Purpose of This Schedule
Schedule 1.4 contains the rates that will be used in Fiscal Year 2004. Qualified Vendors shall use one of three rates (step-up, adopted or step-down) for each service when billing the Division, based on the following criteria:

- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate lower than or equal to the step-up rate for a given service, the Qualified Vendor shall bill the Division at the step-up rate for that service during Fiscal Year 2004.

- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate higher than the step-up rate for a given service and lower than or equal to the adopted rate for the same service, the Qualified Vendor shall bill the Division at the adopted rate for that service during Fiscal Year 2004.

- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate higher than or equal to the adopted rate for a given service and lower than the step-down rate for the same service, the Qualified Vendor shall bill the Division at the adopted rate for that service during Fiscal Year 2004.

- If during Fiscal Year 2003, the Qualified Vendor was reimbursed by the Division at an average paid unit rate higher than or equal to the step-down rate for a given service, the Qualified Vendor shall bill the Division at the step-down rate for that service during Fiscal Year 2004.

Independent Providers
This schedule does not list rates for independent providers (non-agency rates). These rates will be released in the fall of 2003 after the development and administration of the statewide individual consumer level of need assessment process and the adoption of rate modifiers. Until that time independent providers will continue to be compensated pursuant to the independent rate schedule in the district where the consumer resides. After the statewide rates for independent providers (non-agency rates) are published, independent providers, whether or not they are Qualified Vendors, will receive the applicable statewide independent provider rate as modified by the individual consumer level of need assessment.

Rates

1. For the Home-Based Services, the average paid unit rate will be determined for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the single client floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for the year.

2. For Qualified Vendors that did not have a contract with the Division to provide a particular service in Fiscal Year 2003, the rate that will be used for that particular service in Fiscal Year 2004 will be the adopted rate.

Unit of Service

1. The basis of payment for all Home-Based Services except for Respite, Continuous is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

2. If the Qualified Vendor provides respite for more than 13 hours in one day, this is considered to be Respite, Continuous. One unit of Respite, Continuous equals one day (13 or more hours in a 24-hour period) of direct service time. A Qualified Vendor billing for Respite, Continuous will bill for the appropriate number of days of service and will include the actual cumulative hours of service provided on the billing document as required by the Division.

3. In no event will more than three consumers receive the same service with a single direct service staff person at the same time.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1A - Home-Based Services

Service Code	Description	Unit of Service	Multiple Clients	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Attendent Care						
AFC/ANC	Attendant Care	Client Hour	1	$13.04	$13.16	$13.55
AFC/ANC	Attendant Care	Client Hour	2	$8.15	$8.22	$8.47
AFC/ANC	Attendant Care	Client Hour	3	$6.52	$6.58	$6.78
Habilitation, Community Protection and Treatment Hourly						
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	1	$13.41	$17.64	$31.76
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	2	$8.38	$11.03	$19.85
HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	3	$6.70	$8.82	$15.88
Habilitation, Support						
HAH	Habilitation, Support	Client Hour	1	$16.09	$16.80	$19.14
HAH	Habilitation, Support	Client Hour	2	$10.06	$10.50	$11.96
HAH	Habilitation, Support	Client Hour	3	$8.05	$8.40	$9.57
Housekeeping						
HSK	Housekeeping	Client Hour	1	$12.10	$12.13	$12.21
Respite, short-term						
RSP	Respite, short-term	Client Hour	1	$12.70	$12.90	$13.55
RSP	Respite, short-term	Client Hour	2	$7.94	$8.06	$8.47
RSP	Respite, short-term	Client Hour	3	$6.35	$6.45	$6.78
Respite, continuous						
RSD	Respite, continuous	Day	1	$155.33	$157.74	$165.75
RSD	Respite, continuous	Day	2	$97.08	$98.59	$103.59
RSD	Respite, continuous	Day	3	$77.67	$78.87	$82.88

