



Alaska-LTSS Rate Model

Presented to:

Alaska Department of Health (DOH)

Presented by:

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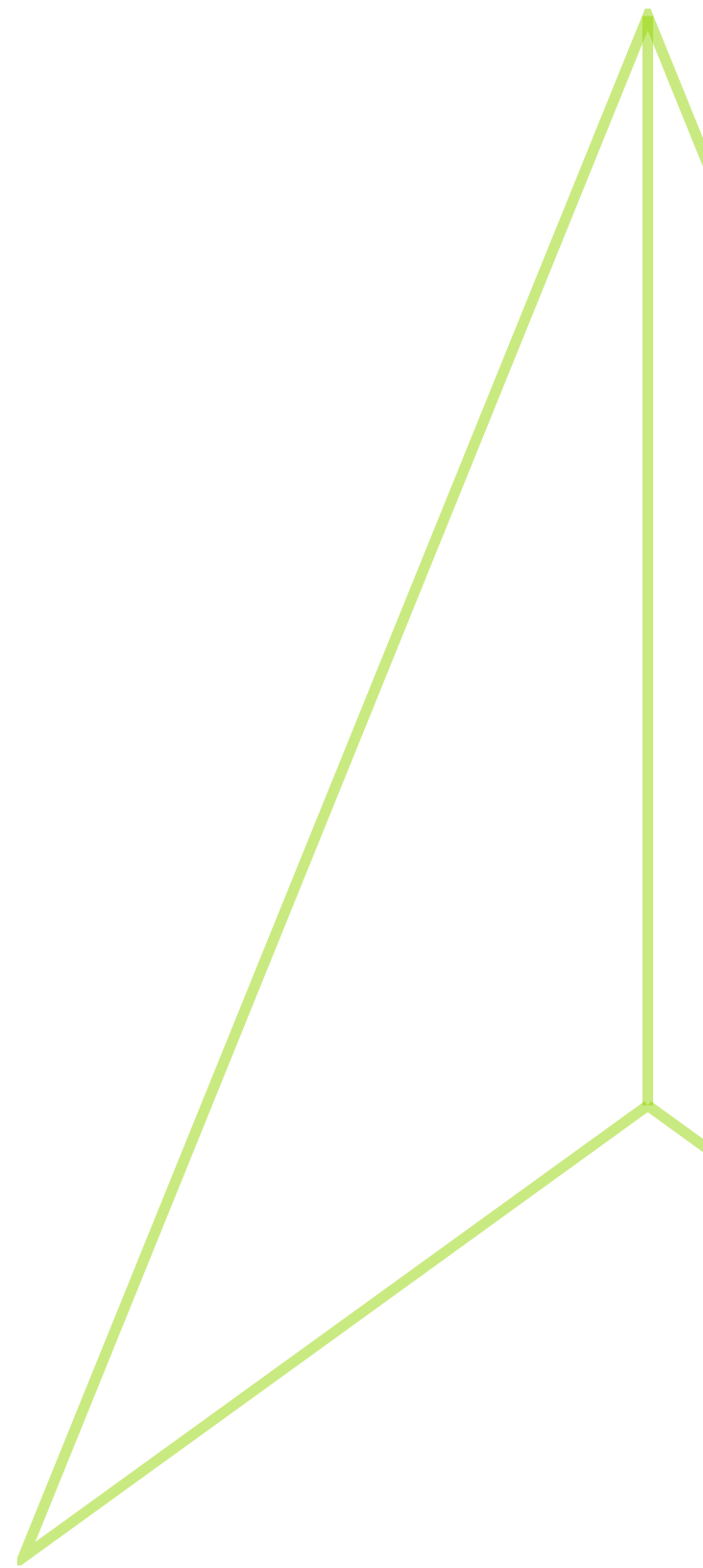


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Care Coordination: Rate Model

Table 1A. Rate Model Criteria for Care Coordination

Category	Definition
Existing / Proposed	Existing
Service	Care Coordination ALI, Care Coordination TEFRA, Case Management Community First Choice
Program	ALI, APDD, CCMC, IDD, IDD-ISW, TEFRA, Community First Choice
Procedure Code	T2022, T2024CG, T2022 TS
Unit of Measure	Per Month
Direct Care Staff Type	Care Coordinator
Supervisor Staff Type	Direct Support Supervisor

Table 1B. Care Coordination Rate Model

Input Description	Description	Row Reference	Source / Calculation	Care Coordination ALI: Procedure Code T2022	Care Coordination TEFRA: Procedure Code T2024CG	Case Management Community First Choice: Procedure Code T2022 TS
Wages	Hourly Wage- Care Coordinator	a	Survey	\$32.10	\$32.10	\$32.10
Wages	Annual Wage	b	$a * 2080$	\$66,768.00	\$66,768.00	\$66,768.00
Wages	ERE (% of Wages)	c	Survey	32.68%	32.68%	32.68%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$42.59	\$42.59	\$42.59
Wages	Annual Compensation	e	$b * (1 + c)$	\$88,585.87	\$88,585.87	\$88,585.87
Supervision	Hourly Supervisor Wage	f	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	g	$f * 2080$	\$73,715.20	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	h	Survey	31.55%	31.55%	31.55%

Input Description	Description	Row Reference	Source / Calculation	Care Coordination ALI: Procedure Code T2022	Care Coordination TEFRA: Procedure Code T2024CG	Case Management Community First Choice: Procedure Code T2022 TS
Supervision	Hourly Supervisor Compensation	i	$f * (1 + h)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	j	$g * (1 + h)$	\$96,973.27	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	k	Survey	15	15	15
Supervision	Supervisor Span of Control	l	Survey	8.00	8.00	8.00
Supervision	Supervision Hours per Staff per Hour	m	$k / l / 40$	0.05	0.05	0.05
Supervision	Supervision Cost per Staff per Hour	n	$i * m$	\$2.33	\$2.33	\$2.33
Supervision	Annual Supervision Cost per Staff	o	$j * m$	\$4,848.66	\$4,848.66	\$4,848.66
Supervision	Annual Total Compensation	p	$e + o$	\$93,434.53	\$93,434.53	\$93,434.53
Admin and Program	Administrative Overhead Percent	q	Survey	33.4%	33.4%	33.4%
Admin and Program	Administrative Overhead Hourly Cost	r	$(d + n) * q$	\$15.00	\$15.00	\$15.00
Admin and Program	Administrative Overhead Annual Cost	s	$p * q$	\$31,207.13	\$31,207.13	\$31,207.13
Admin and Program	Program Support - Wages and Benefits	t	Survey	5.7%	5.7%	5.7%
Admin and Program	Program Support - Supplies	u	Survey	4.3%	4.3%	4.3%
Admin and Program	Program Support - Transportation	v	Survey	6.8%	6.8%	6.8%

Input Description	Description	Row Reference	Source / Calculation	Care Coordination ALI: Procedure Code T2022	Care Coordination TEFRA: Procedure Code T2024CG	Case Management Community First Choice: Procedure Code T2022 TS
Admin and Program	Program Support - Building and Equipment	w	Survey	0.0%	0.0%	0.0%
Admin and Program	Program Support - Total	x	$t + u + v + w$	16.8%	16.8%	16.8%
Admin and Program	Program Support Hourly Cost	y	$(d + n) * x$	\$7.55	\$7.55	\$7.55
Admin and Program	Program Support Annual Cost	z	$p * x$	\$15,697.00	\$15,697.00	\$15,697.00
Cost	Total Annual Cost	aa	$p + s + z$	\$140,338.66	\$140,338.66	\$140,338.66
Cost	Total Hourly Cost	ab	$d + n + r + y$	\$67.47	\$67.47	\$67.47
Cost	Total Monthly Cost	ac	$aa / 12$	\$11,694.89	\$11,694.89	\$11,694.89
Caseload	Caseload	ad	Survey	28.00	28.00	28.00
Rate	SFY2027 Proposed Benchmark Rate	ae	ac / ad	\$417.67	\$417.67	\$417.67
Rate	SFY2026 Rate (Current Rate)	af	Fee schedule	\$402.33	\$384.81	\$402.33
Rate	Percent Change	af	$(ae - af) / af$	3.8%	9%	4%

Table 1C. Rate Model Criteria for Care Coordination

Category	Definition
Existing / Proposed	Proposed
Service	Care Coordination Enhanced (High Acuity), Care Coordination Waiver / CFC ONLY (Non-TEFRA), Care Coordination TEFRA ONLY (Low Acuity)
Program	ALI, APDD, CCMC, IDD, IDD-ISW, CFC, TEFRA
Procedure Code	T2022 TS
Unit of Measure	Per Month
Direct Care Staff Type	Care Coordinator
Supervisor Staff Type	Direct Support Supervisor

Table 1D. Care Coordination Rate Model

Input Description	Description	Row Reference	Source / Calculation	Care Coordination Enhanced (High Acuity): Procedure Code T2022 TS	Care Coordination Waiver / CFC ONLY (Non-TEFRA): Procedure Code T2022 TS	Care Coordination TEFRA ONLY (Low Acuity): Procedure Code T2022 TS
Wages	Hourly Wage- Care Coordinator	a	Survey	\$32.10	\$32.10	\$32.10
Wages	Annual Wage	b	$a * 2080$	\$66,768.00	\$66,768.00	\$66,768.00
Wages	ERE (% of Wages)	c	Survey	32.68%	32.68%	32.68%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$42.59	\$42.59	\$42.59
Wages	Annual Compensation	e	$b * (1 + c)$	\$88,585.87	\$88,585.87	\$88,585.87
Supervision	Hourly Supervisor Wage	f	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	g	$f * 2080$	\$73,715.20	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	h	Survey	31.55%	31.55%	31.55%

Input Description	Description	Row Reference	Source / Calculation	Care Coordination Enhanced (High Acuity): Procedure Code T2022 TS	Care Coordination Waiver / CFC ONLY (Non-TEFRA): Procedure Code T2022 TS	Care Coordination TEFRA ONLY (Low Acuity): Procedure Code T2022 TS
Supervision	Hourly Supervisor Compensation	i	$f * (1 + h)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	j	$g * (1 + h)$	\$96,973.27	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	k	Survey	15	15	15
Supervision	Supervisor Span of Control	l	Survey	8.00	8.00	8.00
Supervision	Supervision Hours per Staff per Hour	m	$k / l / 40$	0.05	0.05	0.05
Supervision	Supervision Cost per Staff per Hour	n	$i * m$	\$2.33	\$2.33	\$2.33
Supervision	Annual Supervision Cost per Staff	o	$j * m$	\$4,848.66	\$4,848.66	\$4,848.66
Supervision	Annual Total Compensation	p	$e + o$	\$93,434.53	\$93,434.53	\$93,434.53
Admin and Program	Administrative Overhead Percent	q	Survey	33.4%	33.4%	33.4%
Admin and Program	Administrative Overhead Hourly Cost	r	$(d + n) * q$	\$15.00	\$15.00	\$15.00
Admin and Program	Administrative Overhead Annual Cost	s	$p * q$	\$31,207.13	\$31,207.13	\$31,207.13
Admin and Program	Program Support - Wages and Benefits	t	Survey	5.7%	5.7%	5.7%
Admin and Program	Program Support - Supplies	u	Survey	4.3%	4.3%	4.3%
Admin and Program	Program Support - Transportation	v	Survey	6.8%	6.8%	6.8%
Admin and Program	Program Support - Building and Equipment	w	Survey	0.0%	0.0%	0.0%

Input Description	Description	Row Reference	Source / Calculation	Care Coordination Enhanced (High Acuity): Procedure Code T2022 TS	Care Coordination Waiver / CFC ONLY (Non-TEFRA): Procedure Code T2022 TS	Care Coordination TEFRA ONLY (Low Acuity): Procedure Code T2022 TS
Admin and Program	Program Support - Total	x	$t + u + v + w$	16.8%	16.8%	16.8%
Admin and Program	Program Support Hourly Cost	y	$(d + n) * x$	\$7.55	\$7.55	\$7.55
Admin and Program	Program Support Annual Cost	z	$p * x$	\$15,697.00	\$15,697.00	\$15,697.00
Cost	Total Annual Cost	aa	$p + s + z$	\$140,338.66	\$140,338.66	\$140,338.66
Cost	Total Hourly Cost	ab	$d + n + r + y$	\$67.47	\$67.47	\$67.47
Cost	Total Monthly Cost	ac	$aa / 12$	\$11,694.89	\$11,694.89	\$11,694.89
Caseload	Caseload	ad	Survey	15.00	22.00	42.00
Rate	SFY2027 Proposed Benchmark Rate	ae	ac / ad	\$779.66	\$531.59	\$278.45
Rate	SFY2026 Rate (Current Rate)	af	Fee schedule	\$402.33	\$402.33	\$402.33
Rate	Percent Change	af	$(ae - af) / af$	93.8%	32.1%	-30.8%

Table 2A. Rate Model Criteria for Care Coordination

Category	Definition
Existing / Proposed	Survey FTE Weighted
Service	Community First Choice Application for Waiver, Assessment
Program	Community First Choice, TEFRA
Procedure Code	T1023 SE, T2024
Unit of Measure	One Initial
Direct Care Staff Type	Care Coordinator
Supervisor Staff Type	Direct Support Supervisor

Table 2B. Care Coordination Rate Model

Service	Description	Row Reference	Source / Calculation	Community First Choice Application for Waiver: Procedure Code T1023 SE	Assessment: Procedure Code T2024
Wages	Hourly Wage- Care Coordinator	a	Survey	\$32.10	\$32.10
Wages	Annual Wage	b	a * 2080	\$66,768	\$66,768
Wages	ERE (% of Wages)	c	Survey	32.68%	32.68%
Wages	Hourly Compensation	d	a * (1 + c)	\$42.59	\$42.59
Wages	Annual Compensation	e	b * (1 + c)	\$88,586	\$88,586
Supervision	Hourly Supervisor Wage	f	Survey	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	g	f * 2080	\$73,715	\$73,715
Supervision	Supervisor ERE	h	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	i	f * (1 + h)	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	j	g * (1 + h)	\$96,973	\$96,973

Service	Description	Row Reference	Source / Calculation	Community First Choice Application for Waiver: Procedure Code T1023 SE	Assessment: Procedure Code T2024
Supervision	Supervision Hours per Week	k	Survey	15	15
Supervision	Supervisor Span of Control	l	Survey	2.00	2.00
Supervision	Supervision Hours per Staff per Hour	m	$k / l / 40$	0.19	0.19
Supervision	Supervision Cost per Staff per Hour	n	$l * m$	\$8.86	\$8.86
Supervision	Annual Supervision Cost per Staff	o	$j * m$	\$18,425	\$18,425
Supervision	Annual Total Compensation	p	$e + o$	\$107,011	\$107,011
Admin and Program	Administrative Overhead Percent	q	Survey	33.4%	33.4%
Admin and Program	Administrative Overhead Hourly Cost	r	$(d + n) * q$	\$17.18	\$17.18
Admin and Program	Administrative Overhead Annual Cost	s	$p * q$	\$35,742	\$35,742
Admin and Program	Program Support - Wages and Benefits	t	Survey	5.7%	5.7%
Admin and Program	Program Support - Supplies	u	Survey	4.3%	4.3%
Admin and Program	Program Support - Transportation	v	Survey	0.0%	0.0%
Admin and Program	Program Support - Building and Equipment	w	Survey / Average with 50% Cap	0.0%	0.0%
Admin and Program	Program Support - Total	w	$t + u + v$	10.0%	10.0%
Admin and Program	Program Support Hourly Cost	x	Survey	\$5.15	\$5.15
Admin and Program	Program Support Annual Cost	y	$p * w$	\$10,701	\$10,701
Cost	Total Annual Cost	z	$p + s + y$	\$153,453	\$153,453

Service	Description	Row Reference	Source / Calculation	Community First Choice Application for Waiver: Procedure Code T1023 SE	Assessment: Procedure Code T2024
Cost	Total Hourly Cost	aa	$n + r + x$	\$73.78	\$73.78
Cost	Total Monthly Cost	ab	$z / 12$	\$12,788	\$12,788
Caseload	Hours per Client	ac	Survey	3.00	3.75
Rate	SFY2027 Proposed Benchmark Rate	ad	ab / ac	\$221.34	\$276.68
Rate	SFY2026 Rate (Current Rate)	ae	Fee schedule	\$220.01	\$268.46
Rate	Percent Change	af	Percent Change	1%	3%

Table 2C. Rate Model Criteria for Care Coordination

Category	Definition
Existing / Proposed	Survey FTE Weighted
Service	Community First Choice Initial Support Plan / Annual Renewal of Support Plan, Reassessment
Program	Community First Choice, TEFRA
Procedure Code	T2024 SE, T2024U4
Unit of Measure	One Annual
Direct Care Staff Type	Care Coordinator
Supervisor Staff Type	Direct Support Supervisor

