

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

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1	Adult Dental	D0160UC	Unit	None	Unit rate cost negotiated by provider per procedure Maximum allowable unit cost is \$547.77						10	-	-	Unit defined by dental provider for procedures that are medically necessary. Maximum allowable unit cost is \$547.77. No more than 10 units of any dollar amount
2	Behavior Analysis - Level 1	H2019UCHP	QH	None	15.76	23.31	15.76	21.76	15.76	23.31	16	496	5,840	
3	Behavior Analysis - Level 2	H2019UCHO	QH	None	13.76	21.15	13.76	21.15	13.76	21.15	16	496	5,840	
4	Behavior Analysis - Level 3	H2019UCHN	QH	None	8.57	16.92	8.57	15.78	8.57	16.92	16	496	5,840	
5	Behavior Assistant Services	H2019UCHM	QH	None	10.60	13.53	10.41	13.44	10.60	13.53	32	-	-	
6	Behavioral Assessment	H2020UC	Unit	None	427.56	427.56	427.56	427.56	427.56	427.56	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 \$273.89						10	-	-	
8	Dietitian Services	97802UC	QH	None	11.32	15.57	11.14	14.76	11.51	15.81	12	-	-	Requires prescription.
9	Durable Medical Equipment	E1399UC	Unit	None	Maximum allowable rate is \$5,477.72						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 \$821.67						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 \$876.43						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	S5135UC	QH	1:1	5.26	5.63	5.26	5.63	5.26	5.63	64	-	11,648	No more than 56 hours per week of all Life Skills Development COMBINED.
13	Life Skills Development - Level 1	S5135UC	QH	1:2	3.30	4.40	3.24	4.16	3.90	5.17	64	-	11,648	No more than 56 hours per week of all Life Skills Development COMBINED.
14	Life Skills Development - Level 1	S5135UC	QH	1:3	2.74	3.63	2.68	3.47	3.24	4.30	64	-	11,648	No more than 56 hours per week of all Life Skills Development COMBINED.
15	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UC	Hour	1:1	N/A	21.99	N/A	21.87	N/A	22.49	8	-	2,080	No more than 56 hours per week of all Life Skills Development COMBINED.
16	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UC	Hour	1:3	N/A	16.11	N/A	15.92	N/A	16.65	8	-	2,080	No more than 56 hours per week of all Life Skills Development COMBINED.
17	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UC	Hour	1:5	N/A	8.69	N/A	8.58	N/A	9.01	8	-	2,080	No more than 56 hours per week of all Life Skills Development COMBINED.
18	Life Skills Development - Level 2 (Supported Employment - Group)	T2021UC	Hour	1:6-8	N/A	6.83	N/A	6.70	N/A	6.83	8	-	2,080	No more than 56 hours per week of all Life Skills Development COMBINED.
19	Life Skills Development - Level 2 (Supported Employment - Individual)	T2021UCHI	QH	None	8.67	10.61	8.39	10.05	8.80	10.77	32	-	8,320	No more than 56 hours per week of all Life Skills Development COMBINED.
20	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:1	N/A	21.99	N/A	21.87	N/A	22.49	8	-	2,064	No more than 56 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.
21	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:3	N/A	16.11	N/A	15.92	N/A	16.65	8	-	2,064	
22	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:5	N/A	8.69	N/A	8.58	N/A	9.01	8	-	2,064	

