

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	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	One assessment per 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	-	-	-	
8	Dietitian Services	97802UC	QH	None	10.20	14.03	10.04	13.30	10.37	14.24	12	-	-	-	Requires prescription. No more than 12 quarter hour units per day.
9	Durable Medical Equipment	E1399UC	Unit	None	Maximum allowable rate is \$4,934.88						5	-	-	-	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 duplication at a minimal 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.
13	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.
14	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.
15	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.
16	Life Skills Development - Level 2 (Supported Employment - Group) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:1	3.09	3.77	3.06	3.68	3.22	3.91	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) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:2	1.56	1.89	1.54	1.83	1.60	1.95	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) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:3	1.10	1.35	1.09	1.33	1.17	1.41	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) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:4	1.04	1.27	1.02	1.23	1.07	1.32	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) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:5	0.99	1.21	0.98	1.19	1.03	1.26	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) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:6	0.96	1.18	0.95	1.14	1.00	1.22	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) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:7	0.94	1.15	0.94	1.11	0.98	1.20	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 - Group) (New Rates Eff 7/1/2017)	T2021UCSC	QH	1:8	0.93	1.13	0.92	1.09	0.96	1.18	64	-	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.

Please refer to Legend at the end of the Provider Rate Table for definitions of column headings and specific terms.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	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 2 (Supported Employment - Individual) (New Rates Eff 7/1/2017)	T2021UCHI	QH	None	7.81	9.56	7.56	9.05	7.93	9.70	64	-	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
25	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (New) Rates Eff 7/1/2017	S5102UC	Hour	1:1	N/A	15.94	N/A	15.85	N/A	16.30	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% match is not part of the established rate but is required as a local match by each provider.
26	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (New) Rates Eff 7/1/2017	S5102UC	Hour	1:3	N/A	11.67	N/A	11.54	N/A	12.07	8	-	-	2,064	
27	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (New) Rates Eff 7/1/2017	S5102UC	Hour	1:5	N/A	6.30	N/A	6.22	N/A	6.53	8	-	-	2,064	
28	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (New) Rates Eff 7/1/2017	S5102UC	Hour	1:6-10	N/A	4.95	N/A	4.86	N/A	4.95	8	-	-	2,064	
29	Life Skills Development - Level 3 (ADT) - Off Site - Hour (New) Rates Eff 7/1/2017	T2021UC	Hour	1:1	N/A	15.94	N/A	15.85	N/A	16.30	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% match is not part of the established rate but is required as a local match by each provider.
30	Life Skills Development - Level 3 (ADT) - Off Site - Hour (New) Rates Eff 7/1/2017	T2021UC	Hour	1:3	N/A	11.67	N/A	11.54	N/A	12.07	8	-	-	2,064	
31	Life Skills Development - Level 3 (ADT) - Off Site - Hour (New) Rates Eff 7/1/2017	T2021UC	Hour	1:5	N/A	6.30	N/A	6.22	N/A	6.53	8	-	-	2,064	
32	Life Skills Development - Level 3 (ADT) - Off Site - Hour (New) Rates Eff 7/1/2017	T2021UC	Hour	1:6-10	N/A	4.95	N/A	4.86	N/A	4.95	8	-	-	2,064	
33	Occupational Therapy	97530UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	-	1,464	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
34	Occupational Therapy - Assessment	97003UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals.
35	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.
36	Personal Emergency Response System - Installation	S5160UC	Unit	None	Maximum allowable rate is \$246.75						1	-	-	1	Not allowed for licensed residential facilities.
37	Personal Supports - Quarter Hour (New) Rates Eff 7/1/2017	S5130UC	QH	1:1	3.62	3.86	3.62	3.86	3.62	4.31	96	-	-	-	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
38	Personal Supports - Quarter Hour (New) Rates Eff 7/1/2017	S5130UC	QH	1:2	2.52	3.13	2.49	3.04	2.74	3.38	96	-	-	-	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
