

## Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

*This table is to be used in conjunction with the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook, incorporated by reference in Rule 59G-13.070, F.A.C. The handbook can be accessed at <http://portal.flmmis.com/flpublic>, or at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.*

*For definitions of column headings, acronyms, and specific terms, see the legend at the end of this table. For residential habilitation services, see the following table.*

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
1	Adult Dental	D0160UC	Unit	None	Unit rate cost negotiated by provider per procedure Maximum allowable unit cost is \$493.49						10	-	-	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	QH	None	13.98	20.71	13.56	19.05	14.20	21.00	16	496	5,840	
3	Behavior Analysis - Level 2	H2019UCHO	QH	None	12.20	18.09	11.84	16.64	12.40	18.35	16	496	5,840	
4	Behavior Analysis - Level 3	H2019UCHN	QH	None	7.59	11.25	7.36	10.35	7.72	11.41	16	496	5,840	
5	Behavior Assistant Services	H2019UCHM	QH	None	3.40	4.52	3.34	4.31	3.46	4.59	32	-	-	
6	Behavioral Assessment	H2020UC	Unit	None	Usual and customary rate is \$274.74 Maximum allowable rate is \$549.48						1	-	1	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	-	-	
8	Dietitian Services	97802UC	QH	None	10.20	14.03	10.04	13.30	10.37	14.24	12	-	-	Requires prescription.
9	Durable Medical Equipment	E1399UC	Unit	None	Maximum allowable rate is \$4,934.88						5	-	-	Requires prescription. No duplication with Medicaid State Plan (MSP) service. No duplication of equipment or adaptation within a 5-year period.
10	Environmental Accessibility Adaptations	S5165UC	Unit	None	Maximum allowable rate is \$740.24						5	-	-	No duplication within a 5-year period. Place of residence only. No more than \$20,000 in a 5-year period.
11	Environmental Accessibility Adaptations - Assessment	S5165UCSC	Unit	None	Maximum allowable rate is \$789.58						1	-	1	Can include three prospective dwellings, interior lifts, van conversions, inspections. Assessment is to own home or family home.
12	Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:1	2.73	2.92	2.73	2.92	2.73	2.92	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
13	Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:2	1.71	2.28	1.68	2.16	2.02	2.68	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
14	Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:3	1.42	1.88	1.39	1.80	1.68	2.23	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
15	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:1	3.05	3.72	3.02	3.63	3.18	3.86	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
16	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:2	1.54	1.86	1.52	1.81	1.58	1.92	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
17	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:3	1.09	1.33	1.08	1.31	1.15	1.39	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
18	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:4	1.03	1.25	1.01	1.21	1.06	1.30	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
19	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:5	0.98	1.19	0.97	1.17	1.02	1.24	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
20	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:6	0.95	1.16	0.94	1.12	0.99	1.20	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
21	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:7	0.93	1.13	0.93	1.10	0.97	1.18	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
22	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UCSC	QH	1:8	0.92	1.11	0.91	1.08	0.95	1.16	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
23	Life Skills Development - Level 2 (Supported Employment - Individual)	T2021UCHI	QH	None	7.71	9.43	7.46	8.93	7.82	9.57	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.

**Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table, continued**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
24	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:1	N/A	15.76	N/A	15.67	N/A	16.11	8	-	2,064	No more than 112 hours per week of all Life Skills Development COMBINED. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. The 12.5% match is not part of the established rate but is required as a local match by each provider.
25	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:3	N/A	11.53	N/A	11.41	N/A	11.93	8	-	2,064	
26	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:5	N/A	6.23	N/A	6.15	N/A	6.45	8	-	2,064	
27	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:6-10	N/A	4.89	N/A	4.80	N/A	4.89	8	-	2,064	
28	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:1	N/A	15.76	N/A	15.67	N/A	16.11	8	-	2,064	No more than 112 hours per week of all Life Skills Development COMBINED. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. The 12.5% match is not part of the established rate but is required as a local match by each provider.
29	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:3	N/A	11.53	N/A	11.41	N/A	11.93	8	-	2,064	
30	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:5	N/A	6.23	N/A	6.15	N/A	6.45	8	-	2,064	
31	Life Skills Development - Level 3 (ADT) - Off Site - Hour	T2021UC	Hour	1:6-10	N/A	4.89	N/A	4.80	N/A	4.89	8	-	2,064	
32	Occupational Therapy	97530UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
33	Occupational Therapy - Assessment	97003UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6 month intervals. A visit is one unit.
34	Personal Emergency Response System - Service	S5161UC	Unit	None	Maximum allowable rate is \$39.48						-	1	12	Monitoring service. Person must live alone or be alone for part of the day and require a limited degree of supervision. Does not cover cost of telephone line.
35	Personal Emergency Response System - Installation	S5160UC	Unit	None	Maximum allowable rate is \$246.75						1	-	1	Not allowed for licensed residential facilities.
36	Personal Supports - Quarter Hour	S5130UC	QH	1:1	3.58	3.82	3.58	3.82	3.58	4.27	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home.
37	Personal Supports - Quarter Hour	S5130UC	QH	1:2	2.49	3.10	2.46	3.01	2.71	3.35	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home.
38	Personal Supports - Quarter Hour	S5130UC	QH	1:3	2.15	2.67	2.13	2.61	2.36	2.91	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home.
39	Personal Supports - Day	S5130UCSC	Day	1:1	116.45	124.09	116.45	124.09	122.09	140.41	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home.
40	Personal Supports - Day	S5130UCSC	Day	1:2	78.97	98.16	77.95	95.29	89.77	107.79	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home.
41	Personal Supports - Day	S5130UCSC	Day	1:3	68.05	84.71	67.18	82.24	77.39	93.03	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home.
42	Personal Supports - Quarter Hour	S5130UCHA	QH	None	Negotiated maximum allowable rate is \$4.96						96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home. Only allowed when a recipient requires two or more ratios on the same day.
43	Personal Supports - Day	S5130UCHO	Day	None	Negotiated maximum allowable rate is \$158.72						1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home. Only allowed when a recipient requires two or more ratios on the same day.
44	Physical Therapy	97110UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
45	Physical Therapy - Assessment	97001UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6 month intervals. A visit is one unit.

**Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table, continued**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
46	Private Duty Nursing - LPN	T1000UC	QH	None	5.82	5.82	5.82	5.82	5.82	5.82	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
47	Private Duty Nursing - RN	T1000UCHN	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
48	Private Duty Nursing (RN) - Assessment	T1000UCHM	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	2 assessments per year.
49	Residential Habilitation - Basic - Day	H0043UC	Day	None	41.70	41.70	38.80	38.80	46.56	46.56	1	23	-	24 days or more requires monthly rate.
50	Residential Habilitation - Basic - Month	T2023UC	Month	None	1,216.47	1,216.47	1,131.68	1,131.68	1,357.79	1,357.79	-	1	12	24 days or more per month.
51	Residential Habilitation - Minimal - Day	H0043UCHI	Day	None	83.35	83.35	77.53	77.53	93.05	93.05	1	23	-	24 days or more requires monthly rate.
52	Residential Habilitation - Minimal - Month	T2023UCSC	Month	None	2,430.92	2,430.92	2,261.34	2,261.34	2,713.84	2,713.84	-	1	12	24 days or more per month.
53	Residential Habilitation - Moderate - Day	H0043UCHM	Day	None	125.07	125.07	116.34	116.34	139.61	139.61	1	23	-	24 days or more requires monthly rate.
54	Residential Habilitation - Moderate - Month	T2023UCU4	Month	None	3,647.97	3,647.97	3,393.31	3,393.31	4,071.92	4,071.92	-	1	12	24 days or more per month.
55	Residential Habilitation - Behavioral Focus - Extensive 1 - Day	T2020UCHM	Day	None	178.35	178.35	165.91	165.91	199.10	199.10	1	23	-	24 days or more requires monthly rate.
56	Residential Habilitation - Behavioral Focus - Extensive 1 - Month	T2023UCHO	Month	None	5,201.87	5,201.87	4,839.06	4,839.06	5,806.93	5,806.93	-	1	12	24 days or more per month.
57	Residential Habilitation - Behavioral Focus - Extensive 2 - Day	T2020UCHN	Day	None	234.30	234.30	217.96	217.96	261.56	261.56	1	23	-	24 days or more requires monthly rate.
58	Residential Habilitation - Behavioral Focus - Extensive 2 - Month	T2023UCHP	Month	None	6,833.93	6,833.93	6,357.20	6,357.20	7,628.76	7,628.76	-	1	12	24 days or more per month.
59	Residential Habilitation - Behavioral Focus - Minimal - Day	T2020UC	Day	None	88.37	88.37	82.20	82.20	98.64	98.64	1	23	-	24 days or more requires monthly rate.
60	Residential Habilitation - Behavioral Focus - Minimal - Month	T2023UCHM	Month	None	2,577.72	2,577.72	2,397.76	2,397.76	2,877.08	2,877.08	-	1	12	24 days or more per month.
61	Residential Habilitation - Behavioral Focus - Moderate - Day	T2020UCHI	Day	None	132.60	132.60	123.34	123.34	148.01	148.01	1	23	-	24 days or more requires monthly rate.
62	Residential Habilitation - Behavioral Focus - Moderate - Month	T2023UCHN	Month	None	3,867.44	3,867.44	3,597.50	3,597.50	4,317.06	4,317.06	-	1	12	24 days or more per month.
63	Residential Habilitation - Extensive 1 - Day	H0043UCHN	Day	None	168.23	168.23	156.50	156.50	187.79	187.79	1	23	-	24 days or more requires monthly rate.
64	Residential Habilitation - Extensive 1 - Month	T2023UCU6	Month	None	4,906.84	4,906.84	4,564.51	4,564.51	5,477.29	5,477.29	-	1	12	24 days or more per month.
65	Residential Habilitation - Extensive 2 - Day	H0043UCHO	Day	None	221.02	221.02	205.59	205.59	246.71	246.71	1	23	-	24 days or more requires monthly rate.
66	Residential Habilitation - Extensive 2 - Month	T2023UCU9	Month	None	6,446.32	6,446.32	5,996.41	5,996.41	7,195.58	7,195.58	-	1	12	24 days or more per month.
67	Residential Habilitation - Intensive Behavioral - Day Level 1	T2016UC	Day	None	247.20	247.20	247.20	247.20	247.20	247.20	1	31	365	
68	Residential Habilitation - Intensive Behavioral - Day Level 2	T2016UCHM	Day	None	257.50	257.50	257.50	257.50	257.50	257.50	1	31	365	
69	Residential Habilitation - Intensive Behavioral - Day Level 3	T2016UCHN	Day	None	275.01	275.01	275.01	275.01	275.01	275.01	1	31	365	

**Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table, continued**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
70	Residential Habilitation - Intensive Behavioral - Day Level 4	T2016UCHO	Day	None	294.58	294.58	294.58	294.58	294.58	294.58	1	31	365	
71	Residential Habilitation - Intensive Behavioral - Day Level 5	T2016UCHP	Day	None	309.00	309.00	309.00	309.00	309.00	309.00	1	31	365	
72	Residential Habilitation - Intensive Behavioral - Day Level 6	T2016UCSC	Day	None	370.80	370.80	370.80	370.80	370.80	370.80	1	31	365	
73	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 3	T2033UC	Day	None	405.73	405.73	405.73	405.73	405.73	405.73	1	-	345	
74	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 4	T2033UCSE	Day	None	405.73	405.73	405.73	405.73	405.73	405.73	1	-	345	
75	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 5	T2033UCTF	Day	None	459.66	459.66	459.66	459.66	459.66	459.66	1	-	345	
76	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 6	T2033UCTG	Day	None	459.66	459.66	459.66	459.66	459.66	459.66	1	-	345	
77	Residential Habilitation - Intensive Behavioral - Behavioral/Medical - Comprehensive Transitional Education Program - Day Child	T2033UCHA	Day	None	538.12	538.12	538.12	538.12	538.12	538.12	1	-	350	
78	Residential Habilitation - Intensive Behavioral - Behavioral/Medical - Comprehensive Transitional Education Program - Day Adult	T2033UCHB	Day	None	594.47	594.47	594.47	594.47	594.47	594.47	1	-	350	
79	Residential Habilitation - Live-In	H0043UCSC	Day	1:1	128.05	159.40	126.47	154.84	130.56	159.84	1	31	365	Staff not required to live in facility to provide service. For facilities with a capacity of no more than three recipients per facility.
80	Residential Habilitation - Live-In	H0043UCSC	Day	1:2	90.68	112.90	89.58	109.66	92.46	113.21	1	31	365	Staff not required to live in facility to provide service. For facilities with a capacity of no more than three recipients per facility.
81	Residential Habilitation - Live-In	H0043UCSC	Day	1:3	77.74	96.78	76.78	94.00	79.25	97.03	1	31	365	Staff not required to live in facility to provide service. For facilities with a capacity of no more than three recipients per facility.
82	Residential Habilitation - Assisted Living Facility/Assistive Care Services - Day	T2020UCHB	Day	None	N/A	Non-standard	N/A	Non-standard	N/A	Non-standard	1	23	-	24 days or more requires monthly rate. The residential habilitation daily rate for a recipient residing in an ALF or AFCH is adjusted by the MSP ACS daily rate. The ALF or AFCH will bill MSP for the ACS rate.
83	Residential Habilitation - Assisted Living Facility/Assistive Care Services - Month	T2032UCHB	Month	None	N/A	Non-standard	N/A	Non-standard	N/A	Non-standard	-	1	12	24 days or more requires monthly rate. The residential habilitation daily rate for a recipient residing in an ALF or AFCH is adjusted by the MSP ACS daily rate. The ALF or AFCH will bill MSP for the ACS rate.

Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table, continued

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
84	Residential Nursing - LPN	T1001UC	QH	None	5.82	5.82	5.82	5.82	5.82	5.82	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
85	Residential Nursing - RN	T1002UC	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
86	Residential Nursing (RN) - Assessment	T1001UCSC	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	2 assessments per year.
87	Respiratory Therapy	S5181UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
88	Respiratory Therapy - Assessment	S5180UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6 month intervals. A visit is one unit.
89	Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:1	3.22	3.39	3.22	3.39	3.22	3.39	96	-	-	
90	Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:2	1.85	1.95	1.83	1.93	2.04	2.15	96	-	-	
91	Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:3	1.54	1.61	1.52	1.59	1.68	1.78	96	-	-	
92	Respite - Day (under 21 years of age only)	S5151UCSC	Day	1:1	128.98	135.67	128.98	135.67	128.98	135.67	1	31	365	
93	Respite - Day (under 21 years of age only)	S5151UCSC	Day	1:2	74.00	77.93	73.35	77.29	81.50	85.80	1	31	365	
94	Respite - Day (under 21 years of age only)	S5151UCSC	Day	1:3	61.08	64.39	60.54	63.83	67.32	70.88	1	31	365	
95	Skilled Nursing - LPN	T1001UCHM	Visit	None	26.19	26.19	26.19	26.19	26.19	26.19	4	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 4 visits per day of RN and LPN Skilled Nursing COMBINED.
96	Skilled Nursing - RN	T1002UCHN	Visit	None	31.04	31.04	31.04	31.04	31.04	31.04	4	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 4 visits per day of RN and LPN Skilled Nursing COMBINED.
97	Skilled Nursing (RN) - Assessment	T1001UCHO	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	2 assessments per year.
98	Skilled Respite - LPN - Quarter Hour	T1005UCTE	QH	1:1	5.82	5.82	5.82	5.82	5.82	5.82	96	-	-	
99	Skilled Respite - LPN - Quarter Hour	T1005UCTE	QH	1:2	3.88	3.88	3.88	3.88	3.88	3.88	96	-	-	
100	Skilled Respite - LPN - Day	S9125UCTE	Day	1:1	232.80	232.80	232.80	232.80	232.80	232.80	1	31	365	40 QH or more per day.
101	Skilled Respite - LPN - Day	S9125UCTE	Day	1:2	155.20	155.20	155.20	155.20	155.20	155.20	1	31	365	40 QH or more per day.
102	Special Medical Home Care	S9122UC	Day	None	Negotiated						1	31	365	Up to 24 hours per day. Intensive nursing care in licensed facility. Maximum allowable rate is \$952.70.
103	Specialized Mental Health Counseling	H0046UC	QH	None	10.94	14.55	10.77	13.87	11.12	14.76	8	-	416	Limited to 8 QH per week (two-4 QH sessions).
104	Specialized Mental Health Counseling Assessment	H0031UC	Unit	None	Usual and customary rate is \$128.21 Maximum allowable rate is \$274.74						-	-	1	
105	Speech Therapy	92507UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
106	Speech Therapy - Assessment - Evaluation of Speech Fluency (New MSP Therapy Assessment code effective January 1, 2014)	92521UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.
107	Speech Therapy - Assessment- Evaluation of Speech Sound Production (New MSP Therapy Assessment code effective January 1, 2014)	92522UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.
108	Speech Therapy - Assessment - Evaluation of Speech Sound Production, Language Comprehension and Expression (New MSP Therapy Assessment code effective January 1, 2014)	92523UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.

Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table, continued

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
109	Speech Therapy - Assessment - Behavioral and Qualitative Analysis of Voice and Resonance (New MSP Therapy Assessment code effective January 1, 2014)	92524UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.
110	Support Coordination - Full	G9012UC	Month	None	148.69	148.69	148.69	148.69	148.69	148.69	-	1	12	
111	CDC Consultant - Full	G9012UCU5	Month	None	148.69	148.69	148.69	148.69	148.69	148.69	-	1	12	
112	Support Coordination - Enhanced	G9012UCSC	Month	None	359.83	359.83	359.83	359.83	359.83	359.83	-	1	12	
113	CDC Consultant - Enhanced	T2041UCU5	Month	None	359.83	359.83	359.83	359.83	359.83	359.83	-	1	12	
114	Support Coordination - Limited	T2022UC	Month	None	74.35	74.35	74.35	74.35	74.35	74.35	-	1	12	
115	CDC Consultant - Limited	T2022UCU5	Month	None	74.35	74.35	74.35	74.35	74.35	74.35	-	1	12	
116	Supported Living Coaching	97535UC	QH	None	5.98	8.02	5.86	7.59	6.08	8.13	24	-	8,760	Customer in supported living or to transition to supported living in 90 days.
117	Transportation - Mile	A0425UC	Mile	None	Negotiated						200	234	2,808	Cannot be used to transport to MSP service. No duplication of public school transportation services to and from school.
118	Transportation - Month	T2002UC	Month	None	Negotiated						-	1	12	Cannot be used to transport to MSP service. No duplication of public school transportation services to and from school.
119	Transportation - Trip	T2003UC	Trip	None	Negotiated						-	80	960	80 one-way trips per month. Cannot be used to transport to MSP service. No duplication of public school transportation services to and from school.

