|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **RATES PER SERVICE UNIT** |  |  |
|  |  |  |  |  | **Bridges Treatment Center** |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **SERVICE** |  |  |  | Day |   | YEAR |   | OFFERED |   |
| **Residential Room and Board-Title IV-E** |  | **$327.22**  |  |  $119,436.78 |  | 365 days |  |
| **Combined Services** |  |  | **$133.67** |  | $48,788.07  |  | 365 days |  |
| **Daily Supervision** |  |  | ($66.84) |  | ($24,396.02) |  | 365 days |  |
| **Supplemental Therapy** |  |  | ($53.46) |  | ($19,512.05) |  | 365 days |  |
| **Medical Counseling** |  |  | ($13.37) |  | ($4,880.00) |  | 365 days |  |
| **SUBTOTAL** |  |  |  | **$460.89**  |  | **$154,511.80** |  | 365 days |  |
|  |  |  |  |  |  |  |  |  |  |
| **Residential Education** |  |  | $191.00  |  | $44,121.00  |  | 231 days |  |
| **Residential Education 1:1 Behavioral Support** |  | $39.00  |  | per hour |  | IEP Mandated |
| **TOTAL (SUBTOTAL + Residential Education)** |  | $614.32  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Counseling/Therapy - Individual, Group, Family** |  | $37.00  |  | $13,505.00  |  | 365 days |  |
| **Special Education Related Services:** |  |  |  |  |  |  |  |
| **Occupational Therapy Services - Evaluation** |  | $118.00  |  | per session |  | per physician order |
| **Occupational Therapy Services - Cognitive Skills Development** | $47.00  |  | per 15 minutes | per physician order |
| **Speech Therapy Services - Individual** |  | $95.00  |  | per session |  | per physician order |
| **Speech Therapy Services - Group** |  | $78.00  |  | per session |  | per physician order |
| **Physical Therapy - Evaluation** |  |  | $118.00  |  | per session |  | per physician order |
| **Physical Therapy - Theraputic Activity** |  | $47.00  |   | per 15 minutes | per physician order |
| **\*Transportation - Travel and Attendance Requested/Required**  | $75.00/hr, |  | N/A |  | As Needed |  |
| **by Placing Agency, Family and Community** |  | plus |  |  |  |  |  |
|  |  |  |  | $.575/mile |   |   |   |   |   |
| \*Medicaid does not cover |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Rates Effective: July 1, 2022 - June 30, 2023** |  |  |  |  |  |  |  |