

Developmental Disabilities Home and Community Based Medicaid Waiver Services Tiers 1 through 4 and Individual Budgeting Waivers Provider Rate Tables

Tables are to be used in conjunction with the Developmental Disabilities Waivers Services Coverage and Limitations Handbooks. Handbooks can be accessed at www.mymedicaid-florida.com.

Tier Waivers 1 - 4

Effective Date: 7/1/2011

Line #	Developmental Disabilities Tier Waiver Service Description	Procedure Code (Tiers 1, 2, 3)	Procedure Code FSL* (*Tier 4)	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units Day	Max # Units Week/Month	Max # Units Year	Units and Frequencies	Other Limitations *
						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
1	Adult Day Training (ADT) - Facility Based	S5102U6	S5102U9	Quarter Hour (QH)	1:1	N/A	3.64	N/A	3.62	N/A	3.72	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	No more than 30 hrs weekly for ADT, Companion or Supported Employment COMBINED. Rate assumes a six hour program day for attendees, with staff present 7 hours. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. This requirement has been incorporated into the rate as established and does not represent a reduction in the rate.
2	Adult Day Training - Facility Based	S5102U6	S5102U9	Quarter Hour	1:3	N/A	2.06	N/A	2.04	N/A	2.13	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	
3	Adult Day Training - Facility Based	S5102U6	S5102U9	Quarter Hour	1:5	N/A	1.44	N/A	1.42	N/A	1.49	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	
4	Adult Day Training - Facility Based	S5102U6	S5102U9	Quarter Hour	1:6-10	N/A	1.13	N/A	1.11	N/A	1.13	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	
5	Adult Day Training - Off Site	T2021U6	T2021U9	Quarter Hour	1:1	N/A	3.64	N/A	3.62	N/A	3.72	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	No more than 30 hrs weekly for ADT, Companion or Supported Employment COMBINED. Rate assumes a six hour program day for attendees, with staff present 7 hours. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. This requirement has been incorporated into the rate as established and does not represent a reduction in the rate.
6	Adult Day Training - Off Site	T2021U6	T2021U9	Quarter Hour	1:3	N/A	2.06	N/A	2.04	N/A	2.13	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	
7	Adult Day Training - Off Site	T2021U6	T2021U9	Quarter Hour	1:5	N/A	1.44	N/A	1.42	N/A	1.49	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	
8	Adult Day Training - Off Site	T2021U6	T2021U9	Quarter Hour	1:6-10	N/A	1.13	N/A	1.11	N/A	1.13	24	30 Hours Weekly	5760	24 QH/Day and 5760 QH/Year (or 240 days per year)	
9	Adult Dental Services	D0160U6	N/A	Unit	None	Unit Rate Cost negotiated by provider per procedure. Maximum Allowable Unit Cost is \$493.49						10	-	-	10 Units/Day Adult cleanings are limited to two per year.	Unit defined by dental provider for procedures that are medically necessary. Maximum allowable unit cost is \$493.49. No more than 10 Units of any dollar amount per day within this threshold, with a total maximum dollar amount of \$4,934.90 for 10 units.
10	Behavior Analysis Level 1	H2019HPU6	H2019HPU9	Quarter Hour	None	13.98	20.71	13.56	19.05	14.20	21.00	16	-	5840	16 QH/Day	Maximum 5840 QH/Year
11	Behavior Analysis Level 2	H2019U6HO	H2019U9HO	Quarter Hour	None	12.20	18.09	11.84	16.64	12.40	18.35	16	-	5840	16 QH/Day	Maximum 5840 QH/Year
12	Behavior Analysis Level 3	H2019U6HN	H2019U9HN	Quarter Hour	None	7.59	11.25	7.36	10.35	7.72	11.41	16	-	5840	16 QH/Day	Maximum 5840 QH/Year
13	Behavior Assistant Services	H2019U6HM	H2019U9HM	Quarter Hour	None	3.40	4.52	3.34	4.31	3.46	4.59	64	-	23360	Limited to 64 QH/Day	Maximum 23360 QH/Year
14	Behavioral Assessment	H2020U6	H2020U9	Unit	None	Usual and Customary Rate is \$274.74 Maximum Allowable Rate is \$549.48						1	-	1	One Assessment per Year	Maximum rate must be approved by the APD Behavioral Analyst. Assessment required prior to service.
15	Companion (1:1 Ratio Rate Effective 8-1-2011)	S5135U6	N/A	Quarter Hour (QH)	1:1	1.71	2.28	1.68	2.16	2.02	2.68	24	30 Hours Weekly	-	No more than 6 hours a day (or 24 QH/Day)	No more than 30 hours weekly for ADT (Adult Day Training), Companion or Supported Employment COMBINED.
16	Companion	S5135U6	N/A	Quarter Hour	1:2	1.71	2.28	1.68	2.16	2.02	2.68	24	30 Hours Weekly	-	No more than 6 hours a day (or 24 QH/Day)	No more than 30 hours weekly for ADT, Companion or Supported Employment COMBINED.
17	Companion	S5135U6	N/A	Quarter Hour	1:3	1.42	1.88	1.39	1.80	1.68	2.23	24	30 Hours Weekly	-	No more than 6 hours a day (or 24 QH/Day)	No more than 30 hours weekly for ADT, Companion or Supported Employment COMBINED.
18	Consumable Medical Supplies	S5199U6	S5199U9	Unit	None	Maximum Allowable Rate is \$246.75						10	-	-	No more than 10 units a day	No duplication with MSP.

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						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
19	Dietitian Services	97802U6	N/A	Quarter Hour	None	10.20	14.03	10.04	13.30	10.37	14.24	12	-	-	No more than 12 QH/Day	Requires prescription.
20	Durable Medical Equipment	E1399U6	E1399U9	Unit	None	Maximum Allowable Rate is \$4,934.88						5	-	-	No more than 5 Units/Day	Requires prescription. No duplication with MSP. No duplication of equipment or adaptation at a minimal 5 year period.
21	Environmental Accessibility Adaptations	S5165U6	S5165U9	Unit	None	Maximum Allowable Rate is \$740.24						5	-	-	No more than 5 Units/Day, and no more than \$20,000 in a 5 year period.	No duplication at a minimal 5 year period. Place of residence only.
22	Environmental Accessibility Adaptations - Assessment	S5165U6SC	S5165U9SC	Unit	None	Maximum Allowable Rate is \$789.58						1	-	1	1 Assessment a Year to own home or family home	Can include up to 3 prospective dwellings, interior lift systems, van conversions, inspections.
23	In - Home Supports (IHSS) - Awake Staff	97537U6	97537U9	Quarter Hour	1:1	2.99	3.61	2.94	3.51	3.28	3.96	31	-	-	31 QH/Day	In own home, or a facility with a capacity of no more than 3 residents per facility. Must use Live-In rate for 8 or more hours a day.
24	In - Home Supports (IHSS) - Awake Staff	97537U6	97537U9	Quarter Hour	1:2	2.00	2.41	1.96	2.33	2.19	2.65	31	-	-	31 QH/Day	In own home, or a facility with a capacity of no more than 3 residents per facility. Must use Live-In rate for 8 or more hours a day.
25	In - Home Supports (IHSS) - Awake Staff	97537U6	97537U9	Quarter Hour (QH)	1:3	1.65	1.99	1.62	1.93	1.81	2.19	31	-	-	31 QH/Day	In own home, or a facility with a capacity of no more than 3 residents per facility. Must use Live-In rate for 8 or more hours a day.
26	In - Home Supports (IHSS) - Live-In Staff	97537U6SC	97537U9SC	Day	1:1	92.75	115.45	91.60	112.14	109.49	129.32	1	31	365	31 Days/Month and 365 Days/Year	In own home, or a facility with a capacity of no more than 3 residents per facility. IHSS cannot duplicate Personal Care or ResHab (Residential Habilitation) in licensed facility.
27	In - Home Supports (IHSS) - Live-In Staff	97537U6SC	97537U9SC	Day	1:2	77.89	96.98	76.93	94.20	91.97	108.63	1	31	365	31 Days/Month and 365 Days/Year	In own home, or a facility with a capacity of no more than 3 residents per facility. IHSS cannot duplicate Personal Care or ResHab in licensed facility.
28	In - Home Supports (IHSS) - Live-In Staff	97537U6SC	97537U9SC	Day	1:3	66.78	83.12	65.94	80.74	78.83	93.11	1	31	365	31 Days/Month and 365 Days/Year	In own home, or a facility with a capacity of no more than 3 residents per facility. IHSS cannot duplicate Personal Care or ResHab in licensed facility.
29	Nursing Assessment Registered Nurse (RN) Only (MSP Nursing Rates Effective 4-1-2012)	T1001U6TD	N/A	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	8 QH/Day per Assessment	2 assessments per year.
30	Occupational Therapy	97530U6	N/A	Quarter Hour	None	16.02	16.02	16.02	16.02	16.02	16.02	8	-	-	No more than 8 QH/Day	Prescription by a physician required. Assessment required prior to service.
31	Occupational Therapy Assessment (MSP Therapy Assessment Rates Effective 4-1-2012)	97003U6	N/A	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment Visits a Year	Assessments are to be at 6 month intervals.