**LEGEND: Definitions of Column Headings, Acronyms, and Specific Terminology**

<b>ADT</b>	Adult day training.
<b>Agency Rates</b>	Represents rates for a business or organization enrolled to provide a waiver service(s) that has two or more employees to carry out the enrolled services(s), including the agency owner. An agency or group provider for rate purposes is a provider that employs staff to perform waiver services. A provider that hires only subcontractors to perform waiver services is not considered to be an agency for rate purposes.
<b>AFCH</b>	Adult Family Care Home
<b>ALF</b>	Assisted living facility.
<b>APD</b>	Agency for Persons with Disabilities.
<b>ARNP</b>	Advanced registered nurse practitioner.
<b>ACS</b>	Assistive care services.
<b>Billing Unit</b>	A unit that describes how the service is billed (e.g., by the quarter hour (QH), hour, day, month, 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 Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook.
<b>Geographical References</b>	Some service rates are different, depending on geographical location. The term "Geographical" refers to a group of counties (Palm Beach, Broward, and Miami-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.
<b>LPN</b>	Licensed practical nurse.
<b>Line #</b>	For informational purposes.
<b>Max # Units per Day</b>	Maximum number of billing units per day for services that have a daily rate (e.g., quarter hours or hours in a day or day rate).
<b>Max # Units per Month</b>	Maximum number of billing units per month (e.g., hours or days in a month).
<b>Max # Units per Year</b>	Maximum number of billing units per year (e.g., visits in a year).
<b>MSP</b>	Medicaid state plan. Some waiver services are now using the same rate for comparable services in the MSP. For general information about Florida Medicaid, see the Agency for Health Care Administration's Web site at <a href="http://www.ahca.myflorida.com">www.ahca.myflorida.com</a> , select Medicaid.
<b>Negotiated</b>	A negotiated rate is used when two or more ratios are needed on the same day. The negotiated rate should be an already established rate on the rate table for the appropriate ratio.
<b>Non-Standard</b>	Residential habilitation services provided in an ALF or AFCH will incorporate a non-standard rate to avoid duplication of services for daily ACS billed through the MSP. The residential habilitation rate determined for use by the facility for an APD recipient in an ALF or AFCH will be reduced by the ACS rate before billing the waiver.
<b>Other Limitations</b>	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 Florida Medicaid Developmental Disabilities Individual Budgeting 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.
<b>Procedure Code</b>	A code to identify the procedure, service, or commodity provided. Can be as short as five characters, and up to nine characters. These codes are used by providers to bill Florida Medicaid.
<b>QH</b>	Quarter hour.
<b>Ratio</b>	When a service can be delivered to one or more than one recipient at a time. Each ratio is given a rate based on the number of recipients served and each recipient is charged that rate. Ratios of 1:1, 1:2, and 1:3 are examples of recipients served by a relationship of one staff to one recipient, one staff to two recipients, and one staff to three recipients, respectively. A ratio of 1:6-10 indicates the rate applies to a staff member serving 6 to 10 recipients.
<b>RN</b>	Registered nurse.
<b>Service Description</b>	Describes service rendered; provides title of service (refer to the handbook).

**Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table, continued**

<b>Solo Rates</b>	Represents rates for a provider who personally renders waiver services directly to recipients and does not employ others to render waiver services for which the rate is being paid. If the provider incorporates they are still considered a solo provider for rate purposes, unless they hire at least two employees including the owner and meet the definition of agency.
<b>Supports Level</b>	Related to the level of care (e.g., basic, minimal, moderate, extensive, intensive) that best describes the recipient and the recipient's primary area of support needs for residential habilitation services (refer to the level of supports rate descriptors in the Residential Habilitation Rate Descriptors table).
<b>Usual and Customary Rate and Maximum Allowable Rates</b>	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.



## Residential Habilitation Rate Descriptors

### Level of Supports

Residential habilitation rates are determined based on the recipient's level of supports that best describes the recipient and the recipient's primary area of support needs, and will be selected to establish or modify the rate. All requested changes to the Level of Support Rate must be determined medically necessary. These descriptors will be used for individuals who have been assessed using the Agency for Persons with Disabilities (APD) 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 recipient and the recipient's 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. 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
<b>Functional:</b> Independent in self-care, daily living activities; or requires supervision, intermittent verbal direction or physical prompts to perform self-care, daily living skills.
<b>Behavioral:</b> No formal behavioral intervention necessary except redirection; may be non-compliant at times.
<b>Physical:</b> Health issues under control through medication or diet. Ambulatory or independent in use of wheelchair or walker. May need staff supervision to self-administer medications.
<b>Other:</b> 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 APD.
Minimal
<b>Functional:</b> 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 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 or to change positions.
<b>Behavioral:</b> 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.
<b>Physical:</b> 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.

## Residential Habilitation Rate Descriptors, continued

### 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 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 positions.