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23	Life Skills Development - Level 3 (ADT) - Facility Based - Hour	S5102UC	Hour	1:6-10	N/A	6.83	N/A	6.70	N/A	6.83	8	-	2,064	
24	Life Skills Development - Level 3 (ADT) - Facility Based - Month	S5102UCHI	Month	1:1	N/A	2,587.69	N/A	2,573.57	N/A	2,646.53	-	1	12	80 hours or more per month requires monthly rate. No more than 56 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.
25	Life Skills Development - Level 3 (ADT) - Facility Based - Month	S5102UCHI	Month	1:3	N/A	1,895.76	N/A	1,873.40	N/A	1,959.30	-	1	12	
26	Life Skills Development - Level 3 (ADT) - Facility Based - Month	S5102UCHI	Month	1:5	N/A	1,022.60	N/A	1,009.66	N/A	1,060.26	-	1	12	
27	Life Skills Development - Level 3 (ADT) - Facility Based - Month	S5102UCHI	Month	1:6-10	N/A	803.73	N/A	788.43	N/A	803.73	-	1	12	
28	Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:1	N/A	21.99	N/A	21.87	N/A	22.49	8	-	1,560	No more than 56 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.
29	Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:3	N/A	16.11	N/A	15.92	N/A	16.65	8	-	1,560	
30	Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:5	N/A	8.69	N/A	8.58	N/A	9.01	8	-	1,560	
31	Life Skills Development Level 4 - Prevocational	T2015UC	Hour	1:6-10	N/A	6.83	N/A	6.70	N/A	6.83	8	-	1,560	
32	Life Skills Development Level 4 - Prevocational - Month	T2014UCHI	Month	1:1	N/A	2,587.69	N/A	2,573.57	N/A	2,646.53	-	1	12	80 hours or more per month requires monthly rate. No more than 56 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.
33	Life Skills Development Level 4 - Prevocational - Month	T2014UCHI	Month	1:3	N/A	1,895.76	N/A	1,873.40	N/A	1,959.30	-	1	12	
34	Life Skills Development Level 4 - Prevocational - Month	T2014UCHI	Month	1:5	N/A	1,022.60	N/A	1,009.66	N/A	1,060.26	-	1	12	
35	Life Skills Development Level 4 - Prevocational - Month	T2014UCHI	Month	1:6-10	N/A	803.73	N/A	788.43	N/A	803.73	-	1	12	
36	Occupational Therapy	97530UC	QH	None	\$17.78	17.78	17.78	17.78	17.78	17.78	4	-	12	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
37	Occupational Therapy - Evaluation - 30 minutes	97165GOUC	Visit	None	\$53.84	53.84	53.84	53.84	53.84	53.84	-	-	1	
38	Occupational Therapy - Evaluation - 45 minutes	97166GOUC	Visit	None	\$53.84	53.84	53.84	53.84	53.84	53.84	-	-	1	
39	Occupational Therapy - Evaluation, established plan of care - 60 minutes	97167GOUC	Visit	None	\$53.84	53.84	53.84	53.84	53.84	53.84	-	-	1	
40	Occupational Therapy - Re-Evaluation	97168GOUC	Visit	None	\$53.84	53.84	53.84	53.84	53.84	53.84	-	-	2	Visits at 6 month intervals. First Re-Evaluation no sooner than 6 months post-evaluation (procedure codes 97166GOUC, 97166GOUC, 97167GOUC)

