MONTHLY RATE WORKSHEET

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADULT AND AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1012 (7-2024)

Clear Fields

Client Name:	Client ID Number (ND Number):	Date:
County Name:	Case Manager:	
Effective Date:	Client Date of Birth:	

ACTIVITY	POINT VALUE	SPED PC AL
Bathing	20	
Communication	1	
Dress/Undress	15	
Eye Care	10	
Feeding/Eating	20	
Hair Care/Shaving	5	
Housework	10	
Incontinence	15	
Laundry	10	
Meal Preparation	20	
Medication Assistance	10	
Mobility	6	
Money Management	1	
Nail (Finger) Care	5	
Shopping	10	
Skin Care	10	
Teeth/Mouth Care	10	
Toileting	20	
Transferring/Turning/Positioning	15	
GLOBAL ENDORSEMENTS		
Cognitive/Supervision	20	
Exercises	20	
Hoyer Lift/Mechanized Bath Chairs	10	
Indwelling Catheter	20	
Medical Gases	10	
Prosthesis/Orthotics	10	
Suppository/Bowel Program	25	
TED Socks	10	
Temp/BP/Pulse/Respiration Rate	1	
CLIENT SPECIFIC ENDORSEMENTS		
Apnea Monitor	10	
Jobst Stockings	10	
Ostomy Care	20	
Postural/Bronchial Drainage	20	
RIK Bed Care	5	
	Total Points	0

Service	Total Points		Factor Mo. Rate Or			Unit Rate		SFY24 Rate with 3% Increase
Personal Care Assisted Living	0	X	8.4	$ 0.00	Divided By 30	$0.00	$0.00	$0.00

Name of Provider:	Provider Number:
Mailing Address of Provider:	

**If the SFY 24 calculated rate is greater then the service cap, you must use the following capped amounts:

SPED PC AL - $87.76

DISTRIBUTION: **Original** - Client's Case File **Copy** - Adult and Aging Services/HCBS