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1A - Home-Based Services

Service Code	Description	Unit of Service	Multiple Clients	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Independent Living Services						
HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	1	$16.10	$16.97	$19.87

Unit of Service for Habilitation, Individually Designed Living Arrangement
If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time divided by the total number of consumers. The rate for this service will be the per unit rate:
- If one direct service staff person provides this service for one hour of direct service time to two consumers at the same time, the Qualified Vendor shall bill the Division .5 units of service for each consumer at the published rate.
- If one direct service staff person provides this service for two hours of direct service time to two consumers at the same time, the Qualified Vendor shall bill the Division one unit of service for each consumer at the published rate.

Rates
1. There will be no average rate determined, in as much as the step-up, step-down, and adopted rate are all equal.

Unit of Service
1. The basis of payment for this service is the ratio rate. To determine the appropriate billing rate, the Qualified Vendor shall:
a. Divide (the total billable hours consumers attended the program including hours allowed for the Adult program pursuant to item 3 below, excluding hours for behaviorally or medically intense consumers with a specially authorized rate) by (the total direct service staff hours with consumers present at the program, excluding hours related to behaviorally or medically intense consumers with a specially authorized rate); and
b. Use the resulting quotient, which is the number of consumer billable hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to consumer ratio, to find the appropriate staff to consumer ratio rate on the rate schedule.
c. The Qualified Vendor may calculate this ratio on a daily basis using actual hours for each day or may calculate the ratio at the end of the calendar month using the actual number of hours for the entire month to determine an average ratio for the month.

For example, if the number of hours attended by all consumers in a program plus the hours allowed for the Adult program pursuant to item 3 below (excluding behaviorally or medically intense consumers with a specially authorized rate) totaled 110 hours for a day (2,200 for the month), and the number of hours worked by direct service staff when consumers were present at the program (excluding hours related to behaviorally or medically intense consumers with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:
- Total billable consumer hours divided by total direct service staff hours = 110 / 28 or 2,200 / 560 = 3.928
- This program's ratio for this day is 1:3.928

For both consumers and direct service staff, units shall be recorded daily on the per consumer and per direct service staff basis, shall be expressed in terms of hours and shall be rounded to the nearest hour, as illustrated in examples below:
- If total hours for a consumer or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- If total hours for a consumer or direct service staff were equal to 5 hours and 24 minutes, round the total to 5 hours
- If total hours for a consumer or direct service staff were equal to 5 hours and 30 minutes, round the total to 6 hours
- If total hours for a consumer or direct service staff were equal to 6 hours and 48 minutes, round the total to 7 hours

For Day Treatment and Training, Adult:
2. Absences do not constitute a billable unit except as provided in item 3 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day. If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

3. Qualified Vendors that do not provide transportation for a particular consumer may include up to one hour per day if that consumer arrives after his/her scheduled arrival time on that day or if that consumer leaves before his/her scheduled departure time on that day. The calculation of the ratio will use the billable hours. However, if the client is absent for the entire day, the Qualified Vendor may not include hours for that day for that client in the ratio. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that consumer.
For Day Treatment and Training, Children:
2. The Division will not compensate Qualified Vendors for any absences. For example, if a consumer stays in the day program for two hours in the morning, then leaves for two hours, and then returns for three hours, and all activity takes place within the same program day, total hours for this consumer shall be equal to five for that day.

3. If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1B - Day Treatment Services

Service Code	Description	Unit of Service	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Day Treatment and Training, Adult					
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	$8.60	$8.60	$8.60
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$6.25	$6.25	$6.25
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$5.20	$5.20	$5.20
DTA	Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$4.55	$4.55	$4.55
Day Treatment and Training, Children					
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	$8.30	$8.30	$8.30
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$6.40	$6.40	$6.40
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$5.50	$5.50	$5.50
DTT	Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$5.00	$5.00	$5.00
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	$8.30	$8.30	$8.30
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$6.40	$6.40	$6.40
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$5.50	$5.50	$5.50
DTT	Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$5.00	$5.00	$5.00

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1B - Day Treatment Services

Service Code	Description	Unit of Service	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)

Modified Rates

Rural
The Division established a separate rate for this service in the rural areas of the state. This modified rate is authorized on a program basis and has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division this modified rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the modified rate for rural areas is that the potential client base of the program size has fewer than 20 consumers in a 40 mile radius.

