

Effective 9/1/07

	<i>Int LON1</i>	<i>Lmt LON5</i>	<i>Ext LON8</i>	<i>Per LON6</i>	<i>Per+LON9</i>
Day Hab	\$ 18.47	\$ 23.10	\$ 30.79	\$ 46.18	\$ 184.75
3-bed, 4-bed	\$ 87.97	\$ 96.52	\$ 108.77	\$ 129.56	\$ 211.72
FC	\$ 44.79	\$ 48.25	\$ 65.60	\$ 89.88	\$ 117.62
SHL	\$ 17.75				
Respite	\$ 9.74				
Supported Emp.	\$ 23.52				
Psychology	\$ 77.58				
PT/OT/Speech/Aud	\$ 74.12				
Social Work	\$ 50.48				
Dietary	\$ 49.70				
Nursing	\$ 58.69				
CM	\$ 221.78				
Administration and Operatio	\$ 938.62	\$ 1,160.40			

Wage Rates

	9/1/2007 - 8/31/09
Direct Care Staff	\$ 8.11
Direct Care Staff Supervisor	\$ 11.25
Direct Care Trainer (08-09 same as ICF)	\$ 8.48
Direct Care Trainer Supervisor (08-09 same as ICF)	\$ 11.12
SHL Direct Care Trainer	\$ 8.48
SHL Direct Care Trainer Supervisor	\$ 11.25
Foster/Companion Care Coordinator	\$ 13.74
Case Manager	\$ 14.08
Case Manager Supervisor	\$ 16.60
SE Direct Care Job Coaches	\$ 9.47
Contract Dietitian	\$ 43.61
Contract Social Worker	\$ 44.30
Nurse	\$ 19.25
Nurse Supervisor	\$ 21.67
Contract Psychologist	\$ 68.08
Contract Therapist	\$ 65.04
Other Indirect Operating Cost/day - Int	\$ 15.74
Other Indirect Operating Cost/day - Ltd	\$ 15.94
Other Indirect Operating Cost/day - Ext	\$ 16.19
Other Indirect Operating Cost/day - Prv	\$ 16.63
Other Indirect Operating Cost/day - PrvP	\$ 17.48

4-Bed Residential Model Shift

LEVEL = Intermittent

**Reimbursement Rate Per
Day of Service by Category**

\$/Day	Category
\$ 58.97	Direct Service
\$ 8.86	+ Direct Service Supervision
\$ 67.83	Direct Service Rate
0.00	+ Non-Personnel Operating (1)
0.00	+ Office/Facility Related (2)
0.00	+ Administration (3)
\$ 67.83	= Subtotal
\$ 15.74	+ Other Indirect Operational Costs
\$ 83.57	= Subtotal
\$ 4.40	+ Occupancy Factor
\$ 87.97	= Rate per Day of Residential Service

(1) 0% of subtotal.

(2) 0% of subtotal.

(3) 0% of subtotal.

(4) 0% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:4.0	Direct Service Staffing Ratio - Client is Awake in Residence
NA	Direct Service Staffing Ratio - Client is Awake in Day Program
1:4.0	Direct Service Staffing Ratio - Client is Asleep
1:1.0	Direct Service Staffing Ratio - Client is Ill, at Home in Residence
1:4.0	Overall Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.11	Direct Service Hourly Wage Rate
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
\$15.74	Full Cost of Service Lump Sum per day
4.7%	Non-Personnel Operating Percentage
1.2%	Office/Facility Related Percentage
18.9%	Administration Percentage
0.95	Occupancy Factor
\$87.97	Rate Per Day of Residential Service

75.2% Direct Service Percentage

Staffing Ratio Factors

Staffing Ratios				
Ratio When:	Ratio (1)	Hours per Week	% of Week (2)	Weighted Ratio (1 X 2)
Primetype (Clients are Awake)	1:4.0	82.00	59.4%	
+ Client Is Asleep	1:4.0	56.00	40.6%	
= Overall Weighted Ratio When Client is Well		138.00	100.0%	1:4.00

Overall Ratio Rounded to Nearest Tenth	1:4.0
--	-------

Direct Service Hours/Resident/Day [138 hours / 7 days]/Overall Ratio	4.93
--	------

Resident Sick Leave/Holidays	Days	Hours/Day	Total Hours	Hrs/Ratio
Resident Sick Leave	12	8	96	96.00
+Resident Holidays	11	8	88	22.00
=Total Resident Sick/Holiday Leave	23			118.00

Additional Direct Service Hours/Resident/Day for Client Sick/Holiday	0.32
--	------

Total Direct Service Hours/Resident/Day	5.25
---	------

Direct Service FTE Factors

FTE Factors (1)	Total Days	Total Hours (2)	FTE % (3)
Vacation/Personal	12	96	4.6%
Sick	12	96	4.6%
Holiday	11	88	4.2%
Annual Training	5	40	1.9%
Total	40	320	15.4%

(1) Additional FTE required to cover absences.