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
41	Personal Emergency Response System - Service	S5161UC	Unit	None	Maximum allowable rate is \$43.82						-	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.
42	Personal Emergency Response System - Installation	S5160UC	Unit	None	Maximum allowable rate is \$273.89						1	-	1	Not allowed for licensed residential facilities.
43	Personal Supports - Quarter Hour	S5130UC	QH	1:1	5.69	6.07	5.69	6.07	5.69	6.78	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
44	Personal Supports - Quarter Hour	S5130UC	QH	1:2	3.96	4.93	3.92	4.78	4.32	5.32	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
45	Personal Supports - Quarter Hour	S5130UC	QH	1:3	3.42	4.25	3.39	4.15	3.75	4.63	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
46	Personal Supports - Day	S5130UCSC	Day	1:1	185.23	197.37	185.23	197.37	194.17	223.32	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
47	Personal Supports - Day	S5130UCSC	Day	1:2	125.61	156.13	123.99	151.56	142.78	171.45	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
48	Personal Supports - Day	S5130UCSC	Day	1:3	108.23	134.73	106.86	130.80	123.09	147.96	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
49	Personal Supports - Quarter Hour	S5130UCHA	QH	None	Negotiated maximum allowable rate is \$6.78						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.
50	Personal Supports - Day	S5130UCHO	Day	None	Negotiated maximum allowable rate is \$223.32						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.
51	Physical Therapy	97110UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
52	Physical Therapy - Evaluation - 20 minutes	97161GPUC	Visit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	1	
53	Physical Therapy - Evaluation - 30 minutes	97162GPUC	Visit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	1	
54	Physical Therapy - Evaluation - 45 minutes	97163GPUC	Visit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	1	
55	Physical Therapy - Re-Evaluation	97164GPUC	Visit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	2	Visits at 6 month intervals. First Re-Evaluation no sooner than 6 months post-evaluation (procedure codes 97161GOUC, 97162GOUC, 97163GOUC)
56	Private Duty Nursing - LPN	T1000UC	QH	None	7.02	7.02	7.02	7.02	7.02	7.02	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
57	Private Duty Nursing - RN	T1000UCHN	QH	None	8.08	8.08	8.08	8.08	8.08	8.08	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
58	Private Duty Nursing (RN) - Assessment	T1000UCHM	QH	None	8.08	8.08	8.08	8.08	8.08	8.08	8	-	16	2 assessments per year.
59	Residential Habilitation - Basic - Day	H0043UC	Day	None	62.18	62.18	57.84	57.84	69.41	69.41	1	23	-	24 days or more requires monthly rate.
60	Residential Habilitation - Basic - Month	T2023UC	Month	None	1,813.50	1,813.50	1,686.98	1,686.98	2,024.37	2,024.37	-	1	12	24 days or more per month.
61	Residential Habilitation - Minimal - Day	H0043UCHI	Day	None	124.25	124.25	115.57	115.57	138.72	138.72	1	23	-	24 days or more requires monthly rate.

