

Residential Rehabilitation Hours per Month

	30-Day Month	31 Day Month	28 Day Month	29 Day Month
Days in Group Home	Total Hours Needed to Bill			
1	1.33	1.29	1.43	1.38
2	2.67	2.58	2.86	2.76
3	4.00	3.87	4.29	4.14
4	5.33	5.16	5.71	5.52
5	6.67	6.45	7.14	6.90
6	8.00	7.74	8.57	8.28
7	9.33	9.03	10.00	9.66
8	10.67	10.32	11.43	11.03
9	12.00	11.61	12.86	12.41
10	13.33	12.90	14.29	13.79
11	14.67	14.19	15.71	15.17
12	16.00	15.48	17.14	16.55
13	17.33	16.77	18.57	17.93
14	18.67	18.06	20.00	19.31
15	20.00	19.35	21.43	20.69
16	21.33	20.65	22.86	22.07
17	22.67	21.94	24.29	23.45
18	24.00	23.23	25.71	24.83
19	25.33	24.52	27.14	26.21
20	26.67	25.81	28.57	27.59
21	28.00	27.10	30.00	28.97
22	29.33	28.39	31.43	30.34
23	30.67	29.68	32.86	31.72
24	32.00	30.97	34.29	33.10
25	33.33	32.26	35.71	34.48
26	34.67	33.55	37.14	35.86
27	36.00	34.84	38.57	37.24
28	37.33	36.13	40.00	38.62
29	38.67	37.42		40.00
30	40.00	38.71		
31		40.00		