FTE Factor (4)	1.15
----------------	------

(2) Total Days X 8 Hours = Total Hours

(3) Total Hours ÷ 2080 = FTE %

(4) 1 + Total FTE % = FTE Factor

Direct Service Cost Calculation

Direct Service Cost Calculation	
\$8.11	Hourly Wage Rate
5.25	X Total Direct Service Hours Per Resident Per Day
1.20	X Benefits Factor
1.15	X FTE Factor
\$58.97	= Direct Service Cost Per Day

Direct Service Supervision Cost Calculation

Direct Service Supervision Cost Calculation	
\$11.25	Hourly Wage Rate
1.20	X Benefits Factor
1:8.0	÷ Direct Supervision Span of Control
5.25	X Total Direct Service Hours Per Resident Per Day
\$8.86	= Total Direct Service Supervision Cost Per Day

4-Bed Residential Model Shift

LEVEL = Limited

Reimbursement Rate Per Day of Service by Category

\$/Day	Category
\$ 65.85	Direct Service
\$ 9.90	+ Direct Service Supervision
\$ 75.75	Direct Service Rate
0.00	+ Non-Personnel Operating (1)
0.00	+ Office/Facility Related (2)
0.00	+ Administration (3)
\$ 75.75	= Subtotal
\$ 15.94	+ Other Indirect Operational Costs
\$ 91.69	= Subtotal
\$ 4.83	+ Occupancy Factor
\$ 96.52	= Rate per Day of Residential Service

- (1) 0% of subtotal.
- (2) 0% of subtotal.
- (3) 0% of subtotal.
- (4) 0% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:3.3	Direct Service Staffing Ratio - Client is Awake in Residence
NA	Direct Service Staffing Ratio - Client is Awake in Day Program
1:4.0	Direct Service Staffing Ratio - Client is Asleep
1:1.0	Direct Service Staffing Ratio - Client is Ill, at Home in Residence
1:3.6	Overall Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.11	Direct Service Hourly Wage Rate
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
\$15.94	Full Cost of Service Lump Sum per day
4.7%	Non-Personnel Operating Percentage
1.2%	Office/Facility Related Percentage
18.9%	Administration Percentage
0.95	Occupancy Factor
\$96.52	Rate Per Day of Residential Service

75.2% Direct Service Percentage

Staffing Ratio Factors

Staffing Ratios				
Ratio When:	Ratio (1)	Hours per Week	% of Week (2)	Weighted Ratio (1 X 2)
Primetime (Clients are Awake)	1:3.3	82.00	59.4%	
+ Client Is Asleep	1:4.0	56.00	40.6%	
= Overall Weighted Ratio When Client is Well		138.00	100.0%	1:3.57

Overall Ratio Rounded to Nearest Tenth	1:3.6
--	-------

Direct Service Hours/Resident/Day [138 hours / 7 days]/Overall Ratio	5.53
--	------

Resident Sick Leave/Holidays	Days	Hours/Day	Total Hours	Hrs/Ratio
Resident Sick Leave	12	8	96	96.00
+Resident Holidays	11	8	88	26.51
=Total Resident Sick/Holiday Leave	23			122.51

Additional Direct Service Hours/Resident/Day for Client Sick/Holiday	0.34
--	------

Total Direct Service Hours/Resident/Day	5.86
---	------

Direct Service FTE Factors

FTE Factors (1)	Total Days	Total Hours (2)	FTE % (3)
Vacation/Personal	12	96	4.6%
Sick	12	96	4.6%
Holiday	11	88	4.2%
Annual Training	5	40	1.9%
Total	40	320	15.4%

FTE Factor (4)	1.15
----------------	------

- (1) Additional FTE required to cover absences.
- (2) Total Days X 8 Hours = Total Hours
- (3) Total Hours ÷ 2080 = FTE %
- (4) 1 + Total FTE % = FTE Factor

Direct Service Cost Calculation

Direct Service Cost Calculation	
\$8.11	Hourly Wage Rate
5.86	X Total Direct Service Hours Per Resident Per Day
1.20	X Benefits Factor
1.15	X FTE Factor
\$65.85	= Direct Service Cost Per Day