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						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
32	Personal Care Assistance	T1019U6	N/A	Quarter Hour	Intensive	3.60	3.60	3.60	3.60	3.60	3.60	-	1200	-	No more than 300 hours per month for Intensive (1200 QH/Month)	Cannot be provided at the same time with ADT (Adult Day Training) or Companion.
33	Personal Care Assistance	T1019U6	N/A	Quarter Hour	Moderate	3.60	3.60	3.60	3.60	3.60	3.60	-	720	-	No more than 180 hours per month (720 QH/Month)	Cannot be provided at the same time with ADT or Companion.
34	Personal Care Assistance	T1019U6	N/A	Quarter Hour	Standard	3.60	3.60	3.60	3.60	3.60	3.60	-	720	-	No more than 180 hours per month (720 QH/Month)	Cannot be provided at the same time with ADT or Companion.
35	Personal Emergency Response - Installation	S5160U6	S5160U9	Unit	None	Maximum Allowable Rate is \$246.75						-	-	1	1 Unit/Year (1 Installation)	Not allowed in licensed residential facilities.
36	Personal Emergency Response - Service	S5161U6	S5161U9	Unit	None	Maximum Allowable Rate is \$39.48						-	1	12	1 Unit Per Month for Monitoring Service	Person must live alone or alone for part of the day. Does not cover cost of telephone line.
37	Physical Therapy	97110U6	N/A	Quarter Hour (QH)	None	16.02	16.02	16.02	16.02	16.02	16.02	8	-	-	No more than 8 QH/Day	Prescription by a physician required. Assessment required prior to service.
38	Physical Therapy - Assessment (MSP Therapy Assessment Rates Effective 4-1-2012)	97001U6	N/A	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment visits a Year	Assessments are to be at 6 month intervals.
39	Private Duty Nursing - LPN (MSP Nursing Rates Effective 4-1-2012)	T1000U6	N/A	Quarter Hour	None	5.82	5.82	5.82	5.82	5.82	5.82	96	96 Combined	-	96 QH/Day	Prescription by a physician required. No more than 96 QH/Day for any combination (RN/LPN).
40	Private Duty Nursing - RN (MSP Nursing Rates Effective 4-1-2012)	T1000U6HN	N/A	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	96	96 Combined	-	96 QH/Day	Prescription by a physician required. No more than 96 QH/Day for any combination (RN/LPN).
41	Residential Habilitation Basic - Standard - Day	H0043U6HA	N/A	Day	None	N/A	40.49	N/A	37.67	N/A	45.20	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
42	Residential Habilitation Basic - Standard - Month	T2023U6	N/A	Month	None	N/A	1,181.04	N/A	1,098.72	N/A	1,318.24	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
43	Residential Habilitation Minimal - Behavioral Focus - Day	T2020U6	N/A	Day	None	N/A	85.80	N/A	79.81	N/A	95.77	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
44	Residential Habilitation Minimal - Behavioral Focus - Month	T2023U6SC	N/A	Month	None	N/A	2,502.64	N/A	2,327.92	N/A	2,793.28	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
45	Residential Habilitation Minimal - Standard - Day	H0043U6HA	N/A	Day	None	N/A	80.92	N/A	75.27	N/A	90.34	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
46	Residential Habilitation Minimal - Standard - Month	T2023U6	N/A	Month	None	N/A	2,360.12	N/A	2,195.48	N/A	2,634.80	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
47	Residential Habilitation Moderate - Behavioral Focus -Day	T2020U6	N/A	Day	None	N/A	128.74	N/A	119.75	N/A	143.70	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
48	Residential Habilitation Moderate - Behavioral Focus - Month	T2023U6SC	N/A	Month	None	N/A	3,754.80	N/A	3,492.72	N/A	4,191.32	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
49	Residential Habilitation Moderate - Standard - Day	H0043U6HA	N/A	Day	None	N/A	121.43	N/A	112.95	N/A	135.54	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.

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						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
50	Residential Habilitation Moderate - Standard - Month	T2023U6	N/A	Month	None	N/A	3,541.72	N/A	3,294.48	N/A	3,953.32	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
51	Residential Habilitation Extensive 1 - Behavioral Focus - Day	T2020U6	N/A	Day	None	N/A	173.16	N/A	161.08	N/A	193.30	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
52	Residential Habilitation Extensive 1 - Behavioral Focus - Month	T2023U6SC	N/A	Month	None	N/A	5,050.36	N/A	4,698.12	N/A	5,637.80	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
53	Residential Habilitation Extensive 1 - Standard - Day	H0043U6HA	N/A	Day	None	N/A	163.33	N/A	151.94	N/A	182.32	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
54	Residential Habilitation Extensive 1 - Standard - Month	T2023U6	N/A	Month	None	N/A	4,763.92	N/A	4,431.56	N/A	5,317.76	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
55	Residential Habilitation Extensive 2 - Behavioral Focus - Day	T2020U6	N/A	Day	None	N/A	227.48	N/A	211.61	N/A	253.94	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
56	Residential Habilitation Extensive 2 - Behavioral Focus - Month	T2023U6SC	N/A	Month	None	N/A	6,634.88	N/A	6,172.04	N/A	7,406.56	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
57	Residential Habilitation Extensive 2 - Standard - Day	H0043U6HA	N/A	Day	None	N/A	214.58	N/A	199.60	N/A	239.52	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate. Cannot Combine IHSS with ResHab.
58	Residential Habilitation Extensive 2 - Standard - Month	T2023U6	N/A	Month	None	N/A	6,258.56	N/A	5,821.76	N/A	6,986.00	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
59	Residential Habilitation - Intensive Behavioral - Day Level 1 <i>(Standard Rate Effective 1-1-2012)</i>	T2016U6	N/A	Day	None	N/A	240.00	N/A	240.00	N/A	240.00	1	31	365	31 Days/Month and 365 Days/Year	
60	Residential Habilitation - Intensive Behavioral - Day Level 2 <i>(Standard Rate Effective 1-1-2012)</i>	T2016U6HM	N/A	Day	None	N/A	250.00	N/A	250.00	N/A	250.00	1	31	365	31 Days/Month and 365 Days/Year	
61	Residential Habilitation - Intensive Behavioral - Day Level 3 <i>(Standard Rate Effective 1-1-2012)</i>	T2016U6HN	N/A	Day	None	N/A	267.00	N/A	267.00	N/A	267.00	1	31	365	31 Days/Month and 365 Days/Year	
62	Residential Habilitation - Intensive Behavioral - Day Level 4 <i>(Standard Rate Effective 1-1-2012)</i>	T2016U6HO	N/A	Day	None	N/A	286.00	N/A	286.00	N/A	286.00	1	31	365	31 Days/Month and 365 Days/Year	
63	Residential Habilitation - Intensive Behavioral - Day Level 5 <i>(Standard Rate Effective 1-1-2012)</i>	T2016U6HP	N/A	Day	None	N/A	300.00	N/A	300.00	N/A	300.00	1	31	365	31 Days/Month and 365 Days/Year	
64	Residential Habilitation - Intensive Behavioral - Day Level 6 <i>(Standard Rate Effective 1-1-2012)</i>	T2016U6SC	N/A	Day	None	N/A	360.00	N/A	360.00	N/A	360.00	1	31	365	31 Days/Month and 365 Days/Year	

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65	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 3 <i>(Standard Rate Effective 1/1/2012)</i>	T2033U6	N/A	Day	None	N/A	393.91	N/A	393.91	N/A	393.91	1	-	350	Daily Rate up to 350 Days/Year	
66	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 4 <i>(Standard Rate Effective 1-1-2012)</i>	T2033U6SE	N/A	Day	None	N/A	393.91	N/A	393.91	N/A	393.91	1	-	350	Daily Rate up to 350 Days/Year	
67	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 5 <i>(Standard Rate Effective 1-1-2012)</i>	T2033U6TF	N/A	Day	None	N/A	446.27	N/A	446.27	N/A	446.27	1	-	350	Daily Rate up to 350 Days/Year	
68	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 6 <i>(Standard Rate Effective 1-1-2012)</i>	T2033U6TG	N/A	Day	None	N/A	446.27	N/A	446.27	N/A	446.27	1	-	350	Daily Rate up to 350 Days/Year	
69	Residential Habilitation - Intensive Behavioral - Trillium - Comprehensive Transitional Education Program - Day - Child	T2033U6HA	N/A	Day	None	N/A	522.45	N/A	522.45	N/A	522.45	1	-	350	Daily Rate up to 350 Days/Year	
70	Residential Habilitation - Intensive Behavioral - Trillium - Comprehensive Transitional Education Program - Day - Adult	T2033U6HB	N/A	Day	None	N/A	577.16	N/A	577.16	N/A	577.16	1	-	350	Daily Rate up to 350 Days/Year	
71	Residential Habilitation - Live-In Staff	H0043U6SC	N/A	Day	1:1	104.82	130.49	103.53	126.75	106.88	130.84	1	-	365	365 Days/Year	Staff not required to live in facility to provide service. For facilities with a capacity of no more than 3 recipients per facility.
72	Residential Habilitation - Live-In Staff	H0043U6SC	N/A	Day	1:2	88.04	109.61	86.97	106.47	89.77	109.91	1	-	365	365 Days/Year	Staff not required to live in facility to provide service. For facilities with a capacity of no more than 3 recipients per facility.
73	Residential Habilitation - Live-In Staff	H0043U6SC	N/A	Day	1:3	75.48	93.96	74.54	91.26	76.94	94.20	1	-	365	365 Days/Year	Staff not required to live in facility to provide service. For facilities with a capacity of no more than 3 recipients per facility.
74	Residential Habilitation - Quarter Hour	H0043U6	N/A	Quarter Hour (QH)	1:1	2.56	3.21	2.52	3.11	2.87	3.53	16	-	-	No more than 4 hours a day (16 QH/Day) when using Quarter Hour rate.	Used only for Residential Habilitation in own or family home.
75	Residential Habilitation - Quarter Hour	H0043U6	N/A	Quarter Hour	1:2	1.70	2.14	1.68	2.06	1.91	2.35	16	-	-	No more than 4 hours a day (16 QH/Day) when using Quarter Hour rate.	Used only for Residential Habilitation in own or family home.
76	Residential Habilitation - Quarter Hour	H0043U6	N/A	Quarter Hour	1:3	1.41	1.77	1.39	1.71	1.58	1.95	16	-	-	No more than 4 hours a day (16 QH/Day) when using Quarter Hour rate.	Used only for Residential Habilitation in own or family home.
77	Residential Nursing Services - LPN <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1001U6	N/A	Quarter Hour	None	5.82	5.82	5.82	5.82	5.82	5.82	96	96 Combined	-	96 QH/Day	Prescription by a physician required. No more than 96 QH/Day for any combination (RN/LPN).