DTA	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2.5 To 1:4.5	Program Hour	$9.60	$9.60	$9.60
DTA	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:4.51 To 1:6.5	Program Hour	$7.20	$7.20	$7.20
DTA	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:6.51 To 1:8.5	Program Hour	$6.15	$6.15	$6.15
DTA	Rural Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:8.51 To 1:10.5	Program Hour	$5.50	$5.50	$5.50

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1B - Day Treatment Services

Service Code	Description	Unit of Service	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)

Behaviorally or Medically Intense
The Division established a separate rate for this service to behaviorally or medically intense consumers. This modified rate is authorized on an individual consumer basis. Special authorization for these consumers is required by the DDD Program Administrator/Manager or designee. The rate is equal to the adopted Habilitation, Support rate. The hours for these consumers and the direct service staff hours shall not be considered in determining the overall program staffing ratio for the remaining consumers.

DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:1	Program Hour	$16.80	$16.80	$16.80
DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Consumer Ratio Of 1:2	Program Hour	$10.50	$10.50	$10.50
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:1	Program Hour	$16.80	$16.80	$16.80
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School) - Staff : Consumer Ratio Of 1:2	Program Hour	$10.50	$10.50	$10.50
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:1	Program Hour	$16.80	$16.80	$16.80
DTT	Behaviorally or Medically Intense Day Treatment and Training, Children (Summer) - Staff : Consumer Ratio Of 1:2	Program Hour	$10.50	$10.50	$10.50

The element of the schedule is either new or was changed from the August 25, 2003 release

Rates

1. For the Developmental Home services:

1.1 The average paid unit rate will be determined for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the single client floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for the year.

1.2 For Qualified Vendors that did not have a contract with the Division to provide a particular service in Fiscal Year 2003, the rate that will be used for that particular service in Fiscal Year 2004 will be the adopted rate.

2. For the Group Home Habilitation services except for Habilitation, Nursing Supported Group Home:

2.1 The average rate will be determined by service site, with the calculated staff hour rate contained in the contract amendments relating to the Fiscal Year 2003 provider rate increase effective July 1, 2002, or any subsequent amendment between the Applicant and the Division agreed to in writing no later than November 1, 2002. Applicants should refer to the "Combined 4.0 and 5.5 for HABILITATION, Group Home" in their current contract. The calculated staff hour rate is the staff hour rate that was used in the calculation that produced the daily rate contained in the column on this document labeled "Rate Eff 7/1/02."

2.2. If the Qualified Vendor adds new sites not previously in contract, the adopted rate will be used (i.e., not the step-up rate or the step-down rate).

2.3 For Habilitation, Nursing Supported Group Home service, there will be no average rate determined, in as much as the step-up, step-down, and adopted rate are all equal.

3. For Room and Board, All Group Home, there will be no average rate determined, in as much as the step-up, step-down, and adopted rates are all equal.

Unit of Service

1. For the Developmental Home services, one unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.

2. For the Group Home services except for Habilitation, Nursing Supported Group Home, one unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.

3. For Habilitation, Nursing Supported Group Home, one unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m. Unit of service includes transportation time spent with consumers during daily activities.