Direct Service Supervision Cost Calculation

Direct Service Supervision Cost Calculation	
\$11.25	Hourly Wage Rate
1.20	X Benefits Factor
1:8.0	÷ Direct Supervision Span of Control
5.86	X Total Direct Service Hours Per Resident Per Day
\$9.90	= Total Direct Service Supervision Cost Per Day

4-Bed Residential Model Shift

LEVEL = Extensive

**Reimbursement Rate Per
Day of Service by Category**

\$/Day	Category
\$ 75.76	Direct Service
\$ 11.38	+ Direct Service Supervision
\$ 87.14	Direct Service Rate
0.00	+ Non-Personnel Operating (1)
0.00	+ Office/Facility Related (2)
0.00	+ Administration (3)
\$ 87.14	= Subtotal
\$ 16.19	+ Other Indirect Operational Costs
\$ 103.33	= Subtotal
\$ 5.44	+ Occupancy Factor
\$ 108.77	= Rate per Day of Residential Service

(1) 0% of subtotal.

(2) 0% of subtotal.

(3) 0% of subtotal.

(4) 0% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:2.7	Direct Service Staffing Ratio - Client is Awake in Residence
NA	Direct Service Staffing Ratio - Client is Awake in Day Program
1:4.0	Direct Service Staffing Ratio - Client is Asleep
1:1.0	Direct Service Staffing Ratio - Client is Ill, at Home in Residence
1:3.1	Overall Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.11	Direct Service Hourly Wage Rate
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
\$16.19	Full Cost of Service Lump Sum per day
4.7%	Non-Personnel Operating Percentage
1.2%	Office Facility Related Percentage
18.9%	Administration Percentage
0.95	Occupancy Factor
\$108.77	Rate Per Day of Residential Service

75.2% Direct Service Percentage

Staffing Ratio Factors

Staffing Ratios				
Ratio When:	Ratio (1)	Hours per Week	% of Week (2)	Weighted Ratio (1 X 2)
Primetime (Clients are Awake)	1:2.7	82.00	59.4%	
+ Client Is Asleep	1:4.0	56.00	40.6%	
= Overall Weighted Ratio When Client is Well		138.00	100.0%	1:3.08

Overall Ratio Rounded to Nearest Tenth	1:3.1
--	-------

Direct Service Hours/Resident/Day [138 hours / 7 days]/Overall Ratio	6.39
--	------

Resident Sick Leave/Holidays	Days	Hours/Day	Total Hours	Hrs/Ratio
Resident Sick Leave	12	8	96	96.00
+Resident Holidays	11	8	88	33.00
=Total Resident Sick/Holiday Leave	23			129.00

Additional Direct Service Hours/Resident/Day for Client Sick/Holiday	0.35
--	------

Total Direct Service Hours/Resident/Day	6.75
---	------

Direct Service FTE Factors

FTE Factors (1)	Total Days	Total Hours (2)	FTE % (3)
Vacation/Personal	12	96	4.6%
Sick	12	96	4.6%
Holiday	11	88	4.2%
Annual Training	5	40	1.9%
Total	40	320	15.4%

(1) Additional FTE required to cover absences.

FTE Factor (4)	1.15
----------------	------

(2) Total Days X 8 Hours = Total Hours

(3) Total Hours ÷ 2080 = FTE %

(4) 1 + Total FTE % = FTE Factor

Direct Service Cost Calculation

Direct Service Cost Calculation	
\$8.11	Hourly Wage Rate
6.75	X Total Direct Service Hours Per Resident Per Day
1.20	X Benefits Factor
1.15	X FTE Factor
\$75.76	= Direct Service Cost Per Day

Direct Service Supervision Cost Calculation

Direct Service Supervision Cost Calculation	
\$11.25	Hourly Wage Rate
1.20	X Benefits Factor
1:8.0	÷ Direct Supervision Span of Control
6.75	X Total Direct Service Hours Per Resident Per Day
\$11.38	= Total Direct Service Supervision Cost Per Day

4-Bed Residential Model Shift

LEVEL = Pervasive

Reimbursement Rate Per Day of Service by Category

\$/Day	Category
\$ 92.54	Direct Service
\$ 13.91	+ Direct Service Supervision
\$ 106.45	Direct Service Rate
0.00	+ Non-Personnel Operating (1)
0.00	+ Office/Facility Related (2)
0.00	+ Administration (3)
\$ 106.45	= Subtotal
\$ 16.63	+ Other Indirect Operational Costs
\$ 123.08	= Subtotal
\$ 6.48	+ Occupancy Factor
\$ 129.56	= Rate per Day of Residential Service