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62	Residential Habilitation - Minimal - Month	T2023UCSC	Month	None	3,623.78	3,623.78	3,370.96	3,370.96	4,045.48	4,045.48	-	1	12	24 days or more per month.
63	Residential Habilitation - Moderate - Day	H0043UCHM	Day	None	186.45	186.45	173.44	173.44	208.13	208.13	1	23	-	24 days or more requires monthly rate.
64	Residential Habilitation - Moderate - Month	T2023UCU4	Month	None	5,437.98	5,437.98	5,058.37	5,058.37	6,070.04	6,070.04	-	1	12	24 days or more per month.
65	Residential Habilitation - Behavioral Focus - Extensive 1 - Day	T2020UCHM	Day	None	262.32	262.32	244.02	244.02	292.84	292.84	1	23	-	24 days or more requires monthly rate.
66	Residential Habilitation - Behavioral Focus - Extensive 1 - Month	T2023UCHO	Month	None	7,650.88	7,650.88	7,117.10	7,117.10	8,540.61	8,540.61	-	1	12	24 days or more per month.
67	Residential Habilitation - Behavioral Focus - Extensive 2 - Day	T2020UCHN	Day	None	344.61	344.61	320.57	320.57	384.68	384.68	1	23	-	24 days or more requires monthly rate.
68	Residential Habilitation - Behavioral Focus - Extensive 2 - Month	T2023UCHP	Month	None	10,051.16	10,051.16	9,349.92	9,349.92	11,220.10	11,220.10	-	1	12	24 days or more per month.
69	Residential Habilitation - Behavioral Focus - Minimal Day	T2020UC	Day	None	129.98	129.98	120.89	120.89	145.08	145.08	1	23	-	24 days or more requires monthly rate.
70	Residential Habilitation - Behavioral Focus - Minimal Month	T2023UCHM	Month	None	3,791.21	3,791.21	3,526.54	3,526.54	4,231.84	4,231.84	-	1	12	24 days or more per month.
71	Residential Habilitation - Behavioral Focus - Moderate - Day	T2020UCHI	Day	None	195.03	195.03	181.41	181.41	217.69	217.69	1	23	-	24 days or more requires monthly rate.
72	Residential Habilitation - Behavioral Focus - Moderate - Month	T2023UCHN	Month	None	5,688.08	5,688.08	5,291.07	5,291.07	6,349.37	6,349.37	-	1	12	24 days or more per month.
73	Residential Habilitation - Extensive 1 - Day	H0043UCHN	Day	None	250.78	250.78	233.28	233.28	279.93	279.93	1	23	-	24 days or more requires monthly rate.
74	Residential Habilitation - Extensive 1 - Month	T2023UCU6	Month	None	7,314.59	7,314.59	6,804.27	6,804.27	8,165.12	8,165.12	-	1	12	24 days or more per month.
75	Residential Habilitation - Extensive 2 - Day	H0043UCHO	Day	None	329.47	329.47	306.48	306.48	367.78	367.78	1	23	-	24 days or more requires monthly rate.
76	Residential Habilitation - Extensive 2 - Month	T2023UCU9	Month	None	9,609.45	9,609.45	8,938.77	8,938.77	10,726.53	10,726.53	-	1	12	24 days or more per month.
77	Residential Habilitation - Intensive Behavioral - Day Level 1	T2016UC	Day	None	363.57	363.57	363.57	363.57	363.57	363.57	1	31	365	
78	Residential Habilitation - Intensive Behavioral - Day Level 2	T2016UCHM	Day	None	378.72	378.72	378.72	378.72	378.72	378.72	1	31	365	
79	Residential Habilitation - Intensive Behavioral - Day Level 3	T2016UCHN	Day	None	404.47	404.47	404.47	404.47	404.47	404.47	1	31	365	
80	Residential Habilitation - Intensive Behavioral - Day Level 4	T2016UCHO	Day	None	433.26	433.26	433.26	433.26	433.26	433.26	1	31	365	
81	Residential Habilitation - Intensive Behavioral - Day Level 5	T2016UCHP	Day	None	454.46	454.46	454.46	454.46	454.46	454.46	1	31	365	
82	Residential Habilitation - Intensive Behavioral - Day Level 6	T2016UCSC	Day	None	545.35	545.35	545.35	545.35	545.35	545.35	1	31	365	
83	Enhanced Intensive Behavioral Residential Habilitation - Day	T2025UC	Day	None	1,123.98	1,123.98	1,045.56	1,045.56	1,412.62	1,412.62	1	23	-	24 days or more requires monthly rate.
84	Enhanced Intensive Behavioral Residential Habilitation - Month	T2023UCTG	Month	None	26,975.48	26,975.48	25,093.47	25,093.47	33,903.14	33,903.14	-	1	12	24 days or more per month.