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Tier Waivers 1 - 4

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Line #	Developmental Disabilities Tier Waiver Service Description	Procedure Code (Tiers 1, 2, 3)	Procedure Code FSL* (*Tier 4)	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units Day	Max # Units Week/Month	Max # Units Year	Units and Frequencies	Other Limitations *
						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
78	Residential Nursing Services - RN <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1002U6	N/A	Quarter Hour (QH)	None	7.28	7.28	7.28	7.28	7.28	7.28	96	96 Combined	-	96 QH/Day	Prescription by a physician required. No more than 96 QH/Day for any combination (RN/LPN).
79	Respiratory Therapy	S5181U6	N/A	Quarter Hour	None	16.02	16.02	16.02	16.02	16.02	16.02	8	-	-	No more than 8 QH/Day	Prescription by a physician required. Assessment required prior to service.
80	Respiratory Therapy Assessment <i>(MSP Therapy Assessment Rates Effective 4-1-2012)</i>	S5180U6	N/A	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment visits a Year	Assessments are to be at 6 month intervals.
81	Respite Care - Day	S5151U6SC	S5151U9SC	Day	1:1	110.90	116.86	109.90	115.84	122.17	128.68	1	-	720 Hours	Daily Rate - For 10 or more hours a Day	Up to 720 hours in a Year.
82	Respite Care - Day	S5151U6SC	S5151U9SC	Day	1:2	74.00	77.93	73.35	77.29	81.50	85.80	1	-	720 Hours	Daily Rate - For 10 or more hours a Day	Up to 720 hours in a Year.
83	Respite Care - Day	S5151U6SC	S5151U9SC	Day	1:3	61.08	64.39	60.54	63.83	67.32	70.88	1	-	720 Hours	Daily Rate - For 10 or more hours a Day	Up to 720 hours in a Year.
84	Respite Care - Quarter Hour	S5151U6	S5151U9	Quarter Hour	1:1	2.78	2.92	2.75	2.90	3.05	3.22	39	-	2880	39 QH/Day, 2880 QH/Year	If 10 or more hours (40 QH/Day), use Daily Rate.
85	Respite Care - Quarter Hour	S5151U6	S5151U9	Quarter Hour	1:2	1.85	1.95	1.83	1.93	2.04	2.15	39	-	2880	39 QH/Day, 2880 QH/Year	If 10 or more hours (40 QH/Day), use Daily Rate.
86	Respite Care - Quarter Hour	S5151U6	S5151U9	Quarter Hour	1:3	1.54	1.61	1.52	1.59	1.68	1.78	39	-	2880	39 QH/Day, 2880 QH/Year	If 10 or more hours (40 QH/Day), use Daily Rate.
87	Skilled Nursing - LPN <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1001U6HM	N/A	Visit	None	26.19	26.19	26.19	26.19	26.19	26.19	4	4 Combined	-	4 Visits per Day	Prescription by a physician required. No more than 4 Visits per day for any combination (RN/LPN).
88	Skilled Nursing - RN <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1001U6HN	N/A	Visit	None	31.04	31.04	31.04	31.04	31.04	31.04	4	4 Combined	-	4 Visits per Day	Prescription by a physician required. No more than 4 Visits per day for any combination (RN/LPN).
89	Skilled Respite - LPN - Day	S9125U6TE	S9125U9TE	Day	1:1	232.80	232.80	232.80	232.80	232.80	232.80	1	-	720 Hours	Daily Rate - For 10 or more hours a Day	Up to 720 hours in a Year.
90	Skilled Respite - LPN - Day	S9125U6TE	S9125U9TE	Day	1:2	155.20	155.20	155.20	155.20	155.20	155.20	1	-	720 Hours	Daily Rate - For 10 or more hours a Day	Up to 720 hours in a Year.
91	Skilled Respite - LPN - Quarter Hour	T1005U6TE	T1005U9TE	Quarter Hour	1:1	5.82	5.82	5.82	5.82	5.82	5.82	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.
92	Skilled Respite - LPN - Quarter Hour	T1005U6TE	T1005U9TE	Quarter Hour	1:2	3.88	3.88	3.88	3.88	3.88	3.88	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.
93	Special Medical Home Care	S9122U6	N/A	Day	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	1	31	365	Up to 24 Hours a Day 365 a Year	Intensive Nursing Care in licensed facility.
94	Specialized Mental Health - Assessment	H0031U6	N/A	Unit	None	Usual and Customary Rate is \$128.21 Maximum Allowable Rate is \$274.74						1	-	1	1 Unit/Year	1 Assessment a Year.
95	Specialized Mental Health - Therapy	H0046U6	N/A	Quarter Hour	None	10.94	14.55	10.77	13.87	11.12	14.76	4	8	-	Sessions are 1 hour each (4 QH/Session)	1 to 2 Weekly Sessions No more than 8 QH/Week.
96	Speech Therapy	92507U6	N/A	Quarter Hour (QH)	None	16.02	16.02	16.02	16.02	16.02	16.02	8	-	-	No more than 8 QH/Day	Prescription by a physician required. Assessment required prior to service.
97	Speech Therapy - Assessment <i>(MSP Therapy Assessment Rates Effective 4-1-2012)</i>	92506U6	N/A	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	2	-	2	2 Assessment visits a Year	Assessments are to be at 6 month intervals.
98	Support Coordination	G9012U6	G9012U9	Month	None	125.71	125.71	125.71	125.71	125.71	125.71	-	1	12	Monthly Rate	

Developmental Disabilities Home and Community Based Medicaid Waiver Services Tiers 1 through 4 and Individual Budgeting Waivers Provider Rate Tables

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Tier Waivers 1 - 4

Effective Date: 7/1/2011

Line #	Developmental Disabilities Tier Waiver Service Description	Procedure Code (Tiers 1, 2, 3)	Procedure Code FSL* (*Tier 4)	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequencies	Other Limitations *
						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
99	Support Coordination Limited	T2022U6	T2022U9	Month	None	62.86	62.86	62.86	62.86	62.86	62.86	-	1	12	Monthly Rate	Less intensive service by request for Adults. Required for Children Under 18.
100	Support Coordination - CDC/Consultant	G9012U5U6	N/A	Month	None	125.71	125.71	125.71	125.71	125.71	125.71	-	1	12	Monthly Rate	
101	Support Coordination Limited - CDC/Consultant	T2022U5U6	N/A	Month	None	62.86	62.86	62.86	62.86	62.86	62.86	-	1	12	Monthly Rate	Less intensive service by request for Adults. Required for Children Under 18.
102	Support Coordination - Transitional	G9012U6SC	N/A	Month	None	304.22	304.22	304.22	304.22	304.22	304.22	-	1	6	Monthly Rate	Support Coordination for customers transitioning from ICF/DD (Intermediate Care Facility for the Developmentally Disabled).
103	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:1	3.05	3.72	3.02	3.63	3.18	3.86	32	704	-	32 QH/Day up to 704 QH/Month	
104	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:2	1.54	1.86	1.52	1.81	1.58	1.92	32	704	-	32 QH/Day up to 704 QH/Month	
105	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:3	1.09	1.33	1.08	1.31	1.15	1.39	32	704	-	32 QH/Day up to 704 QH/Month	
106	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:4	1.03	1.25	1.01	1.21	1.06	1.30	32	704	-	32 QH/Day up to 704 QH/Month	
107	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:5	0.98	1.19	0.97	1.17	1.02	1.24	32	704	-	32 QH/Day up to 704 QH/Month	
108	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:6	0.95	1.16	0.94	1.12	0.99	1.20	32	704	-	32 QH/Day up to 704 QH/Month	
109	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:7	0.93	1.13	0.93	1.10	0.97	1.18	32	704	-	32 QH/Day up to 704 QH/Month	
110	Supported Employment - Group	H2023U6	H2023U9	Quarter Hour	1:8	0.92	1.11	0.91	1.08	0.95	1.17	32	704	-	32 QH/Day up to 704 QH/Month	
111	Supported Employment - Individual Model	H2023U6	H2023U9	Quarter Hour	None	7.71	9.43	7.46	8.93	7.82	9.57	32	704	-	32 QH/Day up to 704 QH/Month	Phase 1: 32 Q/H a day Phase 2: 32 Q/H a week
112	Supported Living Coaching	97535U6	97535U9	Quarter Hour	None	5.98	8.02	5.86	7.59	6.08	8.13	24	80 if IHSS	-	24 QH/Day	No more than 80 Q/H a Month if also receiving IHSS (In Home Supports and Services).
113	Transportation - Mile	A0425U6	A0425U9	Mile	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	200	-	-	200 Miles a Day	Can not be used to transport to MSP service. No duplication of public school transportation services to and from school.
114	Transportation - Month	T2002U6	T2002U9	Month	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	-	1	12	1 Unit a Month	Can not be used to transport to MSP service. No duplication of public school transportation services to and from school.
115	Transportation - Trip (Unit/Freq. Limits Effective 9-1-2011)	T2003U6	T2003U9	Trip	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	-	80	960	80 One-Way Trips a Month	Can not be used to transport to MSP service. No duplication of public school transportation services to and from school.