- (1) 0% of subtotal.
- (2) 0% of subtotal.
- (3) 0% of subtotal.
- (4) 0% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:2.0	Direct Service Staffing Ratio - Client is Awake in Residence
NA	Direct Service Staffing Ratio - Client is Awake in Day Program
1:4.0	Direct Service Staffing Ratio - Client is Asleep
1:1.0	Direct Service Staffing Ratio - Client is Ill, at Home in Residence
1:2.5	Overall Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.11	Direct Service Hourly Wage Rate
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
\$16.63	Full Cost of Service Lump Sum per day
3.7%	Non-Personnel Operating Percentage
0.8%	Office/Facility Related Percentage
12.6%	Administration Percentage
0.95	Occupancy Factor
\$129.56	Rate Per Day of Residential Service

82.9% Direct Service Percentage

Staffing Ratio Factors

Staffing Ratios				
Ratio When:	Ratio (1)	Hours per Week	% of Week (2)	Weighted Ratio (1 X 2)
Primetype (Clients are Awake)	1:2.0	82.00	59.4%	
+ Client Is Asleep	1:4.0	56.00	40.6%	
= Overall Weighted Ratio When Client is Well		138.00	100.0%	1:2.51

Overall Ratio Rounded to Nearest Tenth	1:2.5
--	-------

Direct Service Hours/Resident/Day [138 hours / 7 days]/Overall Ratio	7.86
--	------

Resident Sick Leave/Holidays	Days	Hours/Day	Total Hours	Hrs/Ratio
Resident Sick Leave	12	8	96	96.00
+Resident Holidays	11	8	88	44.00
=Total Resident Sick/Holiday Leave	23			140.00

Additional Direct Service Hours/Resident/Day for Client Sick/Holiday	0.38
--	------

Total Direct Service Hours/Resident/Day	8.24
---	------

Direct Service FTE Factors

FTE Factors (1)	Total Days	Total Hours (2)	FTE % (3)
Vacation/Personal	12	96	4.6%
Sick	12	96	4.6%
Holiday	11	88	4.2%
Annual Training	5	40	1.9%
Total	40	320	15.4%

FTE Factor (4)	1.15
----------------	------

- (1) Additional FTE required to cover absences.
- (2) Total Days X 8 Hours = Total Hours
- (3) Total Hours ÷ 2080 = FTE %
- (4) 1 + Total FTE % = FTE Factor

Direct Service Cost Calculation

Direct Service Cost Calculation	
\$8.11	Hourly Wage Rate
8.24	X Total Direct Service Hours Per Resident Per Day
1.20	X Benefits Factor
1.15	X FTE Factor
\$92.54	= Direct Service Cost Per Day

Direct Service Supervision Cost Calculation

Direct Service Supervision Cost Calculation	
\$11.25	Hourly Wage Rate
1.20	X Benefits Factor
1:8.0	÷ Direct Supervision Span of Control
8.24	X Total Direct Service Hours Per Resident Per Day
\$13.91	= Total Direct Service Supervision Cost Per Day

4-Bed Residential Model Shift

LEVEL = Pervasive +

Reimbursement Rate Per Day of Service by Category

\$/Day	Category
\$ 159.66	Direct Service
\$ 23.99	+ Direct Service Supervision
\$ 183.65	Direct Service Rate
0.00	+ Non-Personnel Operating (1)
0.00	+ Office/Facility Related (2)
0.00	+ Administration (3)
\$ 183.65	= Subtotal
\$ 17.48	+ Other Indirect Operational Costs
\$ 201.13	= Subtotal
\$ 10.59	+ Occupancy Factor
\$ 211.72	= Rate per Day of Residential Service

(1) 0% of subtotal.

(2) 0% of subtotal.

(3) 0% of subtotal.

(4) 0% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:1.0	Direct Service Staffing Ratio - Client is Awake in Residence
NA	Direct Service Staffing Ratio - Client is Awake in Day Program
1:4.0	Direct Service Staffing Ratio - Client is Asleep
1:1.0	Direct Service Staffing Ratio - Client is Ill, at Home in Residence
1:1.4	Overall Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.11	Direct Service Hourly Wage Rate
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
\$17.48	Full Cost of Service Lump Sum per day
2.8%	Non-Personnel Operating Percentage
0.4%	Office/Facility Related Percentage
9.5%	Administration Percentage
0.95	Occupancy Factor
\$211.72	Rate Per Day of Residential Service