Table 2D. Care Coordination Rate Model

Service	Description	Row Reference	Source / Calculation	Community First Choice Initial Support Plan / Annual Renewal of Support Plan: Procedure Code T2024 SE	Reassessment: Procedure Code T2024U4
Wages	Hourly Wage- Care Coordinator	a	Survey	\$32.10	\$32.10
Wages	Annual Wage	b	a * 2080	\$66,768	\$66,768
Wages	ERE (% of Wages)	c	Survey	32.68%	32.68%
Wages	Hourly Compensation	d	a * (1 + c)	\$42.59	\$42.59
Wages	Annual Compensation	e	b * (1 + c)	\$88,586	\$88,586
Supervision	Hourly Supervisor Wage	f	Survey	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	g	f * 2080	\$73,715	\$73,715
Supervision	Supervisor ERE	h	Survey	31.55%	31.55%

Service	Description	Row Reference	Source / Calculation	Community First Choice Initial Support Plan / Annual Renewal of Support Plan: Procedure Code T2024 SE	Reassessment: Procedure Code T2024U4
Supervision	Hourly Supervisor Compensation	i	$f * (1 + h)$	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	j	$g * (1 + h)$	\$96,973	\$96,973
Supervision	Supervision Hours per Week	k	Survey	15	15
Supervision	Supervisor Span of Control	l	Survey	2.00	2.00
Supervision	Supervision Hours per Staff per Hour	m	$k / l / 40$	0.19	0.19
Supervision	Supervision Cost per Staff per Hour	n	$l * m$	\$8.86	\$8.86
Supervision	Annual Supervision Cost per Staff	o	$j * m$	\$18,425	\$18,425
Supervision	Annual Total Compensation	p	$e + o$	\$107,011	\$107,011
Admin and Program	Administrative Overhead Percent	q	Survey	33.4%	33.4%
Admin and Program	Administrative Overhead Hourly Cost	r	$(d + n) * q$	\$17.18	\$17.18
Admin and Program	Administrative Overhead Annual Cost	s	$p * q$	\$35,742	\$35,742
Admin and Program	Program Support - Wages and Benefits	t	Survey	5.7%	5.7%
Admin and Program	Program Support - Supplies	u	Survey	4.3%	4.3%
Admin and Program	Program Support - Transportation	v	Survey	0.0%	0.0%
Admin and Program	Program Support - Building and Equipment	w	Survey / Average with 50% Cap	0.0%	0.0%

Service	Description	Row Reference	Source / Calculation	Community First Choice Initial Support Plan / Annual Renewal of Support Plan: Procedure Code T2024 SE	Reassessment: Procedure Code T2024U4
Admin and Program	Program Support - Total	w	t + u + v	10.0%	10.0%
Admin and Program	Program Support Hourly Cost	x	Survey	\$5.15	\$5.15
Admin and Program	Program Support Annual Cost	y	p * w	\$10,701	\$10,701
Cost	Total Annual Cost	z	p + s + y	\$153,453	\$153,453
Cost	Total Hourly Cost	aa	n + r + x	\$73.78	\$73.78
Cost	Total Monthly Cost	ab	z / 12	\$12,788	\$12,788
Caseload	Hours per Client	ac	Survey	12.50	1.75
Rate	SFY2027 Proposed Benchmark Rate	ad	ab / ac	\$922.25	\$129.12
Rate	SFY2026 Rate (Current Rate)	ae	Fee schedule	\$942.95	\$127.10
Rate	Percent Change	af	Percent Change	-2%	2%

Table 2E. Rate Model Criteria for Care Coordination

Category	Definition
Existing / Proposed	Survey FTE Weighted
Service	Screening,
Program	TEFRA
Procedure Code	T1023CG
Unit of Measure	One Initial one additional as approved
Direct Care Staff Type	Care Coordinator
Supervisor Staff Type	Direct Support Supervisor

Table 2F. Care Coordination Rate Model

Service	Description	Row Reference	Source / Calculation	Screening: Procedure Code T1023CG
Wages	Hourly Wage- Care Coordinator	a	Survey	\$32.10
Wages	Annual Wage	b	$a * 2080$	\$66,768
Wages	ERE (% of Wages)	c	Survey	32.68%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$42.59
Wages	Annual Compensation	e	$b * (1 + c)$	\$88,586
Supervision	Hourly Supervisor Wage	f	Survey	\$35.44
Supervision	Annual Supervisor Wage	g	$f * 2080$	\$73,715
Supervision	Supervisor ERE	h	Survey	31.55%
Supervision	Hourly Supervisor Compensation	i	$f * (1 + h)$	\$46.62
Supervision	Annual Supervisor Compensation	j	$g * (1 + h)$	\$96,973

Service	Description	Row Reference	Source / Calculation	Screening: Procedure Code T1023CG
Supervision	Supervision Hours per Week	k	Survey	15
Supervision	Supervisor Span of Control	l	Survey	2.00
Supervision	Supervision Hours per Staff per Hour	m	$k / l / 40$	0.19
Supervision	Supervision Cost per Staff per Hour	n	$l * m$	\$8.86
Supervision	Annual Supervision Cost per Staff	o	$j * m$	\$18,425
Supervision	Annual Total Compensation	p	$e + o$	\$107,011
Admin and Program	Administrative Overhead Percent	q	Survey	33.4%
Admin and Program	Administrative Overhead Hourly Cost	r	$(d + n) * q$	\$17.18
Admin and Program	Administrative Overhead Annual Cost	s	$p * q$	\$35,742
Admin and Program	Program Support - Wages and Benefits	t	Survey	5.7%
Admin and Program	Program Support - Supplies	u	Survey	4.3%
Admin and Program	Program Support - Transportation	v	Survey	0.0%
Admin and Program	Program Support - Building and Equipment	w	Survey / Average with 50% Cap	0.0%
Admin and Program	Program Support - Total	w	$t + u + v$	10.0%
Admin and Program	Program Support Hourly Cost	x	Survey	\$5.15
Admin and Program	Program Support Annual Cost	y	$p * w$	\$10,701
Cost	Total Annual Cost	z	$p + s + y$	\$153,453
Cost	Total Hourly Cost	aa	$n + r + x$	\$73.78
Cost	Total Monthly Cost	ab	$z / 12$	\$12,788

Service	Description	Row Reference	Source / Calculation	Screening: Procedure Code T1023CG
Caseload	Hours per Client	ac	Survey	1.25
Rate	SFY2027 Proposed Benchmark Rate	ad	ab / ac	\$92.23
Rate	SFY2026 Rate (Current Rate)	ae	Fee schedule	\$90.33
Rate	Percent Change	af	Percent Change	2%

Table 2G. Rate Model Criteria for Care Coordination

Category	Definition
Existing / Proposed	Survey FTE Weighted
Service	Plan of Care TEFRA
Program	TEFRA
Procedure Code	T2024CG
Unit of Measure	Per Month
Direct Care Staff Type	Care Coordinator
Supervisor Staff Type	Direct Support Supervisor

Table 2H. Care Coordination Rate Model

Service	Description	Row Reference	Source / Calculation	Plan of Care: Procedure Code T2024CG
Wages	Hourly Wage- Care Coordinator	a	Survey	\$32.10
Wages	Annual Wage	b	$a * 2080$	\$66,768
Wages	ERE (% of Wages)	c	Survey	32.68%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$42.59
Wages	Annual Compensation	e	$b * (1 + c)$	\$88,586
Supervision	Hourly Supervisor Wage	f	Survey	\$35.44
Supervision	Annual Supervisor Wage	g	$f * 2080$	\$73,715
Supervision	Supervisor ERE	h	Survey	31.55%
Supervision	Hourly Supervisor Compensation	i	$f * (1 + h)$	\$46.62
Supervision	Annual Supervisor Compensation	j	$g * (1 + h)$	\$96,973

Service	Description	Row Reference	Source / Calculation	Plan of Care: Procedure Code T2024CG
Supervision	Supervision Hours per Week	k	Survey	15
Supervision	Supervisor Span of Control	l	Survey	2.00
Supervision	Supervision Hours per Staff per Hour	m	$k / l / 40$	0.19
Supervision	Supervision Cost per Staff per Hour	n	$l * m$	\$8.86
Supervision	Annual Supervision Cost per Staff	o	$j * m$	\$18,425
Supervision	Annual Total Compensation	p	$e + o$	\$107,011
Admin and Program	Administrative Overhead Percent	q	Survey	33.4%
Admin and Program	Administrative Overhead Hourly Cost	r	$(d + n) * q$	\$17.18
Admin and Program	Administrative Overhead Annual Cost	s	$p * q$	\$35,742
Admin and Program	Program Support - Wages and Benefits	t	Survey	5.7%
Admin and Program	Program Support - Supplies	u	Survey	4.3%
Admin and Program	Program Support - Transportation	v	Survey	6.8%
Admin and Program	Program Support - Building and Equipment	w	Survey / Average with 50% Cap	0.0%
Admin and Program	Program Support - Total	w	$t + u + v$	16.8%
Admin and Program	Program Support Hourly Cost	x	Survey	\$8.64
Admin and Program	Program Support Annual Cost	y	$p * w$	\$17,978
Cost	Total Annual Cost	z	$p + s + y$	\$160,730
Cost	Total Hourly Cost	aa	$n + r + x$	\$77.27
Cost	Total Monthly Cost	ab	$z / 12$	\$13,394

Service	Description	Row Reference	Source / Calculation	Plan of Care: Procedure Code T2024CG
Caseload	Hours per Client	ac	Survey	5.25
Rate	SFY2027 Proposed Benchmark Rate	ad	ab / ac	\$417.67
Rate	SFY2026 Rate (Current Rate)	ae	Fee schedule	\$384.81
Rate	Percent Change	af	Percent Change	9%

Meals: Rate Model

Table 3A. Rate Model Criteria for Meals - Home Delivered, Meals - Congregate

Category	Definition
Existing / Proposed	Existing
Service	Meals - Home Delivered, Meals – Congregate
Program	ALI, APDD, CCMC, IDD
Procedure Code	S5170, T2025
Unit of Measure	Per Meal
Direct Care Staff Type	Cook
Support Staff Type 1	Food Service Staff
Supervisor Staff Type	Clinical Supervisor

Table 3B. Model Criteria for Meals - Home Delivered, Meals - Congregate Rate Model

Service	Description	Row Reference	Source / Calculation	Meals - Home Delivered: Procedure Code S5170	Meals - Congregate: Procedure Code T2025
Food Costs	Per Person Per Month Food Costs	a	Feeding America	\$448.04	\$448.04
Food Costs	Per Person Annual Food Costs	b	$a * 12$	\$5,376.48	\$5,376.48
Food Costs	Total Individual Meals per Year	c	$365 * 3$	\$1,095.00	\$1,095.00
Food Costs	Cost per Meal	d	b / c	\$4.91	\$4.91
Food Costs	Meals Prepared per Day per Kitchen	e	Survey	64.50	64.50
Food Costs	Daily Food Costs	f	$d * e$	\$316.70	\$316.70
Wage Calculation	Cooks	g	Survey	\$19.58	\$19.58
Wage Calculation	Number of Cooks	h	Survey	3.00	3.00
Wage Calculation	Total Daily Wages	i	$g * h * 8$	\$469.92	\$469.92

Service	Description	Row Reference	Source / Calculation	Meals - Home Delivered: Procedure Code S5170	Meals - Congregate: Procedure Code T2025
Wage Calculation	ERE (% of Wages)	j	Survey	39.99%	39.99%
Wage Calculation	Total Daily Compensation	k	$i * (1 + j)$	\$657.82	\$657.82
Wage Calculation	Other Food Prep and Delivery Staff	l	Survey	\$29.10	\$29.10
Wage Calculation	Number of Other Food Prep and Delivery Staff	m	Survey	2.00	2.00
Wage Calculation	Total Daily Wages	n	$l * m * 8$	\$465.53	\$465.53
Wage Calculation	ERE (% of Wages)	o	Survey	33.91%	33.91%
Wage Calculation	Total Daily Compensation	p	$n * (1 + o)$	\$623.39	\$623.39
Wage Calculation	Hours per Day	q	Standard Workday	8.00	8.00
Wage Calculation	Daily Staff Compensation (Wages + ERE)	r	$k + p$	\$1,281.21	\$1,281.21
Supervision Cost	Supervisor Wage	s	Survey	\$32.23	\$32.23
Supervision Cost	Supervisor ERE	t	Survey	32.63%	32.63%
Supervision Cost	Hourly Supervisor Compensation	u	$s * (1 + t)$	\$42.75	\$42.75
Supervision Cost	Hours per Day	v	Standard Workday	8.00	8.00
Supervision Cost	Daily Supervisor Compensation	w	$u * v$	\$342.00	\$342.00
Capital Costs	Square Feet per Kitchen	x	Provider Conversations	500	500
Capital Costs	Cost per Square Foot Annually - Kitchen	y	Survey	\$35.64	\$35.64

Service	Description	Row Reference	Source / Calculation	Meals - Home Delivered: Procedure Code S5170	Meals - Congregate: Procedure Code T2025
Capital Costs	Square Feet per Dining Room	z	Provider Conversations	0	500
Capital Costs	Cost per Square Foot Annually - Dining Room	aa	Survey	\$35.64	\$35.64
Capital Costs	Total Building and Equipment Costs	ab	$(x * y) + (z * aa)$	\$17,820.00	\$35,640.00
Capital Costs	Daily Capital Costs	ac	$ab / 365$	\$48.82	\$97.64
Delivery Costs	Number of Miles per Day	ad	Survey	250.0	0.0
Delivery Costs	IRS Mileage Rate	ae	irs.gov	\$0.70	\$0.70
Delivery Costs	Annual Mileage Cost	af	$ad * ae * 365$	\$63,875.00	\$0.00
Delivery Costs	Daily Mileage Costs	ag	$ad * ae$	\$175.00	\$0.00
Rate	Total Daily Costs	ah	$f + r + w + ac + ag$	\$2,163.73	\$2,037.55
Rate	Total Daily Meals	ai	Survey	64.50	64.50
Rate	SFY2027 Benchmark Rate	aj	ah / ai	\$33.55	\$31.59
Rate	SFY2026 Rate (Current Rate)	ak	Fee Schedule	\$32.17	\$30.29
Rate	Percent Change	al	$(aj - ak) / ak$	4%	4%

Home-Based w-PCS Nursing: Rate Models

Table 4A. Rate Model Criteria for Home-Based w-PCS Nursing

Category	Definition
Existing / Proposed	Existing
Service	Respite, Respite - Family Directed, Personal Care - Agency Based
Program	ALI, APDD, CCMC, IDD, IDD-ISW, PCS, CFC
Procedure Code	S5150, S5150 U2, T1019 and S5125
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 4B. Home-Based w-PCS Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Respite: Procedure Code S5150	Respite - Family Directed: Procedure Code S5150 U2	Personal Care - Agency Based: Procedure Code T1019 and S5125
Wage	Hourly Wage	a	Survey	\$15.16	\$15.16	\$21.16
Wage	Annual Wage	b	$a * 2080$	\$31,532.80	\$31,532.80	\$44,012.80
Wage	ERE (% of Wages)	c	Survey	41.27%	41.27%	38.66%
Wage	Hourly Compensation	d	$a * (1 + c)$	\$21.42	\$21.42	\$29.34
Wage	Annual Compensation	e	$b * (1 + c)$	\$44,546.09	\$44,546.09	\$61,028.07
Productivity	Total Hours	f	Standard Workweek	40	40	40
Productivity	Productivity Adjustment	g	Survey	1.20	1.20	1.20
Productivity	Billable Hours	h	f / g	33.20	33.20	33.20
Productivity	Billable Hours Percentage	i	h / f	83%	83%	83%

Service	Description	Row Reference	Source / Calculation	Respite: Procedure Code S5150	Respite - Family Directed: Procedure Code S5150 U2	Personal Care - Agency Based: Procedure Code T1019 and S5125
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$25.81	\$25.81	\$35.35
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$53,669.99	\$53,669.99	\$73,527.79
Supervision	Hourly Supervisor / Program Administrator Wage	l	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$73,715	\$73,715	\$73,715
Supervision	Supervisor ERE	n	Survey	31.55%	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$96,973.27	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	q	Survey	20.00	20.00	20.00
Supervision	Supervisor Span of Control	r	Survey	10.00	10.00	10.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.05	0.05	0.05
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$2.33	\$2.33	\$2.33
RN Supervision	RN Hourly Wage	u	Survey	\$50.25	\$50.25	\$50.25
RN Supervision	RN ERE	v	Survey	28.36%	28.36%	28.36%
RN Supervision	RN Hourly Compensation after Adjustment	w	$u * (1 + v)$	\$64.50	\$64.50	\$64.50