Developmental Disabilities Home and Community Based Medicaid Waiver Services Tiers 1 through 4 and Individual Budgeting Waivers Provider Rate Tables

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Tier Waivers 1 - 4

Effective Date: 7/1/2011

Line #	Developmental Disabilities Tier Waiver Service Description	Procedure Code (Tiers 1, 2, 3)	Procedure Code FSL* (*Tier 4)	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units Day	Max # Units Week/Month	Max # Units Year	Units and Frequencies	Other Limitations *
						Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					

LEGEND: Home and Community Based Waiver (Tier 1 - 4) - Definitions for Column Headings and Specific Terminology

Agency Rates	Represents rates for providers that have one or more employees.
Billing Unit	A unit that describes how the service is billed (e.g., by the quarter hour or QH, by the hour, by the day, by the month, by the visit, etc.). Also used to capture a service level that has its own definition (e.g., assessment, mile, 1 piece of equipment, or 1 package of consumable supplies). Rounding instructions for services that may start or end within a billing unit's specific time construct can be found in the handbook. This handbook can be found at www.mymedicaid-florida.com .
Geographical References	Some service rates are different, depending on geographical location. The term 'Geographical' refers to a group of counties (Palm Beach, Broward, and Dade counties) that use separate rates associated with that geographical region, with Monroe County having another separate distinct rate for services. All other counties use rates listed under Non-geographical.
Line #	For informational purposes.
Max # Units Day	Shows the maximum number of billing units a day for services that have a daily rate (e.g., quarter hours, hours or day rate).
Max # Units Week/Month	Shows the maximum number of billing units for a designated time frame or specific limitation (e.g., visits per week, hours per month).
Max # Units Year	Shows the maximum number of billing units for the year.
MSP	An acronym that stands for Medicaid State Plan. Some waiver services are now using the same rate for comparable services in the Medicaid State Plan. For general information about Florida Medicaid, visit www.ahca.myflorida.com (select Medicaid).
Negotiated	Some service rates allow for a negotiated rate between the provider and the Agency for Persons with Disabilities (APD). A negotiated rate will be an amount that will fall between published rates within a category or group of services, but will never exceed the maximum amount of the service category or group. Providers can only negotiate rates for individual customers to best serve the needs of the customer.
Other Limitations *	Provides additional information relative to the use of the service, combination of services, and other limitations beyond rate and unit. All providers are to be in compliance with the Developmental Disabilities Home and Community Based Medicaid Waiver Services Coverage and Limitations Handbook. Guidelines on limitations such as age, non-duplication of services between state agencies or other entities, and other restrictions or requirements can be found in the handbook. This handbook can be found at www.mymedicaid-florida.com .
Procedure Code (Tiers 1 - 3)	A code to identify the procedure, service or commodity provided. Can be as short as 5 characters, and up to 9 characters. These codes are used by providers to bill in FMMIS (Florida Medicaid Management Information System). Tiers 1, 2 and 3 utilize these procedure codes.
Procedure Code FSL (Tier 4)	The separate procedure code given to services provided in the Family Supported Living waiver (FSL) also known as Tier 4.
Ratio	Ratio describes when a service can be delivered to one or more than one individual at a time. Each ratio is given a rate based on the number of individuals served, and each individual is charged that rate. 1:1, 1:2, or 1:3 are examples of individuals served by a ratio of 1 staff to 1 customer, 1 staff to 2 customers, or 1 staff to 3 customers. A ratio of 1:6-10 indicates the rate applies to a staff member serving 6 to 10 individuals.
Service Description	Describes service rendered; provides title of service (please refer to handbook found at http://www.mymedicaid-florida.com).
Solo Rates	Represents rates for individual providers that are self employed or independent vendors.
Supports Level	Supports Level is in relation to the level of care (e.g., basic, minimal, moderate, extensive, intensive) that best describes the individual and their primary area of support needs for Residential Habilitation services (please refer to the Level of Supports Rate Descriptors following the provider rate tables.).
Units and Frequencies	Describes how many units are allowed at a given frequency per day, per month, per year, per visit, etc.
Usual and Customary Rate & Maximum Allowable Rates	Some service rates allow for a charge within an allowable range. The Usual and Customary Rate represents the most common charge for the service, and the Maximum Allowable Rate is the highest charge allowed. Charges above the norm require explanation or justification of higher cost.

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iBudget Waiver					Geographical		Non-Geographical		Monroe County		Effective Date: 7/1/2011				
Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *
1	Adult Dental	D0160UC	Unit	None	Unit Rate Cost negotiated by provider per procedure Maximum Allowable Unit Cost is \$493.49						10	-	-	10 Units/Day	Unit defined by dental provider for procedures that are medically necessary. Maximum allowable unit cost is \$493.49. No more than 10 units of any dollar amount per day within this threshold, with a total maximum dollar amount of \$4,934.90 for 10 units.
2	Behavior Analysis - Level 1	H2019UCHP	Quarter Hour (QH)	None	13.98	20.71	13.56	19.05	14.20	21.00	16	496	5840	16 QH/Day	496 QH/Month and 5840 QH/Year.
3	Behavior Analysis - Level 2	H2019UCHO	Quarter Hour	None	12.20	18.09	11.84	16.64	12.40	18.35	16	496	5840	16 QH/Day	496 QH/Month and 5840 QH/Year.
4	Behavior Analysis - Level 3	H2019UCHN	Quarter Hour	None	7.59	11.25	7.36	10.35	7.72	11.41	16	496	5840	16 QH/Day	496 QH/Month and 5840 QH/Year.
5	Behavior Assistant Services	H2019UCHM	Quarter Hour	None	3.40	4.52	3.34	4.31	3.46	4.59	32	-	-	32 QH/Day	
6	Behavioral Assessment	H2020UC	Unit	None	Usual and Customary Rate is \$274.74 Maximum Allowable Rate is \$549.48						1	-	1	One Assessment a Year	Maximum rate must be approved by the APD Behavioral Analyst. Assessment required prior to service.
7	Consumable Medical Supplies	S5199UC	Unit	None	Maximum Allowable Rate is \$246.75						10	-	-	No more than 10 Units a Day	
8	Dietitian Services	97802UC	Quarter Hour	None	10.20	14.03	10.04	13.30	10.37	14.24	12	-	-	No more than 12 QH/Day	Requires prescription.
9	Durable Medical Equipment	E1399UC	Unit	None	Maximum Allowable Rate is \$4,934.88						5	-	-	5 Units/Day	Requires prescription. No duplication with MSP. No duplication of equipment or adaptation at a minimal 5 year period.
10	Environmental Accessibility Adaptations	S5165UC	Unit	None	Maximum Allowable Rate is \$740.24						5	-	-	No more than 5 Units/Day and no more than \$20,000 in a 5 year period	No duplication at a minimal 5 year period. Place of residence only.
11	Environmental Accessibility Adaptations - Assessment	S5165UCSC	Unit	None	Maximum Allowable Rate is \$789.58						1	-	1	1 Assessment a Year to own home or family home	Can include 3 prospective dwellings, interior lifts, van conversions, inspections.
12	Family and Legal Representative Training	S5110UC	Hour	None	24.00	24.00	24.00	24.00	24.00	24.00	-	-	80	80 Hours a Year	
13	Life Skills Development - Level 1 (Companion)	S5135UC	Quarter Hour	1:1	1.71	2.28	1.68	2.16	2.02	2.68	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
14	Life Skills Development - Level 1 (Companion)	S5135UC	Quarter Hour	1:2	1.71	2.28	1.68	2.16	2.02	2.68	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
15	Life Skills Development - Level 1 (Companion)	S5135UC	Quarter Hour (QH)	1:3	1.42	1.88	1.39	1.80	1.68	2.23	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
16	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:1	3.05	3.72	3.02	3.63	3.18	3.86	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
17	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:2	1.54	1.86	1.52	1.81	1.58	1.92	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
18	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:3	1.09	1.33	1.08	1.31	1.15	1.39	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.