87.4% Direct Service Percentage

Staffing Ratio Factors

Staffing Ratios				
Ratio When:	Ratio (1)	Hours per Week	% of Week (2)	Weighted Ratio (1 X 2)
Primetype (Clients are Awake)	1:1.0	82.00	59.4%	
+ Client Is Asleep	1:4.0	56.00	40.6%	
= Overall Weighted Ratio When Client is Well		138.00	100.0%	1:1.44

Overall Ratio Rounded to Nearest Tenth	1:1.4
---	--------------

Direct Service Hours/Resident/Day [138 hours / 7 days]/Overall Ratio	13.71
---	--------------

Resident Sick Leave/Holidays	Days	Hours/Day	Total Hours	Hrs/Ratio
Resident Sick Leave	12	8	96	96.00
+Resident Holidays	11	8	88	88.00
=Total Resident Sick/Holiday Leave	23			184.00

Additional Direct Service Hours/Resident/Day for Client Sick/Holidays	0.50
--	-------------

Total Direct Service Hours/Resident/Day	14.22
--	--------------

Direct Service FTE Factors

FTE Factors (1)	Total Days	Total Hours (2)	FTE % (3)
Vacation/Personal	12	96	4.6%
Sick	12	96	4.6%
Holiday	11	88	4.2%
Annual Training	5	40	1.9%
Total	40	320	15.4%

FTE Factor (4)	1.15
-----------------------	-------------

- (1) Additional FTE required to cover absences.
- (2) Total Days X 8 Hours = Total Hours
- (3) Total Hours ÷ 2080 = FTE %
- (4) 1 + Total FTE % = FTE Factor

Direct Service Cost Calculation

Direct Service Cost Calculation	
\$8.11	Hourly Wage Rate
14.22	X Total Direct Service Hours Per Resident Per Day
1.20	X Benefits Factor
1.15	X FTE Factor
\$159.66	= Direct Service Cost Per Day

Direct Service Supervision Cost Calculation

Direct Service Supervision Cost Calculation	
\$11.25	Hourly Wage Rate
1.20	X Benefits Factor
1:8.0	÷ Direct Supervision Span of Control
14.22	X Total Direct Service Hours Per Resident Per Day
\$23.99	= Total Direct Service Supervision Cost Per Day

Day Program Services
Intermittent

Reimbursement Rate
by Category

\$/Day	Category
\$ 9.05	Direct Service
\$ 1.33	+ Direct Service Supervision
\$ 10.38	= Direct Service Rate
\$ 2.01	+ Non-Personnel Operating (1)
\$ 1.78	+ Office/Facility Related (2)
\$ 4.30	+ Administration (3)
\$ 18.47	= Subtotal
\$ 18.47	= Rate per Day of Service (5 Days/Week)

- (1) 10.9% of subtotal.
- (2) 9.6% of subtotal.
- (3) 23.3% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:10.0	Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.48	Direct Service Hourly Wage Rate
1.11	Staff Leave (FTE) Factor
\$11.12	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
10.9%	Non-Personnel Operating Percentage
9.6%	Office/Facility Related Percentage
23.3%	Administration Percentage
11	Number of Holidays per Year
\$18.47	Rate Per Day of Service (5 Days/Week)

Day Program Services
<i>Limited</i>

**Reimbursement Rate
by Category**

\$/Day	Category
\$ 11.31	Direct Service
\$ 1.67	+ Direct Service Supervision
\$ 12.98	= Direct Service Rate
\$ 2.52	+ Non-Personnel Operating (1)
\$ 2.23	+ Office/Facility Related (2)
\$ 5.37	+ Administration (3)
\$ 23.10	= Subtotal
\$ 23.10	= Rate per Day of Service (5 Days/Week)

- (1) 10.9% of subtotal.
- (2) 9.7% of subtotal.
- (3) 23.2% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:8.0	Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.48	Direct Service Hourly Wage Rate
1.11	Staff Leave (FTE) Factor
\$11.12	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
10.9%	Non-Personnel Operating Percentage
9.6%	Office/Facility Related Percentage
23.3%	Administration Percentage
11	Number of Holidays per Year
\$23.10	Rate Per Day of Service (5 Days/Week)

Day Program Services
<i>Extensive</i>

**Reimbursement Rate
by Category**

\$/Day	Category
\$ 15.08	Direct Service
\$ 2.22	+ Direct Service Supervision
\$ 17.30	= Direct Service Rate
\$ 3.36	+ Non-Personnel Operating (1)
\$ 2.97	+ Office/Facility Related (2)
\$ 7.16	+ Administration (3)
\$ 30.79	= Subtotal
\$ 30.79	= Rate per Day of Service (5 Days/Week)