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85	Enhanced Intensive Behavioral Residential Habilitation - Medical - Day	T2025UCSE	Day	None	1,052.71	1,052.71	979.26	979.26	1,323.08	1,323.08	1	23	-	24 days or more requires monthly rate.
86	Enhanced Intensive Behavioral Residential Habilitation - Medical - Month	T2023UCSE	Month	None	25,265.29	25,265.29	23,502.60	23,502.60	31,753.75	31,753.75	-	1	12	24 days or more per month.
87	Residential Habilitation - Live-In	H0043UCSC	Day	1:1	202.67	248.14	188.53	230.82	226.24	276.99	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.
88	Residential Habilitation - Live-In	H0043UCSC	Day	1:2	143.56	175.74	133.54	163.48	160.25	196.18	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.
89	Residential Habilitation - Live-In	H0043UCSC	Day	1:3	123.05	150.65	114.46	140.14	137.36	168.17	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.
90	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Basic) - Rate Effective 10/01/2024	T2020UCHB	Day	None	N/A	46.60	N/A	42.26	N/A	53.83	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.
91	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Minimal) - Rate Effective 10/01/2024	T2020UCHK	Day	None	108.67	108.67	99.99	99.99	123.14	123.14	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.
92	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Moderate) - Rate Effective 10/01/2024	T2031UCHB	Day	None	170.87	170.87	157.86	157.86	192.55	192.55	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.
93	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Extensive 1) - Rate Effective 10/01/2024	T2031UCHI	Day	None	235.20	235.20	217.70	217.70	264.35	264.35	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.
94	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Extensive 2) - Rate Effective 10/01/2024	T2031UCHK	Day	None	313.89	313.89	290.90	290.90	352.20	352.20	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.
95	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Basic) - Rate Effective 10/01/2024	T2032UCHB	Month	None	N/A	1,361.68	N/A	1,235.16	N/A	1,572.55	-	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.
96	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Minimal) - Rate Effective 10/01/2024	T2032UCHI	Month	None	3,171.96	3,171.96	2,919.14	2,919.14	3,593.66	3,593.66	-	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.
97	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Moderate) - Rate Effective 10/01/2024	T2032UCHK	Month	None	4,986.16	4,986.16	4,606.55	4,606.55	5,618.22	5,618.22	-	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.
98	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Extensive 1) - Rate Effective 10/01/2024	T2030UCHI	Month	None	6,862.77	6,862.77	6,352.45	6,352.45	7,713.30	7,713.30	-	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.
99	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Extensive 2) - Rate Effective 10/01/2024	T2030UCHK	Month	None	9,157.63	9,157.63	8,486.95	8,486.95	10,274.71	10,274.71	-	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.
100	Residential Nursing - LPN	T1001UC	QH	None	7.02	7.02	7.02	7.02	7.02	7.02	96	-	-	Prescription by a physician, ARNP, or physician assistant required.No more than 96 QH per day of any RN and LPN nursing COMBINED.
101	Residential Nursing - RN	T1002UC	QH	None	8.08	8.08	8.08	8.08	8.08	8.08	96	-	-	Prescription by a physician, ARNP, or physician assistant required.No more than 96 QH per day of any RN and LPN nursing COMBINED.

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
102	Residential Nursing (RN) - Assessment	T1001UCSC	QH	None	8.08	8.08	8.08	8.08	8.08	8.08	8	-	16	2 assessments per year.
103	Respiratory Therapy	S5181UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
104	Respiratory Therapy - Assessment	S5180UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	2	Assessments no more frequent than 6 month intervals. A visit is one unit.
105	Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:1	5.86	6.17	5.86	6.17	5.86	6.17	96	-	-	
106	Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:2	3.37	3.55	3.34	3.52	3.71	3.92	96	-	-	
107	Respite - Quarter Hour (under 21 years of age only)	S5151UC	QH	1:3	2.81	2.93	2.78	2.90	3.06	3.24	96	-	-	
108	Respite - Day (under 21 only)	S5151UCSC	Day	1:1	235.02	247.21	235.02	247.21	235.02	247.21	1	31	365	
109	Respite - Day (under 21 only)	S5151UCSC	Day	1:2	134.83	141.99	133.64	140.83	148.51	156.33	1	31	365	
110	Respite - Day (under 21 only)	S5151UCSC	Day	1:3	111.29	117.33	110.31	116.31	122.67	129.15	1	31	365	
111	Skilled Nursing - LPN	T1001UCHM	Visit	None	31.56	31.56	31.56	31.56	31.56	31.56	4	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 4 visits per day of RN and LPN Skilled Nursing COMBINED.
112	Skilled Nursing - RN	T1002UCHN	Visit	None	34.45	34.45	34.45	34.45	34.45	34.45	4	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 4 visits per day of RN and LPN Skilled Nursing COMBINED.
113	Skilled Nursing (RN) - Assessment	T1001UCHO	QH	None	8.08	8.08	8.08	8.08	8.08	8.08	8	-	16	2 assessments per year.
114	Skilled Respite - LPN - Quarter Hour	T1005UCTE	QH	1:1	7.02	7.02	7.02	7.02	7.02	7.02	96	-	-	
115	Skilled Respite - LPN - Quarter Hour	T1005UCTE	QH	1:2	4.67	4.67	4.67	4.67	4.67	4.67	96	-	-	
116	Skilled Respite - LPN - Day	S9125UCTE	Day	1:1	280.54	280.54	280.54	280.54	280.54	280.54	1	31	365	40 QH or more per day.
117	Skilled Respite - LPN - Day	S9125UCTE	Day	1:2	187.02	187.02	187.02	187.02	187.02	187.02	1	31	365	40 QH or more per day.
118	Special Medical Home Care	S9122UC	Day	None	Negotiated						1	31	365	Up to 24 hours per day. Intensive nursing care in licensed facility.
119	Special Medical Home Care-Month	S9122UCHI	Month	None	Negotiated						-	1	12	In order to utilize the monthly rate, the recipient must reside in the facility at least 24 days or more. Intensive nursing care in a licensed facility.
120	Specialized Mental Health Counseling	H0046UC	QH	None	12.14	16.15	11.95	15.40	12.34	16.38	8	-	416	Limited to 8 QH per week (two-4 QH sessions).