Service	Description	Row Reference	Source / Calculation	Respite: Procedure Code S5150	Respite - Family Directed: Procedure Code S5150 U2	Personal Care - Agency Based: Procedure Code T1019 and S5125
RN Supervision	Annual RN Supervision Hours per Recipient	x	Workgroup Feedback	0.00	0.00	10.00
RN Supervision	Annual Recipient Hours	y	Workgroup Feedback	624.00	624.00	624.00
RN Supervision	RN Supervision Annual Cost	z	$w * x$	\$-	\$-	\$645.02
RN Supervision	RN Supervision Hourly Cost	aa	z / y	\$-	\$-	\$1.03
Total Staff Compensation	Hourly Total Compensation	ab	$j + t + aa$	\$28.14	\$28.14	\$38.71
Total Staff Compensation	Annual Total Compensation	ac	$ab * 2080$	\$58,531.20	\$58,531.20	\$80,524.47
Staffing	Number of Clients per Staff	ad	Service Definition	1.00	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	ae	ab / ad	\$28.14	\$28.14	\$38.71
Staffing	Annual Compensation per Staff per Client	af	ac / ad	\$58,531.20	\$58,531.20	\$80,524.47
Admin and Program	Administrative Overhead Percent	ag	Access Rule Requirement	22.20%	22.20%	22.20%
Admin and Program	Administrative Overhead Hourly Cost	ah	$ae * ag$	\$6.25	\$6.25	\$8.59
Admin and Program	Administrative Overhead Annual Cost	ai	$af * ag$	\$12,993.93	\$12,993.93	\$17,876.43
Admin and Program	Program Support - Wages and Benefits	aj	Survey	0.0%	0.0%	0.0%
Admin and Program	Program Support - Supplies	ak	Survey	4.30%	4.30%	4.30%

Service	Description	Row Reference	Source / Calculation	Respite: Procedure Code S5150	Respite - Family Directed: Procedure Code S5150 U2	Personal Care - Agency Based: Procedure Code T1019 and S5125
Admin and Program	Program Support - Client Transportation	al	Survey	0.0%	0.0%	0.0%
Admin and Program	Program Support - Building and Equipment	am	Survey	0.0%	0.0%	0.0%
Admin and Program	Program Support - Total	an	$aj + ak + al + am$	4.30%	4.30%	4.30%
Admin and Program	Program Support Hourly Cost	ao	$ae * an$	\$1.21	\$1.21	\$1.66
Admin and Program	Program Support Annual Cost	ap	$af * an$	\$2,516.84	\$2,516.84	\$3,462.55
Rate	Hourly Cost	aq	$ae + ah + ao$	\$35.60	\$35.60	\$50.00
Rate	SFY2027 Proposed Benchmark Rate	ar	$aq / 4$	\$8.90	\$8.90	\$12.50
Rate	SFY2026 Rate (Current Rate)	as	Fee Schedule	\$8.81	\$8.13	\$9.01
Rate	Percent Change	at	$(ar - as) / as$	1.0%	9.5%	38.7%

Table 4C. Rate Model Criteria for Home-Based w-PCS Nursing

Category	Definition
Existing / Proposed	Existing
Service	Personal Care - Skill Building, Chore, Personal Care - Consumer Direction
Program	CFC, PCS
Procedure Code	S5108, S5120 SE, T1019 U3 and S5125 SE
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 4D. Home-Based w-PCS Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Personal Care - Skill Building: Procedure Code S5108	Chore: Procedure Code S5120 SE	Personal Care - Consumer Direction: Procedure Code T1019 U3 and S5125
Wage	Hourly Wage	a	Survey	\$21.16	\$21.16	\$21.16
Wage	Annual Wage	b	$a * 2080$	\$44,012.80	\$44,012.80	\$44,012.80
Wage	ERE (% of Wages)	c	Survey	38.66%	38.66%	38.66%
Wage	Hourly Compensation	d	$a * (1 + c)$	\$29.34	\$29.34	\$29.34
Wage	Annual Compensation	e	$b * (1 + c)$	\$61,028.07	\$61,028.07	\$61,028.07
Productivity	Total Hours	f	Standard Workweek	40	40	40
Productivity	Productivity Adjustment	g	Survey	1.22	1.20	1.20
Productivity	Billable Hours	h	f / g	32.80	33.20	33.20
Productivity	Billable Hours Percentage	i	h / f	82%	83%	83%

Service	Description	Row Reference	Source / Calculation	Personal Care - Skill Building: Procedure Code S5108	Chore: Procedure Code S5120 SE	Personal Care - Consumer Direction: Procedure Code T1019 U3 and S5125
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$35.78	\$35.35	\$35.35
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$74,424.47	\$73,527.79	\$73,527.79
Supervision	Hourly Supervisor / Program Administrator Wage	l	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$73,715	\$73,715	\$73,715
Supervision	Supervisor ERE	n	Survey	31.55%	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$96,973.27	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	q	Survey	20.00	20.00	20.00
Supervision	Supervisor Span of Control	r	Survey	10.00	10.00	10.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.05	0.05	0.05
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$2.33	\$2.33	\$2.33
RN Supervision	RN Hourly Wage	u	Survey	\$50.25	\$50.25	\$50.25
RN Supervision	RN ERE	v	Survey	28.36%	28.36%	28.36%
RN Supervision	RN Hourly Compensation after Adjustment	w	$u * (1 + v)$	\$64.50	\$64.50	\$64.50
RN Supervision	Annual RN Supervision Hours per Recipient	x	Workgroup Feedback	0.00	0.00	0.00

Service	Description	Row Reference	Source / Calculation	Personal Care - Skill Building: Procedure Code S5108	Chore: Procedure Code S5120 SE	Personal Care - Consumer Direction: Procedure Code T1019 U3 and S5125
RN Supervision	Annual Recipient Hours	y	Workgroup Feedback	624.00	624.00	624.00
RN Supervision	RN Supervision Annual Cost	z	w * x	\$-	\$-	\$-
RN Supervision	RN Supervision Hourly Cost	aa	z / y	\$-	\$-	\$-
Total Staff Compensation	Hourly Total Compensation	ab	j + t + aa	\$38.11	\$37.68	\$37.68
Total Staff Compensation	Annual Total Compensation	ac	ab * 2080	\$79,268.80	\$78,374.40	\$78,374.40
Staffing	Number of Clients per Staff	ad	Service Definition	1.00	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	ae	ab / ad	\$38.11	\$37.68	\$37.68
Staffing	Annual Compensation per Staff per Client	af	ac / ad	\$79,268.80	\$78,374.40	\$78,374.40
Admin and Program	Administrative Overhead Percent	ag	Access Rule Requirement	22.20%	22.20%	22.20%
Admin and Program	Administrative Overhead Hourly Cost	ah	ae * ag	\$8.46	\$8.36	\$8.36
Admin and Program	Administrative Overhead Annual Cost	ai	af * ag	\$17,597.67	\$17,399.12	\$17,399.12
Admin and Program	Program Support - Wages and Benefits	aj	Survey	0.0%	0.0%	0.0%
Admin and Program	Program Support - Supplies	ak	Survey	4.30%	4.30%	4.30%
Admin and Program	Program Support - Client Transportation	al	Survey	0.0%	0.0%	0.0%

Service	Description	Row Reference	Source / Calculation	Personal Care - Skill Building: Procedure Code S5108	Chore: Procedure Code S5120 SE	Personal Care - Consumer Direction: Procedure Code T1019 U3 and S5125
Admin and Program	Program Support - Building and Equipment	am	Survey	0.0%	0.0%	0.0%
Admin and Program	Program Support - Total	an	$aj + ak + al + am$	4.30%	4.30%	4.30%
Admin and Program	Program Support Hourly Cost	ao	$ae * an$	\$1.64	\$1.62	\$1.62
Admin and Program	Program Support Annual Cost	ap	$af * an$	\$3,408.56	\$3,370.10	\$3,370.10
Rate	Hourly Cost	aq	$ae + ah + ao$	\$48.21	\$47.66	\$47.66
Rate	SFY2027 Proposed Benchmark Rate	ar	$aq / 4$	\$12.05	\$11.92	\$11.92
Rate	SFY2026 Rate (Current Rate)	as	Fee Schedule	\$11.66	\$9.43	\$9.01
Rate	Percent Change	at	$(ar - as) / as$	3.3%	26.4%	32.3%

Table 4E. Rate Model Criteria for Home-Based w-PCS Nursing

Category	Definition
Existing / Proposed	Existing
Service	Respite Daily, Respite Daily - Family Directed
Program	ALI, APDD, CCMC, IDD, IDD-ISW
Procedure Code	S5108, S5120 SE, T1019 U3 and S5125 SE
Unit of Measure	Per Day
Direct Care Staff Type	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 4F. Home-Based w-PCS Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Respite Daily: Procedure Code S5151	Respite Daily – Family Directed: Procedure Code S5151 U2
Wage	Hourly Wage	a	Survey	\$15.16	\$15.16
Wage	Annual Wage	b	$a * 2080$	\$31,532.80	\$31,532.80
Wage	ERE (% of Wages)	c	Survey	41.27%	41.27%
Wage	Hourly Compensation	d	$a * (1 + c)$	\$21.42	\$21.42
Wage	Annual Compensation	e	$b * (1 + c)$	\$44,546.09	\$44,546.09
Productivity	Total Hours	f	Standard Workweek	40	40
Productivity	Productivity Adjustment	g	Survey	1.15	1.15
Productivity	Billable Hours	h	f / g	34.80	34.80
Productivity	Billable Hours Percentage	i	h / f	87%	87%

Service	Description	Row Reference	Source / Calculation	Respite Daily: Procedure Code S5151	Respite Daily – Family Directed: Procedure Code S5151 U2
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$24.62	\$24.62
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$51,202.40	\$51,202.40
Supervision	Hourly Supervisor / Program Administrator Wage	l	Survey	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$73,715	\$73,715
Supervision	Supervisor ERE	n	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	q	Survey	20.00	20.00
Supervision	Supervisor Span of Control	r	Survey	10.00	10.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.05	0.05
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$2.33	\$2.33
RN Supervision	RN Hourly Wage	u	Survey	\$50.25	\$50.25
RN Supervision	RN ERE	v	Survey	28.36%	28.36%
RN Supervision	RN Hourly Compensation after Adjustment	w	$u * (1 + v)$	\$64.50	\$64.50

Service	Description	Row Reference	Source / Calculation	Respite Daily: Procedure Code S5151	Respite Daily – Family Directed: Procedure Code S5151 U2
RN Supervision	Annual RN Supervision Hours per Recipient	x	Workgroup Feedback	0.00	0.00
RN Supervision	Annual Recipient Hours	y	Workgroup Feedback	624.00	624.00
RN Supervision	RN Supervision Annual Cost	z	w * x	\$-	\$-
RN Supervision	RN Supervision Hourly Cost	aa	z / y	\$-	\$-
Total Staff Compensation	Hourly Total Compensation	ab	j + t + aa	\$26.95	\$26.95
Total Staff Compensation	Annual Total Compensation	ac	ab * 2080	\$56,056.00	\$56,056.00
Staffing	Number of Clients per Staff	ad	Service Definition	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	ae	ab / ad	\$26.95	\$26.95
Staffing	Annual Compensation per Staff per Client	af	ac / ad	\$56,056.00	\$56,056.00
Admin and Program	Administrative Overhead Percent	ag	Access Rule Requirement	22.20%	22.20%
Admin and Program	Administrative Overhead Hourly Cost	ah	ae * ag	\$5.98	\$5.98
Admin and Program	Administrative Overhead Annual Cost	ai	af * ag	\$12,444.43	\$12,444.43
Admin and Program	Program Support - Wages and Benefits	aj	Survey	0.0%	0.0%

Service	Description	Row Reference	Source / Calculation	Respite Daily: Procedure Code S5151	Respite Daily – Family Directed: Procedure Code S5151 U2
Admin and Program	Program Support - Supplies	ak	Survey	4.30%	4.30%
Admin and Program	Program Support – Client Transportation	al	Survey	0.0%	0.0%
Admin and Program	Program Support - Building and Equipment	am	Survey	0.0%	0.0%
Admin and Program	Program Support - Total	an	$aj + ak + al + am$	4.30%	4.30%
Admin and Program	Program Support Hourly Cost	ao	$ae * an$	\$1.16	\$1.16
Admin and Program	Program Support Annual Cost	ap	$af * an$	\$2,410.41	\$2,410.41
Rate	Hourly Cost	aq	$ae + ah + ao$	\$34.09	\$34.09
Rate	SFY2027 Proposed Benchmark Rate	ar	$aq / 4$	\$460.22	\$460.22
Rate	SFY2026 Rate (Current Rate)	as	Fee Schedule	\$455.71	\$455.71
Rate	Percent Change	at	$(ar - as) / as$	1.0%	1.0%

Supp Employ: Rate Models

Table 5A. Rate Model Criteria for Supply Employ

Category	Definition
Existing / Proposed	Existing
Service	Supported Employment - Individual and Pre-Employment – Individual, Supported Employment – Group and Pre-Employment – Group, Supported Employment - Individual - Job Coach
Program	APDD, CCMC, IDD, IDD-ISW
Procedure Code	T2019, T2019 CG, T2019 HQ, T2019 TT, T2019
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Job Coach/Employment Specialist
Support Staff Type	Job Development/Employment Specialist
Supervisor Staff Type	Direct Support Supervisor

Table 5B. Home-Based w-PCS Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual and Pre-Employment - Individual: Procedure Code T2019, T2019 CG	Supported Employment - Group and Pre-Employment - Group: Procedure Code T2019 HQ, T2019 TT	Supported Employment - Individual - Job Coach: Procedure Code T2019
Wages	Hourly Wage	a	Survey	\$24.54	\$24.54	\$24.54
Wages	Annual Wage	b	a * 2080	\$51,043.20	\$51,043.20	\$51,043.20
Wages	ERE (% of Wages)	c	Survey	36.36%	36.36%	36.36%
Wages	Hourly Compensation	d	a * (1 + c)	\$33.46	\$33.46	\$33.46
Wages	Annual Compensation	e	b * (1 + c)	\$69,601.22	\$69,601.22	\$69,601.22

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual and Pre-Employment - Individual: Procedure Code T2019, T2019 CG	Supported Employment - Group and Pre-Employment - Group: Procedure Code T2019 HQ, T2019 TT	Supported Employment - Individual - Job Coach: Procedure Code T2019
Productivity	Total Hours	f	Standard Workweek	40	40	40
Productivity	Productivity Adjustment	g	Survey	1.33	1.45	1.33
Productivity	Billable Hours	h	f / g	30.00	27.60	30.00
Productivity	Billable Hours Percentage	i	h / f	75%	69%	75%
Productivity	Hourly Compensation after Adjustment	j	d * g	\$44.61	\$48.49	\$44.61
Productivity	Annual Compensation after Adjustment	k	e * g	\$92,801.63	\$100,871.34	\$92,801.63
Job Developer	Hourly Job Developer Wage	l	Survey	\$28.89	\$28.89	N/A
Job Developer	Annual Job Developer Wage	m	l * 2080	\$60,091	\$60,091	N/A
Job Developer	Job Developer ERE	n	Survey	34.00%	34.00%	N/A
Job Developer	Hourly Job Developer Compensation	o	l * (1 + n)	\$38.71	\$38.71	N/A
Job Developer	Annual Job Developer Compensation	p	m * (1 + n)	\$80,524.93	\$80,524.93	N/A

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual and Pre-Employment - Individual: Procedure Code T2019, T2019 CG	Supported Employment - Group and Pre-Employment - Group: Procedure Code T2019 HQ, T2019 TT	Supported Employment - Individual - Job Coach: Procedure Code T2019
Job Developer	Job Developer Hours per Week	q	Survey	4.00	8.00	N/A
Job Developer	Job Developer Hours per Hour	r	$q / 40$	0.10	0.20	N/A
Job Developer	Job Developer Cost per Hour	s	$o * r$	\$3.87	\$7.74	N/A
Supervision	Hourly Supervisor Wage	t	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	u	$t * 2080$	\$73,715.20	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	v	Survey	31.55%	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	w	$t * (1 + v)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	x	$u * (1 + v)$	\$96,973.27	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	y	Survey	20.00	20.00	20.00
Supervision	Supervisor Span of Control	z	Survey	8.00	8.00	8.00
Supervision	Supervision Hours per Staff per Hour	aa	$y / z / 40$	0.06	0.06	0.06
Supervision	Supervision Cost per Staff per Hour	ab	$w * aa$	\$2.91	\$2.91	\$2.91
Supervision	Hourly Total Compensation	ac	$j + s + ab$	\$51.39	\$59.14	\$47.52

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual and Pre-Employment - Individual: Procedure Code T2019, T2019 CG	Supported Employment - Group and Pre-Employment - Group: Procedure Code T2019 HQ, T2019 TT	Supported Employment - Individual - Job Coach: Procedure Code T2019
Supervision	Annual Total Compensation	ad	ac * 2080	\$106,891.20	\$123,011.20	\$98,841.60
Staffing	Number of Clients per Staff	ae	Service Definition	1.00	2.00	1.00
Staffing	Hourly Compensation per Staff per Client	af	ac / ae	\$51.39	\$29.57	\$47.52
Staffing	Annual Compensation per Staff per Client	ag	ad / ae	\$106,891.20	\$61,505.60	\$98,841.60
Admin and Program	Administrative Overhead Percent	ah	Survey	33.40%	33.40%	33.40%
Admin and Program	Administrative Overhead Hourly Cost	ai	af * ah	\$17.16	\$9.88	\$15.87
Admin and Program	Administrative Overhead Annual Cost	aj	ag * ah	\$35,701.66	\$20,542.87	\$33,013.09
Admin and Program	Program Support - Wages and Benefits	ak	Survey	5.7%	5.7%	5.7%
Admin and Program	Program Support - Supplies	al	Survey	4.3%	4.3%	4.3%
Admin and Program	Program Support - Client Transportation	am	Survey	6.8%	6.8%	6.8%