39	Personal Supports - Quarter Hour (New) Rates Eff 7/1/2017	S5130UC	QH	1:3	2.17	2.70	2.15	2.64	2.38	2.94	96	-	-	-	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
40	Personal Supports - Day (New) Rates Eff 7/1/2017	S5130UCSC	Day	1:1	117.66	125.38	117.66	125.38	123.35	141.86	1	-	31	365	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
41	Personal Supports - Day (New) Rates Eff 7/1/2017	S5130UCSC	Day	1:2	79.79	99.18	78.76	96.28	90.70	108.91	1	-	31	365	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
42	Personal Supports - Day (New) Rates Eff 7/1/2017	S5130UCSC	Day	1:3	68.75	85.59	67.88	83.09	78.19	93.99	1	-	31	365	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
43	Personal Supports - Quarter Hour	S5130UCHA	QH	None	Negotiated						96	-	-	-	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
44	Personal Supports - Day	S5130UCHO	Day	None	Negotiated						1	-	31	365	Ages 18 through 20 in own home or supported living arrangement. Ages 21 and older in family home.
45	Physical Therapy	97110UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	-	1,464	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
46	Physical Therapy - Assessment	97001UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals.
47	Private Duty Nursing - LPN <i>(New Rates Eff 7/1/2017)</i>	T1000UC	QH	None	6.32	6.32	6.32	6.32	6.32	6.32	96	-	-	-	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	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/day for any combination (RN/LPN).
49	Private Duty Nursing (RN) - Assessment	T1000UCHM	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	-	2	2 assessments per year. 8 QH/day per assessment.
50	Residential Habilitation - Basic - Day <i>(New Rates Eff 7/1/2017)</i>	H0043UC	Day	None	42.56	42.56	39.60	39.60	47.52	47.52	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
51	Residential Habilitation - Basic - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UC	Month	None	1,241.54	1,241.54	1,155.00	1,155.00	1,385.77	1,385.77	-	-	1	12	24 days or more requires monthly rate.
52	Residential Habilitation - Minimal - Day <i>(New Rates Eff 7/1/2017)</i>	H0043UCHI	Day	None	85.07	85.07	79.13	79.13	94.97	94.97	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
53	Residential Habilitation - Minimal - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCSC	Month	None	2,481.01	2,481.01	2,307.94	2,307.94	2,769.76	2,769.76	-	-	1	12	24 days or more requires monthly rate.
54	Residential Habilitation - Moderate - Day <i>(New Rates Eff 7/1/2017)</i>	H0043UCHM	Day	None	127.65	127.65	118.74	118.74	142.49	142.49	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
55	Residential Habilitation - Moderate - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCU4	Month	None	3,723.14	3,723.14	3,463.23	3,463.23	4,155.83	4,155.83	-	-	1	12	24 days or more requires monthly rate.
56	Residential Habilitation - Behavioral Focus - Extensive 1 - Day <i>(New Rates Eff 7/1/2017)</i>	T2020UCHM	Day	None	179.59	179.59	167.07	167.07	200.49	200.49	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
57	Residential Habilitation - Behavioral Focus - Extensive 1 - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCHO	Month	None	5,238.10	5,238.10	4,872.76	4,872.76	5,847.37	5,847.37	-	-	1	12	24 days or more requires monthly rate.
58	Residential Habilitation - Behavioral Focus - Extensive 2 - Day <i>(New Rates Eff 7/1/2017)</i>	T2020UCHN	Day	None	235.93	235.93	219.48	219.48	263.38	263.38	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
59	Residential Habilitation - Behavioral Focus - Extensive 2 - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCHP	Month	None	6,881.52	6,881.52	6,401.47	6,401.47	7,681.89	7,681.89	-	-	1	12	24 days or more requires monthly rate.
60	Residential Habilitation - Behavioral Focus - Minimal - Day <i>(New Rates Eff 7/1/2017)</i>	T2020UC	Day	None	88.99	88.99	82.77	82.77	99.33	99.33	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
61	Residential Habilitation - Behavioral Focus - Minimal - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCHM	Month	None	2,595.67	2,595.67	2,414.46	2,414.46	2,897.12	2,897.12	-	-	1	12	24 days or more requires monthly rate.
62	Residential Habilitation - Behavioral Focus - Moderate - Day <i>(New Rates Eff 7/1/2017)</i>	T2020UCHI	Day	None	133.52	133.52	124.20	124.20	149.04	149.04	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
63	Residential Habilitation - Behavioral Focus - Moderate - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCHN	Month	None	3,894.37	3,894.37	3,622.55	3,622.55	4,347.12	4,347.12	-	-	1	12	24 days or more requires monthly rate.