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Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *
19	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:4	1.03	1.25	1.01	1.21	1.06	1.30	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
20	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:5	0.98	1.19	0.97	1.17	1.02	1.24	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
21	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:6	0.95	1.16	0.94	1.12	0.99	1.20	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
22	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:7	0.93	1.13	0.93	1.10	0.97	1.18	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
23	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	Quarter Hour	1:8	0.92	1.11	0.91	1.08	0.95	1.16	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
24	Life Skills Development - Level 2 (Supported Employment - Individual)	T2021UCHI	Quarter Hour	None	7.71	9.43	7.46	8.93	7.82	9.57	64	1984	23296	64 QH/Day and 1984 QH/Month and 23296 QH/Year	No more than 112 hours a week of all Life Skills Development COMBINED.
25	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:1	N/A	14.56	N/A	14.48	N/A	14.88	8	-	1440	8 Hour/Day and 1440 Hours/Year	No more than 112 hours a week of all Life Skills Development COMBINED. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. This requirement has been incorporated into the rate as established and does not represent a reduction in the rate.
26	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:3	N/A	8.24	N/A	8.16	N/A	8.52	8	-	1440	8 Hour/Day and 1440 Hours/Year	
27	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:5	N/A	5.76	N/A	5.68	N/A	5.96	8	-	1440	8 Hour/Day and 1440 Hours/Year	
28	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:6-10	N/A	4.52	N/A	4.44	N/A	4.52	8	-	1440	8 Hour/Day and 1440 Hours/Year	
29	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:1	N/A	14.56	N/A	14.48	N/A	14.88	8	-	1440	8 Hour/Day and 1440 Hours/Year	No more than 112 hours a week of all Life Skills Development COMBINED. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. This requirement has been incorporated into the rate as established and does not represent a reduction in the rate.
30	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:3	N/A	8.24	N/A	8.16	N/A	8.52	8	-	1440	8 Hour/Day and 1440 Hours/Year	
31	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:5	N/A	5.76	N/A	5.68	N/A	5.96	8	-	1440	8 Hour/Day and 1440 Hours/Year	
32	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:6-10	N/A	4.52	N/A	4.44	N/A	4.52	8	-	1440	8 Hour/Day and 1440 Hours/Year	
33	Occupational Therapy	97530UC	Quarter Hour (QH)	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1464	4 QH/Day and 1464 QH/Year	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
34	Occupational Therapy - Assessment (MSP Therapy Assessments Rates Effective 4-1-2012)	97003UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment Visits a Year	Visits at 6 month intervals.
35	Personal Emergency Response System - Service	S5161UC	Unit	None	Maximum Allowable Rate is \$39.48						-	1	12	1 Unit Per Month for Monitoring Service	Person must live alone or alone for part of the day and require a limited degree of supervision. Does not cover cost of telephone line.

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iBudget Waiver					Geographical		Non-Geographical		Monroe County		Effective Date: 7/1/2011				
Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *
36	Personal Emergency Response System - Install	S5160UC	Unit	None	Maximum Allowable Rate is \$246.75						1	-	1	1 Unit/Year (1 Installation)	Not allowed for licensed residential facilities.
37	Personal Supports - Quarter Hour	S5130UC	Quarter Hour	1:1	3.09	3.52	3.06	3.46	3.37	3.85	96	-	-	96 QH/Day	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
38	Personal Supports - Quarter Hour	S5130UC	Quarter Hour	1:2	2.36	2.94	2.33	2.85	2.57	3.17	96	-	-	96 QH/Day	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
39	Personal Supports - Quarter Hour	S5130UC	Quarter Hour	1:3	2.04	2.53	2.02	2.47	2.23	2.76	96	-	-	96 QH/Day	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
40	Personal Supports - Day	S5130UCSC	Day	1:1	100.31	114.37	99.52	112.09	114.64	126.84	1	31	365	31 Days/Month and 365 Days/Year	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
41	Personal Supports - Day	S5130UCSC	Day	1:2	74.80	92.98	73.83	90.25	85.03	102.10	1	31	365	31 Days/Month and 365 Days/Year	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
42	Personal Supports - Day	S5130UCSC	Day	1:3	64.46	80.23	63.63	77.89	73.31	88.12	1	31	365	31 Days/Month and 365 Days/Year	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
43	Personal Supports - Quarter Hour	S5130UCHA	Quarter Hour (QH)	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	96	-	-	96 QH/Day	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.
44	Personal Supports - Day	S5130UCHO	Day	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	1	31	365	31 Days/Month and 365 Days/Year	For more than 8 hours a day, the day rate should be used as the most cost effective rate. Age 18-20 in own home or supported living arrangement. Age 21 or older in family home.

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45	Physical Therapy	97110UC	Quarter Hour	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1464	4 QH/Day and 1464 QH/Year	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
46	Physical Therapy - Assessment (MSP Therapy Assessment Rates Effective 4-1-2012)	97001UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment Visits a Year	Visits at 6 month intervals.
47	Private Duty Nursing - LPN (MSP Nursing Rates Effective 4-1-2012)	T1000UC	Quarter Hour	None	5.82	5.82	5.82	5.82	5.82	5.82	96	-	-	96 QH/Day	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH/Day for any combination (RN/LPN).
48	Private Duty Nursing - RN (MSP Nursing Rates Effective 4-1-2012)	T1000UCHN	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	96	-	-	96 QH/Day	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH/Day for any combination (RN/LPN).
49	Private Duty Nursing (RN) - Assessment (MSP Nursing Rates Effective 4-1-2012)	T1000UCHM	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	2/Yr.	8 QH/Day per Assessment	2 Assessments per Year.
50	Residential Habilitation - Basic - Day	H0043UC	Day	None	40.49	40.49	37.67	37.67	45.20	45.20	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
51	Residential Habilitation - Basic - Month	T2023UC	Month	None	1,181.04	1,181.04	1,098.72	1,098.72	1,318.24	1,318.24	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
52	Residential Habilitation - Minimal - Day	H0043UCHI	Day	None	80.92	80.92	75.27	75.27	90.34	90.34	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
53	Residential Habilitation - Minimal - Month	T2023UCSC	Month	None	2,360.12	2,360.12	2,195.48	2,195.48	2,634.80	2,634.80	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
54	Residential Habilitation - Moderate - Day	H0043UCHM	Day	None	121.43	121.43	112.95	112.95	135.54	135.54	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
55	Residential Habilitation - Moderate - Month	T2023UCU4	Month	None	3,541.72	3,541.72	3,294.48	3,294.48	3,953.32	3,953.32	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
56	Residential Habilitation - Behavioral Focus - Extensive 1 - Day	T2020UCHM	Day	None	173.16	173.16	161.08	161.08	193.30	193.30	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
57	Residential Habilitation - Behavioral Focus - Extensive 1 - Month	T2023UCHO	Month	None	5,050.36	5,050.36	4,698.12	4,698.12	5,637.80	5,637.80	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
58	Residential Habilitation - Behavioral Focus - Extensive 2 - Day	T2020UCHN	Day	None	227.48	227.48	211.61	211.61	253.94	253.94	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
59	Residential Habilitation - Behavioral Focus - Extensive 2 - Month	T2023UCHP	Month	None	6,634.88	6,634.88	6,172.04	6,172.04	7,406.56	7,406.56	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
60	Residential Habilitation - Behavioral Focus - Minimal - Day	T2020UC	Day	None	85.80	85.80	79.81	79.81	95.77	95.77	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
61	Residential Habilitation - Behavioral Focus - Minimal - Month	T2023UCHM	Month	None	2,502.64	2,502.64	2,327.92	2,327.92	2,793.28	2,793.28	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
62	Residential Habilitation - Behavioral Focus - Moderate - Day	T2020UCHI	Day	None	128.74	128.74	119.75	119.75	143.70	143.70	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
63	Residential Habilitation - Behavioral Focus - Moderate - Month	T2023UCHN	Month	None	3,754.80	3,754.80	3,492.72	3,492.72	4,191.32	4,191.32	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
64	Residential Habilitation - Extensive 1 - Day	H0043UCHN	Day	None	163.33	163.33	151.94	151.94	182.32	182.32	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
65	Residential Habilitation - Extensive 1 - Month	T2023UCU6	Month	None	4,763.92	4,763.92	4,431.56	4,431.56	5,317.76	5,317.76	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.
66	Residential Habilitation - Extensive 2 - Day	H0043UCHO	Day	None	214.58	214.58	199.60	199.60	239.52	239.52	1	23	-	23 Days/Month	23 days or less at daily rate. 24 days or more requires monthly rate.
67	Residential Habilitation - Extensive 2 - Month	T2023UCU9	Month	None	6,258.56	6,258.56	5,821.76	5,821.76	6,986.00	6,986.00	-	1	12	1 Unit/Month and 12 Units/Year	24 days or more requires monthly rate.

