

Ned Lamont Governor

State of Connecticut Department of Developmental Services



Jordan A. Scheff Commissioner

Peter Mason Deputy Commissioner

FY19 Interim Rates

LON		
Minimum	1-2	
Moderate	3-4	
Comprehensive	5-7	
Individual Program		
Budget	8	

BSP Budget		
Minimum	N/A	
Moderate	\$48,000	
Comprehensive	\$55,000	

Residential Request Assessment			
PRAT Request Only	E		
Want Services Within 1 Year Urgen			
	Future		
Want Services After 1 Year	Needs		

*Residential budget of \$275,000 or higher need to be referred to the Deputy Commissioner *A combination of Residential and Day budget totaling \$300,000 or higher need to be referred to the Deputy Commissioner

DAY SERVICES

Individualized Day				
Hourly F	Rate: Up to	\$33.32		
*The Hourly Rate for Individualized Day is negotiable				
	URR REQUIRED			
		Annualized		
Rate	Total Units	up to		
\$33.32	1500	\$49,980		

	GSE/DSO Rates			
LON Overall Day or Behavior (Whichever is higher)	Annual Full-Time (Does not include transportation)	Per Diem Rate	Hourly Rate	
1	\$11,851	\$52.67	\$8.80	
2	\$15,806	\$70.25	\$11.72	
3	\$19,746	\$87.76	\$14.64	
4	\$21,731	\$96.58	\$16.12	
5	\$23,702	\$105.34	\$17.56	
6	\$25,670	\$114.09	\$19.04	
7	\$27,655	\$122.91	\$20.48	
8	\$29,626	\$131.67	\$21.96	

Pro-Rated LON Based Rates for GSE/DSO					
LON	1 Day (45/yr)	2 Days (90/yr)	3 Days (135/yr)	4 Days (180/yr)	5 Days (225/yr)
1	\$2,370	\$4,740	\$7,110	\$9,481	\$11,851
2	\$3,161	\$6,323	\$9,484	\$12,645	\$15,806
3	\$3,949	\$7,898	\$11,848	\$15,797	\$19,746
4	\$4,346	\$8,692	\$13,038	\$17,384	\$21,731
5	\$4,740	\$9,481	\$14,221	\$18,961	\$23,702
6	\$5,134	\$10,268	\$15,402	\$20,536	\$25,670
7	\$5,531	\$11,062	\$16,593	\$22,124	\$27,655
8	\$5,925	\$11,850	\$17,775	\$23,701	\$29,626

DAY SERVICE	S CONTINUED

GSE/DSO 1:1 Rates - URR REQUIRED					
LON Overall Day or Behavior (Whichever is higher)	1:1 Annual Rate Full Time (Does not include transportation)	Enhanced Staffing Hourly Rate	Enhanced Staffing Per Diem Rate	Annual Cost of 1:1 staff on Van	Enhanced Staffing Trip Rate (Individual would receive the transportation trip rate plus the enhanced staffing trip rate)
1	\$44,673	\$24.29	\$198.55	\$7,446	\$16.55
2	\$44,673	\$21.37	\$198.55	\$7,446	\$16.55
3	\$44,673	\$18.45	\$198.55	\$7,446	\$16.55
4	\$44,673	\$16.97	\$198.55	\$7,446	\$16.55
5	\$44,673	\$15.53	\$198.55	\$7,446	\$16.55
6	\$44,673	\$14.05	\$198.55	\$7,446	\$16.55
7	\$44,673	\$12.61	\$198.55	\$7,446	\$16.55
8	\$44,673	\$11.13	\$198.55	\$7,446	\$16.55
*AO & Grad transportation	AO & Grad transportation estimated cost is \$2,808				

1:1 Titration Rates for Day		
LON	Annualized Rate for each hour of 1:1	
LON	supports	
1	\$5,466	
2	\$4,809	
3	\$4,152	
4	\$3,819	
5	\$3,495	
6	\$3,162	
7	\$2,838	
8	\$2,505	

URR Required		
1:1 in Group Day Setting	\$52,119	
2:1 Group Day Setting \$82,481		
Individual Day \$49,980		
Rate does not include transportation but DOES include 1:1 or		
2:1 staff on the vehicle		