64	Residential Habilitation - Extensive 1 - Day <i>(New Rates Eff 7/1/2017)</i>	H0043UCHN	Day	None	171.70	171.70	159.72	159.72	191.66	191.66	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
65	Residential Habilitation - Extensive 1 - Month <i>(New Rates Eff 7/1/2017)</i>	T2023UCU6	Month	None	5,007.95	5,007.95	4,658.57	4,658.57	5,590.16	5,590.16	-	-	1	12	24 days or more requires monthly rate.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
66	Residential Habilitation - Extensive 2 - Day (New Rates Eff 7/1/2017)	H0043UCHO	Day	None	225.57	225.57	209.83	209.83	251.79	251.79	1	-	23	-	23 days or less at daily rate. 24 days or more requires monthly rate.
67	Residential Habilitation - Extensive 2 - Month (New Rates Eff 7/1/2017)	T2023UCU9	Month	None	6,579.15	6,579.15	6,119.97	6,119.97	7,343.85	7,343.85	-	-	1	12	24 days or more requires monthly rate.
68	Residential Habilitation - Intensive Behavioral - Day Level 1 (New Rates Eff 7/1/2017)	T2016UC	Day	None	248.92	248.92	248.92	248.92	248.92	248.92	1	-	31	365	
69	Residential Habilitation - Intensive Behavioral - Day Level 2 (New Rates Eff 7/1/2017)	T2016UCHM	Day	None	259.29	259.29	259.29	259.29	259.29	259.29	1	-	31	365	
70	Residential Habilitation - Intensive Behavioral - Day Level 3 (New Rates Eff 7/1/2017)	T2016UCHN	Day	None	276.93	276.93	276.93	276.93	276.93	276.93	1	-	31	365	
71	Residential Habilitation - Intensive Behavioral - Day Level 4 (New Rates Eff 7/1/2017)	T2016UCHO	Day	None	296.63	296.63	296.63	296.63	296.63	296.63	1	-	31	365	
72	Residential Habilitation - Intensive Behavioral - Day Level 5 (New Rates Eff 7/1/2017)	T2016UCHP	Day	None	311.15	311.15	311.15	311.15	311.15	311.15	1	-	31	365	
73	Residential Habilitation - Intensive Behavioral - Day Level 6 (New Rates Eff 7/1/2017)	T2016UCSC	Day	None	373.38	373.38	373.38	373.38	373.38	373.38	1	-	31	365	
74	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 3 (New Rates Eff 7/1/2017)	T2033UC	Day	None	408.56	408.56	408.56	408.56	408.56	408.56	1	-	-	350	Daily rate up to 350 days per year.
75	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 4 (New Rates Eff 7/1/2017)	T2033UCSE	Day	None	408.56	408.56	408.56	408.56	408.56	408.56	1	-	-	350	Daily rate up to 350 days per year.
76	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 5 (New Rates Eff 7/1/2017)	T2033UCTF	Day	None	462.86	462.86	462.86	462.86	462.86	462.86	1	-	-	350	Daily rate up to 350 days per year.
77	Residential Habilitation - Intensive Behavioral - Comprehensive Transitional Education Program - Day Level 6 (New Rates Eff 7/1/2017)	T2033UCTG	Day	None	462.86	462.86	462.86	462.86	462.86	462.86	1	-	-	350	Daily rate up to 350 days per year.
78	Residential Habilitation - Intensive Behavioral - Behavioral/Medical - Comprehensive Transitional Education Program - Day Child (New Rates Eff 7/1/2017)	T2033UCHA	Day	None	541.87	541.87	541.87	541.87	541.87	541.87	1	-	-	350	Daily rate up to 350 days per year.
79	Residential Habilitation - Intensive Behavioral - Behavioral/Medical - Comprehensive Transitional Education Program - Day Adult (New Rates Eff 7/1/2017)	T2033UCHB	Day	None	598.61	598.61	598.61	598.61	598.61	598.61	1	-	-	350	Daily rate up to 350 days per year.
80	Residential Habilitation - Live-In (New Rates Eff 7/1/2017)	H0043UCSC	Day	1:1	130.69	162.68	129.08	158.03	133.25	163.13	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 (New Rates Eff 7/1/2017)	H0043UCSC	Day	1:2	92.55	115.23	91.43	111.92	94.37	115.54	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.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
82	Residential Habilitation - Live-In (New Rates Eff 7/1/2017)	H0043UCSC	Day	1:3	79.34	98.77	78.36	95.94	80.88	99.03	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.
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 or less at daily rate. The residential habilitation daily rate for a recipient residing in an ALF is adjusted by the MSP 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	24 days or more at monthly rate. The residential habilitation daily rate for a recipient residing in an ALF is adjusted by the MSP ASC daily rate. The ALF will bill MSP for the ASC amount.
85	Residential Nursing - LPN (New Rates Eff 7/1/2017)	T1001UC	QH	None	6.32	6.32	6.32	6.32	6.32	6.32	96	-	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH/day for any combination (RN/LPN).
86	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/day for any combination (RN/LPN).