4. For Room and Board, All Group Home, one unit equals one day (24 hours). If the consumer is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that consumer.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1C - Residential Services

Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Developmental Home Services								
HBA/HBC	Habilitation, Vendor Supported Developmental Home (Child and Adult)	Day	All	N/A	N/A	N/A	$109.75	$131.14
RRB	Room and Board, Vendor Supported Developmental Home (Child and Adult)	Day	All	N/A	N/A	N/A	$11.60	$13.58
Group Home Services*								
HPD	Habilitation, Community Protection and Treatment Group Home*	Staff Hour	All	N/A	N/A	$16.42	$17.64	$21.73
HAB	Habilitation, Group Home*	Staff Hour	All	N/A	N/A	$15.59	$15.87	$16.78
* See Schedule 2 for daily rates								
HAN	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	$253.56	$253.56	$253.56
HAN	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	$312.71	$312.71	$312.71
HAN	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	$362.85	$362.85	$362.85
Room and Board, All Group Homes								
RRB	Room and Board, All Group Homes	Day	1	1	1	$35.15	$35.15	$35.15
RRB	Room and Board, All Group Homes	Day	1	2	1	$37.98	$37.98	$37.98
RRB	Room and Board, All Group Homes	Day	1	2	2	$22.78	$22.78	$22.78
RRB	Room and Board, All Group Homes	Day	1	3	1	$46.49	$46.49	$46.49
RRB	Room and Board, All Group Homes	Day	1	3	2	$27.00	$27.00	$27.00
RRB	Room and Board, All Group Homes	Day	1	3	3	$20.50	$20.50	$20.50
RRB	Room and Board, All Group Homes	Day	1	4	1	$50.70	$50.70	$50.70
RRB	Room and Board, All Group Homes	Day	1	4	2	$29.08	$29.08	$29.08
RRB	Room and Board, All Group Homes	Day	1	4	3	$21.88	$21.88	$21.88
RRB	Room and Board, All Group Homes	Day	1	4	4	$18.27	$18.27	$18.27
RRB	Room and Board, All Group Homes	Day	1	5	1	$59.14	$59.14	$59.14
RRB	Room and Board, All Group Homes	Day	1	5	2	$33.29	$33.29	$33.29
RRB	Room and Board, All Group Homes	Day	1	5	3	$24.68	$24.68	$24.68
RRB	Room and Board, All Group Homes	Day	1	5	4	$20.37	$20.37	$20.37
RRB	Room and Board, All Group Homes	Day	1	5	5	$17.78	$17.78	$17.78
RRB	Room and Board, All Group Homes	Day	1	6	1	$62.96	$62.96	$62.96
RRB	Room and Board, All Group Homes	Day	1	6	2	$35.19	$35.19	$35.19
RRB	Room and Board, All Group Homes	Day	1	6	3	$25.94	$25.94	$25.94
RRB	Room and Board, All Group Homes	Day	1	6	4	$21.31	$21.31	$21.31
RRB	Room and Board, All Group Homes	Day	1	6	5	$18.53	$18.53	$18.53
RRB	Room and Board, All Group Homes	Day	1	6	6	$16.68	$16.68	$16.68