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
121	Specialized Mental Health Counseling Assessment	H0031UC	Unit	None	Usual and Customary Rate is \$142.31 Maximum Allowable Rate is \$304.96						-	-	1	
122	Speech Therapy	92507UC	QH	None	17.78	17.78	17.78	17.78	17.78	17.78	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
123	Speech Therapy - Assessment -Evaluation of Speech Fluency (New MSP Therapy Assessment code effective January 1, 2014)	92521UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	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.
124	Speech Therapy -Assessment- Evaluation of Speech Sound Production (New MSP Therapy Assessment code effective January 1, 2014)	92522UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	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.
125	Speech Therapy - Assessment- Evaluation of Speech Sound Production, Language Comprehension and Expression (New MSP Therapy Assessment code effective January 1, 2014)	92523UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	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.
126	Speech Therapy - Assessment- Behavioral and Qualitative Analysis of Voice and Resonance (New MSP Therapy Assessment code effective January 1, 2014)	92524UC	Unit	None	53.84	53.84	53.84	53.84	53.84	53.84	-	-	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.
127	Support Coordination - Full	G9012UC	Month	None	N/A	181.55	N/A	181.55	N/A	181.55	-	1	12	
128	CDC Consultant - Full	G9012UCU5	Month	None	N/A	181.55	N/A	181.55	N/A	181.55	-	1	12	
129	Support Coordination - Enhanced	G9012UCSC	Month	None	N/A	439.35	N/A	439.35	N/A	439.36	-	1	12	
130	CDC Consultant - Enhanced	T2041UCU5	Month	None	N/A	439.35	N/A	439.35	N/A	439.35	-	1	12	
131	Support Coordination - Limited	T2022UC	Month	None	N/A	90.79	N/A	90.79	N/A	90.79	-	1	12	
132	CDC Consultant - Limited	T2022UCU5	Month	None	N/A	90.79	N/A	90.79	N/A	90.79	-	1	12	
133	Supported Living Coaching	97535UC	QH	None	6.64	8.90	6.50	8.42	6.75	9.02	24	-	8,760	Customer in supported living or to transition to supported living in 90 days.
134	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.
135	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.
136	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.

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				

### LEGEND: Individual Budgeting Waiver - Definitions for Column Headings 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>	Advance 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 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>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).
<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.

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
	<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.												