**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 toward others or property results in broken skin, major bruising or swelling, or significant tissue damage requiring physician or nurse attention. May have threatened suicide in past 12 months. May have required use of reactive strategies five 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 two or more medications to control seizures. May have experienced a pressure sore requiring medical attention in the past six months. May require medication and daily management, including enemas, for bowel elimination. May be nutritionally at risk and require a physician or dietitian prescribed special diet.

### 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 per 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 or mechanical restraint. Self-injury or aggression toward others or property results in significant tissue damage, scarring, or damage to bones requiring physician attention. May have attempted suicide in past 12 months. May have required the use of reactive strategies five 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 six 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 or devices OR receives all nutrition through a gastrostomy or jejunostomy tube. Incontinent 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.

## Residential Habilitation Rate Descriptors, continued

**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 or mechanical restraint. Meets the criteria of Intensive Behavioral Residential Habilitation. Self-injury or aggression toward 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 five 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 two 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 four or more times in last 12 months.

**Physical:** May have uncontrolled seizures that have required hospital or emergency room intervention during past 12 months; receives two 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 six 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 four or more physician visits per month; may have been admitted to the hospital through emergency room visit; may have been admitted to intensive care unit.

**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 APD regional certified behavior analyst, this support level is appropriate.

### Intensive Behavioral Residential Habilitation

**Determining Eligibility:** APD will determine whether clients of home and community-based waiver services for persons with developmental disabilities meet eligibility characteristics established under Rule 59G-13.083, F.A.C., for intensive behavioral residential habilitation services. Eligibility for this service shall be determined for an individual only by the APD regional 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.

At least annually, thereafter, the APD regional 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.

**Determining Level of Need and Reimbursement Rate:** Individuals determined to be eligible for intensive behavioral residential habilitation services will also be assessed by the APD regional behavior analyst or designee, using an APD 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 daytime activity. An overall level will be calculated for the combined ratings on each of these variables.

Each level of need scored with the IB Matrix will be assigned a standard reimbursement rate for Intensive Behavioral Residential Habilitation.

On at least an annual basis, recipients of intensive behavioral residential habilitation services will be reviewed by the APD regional behavior analyst or designee to confirm or re-establish the level of need or intensity of services to address a recipient's behavioral challenges.

**Residential Habilitation Rate Descriptors, continued**

Once eligibility is determined and the IB Matrix level of need has been established for a recipient by the APD regional behavior analyst or their designee, then the pre-service authorization will verify “medical necessity.”

## Residential Habilitation Rate Descriptors, continued

### Intensive Behavioral Residential Habilitation - Comprehensive Transitional Education Program

A Comprehensive Transitional Education Program (CTEP) as specified under section 393.18, F.S., and regulated under Rule 65G-2.014, F.A.C., 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.

Individuals determined to be eligible for intensive behavioral residential habilitation services will also be assessed by the APD regional behavior analyst or designee, using an APD 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.

On at least an annual basis, recipients of intensive behavioral residential habilitation services will be reviewed by the APD regional behavior analyst or designee to confirm or re-establish the level of need or intensity of services to address a recipient's behavioral challenges.

Once eligibility is determined and the IB Matrix level of need has been established for a recipient by the APD regional behavior analyst or their designee, then the pre-service authorization will verify "medical necessity."

### Intensive Behavioral - Medical Residential Habilitation - Comprehensive Transitional Education Program

**Determining Eligibility:** Individuals considered for admission for intensive behavioral - medical services must meet APD 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 recipient, but does need to be available to deal with medical issues or conditions that can reasonably be expected to occur frequently. These medical issues or conditions may be caused or exacerbated by the behavior exhibited by the individual, or they could be independent of the behavior. If independent of the behavior, the target behavior(s) should make the medical issue or condition difficult or impossible to treat in a less specialized environment.

In addition, the medical condition should require specialized equipment 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 individual to experience a decrease in function, acute illness, or a decline in health status.

### Residential Habilitation "Live-In"

The Residential Habilitation "Live-In" rate may be used only for licensed residential facilities that are licensed for three 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.