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual and Pre-Employment - Individual: Procedure Code T2019, T2019 CG	Supported Employment - Group and Pre-Employment - Group: Procedure Code T2019 HQ, T2019 TT	Supported Employment - Individual - Job Coach: Procedure Code T2019
Admin and Program	Program Support - Building and Equipment	an	Survey	12.6%	12.6%	12.6%
Admin and Program	Program Support - Total	ao	ak + al + am + an	29.40%	29.40%	29.40%
Admin and Program	Program Support Hourly Cost	ap	af * ao	\$15.11	\$8.69	\$13.97
Admin and Program	Program Support Annual Cost	aq	ag * ao	\$31,426.01	\$18,082.65	\$29,059.43
Rate	Hourly Cost	ar	af + ai + ap	\$83.66	\$48.14	\$77.36
Rate	SFY2027 Proposed Benchmark Rate	as	ar / 4	\$20.92	\$12.04	\$19.34
Rate	SFY2026 Rate (Current Rate)	at	Fee Schedule	\$18.43	\$11.95	\$18.43
Rate	Percent Change	au	(as - at) / at	14%	1%	4.9%

Table 5C. Rate Model Criteria for Supply Employ

Category	Definition
Existing / Proposed	Existing
Service	Supported Employment - Individual - Job Development, Supported Employment - Individual - Job Development, Supported Employment - Group - Job Development
Program	APDD, CCMC, IDD, IDD-ISW
Procedure Code	T2019, T2019 HQ
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Job Coach/Employment Specialist
Support Staff Type	N/A
Supervisor Staff Type	Direct Support Supervisor

Table 5D. Home-Based w-PCS Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual - Job Development: Procedure Code T2019	Supported Employment - Group - Job Coaching: Procedure Code T2019 HQ	Supported Employment - Group – Job Development: Procedure Code T2019HQ
Wages	Hourly Wage	a	Survey	\$28.89	\$24.54	\$28.89
Wages	Annual Wage	b	a * 2080	\$60,091.20	\$51,043.20	\$60,091.20
Wages	ERE (% of Wages)	c	Survey	34.00%	36.36%	34.00%
Wages	Hourly Compensation	d	a * (1 + c)	\$38.71	\$33.46	\$38.71
Wages	Annual Compensation	e	b * (1 + c)	\$80,524.93	\$69,601.22	\$80,524.93
Productivity	Total Hours	f	Standard Workweek	40	40	40

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual - Job Development: Procedure Code T2019	Supported Employment - Group - Job Coaching: Procedure Code T2019 HQ	Supported Employment - Group – Job Development: Procedure Code T2019HQ
Productivity	Productivity Adjustment	g	Survey	1.33	1.45	1.45
Productivity	Billable Hours	h	f / g	30.00	27.60	27.60
Productivity	Billable Hours Percentage	i	h / f	75%	69%	69%
Productivity	Hourly Compensation after Adjustment	j	d * g	\$51.61	\$48.49	\$56.10
Productivity	Annual Compensation after Adjustment	k	e * g	\$107,366.57	\$100,871.34	\$116,702.80
Job Developer	Hourly Job Developer Wage	l	Survey	N/A	N/A	N/A
Job Developer	Annual Job Developer Wage	m	l * 2080	N/A	N/A	N/A
Job Developer	Job Developer ERE	n	Survey	N/A	N/A	N/A
Job Developer	Hourly Job Developer Compensation	o	l * (1 + n)	N/A	N/A	N/A
Job Developer	Annual Job Developer Compensation	p	m * (1 + n)	N/A	N/A	N/A
Job Developer	Job Developer Hours per Week	q	Survey	N/A	N/A	N/A
Job Developer	Job Developer Hours per Hour	r	q / 40	N/A	N/A	N/A

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual - Job Development: Procedure Code T2019	Supported Employment - Group - Job Coaching: Procedure Code T2019 HQ	Supported Employment - Group – Job Development: Procedure Code T2019HQ
Job Developer	Job Developer Cost per Hour	s	$o * r$	N/A	N/A	N/A
Supervision	Hourly Supervisor Wage	t	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	u	$t * 2080$	\$73,715.20	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	v	Survey	31.55%	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	w	$t * (1 + v)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	x	$u * (1 + v)$	\$96,973.27	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	y	Survey	20.00	20.00	20.00
Supervision	Supervisor Span of Control	z	Survey	8.00	8.00	8.00
Supervision	Supervision Hours per Staff per Hour	aa	$y / z / 40$	0.06	0.06	0.06
Supervision	Supervision Cost per Staff per Hour	ab	$w * aa$	\$2.91	\$2.91	\$2.91
Supervision	Hourly Total Compensation	ac	$j + s + ab$	\$54.52	\$51.40	\$59.01
Supervision	Annual Total Compensation	ad	$ac * 2080$	\$113,401.60	\$106,912.00	\$122,740.80
Staffing	Number of Clients per Staff	ae	Service Definition	1.00	2.00	2.00

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual - Job Development: Procedure Code T2019	Supported Employment - Group - Job Coaching: Procedure Code T2019 HQ	Supported Employment - Group – Job Development: Procedure Code T2019HQ
Staffing	Hourly Compensation per Staff per Client	af	ac / ae	\$54.52	\$25.70	\$29.51
Staffing	Annual Compensation per Staff per Client	ag	ad / ae	\$113,401.60	\$53,456.00	\$61,370.40
Admin and Program	Administrative Overhead Percent	ah	Survey	33.40%	33.40%	33.40%
Admin and Program	Administrative Overhead Hourly Cost	ai	af * ah	\$18.21	\$8.58	\$9.86
Admin and Program	Administrative Overhead Annual Cost	aj	ag * ah	\$37,876.13	\$17,854.30	\$20,497.71
Admin and Program	Program Support - Wages and Benefits	ak	Survey	5.7%	5.7%	5.7%
Admin and Program	Program Support - Supplies	al	Survey	4.3%	4.3%	4.3%
Admin and Program	Program Support - Client Transportation	am	Survey	6.8%	6.8%	6.8%
Admin and Program	Program Support - Building and Equipment	an	Survey	12.6%	12.6%	12.6%
Admin and Program	Program Support - Total	ao	ak + al + am + an	29.40%	29.40%	29.40%

Service	Description	Row Reference	Source / Calculation	Supported Employment - Individual - Job Development: Procedure Code T2019	Supported Employment - Group - Job Coaching: Procedure Code T2019 HQ	Supported Employment - Group – Job Development: Procedure Code T2019HQ
Admin and Program	Program Support Hourly Cost	ap	af * ao	\$16.03	\$7.56	\$8.68
Admin and Program	Program Support Annual Cost	aq	ag * ao	\$33,340.07	\$15,716.06	\$18,042.90
Rate	Hourly Cost	ar	af + ai + ap	\$88.76	\$41.84	\$48.05
Rate	SFY2027 Proposed Benchmark Rate	as	ar / 4	\$22.19	\$10.46	\$12.01
Rate	SFY2026 Rate (Current Rate)	at	Fee Schedule	\$18.43	\$11.95	\$11.95
Rate	Percent Change	au	(as - at) / at	20.4%	-12.5%	0.5%

Therapy: Rate Models

Table 6A. Rate Model Criteria for Therapy

Category	Definition
Existing / Proposed	Existing
Service	Time limited intervention, treatment or therapy - Local, Time limited intervention, treatment or therapy - Non-Local
Program	ALI, APDD, CCMC, IDD, IDD-ISW
Procedure Code	H2011 CG, H2011 TN
Unit of Measure	Per 15 Minutes - Local and Non Local
Direct Care Staff Type	Licensed Clinical Professional Counselor (LCPC)
Supervisor Staff Type	Clinical Supervisor

Table 6B. Therapy Rate Model

Service	Description	Row Reference	Source / Calculation	Time limited intervention, treatment or therapy - Local: Procedure Code H2011 CG	Time limited intervention, treatment or therapy – Non-Local: Procedure Code H2011 TN
Wages	Hourly Wage	a	Survey	\$41.89	\$41.89
Wages	Annual Wage	b	$a * 2080$	\$87,131.20	\$87,131.20
Wages	ERE (% of Wages)	c	Survey	29.89%	29.89%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$54.41	\$54.41
Wages	Annual Compensation	e	$b * (1 + c)$	\$113,170.49	\$113,170.49
Productivity	Total Hours	f	Standard Workweek	40	40
Productivity	Productivity Adjustment	g	Survey	1.56	6.25
Productivity	Billable Hours	h	f / g	25.60	6.40
Productivity	Billable Hours Percentage	i	h / f	64%	16%

Service	Description	Row Reference	Source / Calculation	Time limited intervention, treatment or therapy - Local: Procedure Code H2011 CG	Time limited intervention, treatment or therapy – Non-Local: Procedure Code H2011 TN
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$85.02	\$340.06
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$176,828.89	\$707,315.57
Supervision	Hourly Supervisor Wage	l	Survey	\$51.45	\$51.45
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$107,016.00	\$107,016.00
Supervision	Supervisor ERE	n	Survey	28.18%	28.18%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$65.95	\$65.95
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$137,177.53	\$137,177.53
Supervision	Supervision Hours per Week	q	Survey	4.65	4.65
Supervision	Supervisor Span of Control	r	Survey	6.00	6.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.02	0.02
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$1.28	\$1.28
Supervision	Hourly Total Compensation	u	$j + t$	\$86.30	\$341.34
Supervision	Annual Total Compensation	v	$u * 2080$	\$179,504.00	\$709,987.20
Staffing	Number of Clients per Staff	w	Service Definition	1.00	1.00
Staffing	Hourly Compensation per Client	x	u / w	\$86.30	\$340.06

Service	Description	Row Reference	Source / Calculation	Time limited intervention, treatment or therapy - Local: Procedure Code H2011 CG	Time limited intervention, treatment or therapy – Non-Local: Procedure Code H2011 TN
Staffing	Annual Compensation per Client	y	v / w	\$179,504.00	\$707,315.57
Admin and Program	Administrative Overhead Percent	z	Survey	33.40%	33.40%
Admin and Program	Administrative Overhead Hourly Cost	aa	$x * z$	\$28.82	\$113.58
Admin and Program	Administrative Overhead Annual Cost	ab	$y * z$	\$59,954.34	\$236,243.40
Admin and Program	Program Support - Wages and Benefits	ac	Survey	5.7%	5.7%
Admin and Program	Program Support - Supplies	ad	Survey	4.3%	4.3%
Admin and Program	Program Support - Total	ae	$ac + ad$	10.00%	10.00%
Admin and Program	Program Support Hourly Cost	af	$x * ae$	\$8.63	\$34.01
Admin and Program	Program Support Annual Cost	ag	$y * ae$	\$17,950.40	\$70,731.56
Milage	Transportation	ah	IRS Mileage Rate / Survey	\$10.50	\$280.00
Rate	Hourly Cost	ai	$x + aa + af + ah$	\$134.25	\$767.65
Rate	SFY2027 Proposed Benchmark Rate	aj	$ai / 4$	\$33.56	\$191.91
Rate	SFY2026 Rate (Current Rate)	ak	Fee Schedule	\$33.07	\$66.14
Rate	Percent Change	al	$(ai - ak) / ak$	1%	190%

Nursing: Rate Models

Table 7A. Rate Model Criteria for Nursing

Category	Definition
Existing / Proposed	Existing
Service	Specialized Private Duty Nursing – RN, Nursing Oversight and Care Management
Program	ALI, APDD, CCMC, IDD
Procedure Code	T1002 U2, T1016 CG, T1016 TN
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Registered Nurse (RN)
Supervisor Staff Type	Registered Nurse (RN)

Table 7B. Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - RN: Procedure Code T1002 U2	Nursing Oversight and Care Management- Local: Procedure Code T1016 CG	Nursing Oversight and Care Management: Procedure Code T1016 TN
Wage	Hourly Wage	a	Survey (includes BLS inflation 7.49% and BLS supplemental pay 2.55%)	\$50.25	\$50.25	\$50.25
Wage	Annual Wage	b	a * 2080	\$104,520.00	\$104,520.00	\$104,520.00
Wage	ERE (% of Wages)	c	Survey	28.36%	28.36%	28.36%
Wage	Hourly Compensation	d	a * (1 + c)	\$64.50	\$64.50	\$64.50
Wage	Annual Compensation	e	b * (1 + c)	\$134,164.10	\$134,164.10	\$134,164.10
Productivity	Total Hours	f	Standard Workweek	40	40	40
Productivity	Productivity Adjustment	g	Survey	1.16	1.33	5.32

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - RN: Procedure Code T1002 U2	Nursing Oversight and Care Management- Local: Procedure Code T1016 CG	Nursing Oversight and Care Management: Procedure Code T1016 TN
Productivity	Billable Hours	h	f / g	34.40	30.08	7.52
Productivity	Billable Hours Percentage	i	h / f	86%	75%	19%
Productivity	Hourly Compensation after Adjustment	j	d * g	\$75.00	\$85.79	\$343.14
Productivity	Annual Compensation after Adjustment	k	e * g	\$156,004.77	\$178,438.25	\$713,753.00
Supervision	Hourly Supervisor Wage	l	Survey	\$50.25	\$50.25	\$50.25
Supervision	Annual Supervisor Wage	m	l * 2080	\$104,520.00	\$104,520.00	\$104,520.00
Supervision	Supervisor ERE	n	Survey	28.36%	28.36%	28.36%
Supervision	Hourly Supervisor Compensation	o	l * (1 + n)	\$64.50	\$64.50	\$64.50
Supervision	Annual Supervisor Compensation	p	m * (1 + n)	\$134,164.10	\$134,164.10	\$134,164.10
Supervision	Supervision Hours per Week	q	Survey	30.00	-	-
Supervision	Supervisor Span of Control	r	Survey	20.00	-	-
Supervision	Supervision Hours per Staff per Hour	s	q / r / 40	0.038	-	-
Supervision	Supervision Cost per Staff per Hour	t	o * s	\$2.42	\$-	\$-
Total Staff Compensation	Hourly Total Compensation	u	j + t	\$77.42	\$85.79	\$343.14

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - RN: Procedure Code T1002 U2	Nursing Oversight and Care Management- Local: Procedure Code T1016 CG	Nursing Oversight and Care Management: Procedure Code T1016 TN
Total Staff Compensation	Annual Total Compensation	v	$u * 2080$	\$161,033.60	\$178,443.20	\$713,731.20
Staffing	Number of Clients per Staff	w	Service Definition	1.00	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	x	u / w	\$77.42	\$85.79	\$343.14
Staffing	Annual Compensation per Staff per Client	y	v / w	\$161,033.60	\$178,443.20	\$713,731.20
Admin and Program	Administrative Overhead Percent	z	Survey	33.40%	33.40%	33.40%
Admin and Program	Administrative Overhead Hourly Cost	aa	$x * z$	\$25.86	\$28.65	\$114.61
Admin and Program	Administrative Overhead Annual Cost	ab	$y * z$	\$53,785.22	\$59,600.03	\$238,386.22
Admin and Program	Program Support - Wages and Benefits	ac	Survey	0.00%	0.00%	0.00%
Admin and Program	Program Support - Supplies	ad	Survey	4.30%	4.30%	4.30%
Admin and Program	Program Support - Transportation	ae	Survey	6.80%	0.00%	0.00%
Admin and Program	Program Support - Building and Equipment	af	Survey	12.60%	12.60%	12.60%
Admin and Program	Program Support - Total	ag	$ac + ad + ae + af$	23.70%	16.90%	16.90%

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - RN: Procedure Code T1002 U2	Nursing Oversight and Care Management- Local: Procedure Code T1016 CG	Nursing Oversight and Care Management: Procedure Code T1016 TN
Admin and Program	Program Support Hourly Cost	ah	$x * ag$	\$18.35	\$14.50	\$57.99
Admin and Program	Program Support Annual Cost	ai	$y * ag$	\$38,164.96	\$30,156.90	\$120,620.57
Milage	Transportation	ah	IRS Mileage Rate / Service Definition	\$-	\$-	\$280.00
Rate	Hourly Cost	aj	$x + aa + ah$	\$121.63	\$128.94	\$795.74
Rate	SFY2027 Proposed Benchmark Rate	ak	$aj / 4$	\$30.41	\$32.24	\$198.94
Rate	SFY2026 Rate (Current Rate)	al	Fee Schedule	\$20.00	\$33.07	\$131.44
Rate	Percent Change	am	$(ak - al) / al$	52%	-3%	51%

Table 7C. Rate Model Criteria for Nursing

Category	Definition
Existing / Proposed	Existing
Service	Specialized Private Duty Nursing - LPN
Program	ALI, APDD, CCMC, IDD
Procedure Code	T1003 U2
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Registered Nurse (RN)
Supervisor Staff Type	Registered Nurse (RN)