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1C - Residential Services

Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
RRB	Room and Board, All Group Homes	Day	2	1	1	$30.95	$30.95	$30.95
RRB	Room and Board, All Group Homes	Day	2	2	1	$33.85	$33.85	$33.85
RRB	Room and Board, All Group Homes	Day	2	2	2	$20.72	$20.72	$20.72
RRB	Room and Board, All Group Homes	Day	2	3	1	$41.64	$41.64	$41.64
RRB	Room and Board, All Group Homes	Day	2	3	2	$24.58	$24.58	$24.58
RRB	Room and Board, All Group Homes	Day	2	3	3	$18.89	$18.89	$18.89
RRB	Room and Board, All Group Homes	Day	2	4	1	$45.26	$45.26	$45.26
RRB	Room and Board, All Group Homes	Day	2	4	2	$26.36	$26.36	$26.36
RRB	Room and Board, All Group Homes	Day	2	4	3	$20.06	$20.06	$20.06
RRB	Room and Board, All Group Homes	Day	2	4	4	$16.91	$16.91	$16.91
RRB	Room and Board, All Group Homes	Day	2	5	1	$52.52	$52.52	$52.52
RRB	Room and Board, All Group Homes	Day	2	5	2	$29.98	$29.98	$29.98
RRB	Room and Board, All Group Homes	Day	2	5	3	$22.47	$22.47	$22.47
RRB	Room and Board, All Group Homes	Day	2	5	4	$18.71	$18.71	$18.71
RRB	Room and Board, All Group Homes	Day	2	5	5	$16.46	$16.46	$16.46
RRB	Room and Board, All Group Homes	Day	2	6	1	$55.81	$55.81	$55.81
RRB	Room and Board, All Group Homes	Day	2	6	2	$31.62	$31.62	$31.62
RRB	Room and Board, All Group Homes	Day	2	6	3	$23.55	$23.55	$23.55
RRB	Room and Board, All Group Homes	Day	2	6	4	$19.52	$19.52	$19.52
RRB	Room and Board, All Group Homes	Day	2	6	5	$17.10	$17.10	$17.10
RRB	Room and Board, All Group Homes	Day	2	6	6	$15.49	$15.49	$15.49
RRB	Room and Board, All Group Homes	Day	3	1	1	$35.78	$35.78	$35.78
RRB	Room and Board, All Group Homes	Day	3	2	1	$39.13	$39.13	$39.13
RRB	Room and Board, All Group Homes	Day	3	2	2	$23.36	$23.36	$23.36
RRB	Room and Board, All Group Homes	Day	3	3	1	$47.79	$47.79	$47.79
RRB	Room and Board, All Group Homes	Day	3	3	2	$27.65	$27.65	$27.65
RRB	Room and Board, All Group Homes	Day	3	3	3	$20.94	$20.94	$20.94
RRB	Room and Board, All Group Homes	Day	3	4	1	$52.22	$52.22	$52.22
RRB	Room and Board, All Group Homes	Day	3	4	2	$29.84	$29.84	$29.84
RRB	Room and Board, All Group Homes	Day	3	4	3	$22.38	$22.38	$22.38
RRB	Room and Board, All Group Homes	Day	3	4	4	$18.65	$18.65	$18.65
RRB	Room and Board, All Group Homes	Day	3	5	1	$60.86	$60.86	$60.86
RRB	Room and Board, All Group Homes	Day	3	5	2	$34.15	$34.15	$34.15
RRB	Room and Board, All Group Homes	Day	3	5	3	$25.25	$25.25	$25.25
RRB	Room and Board, All Group Homes	Day	3	5	4	$20.80	$20.80	$20.80
RRB	Room and Board, All Group Homes	Day	3	5	5	$18.13	$18.13	$18.13

Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
RRB	Room and Board, All Group Homes	Day	3	6	1	$64.90	$64.90	$64.90
RRB	Room and Board, All Group Homes	Day	3	6	2	$36.16	$36.16	$36.16
RRB	Room and Board, All Group Homes	Day	3	6	3	$26.58	$26.58	$26.58
RRB	Room and Board, All Group Homes	Day	3	6	4	$21.79	$21.79	$21.79
RRB	Room and Board, All Group Homes	Day	3	6	5	$18.92	$18.92	$18.92
RRB	Room and Board, All Group Homes	Day	3	6	6	$17.00	$17.00	$17.00
RRB	Room and Board, All Group Homes	Day	4, 5, 6	1	1	$29.80	$29.80	$29.80
RRB	Room and Board, All Group Homes	Day	4, 5, 6	2	1	$32.51	$32.51	$32.51
RRB	Room and Board, All Group Homes	Day	4, 5, 6	2	2	$20.05	$20.05	$20.05
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	1	$39.80	$39.80	$39.80
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	2	$23.66	$23.66	$23.66
RRB	Room and Board, All Group Homes	Day	4, 5, 6	3	3	$18.27	$18.27	$18.27
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	1	$41.52	$41.52	$41.52
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	2	$24.50	$24.50	$24.50
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	3	$18.82	$18.82	$18.82
RRB	Room and Board, All Group Homes	Day	4, 5, 6	4	4	$15.98	$15.98	$15.98
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	1	$46.41	$46.41	$46.41
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	2	$26.93	$26.93	$26.93
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	3	$20.43	$20.43	$20.43
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	4	$17.18	$17.18	$17.18
RRB	Room and Board, All Group Homes	Day	4, 5, 6	5	5	$15.24	$15.24	$15.24
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	1	$48.74	$48.74	$48.74
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	2	$28.08	$28.08	$28.08
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	3	$21.20	$21.20	$21.20
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	4	$17.75	$17.75	$17.75
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	5	$15.69	$15.69	$15.69
RRB	Room and Board, All Group Homes	Day	4, 5, 6	6	6	$14.31	$14.31	$14.31