- (1) 10.9% of subtotal.
- (2) 9.6% of subtotal.
- (3) 23.3% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:6.0	Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.48	Direct Service Hourly Wage Rate
1.11	Staff Leave (FTE) Factor
\$11.12	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
10.9%	Non-Personnel Operating Percentage
9.6%	Office/Facility Related Percentage
23.3%	Administration Percentage
11	Number of Holidays per Year
\$30.79	Rate Per Day of Service (5 Days/Week)

Day Program Services
Pervasive

**Reimbursement Rate
by Category**

\$/Day	Category
\$ 22.62	Direct Service
\$ 3.34	+ Direct Service Supervision
\$ 25.96	= Direct Service Rate
\$ 5.03	+ Non-Personnel Operating (1)
\$ 4.45	+ Office/Facility Related (2)
\$ 10.74	+ Administration (3)
\$ 46.18	= Subtotal
\$ 46.18	= Rate per Day of Service (5 Days/Week)

- (1) 10.9% of subtotal.
- (2) 9.6% of subtotal.
- (3) 23.3% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:4.0	Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.48	Direct Service Hourly Wage Rate
1.11	Staff Leave (FTE) Factor
\$11.12	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
10.9%	Non-Personnel Operating Percentage
9.6%	Office/Facility Related Percentage
23.3%	Administration Percentage
11	Number of Holidays per Year
\$46.18	Rate Per Day of Service (5 Days/Week)

Day Program Services
<i>Pervasive Plus</i>

**Reimbursement Rate
by Category**

\$/Day	Category
\$ 90.49	Direct Service
\$ 13.34	+ Direct Service Supervision
\$ 103.83	= Direct Service Rate
\$ 20.14	+ Non-Personnel Operating (1)
\$ 17.81	+ Office/Facility Related (2)
\$ 42.97	+ Administration (3)
\$ 184.75	= Subtotal
\$ 184.75	= Rate per Day of Service (5 Days/Week)

- (1) 10.9% of subtotal.
- (2) 9.6% of subtotal.
- (3) 23.3% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1:1.0	Direct Service Staffing Ratio
1.20	Benefits Factor
\$8.48	Direct Service Hourly Wage Rate
1.11	Staff Leave (FTE) Factor
\$11.12	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
10.9%	Non-Personnel Operating Percentage
9.6%	Office/Facility Related Percentage
23.3%	Administration Percentage
11	Number of Holidays per Year
\$184.75	Rate Per Day of Service (5 Days/Week)

Psychology

**Reimbursement Rate
Per Hour of Service By Category**

\$/Hour	Category
\$ 68.08	Psychologist
\$ 68.08	= Direct Service Rate
\$ 9.50	+ Administration (3)
\$ 77.58	= Total Rate Per Hour of Service

- (1) 0% of Total.
- (2) 0% of Total.
- (3) 12.2% of Total.
- (4) 0% of Total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
#REF!	Psychologist Hourly Wage Rate
60%	Utilization
1.15	Staff Leave (FTE) Factor
68.08	Contract Psychologist
12.3%	Administration Percentage
\$77.58	Psychology Rate Per Hour of Service

**Physical Therapy, Occupational Therapy,
Speech Therapy & Audiology**

**Reimbursement Rate
Per Hour of Service By Category**

\$/Hour	Category
\$ 65.04	Therapist
\$ 65.04	= Direct Service Rate
\$ 9.08	+ Administration (3)
\$ 74.12	= Total Rate Per Hour of Service

- (1) 0% of Total.
- (2) 0% of Total.
- (3) 12.3% of Total.
- (4) 0% of Total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
#REF!	Therapist Hourly Wage Rate
60%	Utilization
1.15	Staff Leave (FTE) Factor
#REF!	Therapist Supervisor Hourly Wage Rate
1:10.0	Span of Control
\$65.04	Contract Therapist
12.3%	Administration Percentage
\$74.12	Therapy Rate Per Hour of Service

Social Services

**Reimbursement Rate
Per Hour of Service By Category**

\$/Hour	Category
\$ 44.30	Social Worker
\$ 44.30	= Direct Service Rate
\$ 6.18	+ Administration (3)
\$ 50.48	= Total Rate Per Hour of Service

- (1) 0% of Total.
- (2) 0% of Total.
- (3) 12.2% of Total.
- (4) 0% of Total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
#REF!	Social Worker Hourly Wage Rate
50%	Utilization
1.15	Staff Leave (FTE) Factor
#REF!	Social Worker Supervisor Hourly Wage Rate
1:10.0	Span of Control
\$44.30	Contract Social Worker
12.3%	Administration Percentage
\$50.48	Social Services Rate Per Hour of Service