Table 7D. Nursing Rate Model

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - LPN: Procedure Code T1002 U2
Wage	Hourly Wage	a	Survey (includes BLS inflation 7.49% and BLS supplemental pay 2.55%)	\$42.86
Wage	Annual Wage	b	$a * 2080$	\$89,148.80
Wage	ERE (% of Wages)	c	Survey	29.68%
Wage	Hourly Compensation	d	$a * (1 + c)$	\$55.58
Wage	Annual Compensation	e	$b * (1 + c)$	\$115,606.35
Productivity	Total Hours	f	Standard Workweek	40
Productivity	Productivity Adjustment	g	Survey	1.16
Productivity	Billable Hours	h	f / g	34.40
Productivity	Billable Hours Percentage	i	h / f	86%

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - LPN: Procedure Code T1002 U2
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$64.63
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$134,425.99
Supervision	Hourly Supervisor Wage	l	Survey	\$50.25
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$104,520.00
Supervision	Supervisor ERE	n	Survey	28.36%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$64.50
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$134,164.10
Supervision	Supervision Hours per Week	q	Survey	30.00
Supervision	Supervisor Span of Control	r	Survey	20.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.038
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$2.42
Total Staff Compensation	Hourly Total Compensation	u	$j + t$	\$67.05
Total Staff Compensation	Annual Total Compensation	v	$u * 2080$	\$139,464.00
Staffing	Number of Clients per Staff	w	Service Definition	1.00
Staffing	Hourly Compensation per Staff per Client	x	u / w	\$67.05
Staffing	Annual Compensation per Staff per Client	y	v / w	\$139,464.00
Admin and Program	Administrative Overhead Percent	z	Survey	33.40%

Service	Description	Row Reference	Source / Calculation	Specialized Private Duty Nursing - LPN: Procedure Code T1002 U2
Admin and Program	Administrative Overhead Hourly Cost	aa	$x * z$	\$22.39
Admin and Program	Administrative Overhead Annual Cost	ab	$y * z$	\$46,580.98
Admin and Program	Program Support - Wages and Benefits	ac	Survey	0.00%
Admin and Program	Program Support - Supplies	ad	Survey	4.30%
Admin and Program	Program Support - Transportation	ae	Survey	6.80%
Admin and Program	Program Support - Building and Equipment	af	Survey	12.60%
Admin and Program	Program Support - Total	ag	$ac + ad + ae + af$	23.70%
Admin and Program	Program Support Hourly Cost	ah	$x * ag$	\$15.89
Admin and Program	Program Support Annual Cost	ai	$y * ag$	\$33,052.97
Milage	Transportation	ah	IRS Mileage Rate / Service Definition	\$-
Rate	Hourly Cost	aj	$x + aa + ah$	\$105.33
Rate	SFY2027 Proposed Benchmark Rate	ak	$aj / 4$	\$26.33
Rate	SFY2026 Rate (Current Rate)	al	Fee Schedule	\$18.75
Rate	Percent Change	am	$(ak - al) / al$	40%

Day: Rate Models

Table 8A. Rate Model Criteria for Day

Category	Definition
Existing / Proposed	Existing
Service	Day Habilitation – Individual, Day Habilitation – Group
Program	APDD, CCMC, IDD, IDD-ISW
Procedure Code	T202, T2021 HQ
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Direct Service Professional - Daytime
Support Staff Type	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 8B. Day Rate Model

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Wages	Hourly Wage	a	Survey	\$23.17	\$23.17
Wages	Annual Wage	b	a * 2080	\$48,193.60	\$48,193.60
Wages	ERE (% of Wages)	c	Survey	37.23%	37.23%
Wages	Hourly Compensation	d	a * (1 + c)	\$31.80	\$31.80
Wages	Annual Compensation	e	b * (1 + c)	\$66,138.29	\$66,138.29
Productivity	Total Hours	f	Standard Workweek	40	40
Productivity	Productivity Adjustment	g	Survey	1.33	1.33
Productivity	Billable Hours	h	f / g	30.00	30.00

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Productivity	Billable Hours Percentage	i	h / f	75%	75%
Productivity	Hourly Compensation after Adjustment	j	d * g	\$42.40	\$42.40
Productivity	Annual Compensation after Adjustment	k	e * g	\$88,184.38	\$88,184.38
Support Staff	Hourly Support Staff Wage	l	Survey	\$-	\$21.16
Support Staff	Annual Support Staff Wage	m	l * 2080	\$-	\$44,012.80
Support Staff	Support Staff ERE	n	Survey	38.66%	38.66%
Support Staff	Hourly Support Staff Compensation	o	l * (1 + n)	\$-	\$29.34
Support Staff	Annual Support Staff Compensation	p	m * (1 + n)	\$-	\$61,028.07
Support Staff	Support Staff Hours per Week	q	Survey	10.00	10.00
Support Staff	Support Staff Hours per Hour	r	q / 40	0.25	0.25
Support Staff	Support Staff Cost per Hour	s	o * r	\$-	\$7.34
Supervision	Hourly Supervisor Wage	t	Survey	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	u	t * 2080	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	v	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	w	t * (1 + v)	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	x	u * (1 + v)	\$96,973.27	\$96,973.27

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Supervision	Supervision Hours per Week	y	Survey	14.00	14.00
Supervision	Supervisor Span of Control	z	Survey	12.00	12.00
Supervision	Supervision Hours per Staff per Hour	aa	$y / z / 40$	0.03	0.03
Supervision	Supervision Cost per Staff per Hour	ab	$w * aa$	\$1.36	\$1.36
Supervision	Hourly Total Compensation	ac	$j + s + ab$	\$43.76	\$51.10
Supervision	Annual Total Compensation	ad	$ac * 2080$	\$91,020.80	\$106,288.00
Occupancy	Total Hourly Employee Compensation	ae	ac	\$43.76	\$51.10
Occupancy	Occupancy Adjustment Factor	af	Survey	96%	96%
Occupancy	Hourly Adjusted Total Compensation	ag	ae / af	\$45.58	\$53.23
Occupancy	Annual Adjusted Total Compensation	ah	$ag * 2080$	\$94,806.40	\$110,718.40
Staffing	Number of Clients per Staff	ai	Survey	1.00	2.00
Staffing	Hourly Compensation per Staff per Client	aj	ag / ai	\$45.58	\$26.62
Staffing	Annual Compensation per Staff per Client	ak	ah / ai	\$94,806.40	\$55,359.20
Admin and Program	Administrative Overhead Percent	al	Survey	33.40%	33.40%

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Admin and Program	Administrative Overhead Hourly Cost	am	$aj * al$	\$15.22	\$8.89
Admin and Program	Administrative Overhead Annual Cost	an	$ak * al$	\$31,665.34	\$18,489.97
Admin and Program	Program Support - Wages and Benefits	ao	Survey	5.7%	5.7%
Admin and Program	Program Support - Supplies	ap	Survey	4.3%	4.3%
Admin and Program	Program Support - Client Transportation	aq	Survey	6.8%	6.8%
Admin and Program	Program Support - Building and Equipment	ar	Survey	12.6%	12.6%
Admin and Program	Program Support - Total	as	$ao + ap + aq + ar$	29.40%	29.40%
Admin and Program	Program Support Hourly Cost	at	$aj * as$	\$13.40	\$7.83
Admin and Program	Program Support Annual Cost	au	$ak * as$	\$27,873.08	\$16,275.60
Rate	Hourly Cost	av	$aj + am + at$	\$74.20	\$43.34
Rate	SFY2027 Proposed Benchmark Rate	aw	$av / 4$	\$18.55	\$10.84
Rate	SFY2026 Rate (Current Rate)	ax	Fee Schedule	\$16.04	\$10.57
Rate	Percent Change	ay	$(aw - ax) / ax$	15.6%	2.6%

Table 9A. Rate Model Criteria for Day

Category	Definition
Existing / Proposed	Proposed
Service	Day Habilitation – Individual, Day Habilitation – Group
Program	APDD, CCMC, IDD, IDD-ISW
Procedure Code	T202, T2021 HQ
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Direct Service Professional - Daytime
Support Staff Type	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 9B. Day Rate Model

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Group - Facility: Procedure Code T2021 HQ	Day Habilitation - Group - Community: Procedure Code T2021 HQ	Day Habilitation - Group - Virtual: Procedure Code T2021 HQ
Wages	Hourly Wage	a	Survey	\$23.17	\$23.17	\$23.17
Wages	Annual Wage	b	$a * 2080$	\$48,193.60	\$48,193.60	\$48,193.60
Wages	ERE (% of Wages)	c	Survey	37.23%	37.23%	37.23%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$31.80	\$31.80	\$31.80
Wages	Annual Compensation	e	$b * (1 + c)$	\$66,138.29	\$66,138.29	\$66,138.29
Productivity	Total Hours	f	Standard Workweek	40	40	40
Productivity	Productivity Adjustment	g	Survey	1.33	1.43	1.27
Productivity	Billable Hours	h	f / g	30.00	28.00	31.60

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Group - Facility: Procedure Code T2021 HQ	Day Habilitation - Group - Community: Procedure Code T2021 HQ	Day Habilitation - Group - Virtual: Procedure Code T2021 HQ
Productivity	Billable Hours Percentage	i	h / f	75%	70%	79%
Productivity	Hourly Compensation after Adjustment	j	d * g	\$42.40	\$45.43	\$40.25
Productivity	Annual Compensation after Adjustment	k	e * g	\$88,184.38	\$94,483.27	\$83,719.35
Support Staff	Hourly Support Staff Wage	l	Survey	\$21.16	\$21.16	\$21.16
Support Staff	Annual Support Staff Wage	m	l * 2080	\$44,012.80	\$44,012.80	\$44,012.80
Support Staff	Support Staff ERE	n	Survey	38.66%	38.66%	38.66%
Support Staff	Hourly Support Staff Compensation	o	l * (1 + n)	\$29.34	\$29.34	\$29.34
Support Staff	Annual Support Staff Compensation	p	m * (1 + n)	\$61,028.07	\$61,028.07	\$61,028.07
Support Staff	Support Staff Hours per Week	q	Survey	10.00	10.00	10.00
Support Staff	Support Staff Hours per Hour	r	q / 40	0.25	0.25	0.25
Support Staff	Support Staff Cost per Hour	s	o * r	\$7.34	\$7.34	\$7.34
Supervision	Hourly Supervisor Wage	t	Survey	\$35.44	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	u	t * 2080	\$73,715.20	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	v	Survey	31.55%	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	w	t * (1 + v)	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	x	u * (1 + v)	\$96,973.27	\$96,973.27	\$96,973.27

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Group - Facility: Procedure Code T2021 HQ	Day Habilitation - Group - Community: Procedure Code T2021 HQ	Day Habilitation - Group - Virtual: Procedure Code T2021 HQ
Supervision	Supervision Hours per Week	y	Survey	14.00	14.00	14.00
Supervision	Supervisor Span of Control	z	Survey	12.00	12.00	12.00
Supervision	Supervision Hours per Staff per Hour	aa	$y / z / 40$	0.03	0.03	0.03
Supervision	Supervision Cost per Staff per Hour	ab	$w * aa$	\$1.36	\$1.36	\$1.36
Supervision	Hourly Total Compensation	ac	$j + s + ab$	\$51.10	\$54.13	\$48.95
Supervision	Annual Total Compensation	ad	$ac * 2080$	\$106,288.00	\$112,590.40	\$101,816.00
Occupancy	Total Hourly Employee Compensation	ae	ac	\$51.10	\$54.13	\$48.95
Occupancy	Occupancy Adjustment Factor	af	Survey	96%	96%	96%
Occupancy	Hourly Adjusted Total Compensation	ag	ae / af	\$53.23	\$56.39	\$50.99
Occupancy	Annual Adjusted Total Compensation	ah	$ag * 2080$	\$110,718.40	\$117,291.20	\$106,059.20
Staffing	Number of Clients per Staff	ai	Survey	3.00	2.00	4.00
Staffing	Hourly Compensation per Staff per Client	aj	ag / ai	\$17.74	\$28.20	\$12.75
Staffing	Annual Compensation per Staff per Client	ak	ah / ai	\$36,906.13	\$58,645.60	\$26,514.80
Admin and Program	Administrative Overhead Percent	al	Survey	33.40%	33.40%	33.40%

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Group - Facility: Procedure Code T2021 HQ	Day Habilitation - Group - Community: Procedure Code T2021 HQ	Day Habilitation - Group - Virtual: Procedure Code T2021 HQ
Admin and Program	Administrative Overhead Hourly Cost	am	aj * al	\$5.93	\$9.42	\$4.26
Admin and Program	Administrative Overhead Annual Cost	an	ak * al	\$12,326.65	\$19,587.63	\$8,855.94
Admin and Program	Program Support - Wages and Benefits	ao	Survey	5.7%	5.7%	5.7%
Admin and Program	Program Support - Supplies	ap	Survey	4.3%	4.3%	4.3%
Admin and Program	Program Support - Client Transportation	aq	Survey	0.0%	6.8%	0.0%
Admin and Program	Program Support - Building and Equipment	ar	Survey	12.6%	12.6%	12.6%
Admin and Program	Program Support - Total	as	ao + ap + aq + ar	22.60%	29.40%	22.60%
Admin and Program	Program Support Hourly Cost	at	aj * as	\$4.01	\$8.29	\$2.88
Admin and Program	Program Support Annual Cost	au	ak * as	\$8,340.79	\$17,241.81	\$5,992.34
Rate	Hourly Cost	av	aj + am + at	\$27.68	\$45.91	\$19.89
Rate	SFY2027 Proposed Benchmark Rate	aw	av / 4	\$6.92	\$11.48	\$4.97
Rate	SFY2026 Rate (Current Rate)	ax	Fee Schedule	\$10.57	\$10.57	\$10.57
Rate	Percent Change	ay	(aw - ax) / ax	-34.5%	8.6%	-53.0%

Table 9C. Rate Model Criteria for Day

Category	Definition
Existing / Proposed	Existing
Service	Adult Day
Program	ALI, APDD
Procedure Code	S5100, S5101
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Caregiver
Support Staff Type	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 9D. Day Rate Model

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Wages	Hourly Wage	a	Survey	\$21.16	\$21.16
Wages	Annual Wage	b	$a * 2080$	\$44,012.80	\$44,012.80
Wages	ERE (% of Wages)	c	Survey	38.66%	38.66%
Wages	Hourly Compensation	d	$a * (1 + c)$	\$29.34	\$29.34
Wages	Annual Compensation	e	$b * (1 + c)$	\$61,028.07	\$61,028.07
Productivity	Total Hours	f	Standard Workweek	40	40
Productivity	Productivity Adjustment	g	Survey	1.33	1.33
Productivity	Billable Hours	h	f / g	30.00	30.00

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Productivity	Billable Hours Percentage	i	h / f	75%	75%
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$39.12	\$39.12
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$81,370.76	\$81,370.76
Support Staff	Hourly Support Staff Wage	l	Survey	\$21.16	\$21.16
Support Staff	Annual Support Staff Wage	m	$l * 2080$	\$44,012.80	\$44,012.80
Support Staff	Support Staff ERE	n	Survey	38.66%	38.66%
Support Staff	Hourly Support Staff Compensation	o	$l * (1 + n)$	\$29.34	\$29.34
Support Staff	Annual Support Staff Compensation	p	$m * (1 + n)$	\$61,028.07	\$61,028.07
Support Staff	Support Staff Hours per Week	q	Survey	25.00	25.00
Support Staff	Support Staff Hours per Hour	r	$q / 40$	0.63	0.63
Support Staff	Support Staff Cost per Hour	s	$o * r$	\$18.34	\$18.34
Supervision	Hourly Supervisor Wage	t	Survey	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	u	$t * 2080$	\$73,715.20	\$73,715.20
Supervision	Supervisor ERE	v	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	w	$t * (1 + v)$	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	x	$u * (1 + v)$	\$96,973.27	\$96,973.27
Supervision	Supervision Hours per Week	y	Survey	10.00	10.00
Supervision	Supervisor Span of Control	z	Survey	4.00	4.00

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Supervision	Supervision Hours per Staff per Hour	aa	y / z / 40	0.06	0.06
Supervision	Supervision Cost per Staff per Hour	ab	w * aa	\$2.91	\$2.91
Supervision	Hourly Total Compensation	ac	j + s + ab	\$60.37	\$60.37
Supervision	Annual Total Compensation	ad	ac * 2080	\$125,569.60	\$125,569.60
Occupancy	Total Hourly Employee Compensation	ae	ac	\$60.37	\$60.37
Occupancy	Occupancy Adjustment Factor	af	Survey	96%	96%
Occupancy	Hourly Adjusted Total Compensation	ag	ae / af	\$62.89	\$62.89
Occupancy	Annual Adjusted Total Compensation	ah	ag * 2080	\$130,811.20	\$130,811.20
Staffing	Number of Clients per Staff	ai	Survey	3.00	3.00
Staffing	Hourly Compensation per Staff per Client	aj	ag / ai	\$20.96	\$20.96
Staffing	Annual Compensation per Staff per Client	ak	ah / ai	\$43,603.73	\$43,603.73
Admin and Program	Administrative Overhead Percent	al	Survey	33.40%	33.40%
Admin and Program	Administrative Overhead Hourly Cost	am	aj * al	\$7.00	\$7.00
Admin and Program	Administrative Overhead Annual Cost	an	ak * al	\$14,563.65	\$14,563.65
Admin and Program	Program Support - Wages and Benefits	ao	Survey	5.7%	5.7%