Group Day Direct Care <u>RN</u> Enhancement Rate (Must be URR Approved)					
Group LON Rate	Nurse to participant ratio	1:1 Hourly Rate	Enhanced Nursing Oversight Rate		
	1 to 1	\$75.16	\$0.00		
	1 to 2	N/A	\$37.56		
Individual	1 to 3	N/A	\$25.04		
would receive	1 to 4	N/A	\$18.80		
their group	1 to 5	N/A	\$15.04		
day rate plus	6 to 9	N/A	\$10.72		
the RN rate	10 or more	N/A	\$7.52		

Residential and Day rates for transporting individuals to their day program		
\$1,926		
\$3,857		
\$5,783		
\$7,713		
\$7,713		

2:1 Titration Rates for Day				
	Annualized Rate for each hour of			
LON	2:1 supports			
1	\$10,091			
2	\$9,525			
3	\$8,962			
4	\$8,678			
5	\$8,397			
6	\$8,115			
7	\$7,832			
8	\$7,551			

ISE				
Rate: \$49.84 per hour				
Annualized	Annualized Rate for each hour of			
Maximun	Maximum of 3 hours per week			
Maximun	Maximum of 4 hours per week			
Maximun	n of 5 hours per week			
	te: Annualized Maximun Maximun			

Group Day Direct Care <u>LPN</u> Enhancement Rate (Must be URR Approved)					
Group LON Rate	Nurse to participant ratio	1:1 Hourly Rate	Enhanced Nursing Oversight Rate		
	1 to 1	\$59.88	\$0.00		
	1 to 2	N/A	\$29.96		
Individual	1 to 3	N/A	\$19.96		
would receive	1 to 4	N/A	\$14.96		
their group	1 to 5	N/A	\$11.96		
day rate plus	6 to 9	N/A	\$8.56		
the RN rate	10 or more	N/A	\$5.00		

DSO Medical Rate at 80% Utilization (Must have a LON_HealthMedical_SubDomain score of at least 6 to qualify and URR approved)				
LON	Per Diem	Hourly		
1	\$69.44	\$9.92		
2	\$92.40	\$13.20		
3	\$115.64	\$16.52		
4	\$127.12	\$18.16		
5	\$138.60	\$19.80		
6	\$150.08	\$21.44		
7	\$161.84	\$23.12		
8	\$173.32	\$24.76		

Accessible Trip rate for an additional person on the van (not a one to one)						
Residential and Day rates for transporting individuals to their day program	Transportat ion Annual Cost	Total authorized trips per year (2 per day)	Cost per trip	Enhanced Staffing Per Trip	Total trip rate with enhanced staffing	Total annual transportatio n cost with enhanced staffing
<= to 3.5 miles	\$1,926	450	\$4.28	\$5.98	\$10.26	\$4,617
3.6 to 6 miles	\$3,857	450	\$8.57	\$7.98	\$16.55	\$7,448
6.1 to 8.5 miles	\$5,783	450	\$12.85	\$11.18	\$24.03	\$10,814
8.6 to 11 miles	\$7,713	450	\$17.14	\$15.95	\$33.09	\$14,891
11.1 to 13.5 miles	\$9,639	450	\$21.42	\$19.15	\$40.57	\$18,257
13.6 to 16 miles	\$11,570	450	\$25.71	\$23.94	\$49.65	\$22,343
16.1 to 20 miles	\$13,496	450	\$29.99	\$28.73	\$58.72	\$26,424
20 miles and up	\$13,496	450	\$29.99	\$28.73	\$58.72	\$26,424

TRANSPORTATION

Accessible Trip rate for one to one on the van (sitting next to the person on the

van)						
Residential and Day rates for transporting individuals to their day program	Transportat ion Annual Cost	Total authorized trips per year (2 per day)	Cost per trip	1:1 Staffing Per Trip	Total trip rate with 1:1 staffing	Total annual transportatio n cost with 1:1 staffing
<= to 3.5 miles	\$1,926	450	\$4.28	\$16.55	\$20.83	\$9,374
3.6 to 6 miles	\$3,857	450	\$8.57	\$16.55	\$25.12	\$11,304
6.1 to 8.5 miles	\$5,783	450	\$12.85	\$16.55	\$29.40	\$13,230
8.6 to 11 miles	\$7,713	450	\$17.14	\$16.55	\$33.69	\$15,161
11.1 to 13.5 miles	\$9,639	450	\$21.42	\$16.55	\$37.97	\$17,087
13.6 to 16 miles	\$11,570	450	\$25.71	\$16.55	\$42.26	\$19,017
16.1 to 20 miles	\$13,496	450	\$29.99	\$16.55	\$46.54	\$20,943
20 miles and up	\$13,496	450	\$29.99	\$16.55	\$46.54	\$20,943