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
1	Incontinence Supply; Miscellaneous	A4335UC	Item	None	Negotiated, maximum allowable rate is \$277.50									
2	Adhesive or Non-Adhesive; Disk or Foam Pad	A5126UC	Item	None	0.70	0.70	0.70	0.70	0.70	0.70				
3	Adult Sized Disposable Incontinence Product, Brief/Diaper, Extra Large	T4524UC	Item	None	1.00	1.00	1.00	1.00	1.00	1.00				
4	Adult Sized Disposable Incontinence Product, Brief/Diaper, Large	T4523UC	Item	None	0.89	0.89	0.89	0.89	0.89	0.89				
5	Adult Sized Disposable Incontinence Product, Brief/Diaper, Medium	T4522UC	Item	None	0.77	0.77	0.77	0.77	0.77	0.77				
6	Adult Sized Disposable Incontinence Product, Brief/Diaper, Small	T4521UC	Item	None	0.70	0.70	0.70	0.70	0.70	0.70				
7	Adult Sized Disposable Incontinence Product, Protective Brief/Diaper, Over Extra Large	T4543UC	Item	None	1.69	1.69	1.69	1.69	1.69	1.69				
8	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Extra Large	T4528UC	Item	None	1.13	1.13	1.13	1.13	1.13	1.13				
9	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Large	T4527UC	Item	None	1.04	1.04	1.04	1.04	1.04	1.04				
10	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Medium	T4526UC	Item	None	0.94	0.94	0.94	0.94	0.94	0.94				
11	Adult Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Small	T4525UC	Item	None	0.87	0.87	0.87	0.87	0.87	0.87				
12	Bedside Drainage Bottle With or Without Tubing, Rigid or Expandable	A5102UC	Item	None	7.43	7.43	7.43	7.43	7.43	7.43				
13	Disposable Incontinence Product, Underwear/Pull-On, Bariatric	T4544UC	Unit	None	1.69	1.69	1.69	1.69	1.69	1.69				
14	Disposable Liner/Shield/Guard/Pad/Undergarment, for Incontinence	T4535UC	Item	None	0.49	0.49	0.49	0.49	0.49	0.49				
15	Disposable Underpads, All Sizes	A4554UC	Item	None	0.38	0.38	0.38	0.38	0.38	0.38				
16	External Urethral Clamp or Compression Device (Not to be Used for Catheter Clamp)	A4356UC	Item	None	38.76	38.76	38.76	38.76	38.76	38.76				
17	Female External Urinary Collection Device; Metal Cup	A4327UC	Item	None	17.87	17.87	17.87	17.87	17.87	17.87				
18	Female External Urinary Collection Device; Pouch	A4328UC	Item	None	5.55	5.55	5.55	5.55	5.55	5.55				
19	Indwelling Catheter; Foley Type, Three Way for Continuous Irrigation	A4346UC	Item	None	9.69	9.69	9.69	9.69	9.69	9.69				
20	Indwelling Catheter; Foley Type, Two-Way, All Silicone	A4344UC	Item	None	5.93	5.93	5.93	5.93	5.93	5.93				
21	Indwelling Catheter; Foley Type; Two-Way Latex With Coating	A4338UC	Item	None	6.84	6.84	6.84	6.84	6.84	6.84				
22	Indwelling Catheter; Specialty Type	A4340UC	Item	None	7.43	7.43	7.43	7.43	7.43	7.43				
23	Insertion Tray w/ Drainage Bag w/ Indwelling Catheter, Foley Type, 3-Way, Continuous Irrig	A4316UC	Item	None	11.84	11.84	11.84	11.84	11.84	11.84				
24	Insertion Tray With Drainage Bag but Without Catheter	A4354UC	Item	None	4.31	4.31	4.31	4.31	4.31	4.31				