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68	Residential Habilitation - Intensive Behavioral - Day Level 1 <i>(Standard Rate Effective 1-1-2012)</i>	T2016UC	Day	None	240.00	240.00	240.00	240.00	240.00	240.00	1	31	365	31 Days/Month and 365 Days/Year	
69	Residential Habilitation - Intensive Behavioral - Day Level 2 <i>(Standard Rate Effective 1-1-2012)</i>	T2016UCHM	Day	None	250.00	250.00	250.00	250.00	250.00	250.00	1	31	365	31 Days/Month and 365 Days/Year	
70	Residential Habilitation - Intensive Behavioral - Day Level 3 <i>(Standard Rate Effective 1-1-2012)</i>	T2016UCHN	Day	None	267.00	267.00	267.00	267.00	267.00	267.00	1	31	365	31 Days/Month and 365 Days/Year	
71	Residential Habilitation - Intensive Behavioral - Day Level 4 <i>(Standard Rate Effective 1-1-2012)</i>	T2016UCHO	Day	None	286.00	286.00	286.00	286.00	286.00	286.00	1	31	365	31 Days/Month and 365 Days/Year	
72	Residential Habilitation - Intensive Behavioral - Day Level 5 <i>(Standard Rate Effective 1-1-2012)</i>	T2016UCHP	Day	None	300.00	300.00	300.00	300.00	300.00	300.00	1	31	365	31 Days/Month and 365 Days/Year	
73	Residential Habilitation - Intensive Behavioral - Day Level 6 <i>(Standard Rate Effective 1-1-2012)</i>	T2016UCSC	Day	None	360.00	360.00	360.00	360.00	360.00	360.00	1	31	365	31 Days/Month and 365 Days/Year	
74	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 3 <i>(Standard Rate Effective 1/1/2012)</i>	T2033UC	Day	None	393.91	393.91	393.91	393.91	393.91	393.91	1	-	350	Daily Rate up to 350 Days/Year	
75	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 4 <i>(Standard Rate Effective 1-1-2012)</i>	T2033UCSE	Day	None	393.91	393.91	393.91	393.91	393.91	393.91	1	-	350	Daily Rate up to 350 Days/Year	
76	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 5 <i>(Standard Rate Effective 1-1-2012)</i>	T2033UCTF	Day	None	446.27	446.27	446.27	446.27	446.27	446.27	1	-	350	Daily Rate up to 350 Days/Year	
77	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 6 <i>(Standard Rate Effective 1-1-2012)</i>	T2033UCTG	Day	None	446.27	446.27	446.27	446.27	446.27	446.27	1	-	350	Daily Rate up to 350 Days/Year	
78	Residential Habilitation - Intensive Behavioral - Trillium - Comprehensive Transitional Education Program - Day Child	T2033UCHA	Day	None	522.45	522.45	522.45	522.45	522.45	522.45	1	-	350	Daily Rate up to 350 Days/Year	
79	Residential Habilitation - Intensive Behavioral - Trillium - Comprehensive Transitional Education Program - Day Adult	T2033UCHB	Day	None	577.16	577.16	577.16	577.16	577.16	577.16	1	-	350	Daily Rate up to 350 Days/Year	

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Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *
80	Residential Habilitation - Live-In	H0043UCSC	Day	1:1	104.82	130.49	103.53	126.75	106.88	130.84	1	31	365	31 Days/Month and 365 Days/Year	Staff not required to live in facility to provide service. For facilities with a capacity of no more than 3 recipients per facility.
81	Residential Habilitation - Live-In	H0043UCSC	Day	1:2	88.04	109.61	86.97	106.47	89.77	109.91	1	31	365	31 Days/Month and 365 Days/Year	Staff not required to live in facility to provide service. For facilities with a capacity of no more than 3 recipients per facility.
82	Residential Habilitation - Live-In	H0043UCSC	Day	1:3	75.48	93.96	74.54	91.26	76.94	94.20	1	31	365	31 Days/Month and 365 Days/Year	Staff not required to live in facility to provide service. For facilities with a capacity of no more than 3 recipients per facility.
83	Residential Habilitation - Assisted Living Facility/Optional State Supplementation - Day	T2020UCHB	Day	None	N/A	Non-standard	N/A	Non-standard	N/A	Non-standard	1	23	-	23 Days/Month	23 days or less at daily rate. The residential habilitation daily rate for a recipient residing in an assisted living facility (ALF) is adjusted by the MSP Assistive Care Services (ASC) daily rate. The ALF will bill MSP for the ASC amount.
84	Residential Habilitation - Assisted Living Facility/Optional State Supplementation - Month	T2032UCHB	Month	None	N/A	Non-standard	N/A	Non-standard	N/A	Non-standard	-	1	12	1 Unit/Month and 12 Units/Year	23 days or less at daily rate. The residential habilitation daily rate for a recipient residing in an assisted living facility (ALF) is adjusted by the MSP Assistive Care Services (ASC) daily rate. The ALF will bill MSP for the ASC amount.
85	Residential Nursing - LPN <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1001UC	Quarter Hour (QH)	None	5.82	5.82	5.82	5.82	5.82	5.82	96	-	-	96 QH/Day	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH/Day for any combination (RN/LPN).
86	Residential Nursing - RN <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1002UC	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	96	-	-	96 QH/Day	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH/Day for any combination (RN/LPN).
87	Residential Nursing (RN) - Assessment <i>(MSP Nursing Rates Effective 4-1-2012)</i>	T1001UCSC	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	2/Yr.	8 QH/Day per Assessment.	2 Assessments per year.
88	Respiratory Therapy	S5181UC	Quarter Hour	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1464	4 QH/Day and 1464 QH/Year	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
89	Respiratory Therapy - Assessment <i>(MSP Therapy Assessment Rates Effective 4-1-2012)</i>	S5180UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment Visits a Year	Visits at 6 month intervals.
90	Respite - Day <i>(under 21 only)</i>	S5151UCSC	Day	1:1	110.90	116.86	109.90	115.84	122.17	128.68	1	-	365	Daily Rate - For 10 or more hours a Day	31 Units a Month, 365 Units a Year.
91	Respite - Day <i>(under 21 only)</i>	S5151UCSC	Day	1:2	74.00	77.93	73.35	77.29	81.50	85.80	1	-	365	Daily Rate - For 10 or more hours a Day	31 Units a Month, 365 Units a Year.
92	Respite - Day <i>(under 21 only)</i>	S5151UCSC	Day	1:3	61.08	64.39	60.54	63.83	67.32	70.88	1	-	365	Daily Rate - For 10 or more hours a Day	31 Units a Month, 365 Units a Year.
93	Respite - Quarter Hour <i>(under 21 only)</i>	S5151UC	Quarter Hour (QH)	1:1	2.78	2.92	2.75	2.90	3.05	3.22	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.
94	Respite - Quarter Hour <i>(under 21 only)</i>	S5151UC	Quarter Hour	1:2	1.85	1.95	1.83	1.93	2.04	2.15	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.
95	Respite - Quarter Hour <i>(under 21 only)</i>	S5151UC	Quarter Hour	1:3	1.54	1.61	1.52	1.59	1.68	1.78	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.

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96	Skilled Nursing - LPN (MSP Nursing Rates Effective 4-1-2012)	T1001UCHM	Visit	None	26.19	26.19	26.19	26.19	26.19	26.19	4	-	-	4 Visits/Day	Prescription by a physician, ARNP, or physician assistant required. No more than 4 visits per day for any combination of RN/LPN.
97	Skilled Nursing - RN (MSP Nursing Rates Effective 4-1-2012)	T1002UCHN	Visit	None	31.04	31.04	31.04	31.04	31.04	31.04	4	-	-	4 Visits/Day	Prescription by a physician, ARNP, or physician assistant required. No more than 4 visits per day for any combination of RN/LPN.
98	Skilled Nursing (RN) - Assessment (MSP Nursing Rates Effective 4-1-2012)	T1001UCHO	Quarter Hour	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	2/Yr.	8 QH/Day per Assessment	2 Assessments per Year.
99	Skilled Respite - LPN - Day	S9125UCTE	Day	1:1	232.80	232.80	232.80	232.80	232.80	232.80	1	-	365	Daily Rate - For 10 or more hours a Day	31 Units a Month, 365 Units a Year.
100	Skilled Respite - LPN - Day	S9125UCTE	Day	1:2	155.20	155.20	155.20	155.20	155.20	155.20	1	-	365	Daily Rate - For 10 or more hours a Day	31 Units a Month, 365 Units a Year.
101	Skilled Respite - LPN - Quarter Hour	T1005UCTE	Quarter Hour	1:1	5.82	5.82	5.82	5.82	5.82	5.82	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.
102	Skilled Respite - LPN - Quarter Hour	T1005UCTE	Quarter Hour	1:2	3.88	3.88	3.88	3.88	3.88	3.88	39	-	-	Up to 39 QH/Day	If 10 or more hours a day (40 QH/Day) use Daily Rate.
103	Special Medical Home Care	S9122UC	Day	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	1	31	365	Up to 24 Hours a Day 365 a Year	Intensive Nursing Care in licensed facility. Maximum allowable rate is \$952.70.
104	Specialized Mental Health Counseling	H0046UC	Quarter Hour	None	10.94	14.55	10.77	13.87	11.12	14.76	4	-	416	4 QH/Day and 416 QH/Year	Limited to 2 hours a week (Two 1 hour sessions).
105	Specialized Mental Health Counseling Assessment	H0031UC	Unit	None	Usual and Customary Rate is \$128.21 Maximum Allowable Rate is \$274.74						1	-	-	1 Unit/Year	1 Assessment a Year.
106	Speech Therapy	92507UC	Quarter Hour	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1464	4 QH/Day and 1464 QH/Year	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
107	Speech Therapy - Assessment (MSP Therapy Assessment Rates Effective 4-1-2012)	92506UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	2 Assessment Visits a Year	Visits at 6 month intervals.
108	Support Coordination - Full	G9012UC	Month	None	125.71	125.71	125.71	125.71	125.71	125.71	-	1	12	1 Unit/Month and 12 Units/Year	
109	CDC Consultant - Full	G9012UCU5	Month	None	125.71	125.71	125.71	125.71	125.71	125.71	-	1	12	1 Unit/Month and 12 Units/Year	
110	Support Coordination - Enhanced	G9012UCSC	Month	None	304.22	304.22	304.22	304.22	304.22	304.22	-	1	12	1 Unit/Month and 12 Units/Year	
111	CDC Consultant - Enhanced	T2041UCU5	Month	None	304.22	304.22	304.22	304.22	304.22	304.22	-	1	12	1 Unit/Month and 12 Units/Year	
112	Support Coordination - Limited	T2022UC	Month	None	62.86	62.86	62.86	62.86	62.86	62.86	-	1	12	1 Unit/Month and 12 Units/Year	
113	CDC Consultant - Limited	T2022UCU5	Month	None	62.86	62.86	62.86	62.86	62.86	62.86	-	1	12	1 Unit/Month and 12 Units/Year	
114	Supported Living Coaching	97535UC	Quarter Hour (QH)	None	5.98	8.02	5.86	7.59	6.08	8.13	24	-	8760	24 QH/Day and 8760 QH/Year	Customer in Supported Living or to transition to SL in 90 days.
115	Transportation - Mile	A0425UC	Mile	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	200	-	2808	200 Miles/Day and 234 Miles/Month and 2808 Miles/Year	Can not be used to transport to MSP service. No duplication of public school transportation services to and from school.