Service	Description	Row Reference	Source / Calculation	Day Habilitation - Individual: Procedure Code T2021	Day Habilitation - Group: Procedure Code T2021 HQ
Admin and Program	Program Support - Supplies	ap	Survey	4.3%	4.3%
Admin and Program	Program Support - Client Transportation	aq	Survey	6.8%	6.8%
Admin and Program	Program Support - Building and Equipment	ar	Survey	12.6%	12.6%
Admin and Program	Program Support - Total	as	ao + ap + aq + ar	29.40%	29.40%
Admin and Program	Program Support Hourly Cost	at	aj * as	\$6.16	\$6.16
Admin and Program	Program Support Annual Cost	au	ak * as	\$12,819.50	\$12,819.50
Rate	Hourly Cost	av	aj + am + at	\$34.12	\$34.12
Rate	SFY2027 Proposed Benchmark Rate	aw	av / 4	\$8.53	\$8.53
Rate	SFY2027 Proposed Benchmark Rate – Per Half Day	ax	aw * 4 * 4	\$-	\$136.48
Rate	SFY2026 Current Rate	ay	Fee Schedule	\$8.25	\$118.35
Rate	Percent Change	(aw - ay) / ay or (ax - ay) / ay	-	3%	15%

Res Hab - Group Home 2-5: Rate Models

Table 10A. Rate Model Criteria for Res Hab - Group Home 2-5

Category	Definition
Existing / Proposed	Proposed
Service	Specialized Group Home - Adult
Program	APDD, CCMC, IDD
Procedure Code	N/A
Unit of Measure	Per Day
Direct Care Staff Type	Direct Service Professional - Daytime
Support Staff Type 1	Registered Nurse (RN)
Support Staff Type 2	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 10B. Res Hab - Group Home 2-5 Rate Model

Service	Description	Row Reference	Source / Calculation	Specialized Group Home – Adult: Procedure Code N/A
Wages	Primary Hours	a	Group Home Hours (16 hrs based on provider feedback and average hours of home size 2-5)	5,840
Wages	Substitute Hours	b	Group Home Hours (16 hrs based on provider feedback and average hours of home size 2-5)	1,028
Wages	Annual Hours	c	a + b	6,868
Wages	Hourly Wage	d	Survey	\$23.17
Wages	ERE (% of Wages)	e	Survey	37.23%
Wages	Hourly Compensation	f	d * (1 + e)	\$31.80

Service	Description	Row Reference	Source / Calculation	Specialized Group Home – Adult: Procedure Code N/A
Wages	Annual Compensation	g	$c * f$	\$218,402.40
Supervision	Annual Supervisor Hours	h	Survey: 1:16 Ratio	130
Supervision	Hourly Supervisor Wage	i	Survey	\$35.44
Supervision	Supervisor ERE	j	Survey	31.55%
Supervision	Hourly Supervisor Compensation	k	$i * (1 + j)$	\$46.62
Supervision	Annual Supervisor Cost	l	$h * k$	\$6,060.60
Psychologist / Psychiatrist Wages	Annual Psychologist/Psychiatrist Hours	m		13
Psychologist / Psychiatrist Wages	Hourly Psychologist/Psychiatrist Wage	n	Survey	\$74.94
Psychologist / Psychiatrist Wages	Psychologist/Psychiatrist ERE	o	Survey	25.85%
Psychologist / Psychiatrist Wages	Hourly Psychologist/Psychiatrist Compensation	p	$n * (1 + o)$	\$94.31
Psychologist / Psychiatrist Wages	Annual Psychologist/Psychiatrist Cost	q	$m * p$	\$1,226.03
Behavioral Specialist / Technician	Annual Behavioral Specialist/Technician Hours	r		39
Behavioral Specialist / Technician	Hourly Behavioral Specialist/Technician Wage	s	Survey	\$23.23
Behavioral Specialist / Technician	Behavioral Specialist/Technician ERE	t	Survey	37.20%

Service	Description	Row Reference	Source / Calculation	Specialized Group Home – Adult: Procedure Code N/A
Behavioral Specialist / Technician	Hourly Behavioral Specialist/Technician Compensation	u	$s * (1 + t)$	\$31.87
Behavioral Specialist / Technician	Annual Behavioral Specialist/Technician Cost	v	$r * u$	\$1,242.93
Support Staff Wages	Annual Service Coordinator Hours	w	Provider Survey: 1:40; Provider Interview: Typically 1 CM/SC oversees 2-8 homes	52
Support Staff Wages	Hourly Service Coordinator Wage	x	Survey	\$21.16
Support Staff Wages	Service Coordinator ERE	y	Survey	38.66%
Support Staff Wages	Hourly Service Coordinator Compensation	z	$x * (1 + y)$	\$29.34
Support Staff Wages	Annual Service Coordinator Cost	aa	$w * z$	\$1,525.68
Support Staff Wages	Annual Nursing Hours	ab	Provider Survey: 1:40	52
Support Staff Wages	Hourly RN Wage	ac	Survey	\$50.25
Support Staff Wages	RN ERE	ad	Survey	28.36%
Support Staff Wages	Hourly RN Compensation	ae	$ac * (1 + ad)$	\$64.50
Support Staff Wages	Annual RN Cost	af	$ab * ae$	\$3,354
Support Staff Wages	Total Annual Personnel Cost	ag	$g + l + q + v + aa + af$	\$231,811.64
Admin and Program	Administrative Overhead Percent	ah	Survey	33.40%
Admin and Program	Administrative Overhead Annual Cost	ai	$ag * ah$	\$77,425.09

Service	Description	Row Reference	Source / Calculation	Specialized Group Home – Adult: Procedure Code N/A
Admin and Program	Program Support	aj	Survey (Supplies and Travel)	4.10%
Admin and Program	Program Support Annual Cost	ak	$ag * aj$	\$9,504.28
Admin and Program	Total Annual Cost	al	$ag + ai + ak$	\$318,741.01
Staff Transportation	Average Flight Cost Per Day Per Client	am	Survey	\$21.36
Staff Transportation	Average Number of Miles Per Day Per Client	an	Survey	25.00
Staff Transportation	Average Mileage Cost Per Day Per Client	ao	IRS Mileage Rate / Survey	\$17.50
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	ap	Survey	\$7,091.95
Transportation	Annual Average Client Travel Cost Per Year Per Client	aq	Survey	\$5,677.46
Transportation	Annual Vehicle Purchase Cost	ar	Survey	\$5,677.46
Occupancy	Occupancy Factor	as	Survey	94.0%
Occupancy	Adjusted Total Annual Cost	at	$(al + ap + aq + ar) / as$	\$358,710.50
Rate	SFY2027 Proposed Benchmark Rate	au	$at / 365$	\$982.77
Rate	SFY2026 Rate (Current Rate)	av	Fee Schedule	\$797.27
Rate	Percent Change	aw	$(au - av) / av$	23%

Table 10C. Rate Model Criteria for Res Hab - Group Home 2-5

Category	Definition
Existing / Proposed	Existing
Service	Group Home Habilitation Must be 18 or over
Program	APDD, CCMC, IDD
Procedure Code	T2016
Unit of Measure	Per Day
Direct Care Staff Type	Direct Service Professional - Daytime
Support Staff Type1	Registered Nurse (RN)
Support Staff Type 2	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 10D. Res Hab - Group Home 2-5 Rate Model

Service	Description	Row Reference	Source / Calculation	Group Home Habilitation Must be 18 or over: Procedure Code T2016
Wages	Primary Hours	a	Group Home Hours (16 hrs based on provider feedback and average hours of home size 2-5)	2,588
Wages	Substitute Hours	b	Group Home Hours (16 hrs based on provider feedback and average hours of home size 2-5)	455
Wages	Annual Hours	c	a + b	3,044
Wages	Hourly Wage	d	Survey	\$23.17
Wages	ERE (% of Wages)	e	Survey	37.23%
Wages	Hourly Compensation	f	d * (1 + e)	\$31.80

Service	Description	Row Reference	Source / Calculation	Group Home Habilitation Must be 18 or over: Procedure Code T2016
Wages	Annual Compensation	g	c * f	\$96,789.53
Supervision	Annual Supervisor Hours	h	Survey: 1:16 Ratio	130
Supervision	Hourly Supervisor Wage	i	Survey	\$35.44
Supervision	Supervisor ERE	j	Survey	31.55%
Supervision	Hourly Supervisor Compensation	k	i * (1 + j)	\$46.62
Supervision	Annual Supervisor Cost	l	h * k	\$6,060.60
Psychologist / Psychiatrist Wages	Annual Psychologist/Psychiatrist Hours	m		-
Psychologist / Psychiatrist Wages	Hourly Psychologist/Psychiatrist Wage	n	Survey	\$74.94
Psychologist / Psychiatrist Wages	Psychologist/Psychiatrist ERE	o	Survey	25.85%
Psychologist / Psychiatrist Wages	Hourly Psychologist/Psychiatrist Compensation	p	n * (1 + o)	\$94.31
Psychologist / Psychiatrist Wages	Annual Psychologist/Psychiatrist Cost	q	m * p	\$-
Behavioral Specialist / Technician	Annual Behavioral Specialist/Technician Hours	r		-
Behavioral Specialist / Technician	Hourly Behavioral Specialist/Technician Wage	s	Survey	\$23.23
Behavioral Specialist / Technician	Behavioral Specialist/Technician ERE	t	Survey	37.20%

Service	Description	Row Reference	Source / Calculation	Group Home Habilitation Must be 18 or over: Procedure Code T2016
Behavioral Specialist / Technician	Hourly Behavioral Specialist/Technician Compensation	u	$s * (1 + t)$	\$31.87
Behavioral Specialist / Technician	Annual Behavioral Specialist/Technician Cost	v	$r * u$	\$-
Support Staff Wages	Annual Service Coordinator Hours	w	Provider Survey: 1:40; Provider Interview: Typically 1 CM/SC oversees 2-8 homes	52
Support Staff Wages	Hourly Service Coordinator Wage	x	Survey	\$21.16
Support Staff Wages	Service Coordinator ERE	y	Survey	38.66%
Support Staff Wages	Hourly Service Coordinator Compensation	z	$x * (1 + y)$	\$29.34
Support Staff Wages	Annual Service Coordinator Cost	aa	$w * z$	\$1,525.68
Support Staff Wages	Annual Nursing Hours	ab	Provider Survey: 1:40	52
Support Staff Wages	Hourly RN Wage	ac	Survey	\$50.25
Support Staff Wages	RN ERE	ad	Survey	28.36%
Support Staff Wages	Hourly RN Compensation	ae	$ac * (1 + ad)$	\$64.50
Support Staff Wages	Annual RN Cost	af	$ab * ae$	\$3,354

Service	Description	Row Reference	Source / Calculation	Group Home Habilitation Must be 18 or over: Procedure Code T2016
Support Staff Wages	Total Annual Personnel Cost	ag	$g + l + q + v + aa + af$	\$107,729.81
Admin and Program	Administrative Overhead Percent	ah	Survey	33.40%
Admin and Program	Administrative Overhead Annual Cost	ai	$ag * ah$	\$35,981.76
Admin and Program	Program Support	aj	Survey (Supplies and Travel)	11.10%
Admin and Program	Program Support Annual Cost	ak	$ag * aj$	\$11,958.01
Admin and Program	Total Annual Cost	al	$ag + ai + ak$	\$155,669.58
Staff Transportation	Average Flight Cost Per Day Per Client	am	Survey	\$-
Staff Transportation	Average Number of Miles Per Day Per Client	an	Survey	0.00
Staff Transportation	Average Mileage Cost Per Day Per Client	ao	IRS Mileage Rate / Survey	\$-
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	ap	Survey	\$-
Transportation	Annual Average Client Travel Cost Per Year Per Client	aq	Survey	\$-
Transportation	Annual Vehicle Purchase Cost	ar	Survey	\$5,677.46
Occupancy	Occupancy Factor	as	Survey	94.0%
Occupancy	Adjusted Total Annual Cost	at	$(al + ap + aq + ar) / as$	\$171,645.79

Service	Description	Row Reference	Source / Calculation	Group Home Habilitation Must be 18 or over: Procedure Code T2016
Rate	SFY2027 Proposed Benchmark Rate	au	at / 365	\$470.26
Rate	SFY2026 Rate (Current Rate)	av	Fee Schedule	\$468.17
Rate	Percent Change	aw	$(au - av) / av$	0.4%

Table 10E. Rate Model Criteria for Res Hab - Group Home 2-5

Category	Definition
Existing / Proposed	Existing
Service	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 1 Direct Care Staff, Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 2 Direct Care Staff
Program	APDD, CCMC, IDD
Procedure Code	T2016 CG, T2025 TG
Unit of Measure	Per 8 Hours
Direct Care Staff Type	Direct Service Professional - Daytime
Support Staff Type 1	Registered Nurse (RN)
Support Staff Type 2	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 10F. Res Hab - Group Home 2-5 Rate Model

Service	Description	Row Reference	Source / Calculation	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 1 Direct Care Staff: Procedure Code T2016 CG	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 2 Direct Care Staff: Procedure Code T2025 TG
Wages	Primary Hours	a	Group Home Hours (16 hrs based on provider feedback and average hours of home size 2-5)	1,737	3,474
Wages	Substitute Hours	b	Group Home Hours (16 hrs based on provider feedback and average hours of home size 2-5)	306	611
Wages	Annual Hours	c	a + b	2,043	4,086
Wages	Hourly Wage	d	Survey	\$23.17	\$23.17

Service	Description	Row Reference	Source / Calculation	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 1 Direct Care Staff: Procedure Code T2016 CG	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 2 Direct Care Staff: Procedure Code T2025 TG
Wages	ERE (% of Wages)	e	Survey	37.23%	37.23%
Wages	Hourly Compensation	f	$d * (1 + e)$	\$31.80	\$31.80
Wages	Annual Compensation	g	$c * f$	\$64,964.31	\$129,928.62
Supervision	Annual Supervisor Hours	h	Survey: 1:16 Ratio	-	-
Supervision	Hourly Supervisor Wage	i	Survey	\$35.44	\$35.44
Supervision	Supervisor ERE	j	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	k	$i * (1 + j)$	\$46.62	\$46.62
Supervision	Annual Supervisor Cost	l	$h * k$	\$-	\$-
Psychologist / Psychiatrist Wages	Annual Psychologist/Psychiatrist Hours	m	-	-	-
Psychologist / Psychiatrist Wages	Hourly Psychologist/Psychiatrist Wage	n	Survey	\$74.94	\$74.94
Psychologist / Psychiatrist Wages	Psychologist/Psychiatrist ERE	o	Survey	25.85%	25.85%
Psychologist / Psychiatrist Wages	Hourly Psychologist/Psychiatrist Compensation	p	$n * (1 + o)$	\$94.31	\$94.31
Psychologist / Psychiatrist Wages	Annual Psychologist/Psychiatrist Cost	q	$m * p$	\$-	\$-

Service	Description	Row Reference	Source / Calculation	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 1 Direct Care Staff: Procedure Code T2016 CG	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 2 Direct Care Staff: Procedure Code T2025 TG
Behavioral Specialist / Technician	Annual Behavioral Specialist/Technician Hours	r		-	-
Behavioral Specialist / Technician	Hourly Behavioral Specialist/Technician Wage	s	Survey	\$23.23	\$23.23
Behavioral Specialist / Technician	Behavioral Specialist/Technician ERE	t	Survey	37.20%	37.20%
Behavioral Specialist / Technician	Hourly Behavioral Specialist/Technician Compensation	u	$s * (1 + t)$	\$31.87	\$31.87
Behavioral Specialist / Technician	Annual Behavioral Specialist/Technician Cost	v	$r * u$	\$-	\$-
Support Staff Wages	Annual Service Coordinator Hours	w	Provider Survey: 1:40; Provider Interview: Typically 1 CM/SC oversees 2-8 homes	-	-
Support Staff Wages	Hourly Service Coordinator Wage	x	Survey	\$21.16	\$21.16
Support Staff Wages	Service Coordinator ERE	y	Survey	38.66%	38.66%
Support Staff Wages	Hourly Service Coordinator Compensation	z	$x * (1 + y)$	\$29.34	\$29.34
Support Staff Wages	Annual Service Coordinator Cost	aa	$w * z$	\$-	\$-

Service	Description	Row Reference	Source / Calculation	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 1 Direct Care Staff: Procedure Code T2016 CG	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 2 Direct Care Staff: Procedure Code T2025 TG
Support Staff Wages	Annual Nursing Hours	ab	Provider Survey: 1:40	-	-
Support Staff Wages	Hourly RN Wage	ac	Survey	\$50.25	\$50.25
Support Staff Wages	RN ERE	ad	Survey	28.36%	28.36%
Support Staff Wages	Hourly RN Compensation	ae	$ac * (1 + ad)$	\$64.50	\$64.50
Support Staff Wages	Annual RN Cost	af	$ab * ae$	\$-	\$-
Support Staff Wages	Total Annual Personnel Cost	ag	$g + l + q + v + aa + af$	\$64,964.31	\$129,928.62
Admin and Program	Administrative Overhead Percent	ah	Survey	33.40%	33.40%
Admin and Program	Administrative Overhead Annual Cost	ai	$ag * ah$	\$21,698.08	\$43,396.16
Admin and Program	Program Support	aj	Survey (Supplies and Travel)	0.00%	0.00%
Admin and Program	Program Support Annual Cost	ak	$ag * aj$	\$-	\$-
Admin and Program	Total Annual Cost	al	$ag + ai + ak$	\$86,662.39	\$173,324.78
Staff Transportation	Average Flight Cost Per Day Per Client	am	Survey	\$-	\$-
Staff Transportation	Average Number of Miles Per Day Per Client	an	Survey	0.00	0.00

