

**EW Customized Living Component Rate Input Worksheet, Part II**

**Provider:** \_\_\_\_\_

**License(s):** \_\_\_\_\_

	Negotiated Rate	Rate Limit Effective 10/1/07	Ave Hrs of Service per day	Ave Hrs in 24 hour period that are "supervision only"
<b>Hourly Service Rates</b>				
<b>Home Management/Homemaking and Support Services:</b> Food preparation, personal laundry, housekeeping, cleaning, shopping, assistance in setting up non-medical appointments, assistance with funds, assistance in setting up medical appointments, arranging for or providing transportation and socialization		\$ 17.12		
<b>Home Care Aide Services:</b> Dressing, bathing, grooming, household chores under special circumstances, preparation of modified diets, intermittent reminders to eat; assistance with self-administration of medications, reminders to take regularly scheduled medications, health and safety support for people with dementia, mental illness; implementation of behavior support plans		\$ 23.76		
<b>Home Health Aide Services:</b> Supervision for choking, physical assistance with eating, mobility, transferring, body positioning, toileting, administration of medications, insulin injections, nursing tasks delegated to unlicensed staff		\$ 30.40		
<b>Medication Setups by Licensed Nurse</b>		\$ 33.04		
<b>Transportation Information</b>				
Average Number of Residents Receiving Group Transportation				
Transportation Mileage Rate for One Rider		\$ 0.485		
Transportation Mileage Rate for Groups				
<b>Average Number of Residents Participating in Group Socialization</b>				
<b>Food Prep - includes prep, service and clean up</b>				
Average staff hours for breakfast				
Average staff hours for lunch				
Average staff hours for supper				
Average staff hours for snack				
Average number of residents scheduled to eat breakfast				
Average number of residents scheduled to eat lunch				
Average number of residents scheduled to eat supper				
Average number of residents scheduled to eat snacks				
<b>Means for summoning assistance/ Monthly charge</b>		Cannot exceed cost of PER		
Average number of residents receiving 24 hour support				

## EW Customized Living Component Negotiated Rates, Part II

Provider: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Hourly Service Rates	Negotiated Rate	
<b>Home Management/Homemaking and Support Services:</b> Food preparation, personal laundry, housekeeping, cleaning, shopping, assistance in setting up non-medical appointments, assistance with funds, assistance in setting up medical appointments, arranging for or providing transportation and socialization	\$ -	
<b>Home Care Aide Services:</b> Dressing, bathing, grooming, household chores under special circumstances, preparation of modified diets, intermittent reminders to eat; assistance with self-administration of medications, reminders to take regularly scheduled medications, health and safety support for people with dementia, mental illness; implementation of behavior support plans	\$ -	
<b>Home Health Aide Services:</b> Supervision for choking, physical assistance with eating, mobility, transferring, body positioning, toileting, administration of medications, insulin injections, nursing tasks delegated to unlicensed staff	\$ -	
<b>Medication Setups by Licensed Nurse</b>	\$ -	
<b>Transportation Information</b>		
Individual share of group driver rate	\$	
Transportation Mileage Rate for One Rider	\$	
Individual share of Mileage Rate for Group Rides	\$	
<b>Group Socialization Rate</b>	\$	
<b>Food Prep - includes prep, service and clean up</b>		
Breakfast	\$	
Lunch	\$	
Supper	\$	
Snacks	\$	
<b>Means for summoning assistance</b>	\$ -	
<b>Supervision</b>	Individual Share of Basic Staffing	Individual Supervision Only
No supervision	\$ -	
Supervision - Behavioral	\$	\$
24/7 assistance with ADLS, Med Mgt and/or delegated clinical monitoring	\$	\$