Incontinence Supplies and Nutritional Supplements

Incontinence supplies and/or nutritional supplements shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the per diem rate and only for those residents that require them.

Nutritional Supplement Modifier

HAB, HBA, HBC	Nutritional Supplement, 1:1	Day	All	N/A

Incontinence Supplies Modifier

HAB, HBA, HBC	Incontinence Supplies, 1:1	Day	All	N/A

Rates

1. For Home Health Aide and Nursing Services:

1.1 The average paid unit rate will be determined for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the single client floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for the year.

1.2 For Qualified Vendors that did not have a contract with the Division to provide a particular service in Fiscal Year 2003, the rate that will be used for that particular service in Fiscal Year 2004 will be the adopted rate.

2. For Therapies:

2.1 There will be no average rate determined, in as much as the step-up, step-down, and adopted rate are all equal.

2.2 If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. For Home Health Aide and Nursing Services:

1.1 The basis of payment for all Services except for Nursing, Continuous is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

1.2 If the Qualified Vendor provides nursing for more than 16 hours in one day, this is considered to be Nursing, Continuous. One unit of Nursing, Continuous equals one day (16 or more hours in a 24-hour period) of direct service. A Qualified Vendor billing for Nursing, Continuous shall bill for the appropriate number of days of service and include the actual cumulative hours of service provided on the billing document as required by the Division. If the Qualified Vendor provides nursing for 24 hours and the same nurse provides the service and is able to sleep eight hours, this is billed as Nursing, Continuous. However, if the needs of the consumer require 24 hours of awake skilled care, then this is billed as Nursing, Short Term. Skilled hourly nursing and nursing respite may be combined. However, if the primary caregivers are out of the home for 24 hours or more, the skilled hourly nursing becomes respite and is billed as Nursing, Continuous.

2. For Therapies:

2.1 One unit of evaluation equals one visit for evaluation.

2.2 The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:

- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for 0.75 hour.

3. Except for Nursing Services, in no event will more than three consumers receive the same service with a single direct service staff person at the same time.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1D - Professional Services

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Home Health Aide							
HHA	Home Health Aide	Client Hour	1	$16.72	$15.13	$15.55	$16.96
HHA	Home Health Aide	Client Hour	2	$10.45	$9.45	$9.72	$10.60
HHA	Home Health Aide	Client Hour	3	$8.36	$7.56	$7.77	$8.48
Nursing, short-term*							
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	1	$35.69	$35.00	$35.00	$53.15
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	2	$22.31	$21.88	$21.88	$33.22
NHx	Nursing, short-term - Service Delivery Requiring Travel Less Than 50 Miles	Client Hour	3	$17.85	$17.50	$17.50	$26.58
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	1	$39.69	$39.00	$39.00	$59.22
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	$24.81	$24.38	$24.38	$37.02
NHx	Nursing, short-term - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	$19.85	$19.50	$19.50	$29.61
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	1	$40.69	$40.00	$40.00	$60.74
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	$25.43	$25.00	$25.00	$37.96
NHx	Nursing, short-term - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	$20.35	$20.00	$20.00	$30.37