Service	Description	Row Reference	Source / Calculation	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 1 Direct Care Staff: Procedure Code T2016 CG	Group Home or Family Home Habilitation Acuity Add-on – 1 Recip. to 2 Direct Care Staff: Procedure Code T2025 TG
Staff Transportation	Average Mileage Cost Per Day Per Client	ao	IRS Mileage Rate / Survey	\$-	\$-
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	ap	Survey	\$-	\$-
Transportation	Annual Average Client Travel Cost Per Year Per Client	aq	Survey	\$-	\$-
Transportation	Annual Vehicle Purchase Cost	ar	Survey	\$-	\$-
Occupancy	Occupancy Factor	as	Survey	100.0%	100.0%
Occupancy	Adjusted Total Annual Cost	at	$(al + ap + aq + ar) / as$	\$86,662.39	\$173,324.78
Rate	SFY2027 Proposed Benchmark Rate	au	$at / 365$	\$237.43	\$474.86
Rate	SFY2026 Rate (Current Rate)	av	Fee Schedule	\$164.55	\$329.10
Rate	Percent Change	aw	$(au - av) / av$	44%	44%

Res Hab - Fam Home and Host Home: Rate Models

Table 11A. Rate Model Criteria for Res Hab - Fam Home and Host Home

Category	Definition
Existing / Proposed	Existing
Service	Family Home Habilitation- Adult Must be 18 or over, Family Home Habilitation-Child Must be 17 or younger
Program	APDD, CCMC, IDD
Procedure Code	S5140, S5145
Unit of Measure	Per Day
Direct Care Staff Type	Direct Service Professional - Daytime
Support Staff Type 1	Registered Nurse (RN)
Support Staff Type 2	Caregiver
Supervisor Staff Type	Direct Support Supervisor

Table 11B. Res Hab - Fam Home and Host Home Rate Model

Service	Description	Row Reference	Source / Calculation	Family Home Habilitation- Adult Must be 18 or over: Procedure Code S5140	Family Home Habilitation- Adult Must be 18 or over: Procedure Code S5145
Family Home Habilitation Caregiver	Annual Stipend	a	Survey	\$39,684.00	\$46,033.44
Family Home Habilitation Caregiver	Daily Stipend	b	a / 365	\$108.72	\$126.12
DSP Agency Wages	DSP Agency Hours	c	Provider Substitution	366	366
DSP Agency Wages	Annual Hours	d	c	366	366
DSP Agency Wages	Hourly Wage	e	Survey	\$23.17	\$23.17

Service	Description	Row Reference	Source / Calculation	Family Home Habilitation- Adult Must be 18 or over: Procedure Code S5140	Family Home Habilitation- Adult Must be 18 or over: Procedure Code S5145
DSP Agency Wages	ERE (% of Wages)	f	Survey	37.23%	37.23%
DSP Agency Wages	Hourly Compensation	g	$e * (1 + f)$	\$31.80	\$31.80
DSP Agency Wages	Annual Compensation	h	$a + (d * g)$	\$51,322.48	\$57,671.92
Supervision	Annual Supervisor Hours	i	Provider Survey: 1:16 Ratio	130	130
Supervision	Hourly Supervisor Wage	j	Survey	\$35.44	\$35.44
Supervision	Supervisor ERE	k	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	l	$j * (1 + k)$	\$46.62	\$46.62
Supervision	Annual Supervisor Cost	m	$i * l$	\$6,060.60	\$6,060.60
Total Staff Compensation	Total Annual Personnel Cost	n	$h + m$	\$57,383.08	\$63,732.52
Admin and Program	Administrative Overhead Percent	o	Survey	33.40%	33.40%
Admin and Program	Administrative Overhead Annual Cost	p	$n * o$	\$19,165.95	\$21,286.66
Admin and Program	Program Support	q	Survey	4.10%	4.10%
Admin and Program	Program Support Hourly Cost	r	$n * q$	\$2,352.71	\$2,613.03
Admin and Program	Total Annual Cost	s	$n + p + r$	\$78,901.74	\$87,632.22
Staff Transportation	Average Flight Cost Per Day Per Client	t	Survey	\$21.36	\$21.36

Service	Description	Row Reference	Source / Calculation	Family Home Habilitation- Adult Must be 18 or over: Procedure Code S5140	Family Home Habilitation- Adult Must be 18 or over: Procedure Code S5145
Staff Transportation	Average Number of Miles Per Day Per Client	u	Survey	25.00	25.00
Staff Transportation	Average Mileage Cost Per Day Per Client	v	IRS Mileage Rate / Survey	\$17.50	\$17.50
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	w	Survey	\$-	\$-
Vehicle and Client Travel	Annual Average Client Travel Cost Per Year Per Client	x	Provider Survey; 7 miles per trip * 6 trips per day (# of one-way trips * miles per trip)	\$10,731.00	\$10,731.00
Vehicle and Client Travel	Annual Vehicle Purchase Cost	y	Survey	\$5,677.46	\$5,677.46
Occupancy	Occupancy Factor	z	Survey	94.0%	94.0%
Occupancy	Adjusted Total Annual Cost	aa	(s + w + x + y) / z	\$101,393.83	\$110,681.57
Rate	SFY2027 Proposed Benchmark Rate	ab	aa / 365	\$277.79	\$303.24
Rate	SFY2026 Rate (Current Rate)	ac	Fee Schedule	\$195.06	\$211.09
Rate	Percent Change	ad	(ab - ac) / ac	42%	44%

Table 11C. Rate Model Criteria for Res Hab - Fam Home and Host Home

Category	Definition
Existing / Proposed	Proposed
Service	Adult Host Home
Program	TBD
Procedure Code	N/A
Unit of Measure	Per Day
Direct Care Staff Type	Caregiver
Support Staff Type 1	Registered Nurse (RN)
Support Staff Type 2	Caregiver
Supervisor Staff Type	Direct Service Professional - Daytime

Table 11D. Res Hab - Fam Home and Host Home Rate Model

Service	Description	Row Reference	Source / Calculation	Adult Host Home: Procedure Code N/A
Family Home Habilitation Caregiver	Annual Stipend	a	Survey	\$35,715.60
Family Home Habilitation Caregiver	Daily Stipend	b	a / 365	\$97.85
DSP Agency Wages	DSP Agency Hours	c	Provider Substitution	366
DSP Agency Wages	Annual Hours	d	c	366
DSP Agency Wages	Hourly Wage	e	Survey	\$21.16
DSP Agency Wages	ERE (% of Wages)	f	Survey	38.66%
DSP Agency Wages	Hourly Compensation	g	e * (1 + f)	\$29.34
DSP Agency Wages	Annual Compensation	h	a + (d * g)	\$46,453.75

Service	Description	Row Reference	Source / Calculation	Adult Host Home: Procedure Code N/A
Supervision	Annual Supervisor Hours	i	Provider Survey: 1:16 Ratio	130
Supervision	Hourly Supervisor Wage	j	Survey	\$35.44
Supervision	Supervisor ERE	k	Survey	31.55%
Supervision	Hourly Supervisor Compensation	l	$j * (1 + k)$	\$46.62
Supervision	Annual Supervisor Cost	m	$i * l$	\$6,060.60
Total Staff Compensation	Total Annual Personnel Cost	n	$h + m$	\$52,514.35
Admin and Program	Administrative Overhead Percent	o	Survey	33.40%
Admin and Program	Administrative Overhead Annual Cost	p	$n * o$	\$17,539.79
Admin and Program	Program Support	q	Survey	4.10%
Admin and Program	Program Support Hourly Cost	r	$n * q$	\$2,153.09
Admin and Program	Total Annual Cost	s	$n + p + r$	\$72,207.23
Staff Transportation	Average Flight Cost Per Day Per Client	t	Survey	\$21.36
Staff Transportation	Average Number of Miles Per Day Per Client	u	Survey	25.00
Staff Transportation	Average Mileage Cost Per Day Per Client	v	IRS Mileage Rate / Survey	\$17.50
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	w	Survey	\$-
Vehicle and Client Travel	Annual Average Client Travel Cost Per Year Per Client	x	Provider Survey; 7 miles per trip * 6 trips per day (# of one-way trips * miles per trip)	\$10,731.00

Service	Description	Row Reference	Source / Calculation	Adult Host Home: Procedure Code N/A
Vehicle and Client Travel	Annual Vehicle Purchase Cost	y	Survey	\$5,210.92
Occupancy	Occupancy Factor	z	Survey	94.0%
Occupancy	Adjusted Total Annual Cost	aa	$(s + w + x + y) / z$	\$93,775.69
Rate	SFY2027 Proposed Benchmark Rate	ab	aa / 365	\$256.92
Rate	SFY2026 Rate (Current Rate)	ac	Fee Schedule	N/A
Rate	Percent Change	ad	$(ab - ac) / ac$	N/A

RSL: Rate Models

Table 12A. Rate Model Criteria for RSL

Category	Definition
Existing / Proposed	Existing
Service	RSL-6-16 beds per EIN1 Non-State Gov't Owned & Operated, RSL State Government Owned/Operated, RSL-5 or fewer beds per EIN1 Non-State Gov't Owned & Operated
Program	ALI, APDD
Procedure Code	T2031 US, T2031 CG, T2031 UR
Unit of Measure	Per Day
Direct Care Staff Type	Caregiver
Support Staff Type 1	Caregiver
Support Staff Type 2	N/A
Supervisor Staff Type	Direct Support Supervisor

Table 12B. RSL Rate Model

Service	Description	Row Reference	Source / Calculation	RSL-6-16 beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 US	RSL State Government Owned/Operated: Procedure Code T2031 CG	RSL-5 or fewer beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 UR
Wages	Primary Hours	a	RSL Hours	1,265	1,265	1,265
Wages	Substitute Hours	b	RSL Hours	223	223	223
Wages	Annual Hours	c	a + b	1,488	1,488	1,488
Wages	Hourly Wage	d	Survey	\$21.16	\$21.16	\$21.16
Wages	ERE (% of Wages)	e	Survey	38.7%	38.7%	38.7%
Wages	Hourly Compensation	f	d * (1 + e)	\$29.34	\$29.34	\$29.34

Service	Description	Row Reference	Source / Calculation	RSL-6-16 beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 US	RSL State Government Owned/Operated: Procedure Code T2031 CG	RSL-5 or fewer beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 UR
Wages	Annual Compensation	g	c * f	\$43,657	\$43,657	\$43,657
Supervision	Annual Supervisor Hours	h	Survey	124	124	124
Supervision	Hourly Supervisor Wage	i	Survey	\$35.44	\$35.44	\$35.44
Supervision	Supervisor ERE	j	Survey	31.6%	31.6%	31.6%
Supervision	Hourly Supervisor Compensation	k	$l * (1 + j)$	\$46.62	\$46.62	\$46.62
Supervision	Annual Supervisor Cost	l	$h * k$	\$5,799	\$5,799	\$5,799
Support Staff Wages	Annual Service Coordinator Hours	m	Provider Survey: 1:40; Provider Interview: Typically 1 CM/SC oversees 2-8 homes	52	52	52
Support Staff Wages	Hourly Service Coordinator Wage	n	Survey	\$21.16	\$21.16	\$21.16
Support Staff Wages	Service Coordinator ERE	o	Survey	38.7%	38.7%	38.7%
Support Staff Wages	Hourly Service Coordinator Compensation	p	$n * (1 + o)$	\$29.34	\$29.34	\$29.34
Support Staff Wages	Annual Service Coordinator Cost	q	$m * p$	\$1,526	\$1,526	\$1,526

Service	Description	Row Reference	Source / Calculation	RSL-6-16 beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 US	RSL State Government Owned/Operated: Procedure Code T2031 CG	RSL-5 or fewer beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 UR
Support Staff Wages	Annual Nursing Hours	r	~11.16 hours per person per quarter, home size 17+	-	-	-
Support Staff Wages	Hourly RN Wage	s	Survey	\$-	\$-	\$-
Support Staff Wages	RN ERE	t	Survey	0.0%	0.0%	0.0%
Support Staff Wages	Hourly RN Compensation	u	$s * (1 + t)$	\$-	\$-	\$-
Support Staff Wages	Annual RN Cost	v	$r * u$	\$-	\$-	\$-
Support Staff Wages	Total Annual Personnel Cost	w	$g + l + q + v$	\$50,982	\$50,982	\$50,982
Admin and Program	Administrative Overhead Percent	x	Survey	33.4%	33.4%	33.4%
Admin and Program	Administrative Overhead Annual Cost	y	$w * x$	\$17,028	\$17,028	\$17,028
Admin and Program	Program Support	z	Survey	4.1%	4.1%	4.1%
Admin and Program	Program Support Hourly Cost	aa	$w * z$	\$2,090	\$2,090	\$2,090
Admin and Program	Total Annual Cost	ab	$w + y + aa$	\$70,100	\$70,100	\$70,100
Staff Transportation	Average Number of Miles Per Day Per Client	ac	Survey	20.00	20.00	20.00

Service	Description	Row Reference	Source / Calculation	RSL-6-16 beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 US	RSL State Government Owned/Operated: Procedure Code T2031 CG	RSL-5 or fewer beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031 UR
Staff Transportation	Average Mileage Cost Per Day Per Client	ad	IRS Mileage Rate / Survey	\$14.00	\$14.00	\$14.00
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	ae	ad * 365	\$5,110	\$5,110	\$5,110
Vehicle Costs	Annual Vehicle Purchase Cost	af	Survey	\$5,677	\$5,677	\$5,677
Occupancy	Occupancy Factor	ag	Survey	94.0%	94.0%	94.0%
Occupancy	Adjusted Total Annual Cost	ah	(ab + ae + af) / ag	\$86,051	\$86,051	\$86,051
Rate	SFY2027 Proposed Benchmark Rate	ai	ah / 365	\$235.76	\$235.76	\$235.76
Rate	SFY2026 Rate (Current Rate)	aj	Fee Schedule	\$222.96	\$223.38	\$222.96
Rate	Percent Change	ak	(ai - aj) / aj	5.7%	5.5%	5.7%

Table 12C. Rate Model Criteria for RSL

Category	Definition
Existing / Proposed	Existing
Service	RSL-17 or more beds per EIN1 Non-State Gov't Owned & Operated, RSL-Acuity Add-on Non-State Gov't Owned & Operated
Program	ALI, APDD
Procedure Code	T2031, T2031 TG
Unit of Measure	Per Day
Direct Care Staff Type	Caregiver
Support Staff Type 1	Caregiver
Support Staff Type 2	N/A, Registered Nurse (RN)
Supervisor Staff Type	Direct Support Supervisor

Table 12D. RSL Rate Model

Service	Description	Row Reference	Source / Calculation	RSL-17 or more beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031	RSL-Acuity Add-on Non-State Gov't Owned & Operated: Procedure Code T2031 TG
Wages	Primary Hours	a	RSL Hours	1,265	1,752
Wages	Substitute Hours	b	RSL Hours	223	308
Wages	Annual Hours	c	a + b	1,488	2,060
Wages	Hourly Wage	d	Survey	\$21.16	\$21.16
Wages	ERE (% of Wages)	e	Survey	38.7%	38.7%
Wages	Hourly Compensation	f	d * (1 + e)	\$29.34	\$29.34
Wages	Annual Compensation	g	c * f	\$43,657	\$60,449

Service	Description	Row Reference	Source / Calculation	RSL-17 or more beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031	RSL-Acuity Add-on Non-State Gov't Owned & Operated: Procedure Code T2031 TG
Supervision	Annual Supervisor Hours	h	Survey	124	208
Supervision	Hourly Supervisor Wage	i	Survey	\$35.44	\$35.44
Supervision	Supervisor ERE	j	Survey	31.6%	31.6%
Supervision	Hourly Supervisor Compensation	k	$l * (1 + j)$	\$46.62	\$46.62
Supervision	Annual Supervisor Cost	l	$h * k$	\$5,799	\$9,697
Support Staff Wages	Annual Service Coordinator Hours	m	Provider Survey: 1:40; Provider Interview: Typically 1 CM/SC oversees 2-8 homes	52	52
Support Staff Wages	Hourly Service Coordinator Wage	n	Survey	\$21.16	\$21.16
Support Staff Wages	Service Coordinator ERE	o	Survey	38.7%	38.7%
Support Staff Wages	Hourly Service Coordinator Compensation	p	$n * (1 + o)$	\$29.34	\$29.34
Support Staff Wages	Annual Service Coordinator Cost	q	$m * p$	\$1,526	\$1,526
Support Staff Wages	Annual Nursing Hours	r	~11.16 hours per person per quarter, home size 17+	-	728
Support Staff Wages	Hourly RN Wage	s	Survey	\$-	\$50.25
Support Staff Wages	RN ERE	t	Survey	0.0%	28.4%