87	Residential Nursing (RN) - Assessment	T1001UCSC	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	-	-	2 assessments per year. 8 QH/day per assessment.
88	Respiratory Therapy	S5181UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	-	1464	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
89	Respiratory Therapy - Assessment	S5180UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals.
90	Respite - Day (under 21 only)	S5151UCSC	Day	1:1	128.98	135.67	128.98	135.67	128.98	135.67	1	-	-	365	31 units per month, 365 units per 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	31 units per month, 365 units per year.
92	Respite - Day (under 21 only)	S5151UCSC	Day	1:3	61.08	64.39	60.54	63.83	67.32	70.88	1	-	-	365	31 units per month, 365 units per year.
93	Respite - Quarter Hour (under 21 only)	S5151UC	QH	1:1	3.22	3.39	3.22	3.39	3.22	3.39	39	-	-	-	
94	Respite - Quarter Hour (under 21 only)	S5151UC	QH	1:2	1.85	1.95	1.83	1.93	2.04	2.15	39	-	-	-	
95	Respite - Quarter Hour (under 21 only)	S5151UC	QH	1:3	1.54	1.61	1.52	1.59	1.68	1.78	39	-	-	-	
96	Skilled Nursing - LPN (New Rates Eff 7/1/2017)	T1001UCHM	Visit	None	28.43	28.43	28.43	28.43	28.43	28.43	3	-	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 3 visits per day for any combination of RN/LPN.
97	Skilled Nursing - RN	T1002UCHN	Visit	None	31.04	31.04	31.04	31.04	31.04	31.04	3	-	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 3 visits per day for any combination of RN/LPN.
98	Skilled Nursing (RN) - Assessment	T1001UCHO	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	-	-	2 assessments per year. 8 QH/day per assessment.
99	Skilled Respite - LPN - Day (New Rates Eff 7/1/2017)	S9125UCTE	Day	1:1	252.74	252.74	252.74	252.74	252.74	252.74	1	-	-	365	31 units per month, 365 units per year.
100	Skilled Respite - LPN - Day (New Rates Eff 7/1/2017)	S9125UCTE	Day	1:2	168.49	168.49	168.49	168.49	168.49	168.49	1	-	-	365	31 units per month, 365 units per year.
101	Skilled Respite - LPN - Quarter Hour (New Rates Eff 7/1/2017)	T1005UCTE	QH	1:1	6.32	6.32	6.32	6.32	6.32	6.32	39	-	-	-	If 10 or more hours per day (40 QH/day) use daily rate.
102	Skilled Respite - LPN - Quarter Hour (New Rates Eff 7/1/2017)	T1005UCTE	QH	1:2	4.21	4.21	4.21	4.21	4.21	4.21	39	-	-	-	If 10 or more hours per day (40 QH/day) use daily rate.
103	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.
104	Specialized Mental Health Counseling	H0046UC	QH	None	10.94	14.55	10.77	13.87	11.12	14.76	4	-	-	416	Limited to 2 hours per 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 assessment per year.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					
106	Speech Therapy	92507UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	-	1464	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
107	Speech Therapy - Assessment -Evaluation of Speech Fluency (New MSP Therapy Assessment code effective January 1, 2014)	92521UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days.
108	Speech Therapy -Assessment- Evaluation of Speech Sound Production (New MSP Therapy Assessment code effective January 1, 2014)	92522UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days.
109	Speech Therapy - Assessment- Evaluation of Speech Sound Production, Language Comprehension and Expression (New MSP Therapy Assessment code effective January 1, 2014)	92523UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days.
110	Speech Therapy - Assessment- Behavioral and Qualitative Analysis of Voice and Resonance (New MSP Therapy Assessment code effective January 1, 2014)	92524UC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	-	2	Visits at 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days.
111	Support Coordination - Full	G9012UC	Month	None	148.69	148.69	148.69	148.69	148.69	148.69	-	-	1	12	
112	CDC Consultant - Full	G9012UCU5	Month	None	148.69	148.69	148.69	148.69	148.69	148.69	-	-	1	12	
113	Support Coordination - Enhanced	G9012UCSC	Month	None	359.83	359.83	359.83	359.83	359.83	359.83	-	-	1	12	
114	CDC Consultant - Enhanced	T2041UCU5	Month	None	359.83	359.83	359.83	359.83	359.83	359.83	-	-	1	12	
115	Support Coordination - Limited	T2022UC	Month	None	74.35	74.35	74.35	74.35	74.35	74.35	-	-	1	12	
116	CDC Consultant - Limited	T2022UCU5	Month	None	74.35	74.35	74.35	74.35	74.35	74.35	-	-	1	12	
117	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.
118	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.
119	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.
120	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.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