Non- Accessible Trip rate for an additional person on the van (not a one to one)

Residential and Day rates for transporting individuals to their day program	ion Annual	Total authorized trips per year (2 per day)	Cost per trip	Enhanced Staffing Per Trip	Total trip rate with enhanced staffing	Total annual transportatio n cost with enhanced staffing
<= 7 miles	\$1,926	450	\$4.28	\$5.98	\$10.26	\$4,617
7.1 to 12 miles	\$3,857	450	\$8.57	\$11.97	\$20.54	\$9,243
12.1 to 16 miles	\$5,783	450	\$12.85	\$16.76	\$29.61	\$13,325
16.1 to 20 miles	\$7,713	450	\$17.14	\$21.55	\$38.69	\$17,411
20 miles and up	\$7,713	450	\$17.14	\$21.55	\$38.69	\$17,411

TRANSPORTATION CONTINUED

<u>Non- Accessible</u> Trip rate for one to one on the van (sitting next to the person on the van)						
Residential and Day rates for transporting individuals to their day program	Transportat ion Annual Cost	Total authorized trips per year (2 per day)	Cost per trip	1:1 Staffing Per Trip	Total trip rate with 1:1 staffing	Total annual transportatio n cost with 1:1 staffing
<= 7 miles	\$1,926	450	\$4.28	\$16.55	\$20.83	\$9,374
7.1 to 12 miles	\$3,857	450	\$8.57	\$16.55	\$25.12	\$11,304
12.1 to 16 miles	\$5,783	450	\$12.85	\$16.55	\$29.40	\$13,230
16.1 to 20 miles	\$7,713	450	\$17.14	\$16.55	\$33.69	\$15,161
20 miles and up	\$7,713	450	\$17.14	\$16.55	\$33.69	\$15,161

RESIDENTIAL SERVICES

I.H.S Hours for Own Home				
Hourly Rate	\$31.52			
LON	Hours per Week			
1	14			
2	17			
3	20			
4	23			
5	28			
6	36			
7	42			
8	48			
Safety Net	\$4,599			

I.H.S Behavior Hours				
Hourly Ra	ate \$121.20			
LON	Annual Hours			
1-2	0			
3-4	2			
5-6	4			
7	8			
8	12			

Personal Support Hourly Rate \$28.44

I.H.S Cluster Hours for Own Home				
LON	Hours per Week			
1	N/A			
2	N/A			
3	17			
4	20			
5	25			
6	33			
7	39			
8	45			

Health Care Coordination				
Health Care Coordination (\$71.71 per hour)				
+LON Score health/medical score 4 or higher score of 6 or higher for combination of: health/medical and either the behavior (home) or psychiatric (home) domains, whichever is higher. Authorized hrs of service per year	Authorized Hours of Service Per Year			
Score of 4-6	24 Hours			
Score of 7-9	36 Hours			
Score of 10-14	48 Hours			

	CLA/CRS - Residential Initial Rates								
				L	.ON				
Beds	1	2	3	4	5	6	7	8	
1	\$26,519	\$35,348	\$70,623	\$94,165	\$123,621	\$189,330	\$204,437	\$218,286	
2	\$26,519	\$35,348	\$70,623	\$94,165	\$123,621	\$129,916	\$143,345	\$160,212	
3	\$26,519	\$35,348	\$70,623	\$94,165	\$107,594	\$121,895	\$139,148	\$157,694	
4	\$26,519	\$35,348	\$70,623	\$79,227	\$92,905	\$107,206	\$134,742	\$155,176	
5	\$26,519	\$35,348	\$59 <i>,</i> 898	\$71,673	\$84,722	\$103,429	\$132,853	\$152,658	
6	\$26,519	\$30,716	\$54,023	\$67,056	\$81,575	\$99 <i>,</i> 652	\$129,077	\$146,364	
7	\$22,491	\$28,198	\$49,106	\$60,252	\$70,244	\$87,063	\$115,228	\$140,068	
8	\$21,232	\$26,939	\$44,790	\$57,104	\$66,467	\$82,027	\$108,933	\$132,514	