Dietary

**Reimbursement Rate
Per Hour of Service By Category**

\$/Hour	Category
\$ 43.61	Contract Dietitian
\$ 43.61	= Direct Service Rate
\$ 6.09	+ Administration (3)
\$ 49.70	= Total Rate Per Hour of Service

- (1) 0% of Total.
- (2) 0% of Total.
- (3) 12.3% of Total.
- (4) 0% of Total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
#REF!	Dietitian Hourly Wage Rate
60%	Utilization
1.15	Staff Leave (FTE) Factor
43.61	Contract Dietitian
#REF!	Dietitian Supervisor Hourly Wage Rate
1:10.0	Span of Control
12.3%	Administration Percentage
\$49.70	Dietary Rate Per Hour of Service

Nursing

**Reimbursement Rate
Per Hour of Service By Category**

\$/Hour	Category
\$ 40.69	Nurse
\$ 1.86	+ Nursing Supervisor
\$ 42.55	= Direct Service Rate
\$ 3.52	+ Non-Personnel Operating (1)
\$ 0.74	+ Office/Facility Related (2)
\$ 11.88	+ Administration (3)
\$ 58.69	= Total Rate Per Hour of Service

- (1) 6% of Total.
- (2) 1.3% of Total.
- (3) 20.2% of Total.
- (4) 0% of Total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
\$19.25	Nurse Hourly Wage Rate
66%	Utilization
1.15	Staff Leave (FTE) Factor
\$21.67	Nursing Supervisor Hourly Wage Rate
100%	Utilization - Supervisor
1:14.0	Span of Control
6.0%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
20.2%	Administration Percentage
\$58.69	Nursing Rate Per Hour of Service

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
\$14.08	Case Manager Hourly Wage Rate
1:20.5	Caseload
\$16.60	Case Manager Supervisor Hourly Wage Rate
1:10.0	Span of Control
\$32.90	Indirect Costs Lump Sum Amount Per Day
6.6%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
20.1%	Administration Percentage
\$1,160.40	Case Management Reimbursement Rate Per Month of Service

Supported Employment

**Reimbursement Rate
by Category**

\$/Day	Category
\$ 21.84	Direct Service
\$ 1.68	+ Direct Service Supervision
\$ 23.52	Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 23.52	= Rate per Hour of Service

- (1) 0% of subtotal.
- (2) 0% of subtotal.
- (3) 0% of subtotal.
- (4) 0% of subtotal.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
60%	Utilization
100%	Utilization of Supervisor
1.20	Benefits Factor
\$9.47	Direct Service Hourly Wage Rate
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Staff Supervision Hourly Wage Rate
1:8.0	Direct Staff Supervision Span of Control
5.99%	Non-Personnel Operating Percentage
1.26%	Office/Facility Related Percentage
20.24%	Administration Percentage
\$23.52	Rate Per Hour of Service

Foster Care

LEVEL = Intermittent

**Reimbursement Rate Per
Unit (Day) of Service by Category**

\$/Unit	Category
\$ 31.22	Foster/Companion Care Payment
\$ 7.36	+ Respite
\$ 6.21	+ Foster Care Coordinator
\$ 44.79	Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 44.79	= Rate per Unit (Day) of Service

- (1) 0% of total.
- (2) 0% of total.
- (3) 0% of total.
- (4) 0% of total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
\$949.63	Monthly Foster/Companion Care Payment
\$31.22	Daily Foster/Companion Care Payment
\$7.36	Respite (30 days)
1.20	Benefits Factor
\$13.62	FC Coordinator Hourly Wage Rate
1:15.0	Caseload
1.9%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
21.2%	Administration Percentage
\$44.79	Rate Per Unit (Day) of Service

75.6% Direct Service Percentage

FC Cost Calculations

Foster Care Coordinator Cost Calculation	
\$13.62	Hourly Wage Rate
1.20	x Benefits Factor
2080	x Hours Per Year (40 Hours/Week x 52 Weeks/Year = 2080)
365	÷ 365 Days Per Year
1:15.0	÷ Caseload
\$6.21	= Foster Care Coordinator Cost Per Day

Foster Care

LEVEL = Limited

**Reimbursement Rate Per
Unit (Day) of Service by Category**

\$/Unit	Category
\$ 34.68	Foster/Companion Care Payment
\$ 7.36	+ Respite
\$ 6.21	+ Foster Care Coordinator
\$ 48.25	Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 48.25	= Rate per Unit (Day) of Service