Service	Description	Row Reference	Source / Calculation	RSL-17 or more beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031	RSL-Acuity Add-on Non-State Gov't Owned & Operated: Procedure Code T2031 TG
Support Staff Wages	Hourly RN Compensation	u	$s * (1 + t)$	\$-	\$64.50
Support Staff Wages	Annual RN Cost	v	$r * u$	\$-	\$46,956
Support Staff Wages	Total Annual Personnel Cost	w	$g + l + q + v$	\$50,982	\$118,627
Admin and Program	Administrative Overhead Percent	x	Survey	33.4%	33.4%
Admin and Program	Administrative Overhead Annual Cost	y	$w * x$	\$17,028	\$39,621
Admin and Program	Program Support	z	Survey	4.1%	4.1%
Admin and Program	Program Support Hourly Cost	aa	$w * z$	\$2,090	\$4,864
Admin and Program	Total Annual Cost	ab	$w + y + aa$	\$70,100	\$163,112
Staff Transportation	Average Number of Miles Per Day Per Client	ac	Survey	20.00	20.00
Staff Transportation	Average Mileage Cost Per Day Per Client	ad	IRS Mileage Rate / Survey	\$14.00	\$14.00
Staff Transportation	Annual Average Staff Travel Cost Per Year Per Client	ae	$ad * 365$	\$5,110	\$5,110
Vehicle Costs	Annual Vehicle Purchase Cost	af	Survey	\$5,677	\$5,677
Occupancy	Occupancy Factor	ag	Survey	94.0%	94.0%

Service	Description	Row Reference	Source / Calculation	RSL-17 or more beds per EIN1 Non-State Gov't Owned & Operated: Procedure Code T2031	RSL-Acuity Add-on Non-State Gov't Owned & Operated: Procedure Code T2031 TG
Occupancy	Adjusted Total Annual Cost	ah	$(ab + ae + af) / ag$	\$86,051	\$185,000
Rate	SFY2027 Proposed Benchmark Rate	ai	ah / 365	\$235.76	\$506.85
Rate	SFY2026 Rate (Current Rate)	aj	Fee Schedule	\$223.38	\$493.66
Rate	Percent Change	ak	$(ai - aj) / aj$	5.5%	2.7%

Res Hab - Supp Liv and In-Home: Rate Models

Table 13A. Rate Model Criteria for Res Hab - Supp Liv and In-Home

Category	Definition
Existing / Proposed	Existing
Service	Supported Living Habilitation Must be 18 or over, In-Home Supports Habilitation Must be 17 or younger
Program	APDD, CCMC, IDD, IDD-ISW
Procedure Code	T2017, T2017 U4
Unit of Measure	Per 15 Minutes
Direct Care Staff Type	Direct Service Professional - Daytime
Supervisor Staff Type	Direct Support Supervisor

Table 13B. Res Hab - Supp Liv and In-Home Rate Model

Service	Description	Row Reference	Source / Calculation	Supported Living Habilitation Must be 18 or over: Procedure Code T2017	In-Home Supports Habilitation Must be 17 or younger: Procedure Code T2017 U4
Wages	Hourly Wage	a	Survey	\$23.17	\$23.17
Wages	Annual Wage	b	a * 2080	\$48,194	\$48,194
Wages	ERE (% of Wages)	c	Survey	37.23%	37.23%
Wages	Hourly Compensation	d	a * (1 + c)	\$31.80	\$31.80
Wages	Annual Compensation	e	b * (1 + c)	\$66,138	\$66,138
Productivity	Total Hours	f	Standard Workweek	40	40
Productivity	Productivity Adjustment	g	Survey	1.25	1.25
Productivity	Billable Hours	h	f / g	32.00	32.00
Productivity	Billable Hours Percentage	i	h / f	80%	80%

Service	Description	Row Reference	Source / Calculation	Supported Living Habilitation Must be 18 or over: Procedure Code T2017	In-Home Supports Habilitation Must be 17 or younger: Procedure Code T2017 U4
Productivity	Hourly Compensation after Adjustment	j	$d * g$	\$39.75	\$39.75
Productivity	Annual Compensation after Adjustment	k	$e * g$	\$82,673	\$82,673
Supervision	Hourly Supervisor Wage	l	Survey	\$35.44	\$35.44
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$73,715	\$73,715
Supervision	Supervisor ERE	n	Survey	31.55%	31.55%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$46.62	\$46.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$96,973	\$96,973
Supervision	Supervision Hours per Week	q	Survey	12.00	12.00
Supervision	Supervisor Span of Control	r	Survey	9.00	9.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.03	0.03
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$1.55	\$1.55
Supervision	Hourly Total Compensation	u	$j + t$	\$41.30	\$41.30
Supervision	Annual Total Compensation	v	$u * 2080$	\$85,904	\$85,904
Staffing	Number of Clients per Staff	w	Service Definition	1.00	1.00
Staffing	Hourly Compensation per Staff per Client	x	u / w	\$41.30	\$41.30
Staffing	Annual Compensation per Staff per Client	y	v / w	\$85,904	\$85,904

Service	Description	Row Reference	Source / Calculation	Supported Living Habilitation Must be 18 or over: Procedure Code T2017	In-Home Supports Habilitation Must be 17 or younger: Procedure Code T2017 U4
Admin and Program	Administrative Overhead Percent	z	Survey	33.40%	33.40%
Admin and Program	Administrative Overhead Hourly Cost	aa	$x * z$	\$13.79	\$13.79
Admin and Program	Administrative Overhead Annual Cost	ab	$y * z$	\$28,692	\$28,692
Admin and Program	Program Support - Wages and Benefits	ac	Survey	5.7%	5.7%
Admin and Program	Program Support - Supplies	ad	Survey	4.3%	4.3%
Admin and Program	Program Support - Client Transportation	-	-	0.0%	0.0%
Admin and Program	Program Support - Building and Equipment	-	-	0.0%	0.0%
Admin and Program	Program Support - Total	ae	$ac + ad$	10.00%	10.00%
Admin and Program	Program Support Hourly Cost	af	$x * ae$	\$4.13	\$4.13
Admin and Program	Program Support Annual Cost	ag	$y * ae$	\$8,590	\$8,590
Rate	Hourly Rate	ah	$x + aa + af$	\$59.22	\$59.22
Rate	SFY2027 Proposed Benchmark Rate	ai	$ah / 4$	\$14.81	\$14.81
Rate	SFY2026 Rate (Current Rate)	aj	Fee Schedule	\$14.98	\$14.98
Rate	Percent Change	ak	$(ai - aj) / aj$	-1%	-1%

Transportation: Rate Models

Table 14A. Rate Model Criteria for Transportation

Category	Definition
Existing / Proposed	Existing
Service	Transportation < 20 miles, Transportation > 20 miles
Program	ALI, APDD, CCMC, IDD, IDD-ISW
Procedure Code	T2003, T2003 TN
Unit of Measure	Per Trip up to 20 miles-Recipient
Direct Care Staff Type	Driver (Note: Driver's primary responsibility should be driving.)
Supervisor Staff Type	Driver (Note: Driver's primary responsibility should be driving.)

Table 14B. Transportation Rate Model

Service	Description	Row Reference	Source / Calculation	Transportation < 20 miles: Procedure Code T2003	Transportation > 20 miles: Procedure Code T2003 TN
Driver Wage	Hourly Wage	a	Survey	\$20.57	\$20.57
Driver Wage	Annual Wage	b	$a * 2080$	\$42,786	\$42,786
Driver Wage	ERE (% of Wages)	c	Survey	39.13%	39.13%
Driver Wage	Hourly Compensation	d	$a * (1 + c)$	\$28.62	\$28.62
Driver Wage	Annual Compensation	e	$b * (1 + c)$	\$59,528	\$59,528
Productivity	Total Hours	f	Standard Workweek	40	40
Productivity	Productivity Adjustment	g	Survey	1.00	1.00
Productivity	Billable Hours	h	f / g	40	40
Productivity	Productivity Percentage	i	h / f	100%	100%
Productivity	Hourly Comp. after Adjust.	j	$d * g$	\$28.62	\$28.62

Service	Description	Row Reference	Source / Calculation	Transportation < 20 miles: Procedure Code T2003	Transportation > 20 miles: Procedure Code T2003 TN
Productivity	Annual Comp. after Adjust.	k	$e * g$	\$59,528	\$59,528
Supervision	Hourly Supervisor Wage	l	Survey	\$20.57	\$20.57
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$42,786	\$42,786
Supervision	Supervisor ERE	n	Survey	39.13%	39.13%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$28.62	\$28.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$59,528	\$59,528
Supervision	Supervision Hours per Week	q	Survey	14.00	14.00
Supervision	Supervisor Span of Control	r	Survey	12.00	12.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.03	0.03
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$0.83	\$0.83
Supervision	Hourly Total Compensation	u	$j + t$	\$29.45	\$29.45
Supervision	Annual Total Compensation	v	$k + p$	\$119,056	\$119,056
Mileage	Average Annual Miles	w	Survey	70,200	70,200
Mileage	Mileage Rate	x	IRS Mileage Rate	\$0.70	\$0.70
Mileage	Annual Mileage Cost	y	$w * x$	\$49,140	\$49,140
Administrative Overhead	Administrative Overhead Percent	z	Survey	33.40%	33.40%
Administrative Overhead	Administrative Overhead Hourly Factor	aa	$u * z$	\$9.84	\$9.84

Service	Description	Row Reference	Source / Calculation	Transportation < 20 miles: Procedure Code T2003	Transportation > 20 miles: Procedure Code T2003 TN
Administrative Overhead	Administrative Overhead Annual Factor	ab	$v * z$	\$39,765	\$39,765
Vehicle	Monthly Vehicle Cost	ac	Transportation Model	\$1,071	\$1,071
Vehicle	Annual Vehicle Cost	ad	$ac * 12$	\$12,850	\$12,850
Rate	Total Annual Costs	ae	$v + y + ab + ad$	\$220,811	\$220,811
Rate	Annual Miles	af	Survey	70,200	70,200
Rate	Cost per Mile	ag	ae / af	\$3.15	\$3.15
Rate	Average Miles per Trip	ah	Survey	8.25	20
Rate	SFY2027 Proposed Benchmark Rate	ai	$ag * ah$	\$25.99	\$63.00
Rate	SFY2026 Rate (Current Rate)	aj	Fee Schedule	\$22.98	\$45.95
Rate	Percent Change	ak	$(ai - aj) / aj$	13%	37%

Table 14C. Rate Model Criteria for Transportation

Category	Definition
Existing / Proposed	Existing
Service	Transportation Attendant
Program	ALI, APDD, CCMC, IDD, IDD-ISW
Procedure Code	T2001 SE
Unit of Measure	Per Trip Attendant or Escort
Direct Care Staff Type	Driver (Note: Driver's primary responsibility should be driving.)
Supervisor Staff Type	Driver (Note: Driver's primary responsibility should be driving.)

Table 14D. Transportation Rate Model

Service	Description	Row Reference	Source / Calculation	Transportation Attendant: Procedure Code T2001 SE
Driver Wage	Hourly Wage	a	Survey	\$20.57
Driver Wage	Annual Wage	b	$a * 2080$	\$42,786
Driver Wage	ERE (% of Wages)	c	Survey	39.13%
Driver Wage	Hourly Compensation	d	$a * (1 + c)$	\$28.62
Driver Wage	Annual Compensation	e	$b * (1 + c)$	\$59,528
Productivity	Total Hours	f	Standard Workweek	40
Productivity	Productivity Adjustment	g	Survey	1.00
Productivity	Billable Hours	h	f / g	40
Productivity	Productivity Percentage	i	h / f	100%
Productivity	Hourly Comp. after Adjust.	j	$d * g$	\$28.62

Service	Description	Row Reference	Source / Calculation	Transportation Attendant: Procedure Code T2001 SE
Productivity	Annual Comp. after Adjust.	k	$e * g$	\$59,528
Supervision	Hourly Supervisor Wage	l	Survey	\$20.57
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$42,786
Supervision	Supervisor ERE	n	Survey	39.13%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$28.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$59,528
Supervision	Supervision Hours per Week	q	Survey	14.00
Supervision	Supervisor Span of Control	r	Survey	12.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.03
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$0.83
Supervision	Hourly Total Compensation	u	$j + t$	\$29.45
Supervision	Annual Total Compensation	v	$k + p$	\$119,056
Mileage	Average Annual Miles	w	Survey	70,200
Mileage	Mileage Rate	x	IRS Mileage Rate	\$0.70
Mileage	Annual Mileage Cost	y	$w * x$	\$49,140
Administrative Overhead	Administrative Overhead Percent	z	Survey	33.40%
Administrative Overhead	Administrative Overhead Hourly Factor	aa	$u * z$	\$9.84
Administrative Overhead	Administrative Overhead Annual Factor	ab	$v * z$	\$39,765
Vehicle	Monthly Vehicle Cost	ac	Transportation Model	\$1,071

Service	Description	Row Reference	Source / Calculation	Transportation Attendant: Procedure Code T2001 SE
Vehicle	Annual Vehicle Cost	ad	ac * 12	\$12,850
Rate	Total Annual Costs	ae	v + y + ab + ad	\$220,811
Rate	Annual Miles	af	Survey	70,200
Rate	Cost per Mile	ag	ae / af	\$3.15
Rate	Average Miles per Trip	ah	Survey	8.25
Rate	SFY2027 Proposed Benchmark Rate	ai	ag * ah	\$25.99
Rate	SFY2026 Rate (Current Rate)	aj	Fee Schedule	\$22.98
Rate	Percent Change	ak	(ai - aj) / aj	13%

Table 14E. Rate Model Criteria for Transportation

Category	Definition
Existing / Proposed	Existing
Service	Paratransit
Program	ALI, APDD, CCMC, IDD, IDD-ISW
Procedure Code	T2003 CG
Unit of Measure	Per Trip Recipient
Direct Care Staff Type	Driver (Note: Driver's primary responsibility should be driving.)
Supervisor Staff Type	Driver (Note: Driver's primary responsibility should be driving.)

Table 14F. Transportation Rate Model

Service	Description	Row Reference	Source / Calculation	Paratransit: Procedure Code T2001 SE
Driver Wage	Hourly Wage	a	Survey	\$20.57
Driver Wage	Annual Wage	b	a * 2080	\$42,786
Driver Wage	ERE (% of Wages)	c	Survey	39.13%
Driver Wage	Hourly Compensation	d	a * (1 + c)	\$28.62
Driver Wage	Annual Compensation	e	b * (1 + c)	\$59,528
Productivity	Total Hours	f	Standard Workweek	40
Productivity	Productivity Adjustment	g	Survey	1.43
Productivity	Billable Hours	h	f / g	28
Productivity	Productivity Percentage	i	h / f	70%
Productivity	Hourly Comp. after Adjust.	j	d * g	\$40.89

Service	Description	Row Reference	Source / Calculation	Paratransit: Procedure Code T2001 SE
Productivity	Annual Comp. after Adjust.	k	$e * g$	\$85,040
Supervision	Hourly Supervisor Wage	l	Survey	\$20.57
Supervision	Annual Supervisor Wage	m	$l * 2080$	\$42,786
Supervision	Supervisor ERE	n	Survey	39.13%
Supervision	Hourly Supervisor Compensation	o	$l * (1 + n)$	\$28.62
Supervision	Annual Supervisor Compensation	p	$m * (1 + n)$	\$59,528
Supervision	Supervision Hours per Week	q	Survey	14.00
Supervision	Supervisor Span of Control	r	Survey	12.00
Supervision	Supervision Hours per Staff per Hour	s	$q / r / 40$	0.03
Supervision	Supervision Cost per Staff per Hour	t	$o * s$	\$0.83
Supervision	Hourly Total Compensation	u	$j + t$	\$41.72
Supervision	Annual Total Compensation	v	$k + p$	\$144,568
Mileage	Average Annual Miles	w	Survey	49,140
Mileage	Mileage Rate	x	IRS Mileage Rate	\$0.70
Mileage	Annual Mileage Cost	y	$w * x$	\$34,398
Administrative Overhead	Administrative Overhead Percent	z	Survey	33.40%
Administrative Overhead	Administrative Overhead Hourly Factor	aa	$u * z$	\$13.93
Administrative Overhead	Administrative Overhead Annual Factor	ab	$v * z$	\$48,286
Vehicle	Monthly Vehicle Cost	ac	Transportation Model	\$1,359

Service	Description	Row Reference	Source / Calculation	Paratransit: Procedure Code T2001 SE
Vehicle	Annual Vehicle Cost	ad	ac * 12	\$16,313
Rate	Total Annual Costs	ae	v + y + ab + ad	\$243,564
Rate	Annual Miles	af	Survey	49,140
Rate	Cost per Mile	ag	ae / af	\$4.96
Rate	Average Miles per Trip	ah	Survey	10
Rate	SFY2027 Proposed Benchmark Rate	ai	ag * ah	\$49.60
Rate	SFY2026 Rate (Current Rate)	aj	Fee Schedule	\$45.95
Rate	Percent Change	ak	(ai - aj) / aj	8%