	CLA/CRS - ONE TO ONE									
		24 Hour One to Or	ie		16 Hour Awake	e One to One				
L O N S C O R E	Raw One to One (138 hours per week * \$ 24.40 hourly rate *52 weeks)	Average Contribution from Person's LON funding towards the One to one staff	Additional Funding above the individual's LON for the one to one staff and to contribute to the regular staffing in the house	hours per week * \$	Average Contribution from Person's LON funding towards the One to one staff	Additional Funding above the individual's LON for the one to one staff and to contribute to the regular staffing in the house	Average Hourly Rates (Minimum of 7 hours of one to one per day)			
4	\$171,288	\$22,825	\$148,463	\$104,042	\$15,988	\$88,053	\$20.69			
5	\$171,288	\$27,901	\$143,387	\$104,042	\$19,033	\$85,008	\$19.98			
6	\$171,288	\$31,708	\$139,580	\$104,042	\$21,318	\$82,723	\$19.45			
7	\$171,288	\$40,590	\$130,698	\$104,042	\$26,647	\$77,395	\$18.22			
8	\$171,288	\$49,472	\$121,816	\$104,042	\$31,977	\$72,065	\$16.98			

CCH Annualized Amounts									
				L	ON				
	1	2	3	4	5	6	7	8	
Service Rate	\$1,422.77	\$1,422.77	\$4,543.42	\$4,543.42	\$8,615.62	\$8,615.62	\$8,615.62	\$8,615.62	
Support Payment	\$2,690.88	\$4,490.88	\$3,501.96	\$7,002.00	\$10,973.04	\$10,973.04	\$17,973.00	\$17,973.00	
Total DDS	\$4,114.00	\$5,914.00	\$8,045.00	\$11,545.00	\$19,589.00	\$19,589.00	\$26,589.00	\$26,589.00	
CTV Rate	\$7,266.60	\$8,248.56	\$9,233.76	\$11,195.76	\$12,402.60	\$12,402.60	\$14,988.12	\$14,988.12	
Total with CTV Rate	\$11,381	\$14,163	\$17,279	\$22,741	\$31,992	\$31,992	\$41,577	\$41,577	

		RESPITE			
Service	Waiver Procedure Code		Units/Smallest unit increment	Provider Rate	
Respite Agency, In home, Individual	EDS	5151 d	Per Diem	\$317.16	Per Day
	IFS/COMP	S 5151	i ci biciii	ψ01/110	
Respite Agency, In home, Individual	EDS	1404 z	Hour / 15 minutes	\$26.43	Per Hour
nespite / geney) in nonie, inalitadai	IFS/COMP	S 5150		φ <u>=</u> 01.13	i ei iioui
Respite Agency, out of home,	EDS	1402 z	Per Diem	\$345.91	Per Day
Individual	IFS/COMP	S 5151	i ci bicili	Ç515.51	Terbuy
Respite Agency, out of home,	EDS	1406 z	Hour / 15 minutes	\$27.63	Per Hour
Individual	IFS/COMP	S 5150	fibur / 15 fillinates	Ş27.05	rernour
Respite Agency, Group Rate 1	IFS/COMP/EDS	S 5151	Per Diem	\$134.47	Per Day
Respite Agency, Group Rate 1	EDS	5152 z	Hour / 15 minutes	\$10.01	Per Hour
	IFS/COMP	S 5150	Hour / 15 minutes		Per Hour
Respite Agency, Group Rate 2	EDS	5151 a	Per Diem	\$170.81	Per Day
Respice Agency, Group Rate 2	IFS/COMP	S 5151	rei Dielli		Fei Day
Respite Agency, Group Rate 2	EDS	5153 z	Hour / 15 minutes	\$13.02	Per Hour
Respire Agency, Group Rate 2	IFS/COMP	S 5150	Hour / 15 minutes		Per Hour
Bespite Agenau, Crown Bate 2	EDS	5151 b	Per Diem	\$231.28	Per Day
Respite Agency, Group Rate 3	IFS/COMP	S 5151	Per Dielli	\$251.20	Per Day
Bespite Agenau, Crown Bate 2	EDS	5154 z	Hour / 15 minutes	\$18.07	Per Hour
Respite Agency, Group Rate 3	IFS/COMP	S 5150	Hour / 15 minutes	\$10.07	Per Hour
Respite Agency, In Home, 2 person	IFS/Comp/EDS	S 5151	Per Diem	\$198.23	Per Day
Respite Agency, In Home , 2 person	IFS/COMP	S 5150	Hour / 15 minutes	\$16.55	Per Hour
Respite Agency, Out of Home , 2 person	IFS/Comp/EDS	S 5151	Per Diem	\$226.98	Per Day
Respite Agency, Out of Home , 2 person	IFS/COMP	S 5150	Hour / 15 minutes	\$17.73	Per Hour

