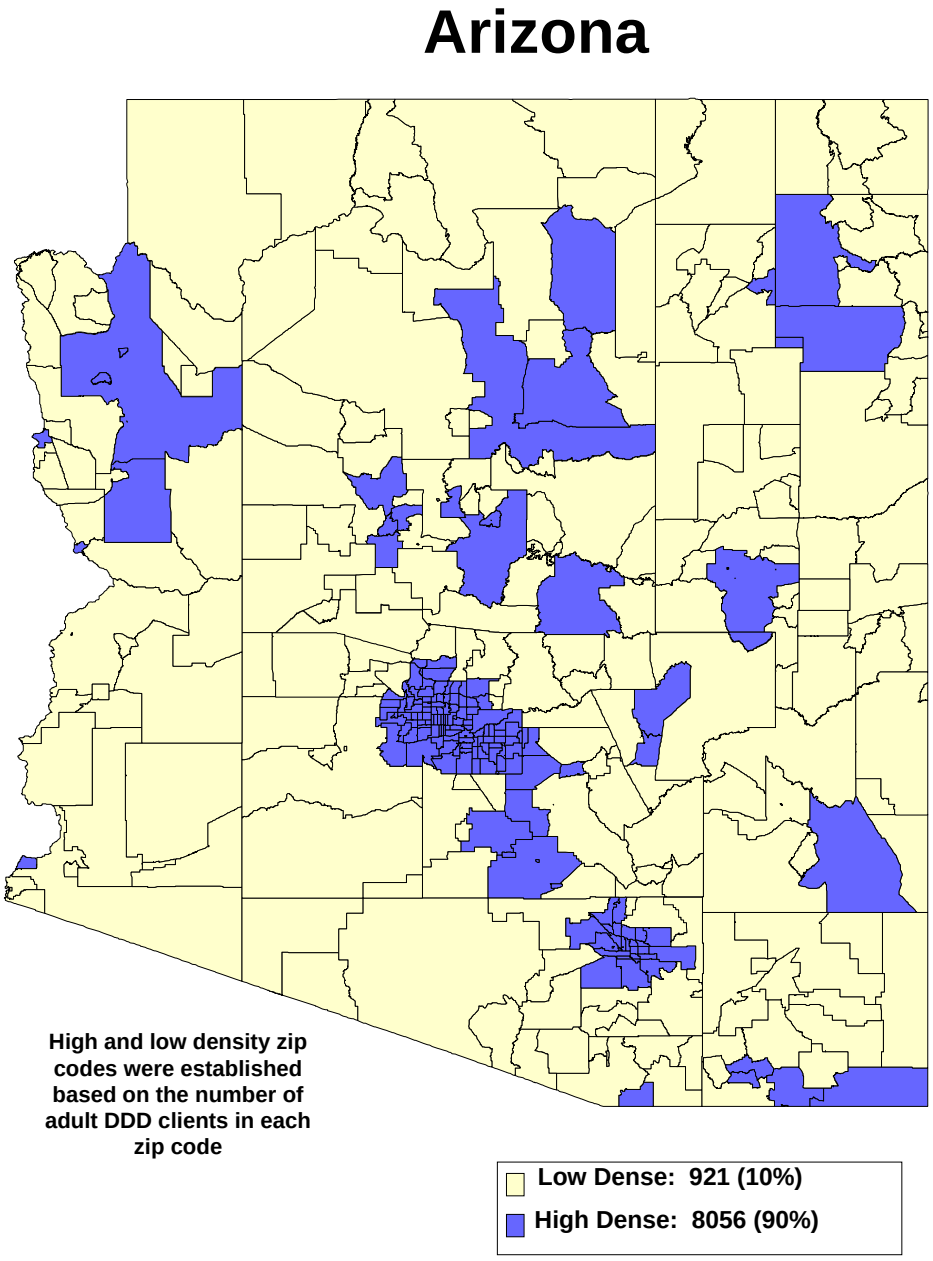
SOC Code	Occupational Title	Arizona	
		Number of Employees	Mean Wage (Hourly)
11-9151	Social and Community Service Managers	2,050	$19.88
21-1015	Rehabilitation Counselors	880	$13.11
21-1021	Child, Family, and School Social Workers	4,790	$14.87
21-1091	Health Educators	490	$21.82
21-1093	Social and Human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

Source: Bureau of Labor Statistics, December 2000

High / Low Density Analysis

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

Map



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

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

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

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

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

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

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