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116	Transportation - Month	T2002UC	Month	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	-	1	12/Yr	1 Unit/Month and 12 Units/Year	Can not be used to transport to MSP service. No duplication of public school transportation services to and from school.
117	Transportation - Trip <i>(Unit/Freq. Limitations Effective 9-1-2011)</i>	T2003UC	Trip	None	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	Negotiated	-	80	960	80 Trips/Month	80 one-way trips per month. Can not be used to transport to MSP Service. No duplication of public school transportation services to and from school.

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Tables are to be used in conjunction with the Developmental Disabilities Waivers Services Coverage and Limitations Handbooks. Handbooks can be accessed at www.mymedicaid-florida.com

iBudget Waiver					Geographical	Non-Geographical	Monroe County		Effective Date: 7/1/2011						
Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *

LEGEND: Individual Budgeting Waiver - Definitions for Column Headings and Specific Terminology

Agency Rates	Represents rates for providers that have three (3) or more employees. If a provider has less than 3 employees, the provider is to bill at the solo rate.
Billing Unit	A unit that describes how the service is billed (e.g., by the quarter hour or QH, by the hour, by the day, by the month, by the visit, etc.). Also used to capture a service level that has its own definition (e.g., assessment, mile, 1 piece of equipment, or 1 package of consumable supplies). Rounding instructions for services that may start or end within a billing unit's specific time construct can be found in the handbook. This handbook can be found at www.mymedicaid-florida.com .
Geographical References	Some service rates are different, depending on geographical location. The term 'Geographical' refers to a group of counties (Palm Beach, Broward, and Dade Counties) that use separate rates associated with that geographical region, with Monroe County having another separate distinct rate for services. All other counties use rates listed under Non-geographical.
Line #	For informational purposes.
Max # Units Day	Shows the maximum number of billing units a day for services that have a daily rate (e.g., quarter hours, hours or day rate).
Max # Units Week/Month	Shows the maximum number of billing units for a designated time frame or specific limitation (e.g., visits in a week, hours per month).
Max # Units Year	Shows the maximum number of billing units for the year.
MSP	An acronym that stands for Medicaid State Plan. Some waiver services are now using the same rate for comparable services in the Medicaid State Plan. For general information about Florida Medicaid, visit www.ahca.myflorida.com (select Medicaid).
Negotiated	Some service rates allow for a negotiated rate between the provider and the Agency for Persons with Disabilities (APD). A negotiated rate will be an amount that will fall between published rates within a category or group of services, but will never exceed the maximum amount of the service category or group. Providers can only negotiate rates for individual customers to best serve the needs of the customer.
Non-Standard	Residential Habilitation Services provided in an Assisted Living Facility (ALF) will incorporate a non-standard rate to avoid duplication of services for daily Assistive Care Services (ACS) billed through the Medicaid State Plan. The residential habilitation rate determined for use by the facility for an APD customer in an ALF will be reduced by the ACS rate before billing the waiver.
Other Limitations *	Provides additional information relative to the use of the service, combination of services, and other limitations beyond rate and unit. All providers are to be in compliance with the Developmental Disabilities Individual Budgeting Medicaid Waiver Services Coverage and Limitations Handbook. Guidelines on limitations such as age, non-duplication of services between state agencies or other entities, and other restrictions or requirements can be found in the handbook. This handbook can be found at www.mymedicaid-florida.com .
Procedure Code	A code to identify the procedure, service or commodity provided. Can be as short as 5 characters, and up to 9 characters. These codes are used by providers to bill in FMMIS (Florida Medicaid Management Information System).
Ratio	Ratio describes when a service can be delivered to one or more than one individual at a time. Each ratio is given a rate based on the number of individuals served and each individual is charged that rate. 1:1, 1:2, or 1:3 are examples of individuals served by a ratio of 1 staff to 1 customer, 1 staff to 2 customers, or 1 staff to 3 customers. A ratio of 1:6-10 indicates the rate applies to a staff member serving 6 to 10 individuals.
Service Description	Describes service rendered; provides title of service (Please refer to draft handbook found at www.mymedicaid-florida.com .)
Solo Rates	Represents rates for individual providers that are self employed or independent vendors, and has 2 or fewer employees.
Supports Level	Supports Level is in relation to the level of care (e.g., basic, minimal, moderate, extensive, intensive) that best describes the individual and their primary area of support needs for Residential Habilitation services (Please refer to the Level of Supports Rate Descriptors following the provider rate tables.).
Units and Frequencies	Describes how many units are allowed at a given frequency per day, per month, per year, per visit, etc.
Usual and Customary Rate & Maximum Allowable Rates	Some service rates allow for a charge within an allowable range. The Usual and Customary Rate represents the most common charge for the service, and the Maximum Allowable Rate is the highest charge allowed. Charges above the norm require explanation or justification of higher cost.

**Developmental Disabilities Home and Community Based Medicaid Waiver Services Tiers 1 through 4 and
Individual Budgeting Waivers Provider Rate Tables**

Residential Habilitation Rate Descriptors

Effective Date: 7/1/2011

Level of Supports

Residential Habilitation rates are determined based on the recipient's level of supports that best describes the individual and their primary area of support needs, and will be selected to establish or modify the rate. All requested changes to the Level of Support Rate shall be determined medically necessary. **These descriptors will be used for individuals who have been assessed using the Agency approved assessment tool and who have experienced a change in circumstance or condition, or who are being admitted to a licensed residential facility and must have a rate established. The level that best describes the individual and their primary area of support needs will be selected to establish or modify the Residential Habilitation level. No one descriptor (or statement) will be relied upon to establish the Residential level. Medical necessity must be established for any requested change to the Level of Support Rate.** Residential Habilitation Intensive Behavioral (IB) Level of Supports are determined based on the results of the Level of Need established using the IB Matrix (see information under Intensive Behavioral section).

BASIC

Functional: Independent in self-care, daily living activities; or requires supervision, intermittent verbal direction or physical prompts to perform self-care, daily living skills.

Behavioral: No formal behavioral intervention necessary except redirection; may be non-compliant at times.

Physical: Health issues under control through medication or diet. Ambulatory or independent in use of wheelchair/walker. May need staff supervision to self-administer medications.

Other: This level will be used to provide residential habilitation training for individuals residing in a non-APD licensed facility that is responsible for basic supervision and care, such as an Assisted Living Facility (ALF). Assisted Living Facilities may provide a higher level of support if approved by the Agency.

MINIMAL

Functional: May require consistent verbal and physical help to complete self care/daily living tasks, including physical assistance and mealtime intervention to eat safely, may require mealtime interventions and/or devices, requires scheduled toileting or use of incontinent briefs. Walks independently or independently uses a manual or power wheelchair. May require assistance to change positions. Needs physical assistance of one person to transfer to change positions.

Behavioral: May exhibit behaviors that require formal and informal intervention; requires frequent prompts, instruction or redirection, some environmental modifications or restrictions on movement may be necessary.

Physical: If individual has seizures, no interference with functional activities; may require medication for bowel elimination, may require a special diet, and may require staff supervision to self-administer medications.

MODERATE

Functional: Requires substantial prompting and/or physical assistance to perform self-care/daily living activities. May be totally dependent on staff for dressing/bathing. May require mealtime intervention and/or devices OR receives all nutrition through a gastrostomy or jejunostomy tube. Incontinent of bowel or bladder. May require scheduled toileting or use of incontinent briefs. Independently uses a powered wheelchair, may need assistance with a manual chair. May require assistance to change positions. Disability prevents sitting in an upright position, has limited positioning options. Needs physical assistance of one person to transfer or to change position.

