

INTERNAL USE ONLY
FY 2003 RATE SCHEDULE Effective July 1, 2002

ANNUALIZED RATE INCREASE FOR CM IN FY 2001-2002: 4.3%
 APPROPRIATED RATE INCREASE FOR COMP AND CM IN FY 2002-2003: 2.0% (0 months)
 APPROPRIATED GOLA INCREASE FOR FOP ALL SERVICES IN FY 2002-2003: 0.0%

DEPARTMENT OF HUMAN SERVICES
 Office of Health and Rehab. Labor Services
 Developmental Disabilities Services
 Community Programs

Gross Rate Room & Board Local Match State Billing Rate Medicaid Billing Rate Unit Amount Unit of Service

COMPREHENSIVE SERVICES

High	includes residential support and supervision					304 days
Medium	includes residential support and supervision					304 days
Low	includes residential support and supervision					304 days

REFER TO NET RATE SHEET

OCB rates will change with the addition of new resources

Administration and Case Management

Administration	State	1,163.32	58.08	1,104.24	92.02	11/2th
	Medicaid	1,163.32	58.08		1,104.24	92.02
Case Management	State	1,268.16	53.36	1,204.80	100.40	11/2th
	TCM - Medicaid	1,268.16	53.36		1,204.80	50.20

24 Units
 Fee for service

SUPPORT SERVICES

Supported Living Services

SLS (State) - 85%	See individual Contract					1/12th
Management Fee - 15%	See individual Contract					1/12th
State Case Management		1,288.18	63.35	1,204.80	100.40	1/12th
SLS (Medicaid) - 85%		13,238.45	664.80		12,631.68	1,052.64
Management Fee - 15%		2,348.45	117.35		2,229.12	185.76
TCM		1,288.18	63.35		1,204.80	50.20

Fee for service
 1/12th
 24 Units

Children and Family Services

Early Intervention		4,342.72	212.16	4,030.56	335.88	11/2th
Management Fee - 15% (State)		748.08	37.44	711.24	59.27	11/2th
State Case Management - Children and Families		639.72	32.04	607.68	50.64	11/2th
TCM		1,208.16	63.36		1,204.80	50.20
Family Support Services - Annual Amount - 85%		4,400.04	219.96	4,180.08	348.34	11/2th
Management Fee - 15% (State)		775.64	38.88	737.76	61.48	11/2th
State Case Management - Children and Families		639.72	32.04	607.68	50.64	11/2th
Children's Extensive Support (CES) Waiver - 85%		15,498.09	774.93		14,723.76	1,226.98
Management Fee - 15% (Medicaid)		2,735.04	136.80		2,598.24	216.52
TCM		1,208.16	63.36		1,204.80	50.20

Fee for service
 1/12th
 24 Units

PASARR

Referral and eligibility determination		127.50		127.50		
Determination of Need for Specialized Services						
New Referral - Pre-admission screening		127.50		127.50		
Annual Review		54.50		54.50		
Psychological Evaluation						
New Referral - actual amount - not to exceed \$360		360.00		360.00		

Colorado Progress Assessment Review (COPAR)

		45.42		45.42		
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