This table is to be used in conjunction with the Developmental Disabilities Individual Budgeting Medicaid Waiver Coverage and Limitations Handbook.

The handbook can be accessed at www.mymedicaid-florida.com.

Effective Date: **7/1/2017**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Week	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates					

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

Agency Rates	Represents rates for providers that have three or more employees. If a provider has less than three employees, the provider is to bill at the solo rate.
ALF	Assisted living facility.
APD	Agency for Persons with Disabilities.
ARNP	Advance registered nurse practitioner.
ASC	Assistive care services.
Billing Unit	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 handbook.
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.
LPN	Licensed practical nurse.
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 or 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 ALF will incorporate a non-standard rate to avoid duplication of services for daily 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 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.
Procedure Code	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.
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.
RN	Registered nurse.
Service Description	Describes service rendered; provides title of service (refer to the handbook).
Solo Rates	Represents rates for individual providers that are self-employed or independent vendors, and has two 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 (refer to the level of supports rate descriptors following the provider rate tables).
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 Individual Budgeting Waiver Services Provider Rate Table

Residential Habilitation Rate Descriptors

Effective Date: 7/1/2017

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 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 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 or 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 APD.
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 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.
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 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.

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

Residential Habilitation Rate Descriptors

Effective Date: 7/1/2017

<p>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.</p>
<p>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 6 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.</p>
<p>Extensive 1</p>
<p>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.</p>
<p>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.</p>
<p>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).</p>
<p>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.</p>
<p>Extensive 2</p>
<p>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.</p>

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

Residential Habilitation Rate Descriptors

Effective Date: 7/1/2017

<p>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.</p>
<p>Physical: 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. 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 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 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.</p>
<p>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.</p>
<p>Intensive Behavioral Residential Habilitation</p>
<p>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.</p>
<p>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.</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 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.</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 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.</p>
<p>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."</p>

Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

Residential Habilitation Rate Descriptors

Effective Date: 7/1/2017

Intensive Behavioral Residential Habilitation - Comprehensive Transitional Education Program
<p>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 for 350 billable days.</p>
<p>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.</p>
<p>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.</p>
<p>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."</p>
Intensive Behavioral - Medical Residential Habilitation - Comprehensive Transitional Education Program
<p>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 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 or 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 or condition difficult or impossible to treat in a less specialized environment.</p>
<p>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 consumer to experience a decrease in function, acute illness, or a decline in health status.</p>
Residential Habilitation "Live-In"
<p>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. The Geographical Agency rates apply to services provided in Medicaid Area Offices 9, 10, and 11.</p>