## EW Individual Customized living Planning Worksheet, Part III

Client: \_\_\_\_\_  
 24 CL Criteria Met: \_\_\_\_\_

Case Mix: \_\_\_\_\_ Community Budget Cap: \_\_\_\_\_  
 Provider: \_\_\_\_\_

Service Need	Score	Dependency Description	Part of CL Plan?	Service Description	Min/ Day	Min/ Week	Hrs/ Mo	Total Monthly Time	Rate		
<b>Homemaking</b>											
Cleaning					5	30	1	5.70	\$ -	\$ -	
Laundry - personal						30		2.17	\$ -	\$ -	
Laundry-linens							1	1.00	\$ -	\$ -	
Shopping						10		0.72	\$ -	\$ -	
Food Preparation								0.00	\$ -	\$ -	\$ -
<b>Congregate Meal Prep</b>											
					# per day	# per Week	# per Mo	Total Monthly Meals	Rate		
Breakfast prep						7		30.31	\$	\$	
Lunch prep						5		21.65	\$	\$	
Supper prep						7		30.31	\$	\$	
Snack prep						5		21.65	\$	\$	\$
<b>Supportive Services</b>											
					Min/ Day	Min/ Week	Hrs/ Mo	Total Monthly Time	Rate		
Making appts							0.5	0.50	\$ -	\$ -	
Arrange Transportation							0.5	0.50	\$ -	\$ -	
Socialization - Individual							1.5	1.50	\$ -	\$ -	
Socialization Group						120		8.66	\$	\$	
Money Mgt								0.00	\$ -	\$ -	

<b>Transportation</b>					Min/ Day	Min/ Week	Hrs/ Mo	Total Monthly Time	Rate		
Driver 1:1 Transportation							0.5	0.50	\$ -	\$ -	
Driver Group Transportation							3	3.00	\$	\$	\$
					Mile s/ Day	Miles/ week	Miles/ Month	Total Miles/ Month	Rate		
Group mileage							50	50.00	\$	\$	
1:1 mileage							10	10.00	\$ -	\$ -	\$

<b>Personal Care</b>					Min/ Day	Min/ Week	Hrs/ Mo	Total Monthly Time	Rate		
Dressing	0	Independent			10			5.07	\$ -	\$ -	
Grooming	1	Needs minimal assistance or reminding			10			5.07	\$ -	\$ -	
Bathing	2	Need some help from another person				30		2.17	\$ -	\$ -	
Eating	0	Independent						0.00	\$ -	\$ -	
Continance Care	2	Need some help from another person						0.00	\$ -	\$ -	
Walking	0	Independent						0.00	\$ -	\$ -	
Wheeling	1	Needs minimal assistance or reminding						0.00	\$ -	\$ -	
Transferring	1	Needs minimal assistance or reminding						0.00	\$ -	\$ -	
Positioning	1	Needs minimal assistance or reminding						0.00	\$ -	\$ -	\$ -

<b>Other Delegated Health Services</b>			Min/ Day	Min/ Week	Hrs/ Mo	Total Monthly Time	Rate		
Med Administration			15			7.60	\$ -	\$ -	
Med Reminders						0.00	\$ -	\$ -	
Insulin Injections						0.00	\$ -	\$ -	
Therapeutic Exercises						0.00	\$ -	\$ -	
Delegated clinical monitoring						0.00	\$ -	\$ -	
Other delegated tasks						0.00	\$ -	\$ -	
						0.00	\$ -	\$ -	
						0.00	\$ -	\$ -	
						0.00	\$ -	\$ -	
						0.00	\$ -	\$ -	\$ -
<b>Medication Mgt by Licensed Nurse</b>			Min/ Day	Min/ Week	Hrs/ Mo	Total Monthly Time	Rate		
Med Set Ups and Monitoring				15		0	\$ -	\$ -	
Insulin Draws						0	\$ -	\$ -	\$ -

Individual Services  
Sub-Total \$

<b>Supervision</b>			
No supervision			\$0.00 \$
Supervision – Behavioral		yes/no	\$ \$
24/7 assistance with ADLS, Med Mgt and/or delegated clinical monitoring		yes/no	\$ \$

**Adjusted Rate** \$