CCH Respite Rates - *Rates to be Reviewed at a later date								
LON	LON Amount	Room and Board	Total Monthly	Annualized	Daily Rate			
1	\$342.80	\$1,097.74	\$1,440.54	\$17,286	\$47.00			
2	\$492.80	\$1,097.74	\$1,590.54	\$19,086	\$52.00			
3	\$670.45	\$1,097.74	\$1,768.19	\$21,218	\$58.00			
4	\$962.12	\$1,097.74	\$2,059.86	\$24,718	\$68.00			
5 and 6	\$1,632.39	\$1,097.74	\$2,730.13	\$32,762	\$90.00			
7 and 8	\$2,215.72	\$1,097.74	\$3,313.46	\$39,762	\$109.00			

OVERNIGHT CAMP RATES						
Residential LON of 1 or 2	\$134.47	Per Day	Includes transportation			
Residential LON of 3,4, or 5	\$170.81	Per Day	Includes transportation			
Residential LON of 6 or 7	\$231.28	Per Day	Includes transportation			

OVERNIGHT CAMP - WEEKLY RATES						
Residential LON	Weekly Rate	2 Week Rate	Comment			
1 or 2	\$941.31		Attends at least 160 consecutive hours			
1 or 2		\$1,882.63	Attends at least 308 consecutive hours			
3, 4, or 5	\$1,195.70		Attends at least 160 consecutive hours			
3, 4, or 5		\$2,391.40	\$2,391.40 Attends at least 308 consecutive hours			
6 or 7	\$1,618.98		Attends at least 160 consecutive hours			
6 or 7		\$3,237.97	Attends at least 308 consecutive hours			
8	Negotiated		Attends at least 160 consecutive hours			
8		Negotiated	Negotiated Attends at least 308 consecutive hours			
Rates inc	udes Transportation		Use LON 5 if there is no completed LON			

Camp providers will be paid for individuals that leave camp early during the week a prorated daily amount. The amount of days to be paid will be calculated based on the total number of hours attended by the individual during the week divided by the standard 24 hours per day. Partial days greater than 12 hours will be paid the daily rate. Partial days less than 12 hours will not be reimbursed.

BSP 1:1 WEEKEND RESPITE CAMP RATES - Available through 6/30/19						
Residential LON of 1 or 2	\$605.81	Fri-Sun	Includes transportation			
Residential LON of 3,4, or 5	\$678.49	Fri-Sun	Includes transportation			
Residential LON of 6 or 7	\$799.43	Fri-Sun	Includes transportation			

EMPLOYMENT INITIATIVES									
Career Plan (10 hours Ma		Working Interview (40 Hours Maximum)							
SEI Staffing	\$49.84	Per Hour	SEI Staffing	\$49.84	Per Hour				
DSO/GSE (Group Day) Staffing	\$44.10	Per Hour	DSO/GSE (Group Day) Staffing	\$44.10	Per Hour				
IDV Staffing	\$33.32	Per Hour	IDV Staffing	\$33.32	Per Hour				
Completed Career Plan	\$74	42.35							
Intensive Job Placement	/Training		Benchmark (only for those with ann	ual ISE autho	rization)				
SEI Staffing	\$49.84	Per Hour	ur Job Start \$2,000 Maxin		/laximum				
DSO/GSE (Group Day) Staffing	\$44.10	Per Hour	3 Month \$2,000 Maximum		/laximum				
IDV Staffing	\$33.32	Per Hour	6 Month \$2,000 Maximur		/laximum				
Individual Wages (40 Hours Maximum)	\$11.03	Per Hour							