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
25	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way Latex	A4314UC	Item	None	11.84	11.84	11.84	11.84	11.84	11.84				
26	Insertion Tray Without Drainage Bag and Without Catheter	A4310UC	Item	None	4.47	4.47	4.47	4.47	4.47	4.47				
27	Insertion Tray With Drainage Bag With Indwelling Catheter, Foley Type, Two-Way, Silicone	A4315UC	Item	None	11.84	11.84	11.84	11.84	11.84	11.84				
28	Irrigation Tray with Bulb or Piston Syringe	A4322UC	Item	None	2.39	2.39	2.39	2.39	2.39	2.39				
29	Irrigation Tray with Bulb or Piston Syringe, any purpose	A4320UC	Item	None	5.44	5.44	5.44	5.44	5.44	5.44				
30	Irrigation Tubing Set for Continuous Bladder Irrigation, 3-Way Indwelling Foley Catheter	A4355UC	Item	None	2.80	2.80	2.80	2.80	2.80	2.80				
31	Leg Strap; Foam or Fabric, Replacement Only	A5114UC	Item	None	6.14	6.14	6.14	6.14	6.14	6.14				
32	Leg Strap; Latex, Replacement Only	A5113UC	Item	None	4.97	4.97	4.97	4.97	4.97	4.97				
33	Male External Catheter, Specialty Type with integral collection chamber	A4326UC	Item	None	9.26	9.26	9.26	9.26	9.26	9.26				
34	Ostomy Pouch, Closed, For Use on Barrier with Non-Locking Flange, with Filter	A4419UC	Item	None	1.54	1.54	1.54	1.54	1.54	1.54				
35	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Large	T4530UC	Item	None	0.64	0.64	0.64	0.64	0.64	0.64				
36	Pediatric Sized Disposable Incontinence Product, Brief/Diaper, Small/Medium	T4529UC	Item	None	0.59	0.59	0.59	0.59	0.59	0.59				
37	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull - On, Large	T4532UC	Item	None	0.83	0.83	0.83	0.83	0.83	0.83				
38	Pediatric Sized Disposable Incontinence Product, Protective Underwear/Pull - On, S/M	T4531UC	Item	None	0.77	0.77	0.77	0.77	0.77	0.77				
39	Percutaneous Catheter/ Tube Anchoring Device, Adhesive Skin Attachment	A5200UC	Item	None	9.57	9.57	9.57	9.57	9.57	9.57				
40	Perianal Fecal Collection Pouch with Adhesive	A4330UC	Item	None	5.76	5.76	5.76	5.76	5.76	5.76				
41	Urinary Suspensory; with Leg Bag, with or without Tube	A5105UC	Item	None	15.98	15.98	15.98	15.98	15.98	15.98				
42	Youth Sized Disposable Incontinence Product, Brief/Diaper	T4533UC	Item	None	0.72	0.72	0.72	0.72	0.72	0.72				
43	Youth Sized Disposable Incontinence Product, Protective Underwear/Pull - On	T4534UC	Item	None	0.93	0.93	0.93	0.93	0.93	0.93				

# 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.*

Effective Date: \_\_\_\_\_ October 1 2025 \_\_\_\_\_

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				

## LEGEND: Individual Budgeting Waiver - Definitions for Column Headings 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>	Advance 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 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>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

*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.*

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*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.*

Effective Date: \_\_\_\_\_ October 1 2025 \_\_\_\_\_

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				
	<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.												

# Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

## Residential Habilitation Rate Descriptors

Effective Date: October 1 2025

### 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).

<b>Basic</b>
<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.
<b>Minimal</b>
<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.
<b>Moderate</b>
<b>Functional:</b> 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: October 1 2025

<p><b>Behavioral:</b> 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><b>Physical:</b> 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>
<b>Extensive 1</b>
<p><b>Functional:</b> 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><b>Behavioral:</b> 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><b>Physical:</b> 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><b>Other:</b> 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>
<b>Extensive 2</b>
<p><b>Functional:</b> 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: October 1 2025

**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 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.

**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.

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."

# Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

## Residential Habilitation Rate Descriptors

Effective Date: October 1 2025

<b>Enhanced Intensive Behavioral Residential Habilitation</b>
<p>APD will determine whether clients of home and community-based services for persons with developmental disabilities meet eligibility characteristics established under Rule 59G-13.070, F.A.C. for Enhanced Intensive Behavior Residential Habilitation. At least every 6 months, the APD regional behavior analyst or designee will confirm that the individual continues to meet service eligibility criteria for Enhanced Intensive Behavior Residential Habilitation.</p>
<b>Intensive Behavioral Residential Habilitation - Comprehensive Transitional Education Program</b>
<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.</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>
<b>Intensive Behavioral - Medical Residential Habilitation - Comprehensive Transitional Education Program</b>
<p><b>Determining Eligibility:</b> 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>
<b>Residential Habilitation "Live-In"</b>
<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.</p>