

## Developmental Disabilities Home and Community Based Medicaid Waiver Services Tiers 1 through 4 and Individual Budgeting Waivers Provider Rate Tables 59G-13.081

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iBudget Waiver					Geographical		Non-Geographical		Monroe County		Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *
Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	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	-	-	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

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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
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 (Effective July 1, 2013)	S5102UC	Hour	1:1	N/A	15.00	N/A	14.91	N/A	15.33	8	-	2064	8 Hour/Day and 2064 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 (Effective July 1, 2013)	S5102UC	Hour	1:3	N/A	8.49	N/A	8.40	N/A	8.78	8	-	2064	8 Hour/Day and 2064 Hours/Year	
27	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (Effective July 1, 2013)	S5102UC	Hour	1:5	N/A	5.93	N/A	5.85	N/A	6.14	8	-	2064	8 Hour/Day and 2064 Hours/Year	
28	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (Effective July 1, 2013)	S5102UC	Hour	1:6-10	N/A	4.66	N/A	4.57	N/A	4.66	8	-	2064	8 Hour/Day and 2064 Hours/Year	
29	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Effective July 1, 2013)	T2021UC	Hour	1:1	N/A	15.00	N/A	14.91	N/A	15.33	8	-	2064	8 Hour/Day and 2064 Hours/Year	

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30	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Effective July 1, 2013)	T2021UC	Hour	1:3	N/A	8.49	N/A	8.40	N/A	8.78	8	-	2064	8 Hour/Day and 2064 Hours/Year	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.
31	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Effective July 1, 2013)	T2021UC	Hour	1:5	N/A	5.93	N/A	5.85	N/A	6.14	8	-	2064	8 Hour/Day and 2064 Hours/Year	
32	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Effective July 1, 2013)	T2021UC	Hour	1:6-10	N/A	4.66	N/A	4.57	N/A	4.66	8	-	2064	8 Hour/Day and 2064 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.
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.

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
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 *
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.
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 <i>(MSP Therapy Assessment Rates Effective 4-1-2012)</i>	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 <i>(MSP Nursing Rates Effective 4-1-2012)</i>	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 <i>(MSP Nursing Rates Effective 4-1-2012)</i>	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).

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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					
49	Private Duty Nursing (RN) - Assessment <i>(MSP Nursing Rates Effective 4-1-2012)</i>	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.
68	Residential Habilitation - Intensive Behavioral - Day Level 1 <i>(Standard Rate Effective 1-1-2012)</i>	T2013UC	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>	T2013UCHM	Day	None	250.00	250.00	250.00	250.00	250.00	250.00	1	31	365	31 Days/Month and 365 Days/Year	

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70	Residential Habilitation - Intensive Behavioral - Day Level 3 <i>(Standard Rate Effective 1-1-2012)</i>	T2013UCHN	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>	T2013UCHO	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>	T2013UCHP	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>	T2013UCSC	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					
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 require 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 require 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 require 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	24 days or more at monthly rate. The residential habilitation monthly 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 (under 21 only)	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 (under 21 only)	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.

## Developmental Disabilities Home and Community Based Medicaid Waiver Services Tiers 1 through 4 and Individual Budgeting Waivers Provider Rate Tables 59G-13.081

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iBudget Waiver					Geographical		Non-Geographical		Monroe County		Max # Units Day	Max # Units Week/ Month	Max # Units Year	Units and Frequency	Other Limitations *
Line #	iBudget Waiver Service Description	Procedure Code	Billing Unit	Ratio	Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
92	Respite - Day (under 21 only)	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 (under 21 only)	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 (under 21 only)	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 (under 21 only)	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.
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	



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

<b>Agency Rates</b>	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.
<b>Billing Unit</b>	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 (e.g. 31 minutes of an hourly billing unit equals 1 hour) can be found in the handbook. This handbook can be found at <a href="http://www.mymedicaid-florida.com">http://www.mymedicaid-florida.com</a> .
<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 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>Line #</b>	For informational purposes.
<b>Max # Units Day</b>	Shows the maximum number of billing units a day for services that have a daily rate (e.g. quarter hours, hours or day rate).
<b>Max # Units Week/Month</b>	Shows the maximum number of billing units for a designated time frame or specific limitation (e.g. visits in a week, hours per month).
<b>Max # Units Year</b>	Shows the maximum number of billing units for the year.
<b>MSP</b>	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 <a href="http://www.ahca.myflorida.com">http://www.ahca.myflorida.com</a> (select Medicaid).
<b>Negotiated</b>	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.
<b>Non-Standard</b>	Residential Habilitation Services provided in an Assisted Living Facility (ALF) will incorporate a <b>non-standard</b> 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.
<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 Developmental Disabilities Individual Budgeting Medicaid Waiver Services Coverage and Limitations Handbook (Draft). 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 <a href="http://www.mymedicaid-florida.com">http://www.mymedicaid-florida.com</a> .
<b>Procedure Code</b>	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).
<b>Ratio</b>	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.
<b>Service Description</b>	Describes service rendered; provides title of service (Please refer to draft handbook found at <a href="http://www.mymedicaid-florida.com">http://www.mymedicaid-florida.com</a> ).
<b>Solo Rates</b>	Represents rates for individual providers that are self employed or independent vendors, and has 2 or fewer employees.
<b>Supports Level</b>	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.).
<b>Units and Frequencies</b>	Describes how many units are allowed at a given frequency per day, per month, per year, per visit, etc.
<b>Usual and Customary Rate &amp; 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.