- (1) 0% of total.
- (2) 0% of total.
- (3) 0% of total.
- (4) 0% of total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
\$1,054.82	Monthly Foster/Companion Care Payment
\$34.68	Daily Foster/Companion Care Payment
\$7.36	Respite (30 days)
1.20	Benefits Factor
\$13.62	FC Coordinator Hourly Wage Rate
1:15.0	Caseload
1.9%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
21.2%	Administration Percentage
\$48.25	Rate Per Unit (Day) of Service

Foster Care

LEVEL = Extensive

**Reimbursement Rate Per
Unit (Day) of Service by Category**

\$/Unit	Category
\$ 52.03	Foster/Companion Care Payment
\$ 7.36	+ Respite
\$ 6.21	+ Foster Care Coordinator
\$ 65.60	Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 65.60	= Rate per Unit (Day) of Service

- (1) 0% of total.
- (2) 0% of total.
- (3) 0% of total.
- (4) 0% of total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
\$1,582.43	Monthly Foster/Companion Care Payment
\$52.03	Daily Foster/Companion Care Payment
\$7.36	Respite (30 days)
1.20	Benefits Factor
\$13.62	FC Coordinator Hourly Wage Rate
1:15.0	Caseload
1.9%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
21.2%	Administration Percentage
\$65.60	Rate Per Unit (Day) of Service

Foster Care

LEVEL = Pervasive

**Reimbursement Rate Per
Unit (Day) of Service by Category**

\$/Unit	Category
\$ 76.31	Foster/Companion Care Payment
\$ 7.36	+ Respite
\$ 6.21	+ Foster Care Coordinator
\$ 89.88	Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 89.88	= Rate per Unit (Day) of Service

- (1) 0% of total.
- (2) 0% of total.
- (3) 0% of total.
- (4) 0% of total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
\$2,320.95	Monthly Foster/Companion Care Payment
\$76.31	Daily Foster/Companion Care Payment
\$7.36	Respite (30 days)
1.20	Benefits Factor
\$13.62	FC Coordinator Hourly Wage Rate
1:15.0	Caseload
1.9%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
21.2%	Administration Percentage
\$89.88	Rate Per Unit (Day) of Service

Foster Care

LEVEL = Pervasive +

**Reimbursement Rate Per
Unit (Day) of Service by Category**

\$/Unit	Category
\$ 104.05	Foster/Companion Care Payment
\$ 7.36	+ Respite
\$ 6.21	+ Foster Care Coordinator
\$ 117.62	Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 117.62	= Rate per Unit (Day) of Service

- (1) 0% of total.
- (2) 0% of total.
- (3) 0% of total.
- (4) 0% of total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
\$3,164.78	Monthly Foster/Companion Care Payment
\$104.05	Daily Foster/Companion Care Payment
\$7.36	Respite (30 days)
1.20	Benefits Factor
\$13.62	FC Coordinator Hourly Wage Rate
1:15.0	Caseload
1.9%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
16.9%	Administration Percentage
\$117.62	Rate Per Unit (Day) of Service

Respite (Hourly/Daily)

**Reimbursement Rate Per
Hour/Day of Service by Category**

\$/Hour	Category
\$ 9.74	Direct Service
\$ -	+ Other Agency Cost (1)
\$ 9.74	= Rate per Hour of Service

(1) 0% of Total.

\$97.40	= Rate per Day of Service
----------------	----------------------------------

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
\$8.11	Direct Service Respite Provider
1.20	Benefits Factor
27.5%	Other Agency Cost Percentage
\$9.74	Rate Per Hour of Service

Residential Assistance In-home

**Reimbursement Rate
Per Hour of Service By Category**

\$/Hour	Category
\$ 16.78	Direct Service
\$ 0.97	+ Direct Service Supervision
\$ 17.75	= Direct Service Rate
\$ -	+ Non-Personnel Operating (1)
\$ -	+ Office/Facility Related (2)
\$ -	+ Administration (3)
\$ 17.75	= Total Rate Per Hour of Service

- (1) 0% of Total.
- (2) 0% of Total.
- (3) 0% of Total.
- (4) 0% of Total.

Reimbursement Rate Decision Factors Summary

Factor	Decision Category
1.20	Benefits Factor
\$8.48	Direct Service Staff Hourly Wage Rate
70%	Utilization
1.15	Staff Leave (FTE) Factor
\$11.25	Direct Service Supervision Hourly Wage Rate
1:14.0	Span of Control
6.3%	Non-Personnel Operating Percentage
1.3%	Office/Facility Related Percentage
20.2%	Administration Percentage
\$17.75	Rate Per Hour of Service