Behavioral: May exhibit behaviors that require frequent planned, informal and formal interventions. Assistance from others may be necessary to redirect the recipient. May require psychotropic medication for control of behavior. Self-injury or aggression towards others or property results in broken skin, major bruising/swelling or significant tissue damage requiring physician/nurse attention. May have threatened suicide in past 12 months. May have required use of reactive strategies 5 or more times per month in last 12 months. May routinely wear protective equipment to prevent injury from self-abusive behavior.

Physical: May have seizures that interfere with functional activities; receives 2 or more medications to control seizures. May have experienced a pressure sore requiring medical attention in the past 6 months. May require medication and daily management, including enemas, for bowel elimination. May be nutritionally at risk and require a physician/dietitian prescribed special diet.

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Residential Habilitation Rate Descriptors

EXTENSIVE 1

Functional: Totally dependent on staff for self-care/daily living activities; Disability prevents sitting in an upright position, has limited positioning options. Requires two person lift or lifting equipment to transfer. Independently uses a powered wheelchair, needs assistance with a manual chair. Requires daily monitoring and frequent hands-on assistance to stay healthy. Health issues result in inability to attend outside programs 5-10 days a month; health condition is unstable or becoming progressively worse.

Behavioral: Frequent planned, informal or formal interventions necessary. Assistance from others may be necessary to redirect the recipient. Requires psychotropic medication for control of behavior. Use of physical/mechanical restraint. Self-injury or aggression towards others or property results in significant tissue damage, scarring, damage to bones that requiring physician attention. May have attempted suicide in past 12 months. May have required the use of reactive strategies 5 or more times per month in last 12 months. May routinely wear protective equipment to prevent injury from self abusive behavior at least 12 hours per day. Has received emergency medication to control behavior in last 12 months. May meet criteria of Intensive Behavioral Residential Habilitation.

Physical: May have uncontrolled seizures that have required hospital or emergency room intervention during past 12 months; receives medications to control seizures. May have been hospitalized for medication toxicity in past 12 months. May have experienced a pressure sore requiring recurrent medical attention or hospitalization in the past 6 months. May require medication and daily management, including enemas, for bowel elimination. May have been hospitalized for impaction in last 12 months. May be at high nutritional risk and requires intensive nutritional intervention. Has a condition that requires physician prescribed procedures (Cannot be delegated to a non-licensed staff.).

Other: If the recipient's primary need is to receive visual supervision based on a documented history of inappropriate sexual behavior or sexually provocative behavior, assignment to this level is appropriate.

EXTENSIVE 2

Functional: Requires total physical assistance in self-care, daily living activities. May require mealtime interventions and/or devices OR receives all nutrition through a gastrostomy or jejunostomy tube. Incontinent of bowel or bladder. May require scheduled toileting or use of incontinent briefs. May have indwelling catheter or colostomy managed by staff. Disability prevents sitting in an upright position, has limited positioning options. Requires two person lift or lifting equipment to transfer. Totally dependent on others to stay healthy. Health issues result in inability to consistently attend outside programs; health condition is unstable or becoming progressively worse.

Behavioral: Frequent planned, formal interventions necessary. Assistance from others necessary to redirect recipient. Receives multiple psychotropic medications for control of behavior, possibly frequent medication changes. Use of physical/mechanical restraint. Meets the criteria of Intensive Behavioral Residential Habilitation.

Physical: Self-injury or aggression towards others or property results in significant tissue damage, scarring, damage to bones requiring physician attention. May have attempted suicide in past 12 months. May have engaged in sexual predatory behavior in the past 12 months. May have been restrained 5 or more times per month in last 12 months. May routinely wear protective equipment to control self abuse at least 12 hours per day. Receives 2 or more medications to control behaviors that have been changed in the last year; is still unstable or showing side effects of the medications. Has received emergency medication to control behavior 4 or more times in last 12 months. May have uncontrolled seizures that have required hospital or emergency room intervention during past 12 months; receives 2 medications to control seizures that have been changed in the past 12 months. May have been hospitalized for medication toxicity in past 12 months. May have experienced a pressure sore requiring recurrent medical attention or hospitalization in the past 6 months. May require medication and daily management, including enemas, for bowel elimination. May have been hospitalized for impaction in the last 12 months. May be at high nutritional risk and requires intensive nutritional intervention. Has a condition that requires physician prescribed procedures (Cannot be delegated to a non-licensed staff.). Requires 4 or more physician visits per month; may have been admitted to the hospital through emergency room visit; may have been admitted to ICU.

Other: If the recipient's primary support need is to receive visual supervision due to a history of engagement in sexual predatory behavior or sexual aggression and the recipient is currently identified as having active predatory tendencies by the Area Certified Behavior Analyst, this support level is appropriate.

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Residential Habilitation Rate Descriptors

Intensive Behavioral (IB) Residential Habilitation
<p>Determining Eligibility: The Agency for Persons with Disabilities will determine whether clients of home and community-based waiver services for persons with developmental disabilities meet eligibility characteristics established under administrative rule 59G-8.083, F.A.C. for intensive behavioral residential habilitation services. Eligibility for this service shall be determined for an individual only by the Area Behavior Analyst or designee who must hold certification as a Board Certified Behavior Analyst or as a Florida Certified Behavior Analyst with a Master's degree through use of the APD-approved characteristics tool.</p>
<p>At least annually, thereafter, the Area Behavior Analyst or designee will re-evaluate the individual to confirm that the individual continues to meet service eligibility criteria for intensive behavioral residential habilitation.</p>
<p>Determining Level of Need and Reimbursement Rate: Individuals determined to be eligible for intensive behavioral residential habilitation services will also be assessed by the Area Behavior Analyst or designee, using an Agency determined instrument or IB Matrix to establish the level of need or intensity of services to address a recipient's behavioral challenges. At minimum, the instrument will include the frequency of behavior, behavioral impact, medical condition, behavioral prosthetics required, staffing ratios or level of supervision needed, type and duration of reactive strategies used, and level of day time activity. An overall level will be calculated for the combined ratings on each of these variables.</p>
<p>Each Level of Need scored with the IB Matrix will be assigned a standard reimbursement rate for Intensive Behavioral Residential Habilitation.</p>
<p>On at least an annual basis, recipients of intensive behavioral residential habilitation services will be reviewed by the Area Behavior Analyst or designee to confirm or re-establish the level of need or intensity of services to address a recipient's behavioral challenges.</p>
<p>Once eligibility is determined and the IB Matrix level of need has been established for a recipient by the Area Behavior Analyst or their designee, then the Pre-Service Authorization will verify "medical necessity."</p>
Intensive Behavioral Residential Habilitation - Comprehensive Transitional Education Program (CTEP)
<p>A Comprehensive Transitional Education Program (CTEP) as specified under F.S. Chapter 393.18, and regulated under rule 65G-2.014, is a group of jointly operating centers or units, including an Intensive treatment and educational center, a Transitional training and educational center, a Community transition residence, an Alternative living center, and an Independent living education center. The collective purpose of these centers is to provide a sequential series of educational care, training, treatment, habilitation, and rehabilitation services to persons who have developmental disabilities with moderate to severe maladaptive behaviors. All services provided are bundled under one rate for 350 billable days.</p>
<p>Individuals determined to be eligible for intensive behavioral residential habilitation services will also be assessed by the Area Behavior Analyst or designee, using an Agency determined instrument or IB Matrix to establish the level of need or intensity of services to address a recipient's behavioral challenges. Each level of need scored with the IB Matrix will be assigned a standard reimbursement rate.</p>
<p>On at least an annual basis, recipients of intensive behavioral residential habilitation services will be reviewed by the Area Behavior Analyst or designee to confirm or re-establish the level of need or intensity of services to address a recipient's behavioral challenges.</p>
<p>Once eligibility is determined and the IB Matrix level of need has been established for a recipient by the Area Behavior Analyst or their designee, then the Pre-Service Authorization will verify "medical necessity."</p>

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Residential Habilitation Rate Descriptors

Intensive Behavioral-Medical Residential Habilitation - Comprehensive Transitional Education Program (CTEP)

Determining Eligibility: Individuals considered for admission for Intensive Behavioral–Medical services must meet the Agency determined medical characteristics and the Intensive Behavioral Residential Habilitation characteristics. These individuals should have medical conditions, in conjunction with their behavior challenges that clearly indicate the need for 24 hour nursing availability. A nurse may or may not be needed continuously for the consumer, but does need to be available to deal with medical issues or conditions that can reasonably be expected to occur frequently. These medical issues/conditions may be caused or exacerbated by the behavior exhibited by the consumer, or they could be independent of the behavior. If independent of the behavior, the target behavior(s) should make the medical issue/condition difficult or impossible to treat in a less specialized environment.

In addition, the medical condition should require specialized equipment and/or procedures that can only be provided by licensed staff. If this care is not available the risk is such that there are consequences that could cause the consumer to experience a decrease in function, acute illness, or a decline in health status.

Res Hab Live-In

The Residential Habilitation "Live-In" rate may be used only for licensed residential facilities that are licensed for 3 or fewer persons. Staff do not have to "live-in" the home for this rate model to be used. A total of 365 days per year may be billed for this service when the individual(s) is present. The Geographic Agency Rate applies to services provided in Areas 9, 10 and 11.