If Nursing, short-term is provided by a single direct service staff person to more than 3 consumers at the same time, the following formula shall be used to determine the *per consumer per hour* rate:
(Regular Rate * ((1 + (25% * number of additional clients))) / Total number of clients

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Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1D - Professional Services

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Nursing, continuous							
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	1	$571.04	$560.00	$560.00	$850.40
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	2	$356.90	$350.00	$350.00	$531.50
NHx	Nursing, continuous - Service Delivery Requiring Travel Less Than 50 Miles	Day	3	$285.52	$280.00	$280.00	$425.20
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	1	$635.04	$624.00	$624.00	$947.59
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	2	$396.90	$390.00	$390.00	$592.24
NHx	Nursing, continuous - Service Delivery Requiring Travel Of 50 to 100 Miles	Day	3	$317.52	$312.00	$312.00	$473.79
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	1	$651.04	$640.00	$640.00	$971.89
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	2	$406.90	$400.00	$400.00	$607.43
NHx	Nursing, continuous - Service Delivery Requiring Travel More Than 100 Miles	Day	3	$325.52	$320.00	$320.00	$485.94

If Nursing, continuous is provided by a single direct service staff person to more than 3 consumers at the same time, the following formula shall be used to determine the *per consumer per hour* rate:
(Regular Rate * ((1 + (25% * number of additional clients))) / Total number of clients

Occupational Therapy							
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	1	$52.80	$52.80	$52.80	$52.80
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	$33.00	$33.00	$33.00	$33.00
OCT	Occupational Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	$26.40	$26.40	$26.40	$26.40
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	$71.50	$71.50	$71.50	$71.50
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	$44.69	$44.69	$44.69	$44.69
OCT	Occupational Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	$35.75	$35.75	$35.75	$35.75

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Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1D - Professional Services

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	$57.20	$57.20	$57.20	$57.20
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	$35.75	$35.75	$35.75	$35.75
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	$28.60	$28.60	$28.60	$28.60
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	$66.00	$66.00	$66.00	$66.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	$41.25	$41.25	$41.25	$41.25
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	$33.00	$33.00	$33.00	$33.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	$71.50	$71.50	$71.50	$71.50
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	$44.69	$44.69	$44.69	$44.69
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	$35.75	$35.75	$35.75	$35.75
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	$99.00	$99.00	$99.00	$99.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	$61.88	$61.88	$61.88	$61.88
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	$49.50	$49.50	$49.50	$49.50
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	$110.00	$110.00	$110.00	$110.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	$68.75	$68.75	$68.75	$68.75
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	$55.00	$55.00	$55.00	$55.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	$143.00	$143.00	$143.00	$143.00
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	$89.38	$89.38	$89.38	$89.38
OCT	Occupational Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	$71.50	$71.50	$71.50	$71.50
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	$117.00	$117.00	$117.00	$117.00
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	$73.13	$73.13	$73.13	$73.13
OCE	Occupational Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	$58.50	$58.50	$58.50	$58.50

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Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	1	$150.00	$150.00	$150.00	$150.00
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	$93.75	$93.75	$93.75	$93.75
OCE	Occupational Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	$75.00	$75.00	$75.00	$75.00
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	$220.00	$220.00	$220.00	$220.00
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	$137.50	$137.50	$137.50	$137.50
OCE	Occupational Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	$110.00	$110.00	$110.00	$110.00
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	$350.00	$350.00	$350.00	$350.00
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	$218.75	$218.75	$218.75	$218.75
OCE	Occupational Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	$175.00	$175.00	$175.00	$175.00

*NOTE: The rate is calculated per client in relation to the mileage distance from the Therapist's office to the location of the therapy appointment.
If a therapist does not maintain office space, the distance is calculated from his/her home to the location of the therapy appointment.
The one-way travel milieage to the appointment is used to determine the rate.

Physical Therapy

PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	1	$52.80	$52.80	$52.80	$52.80
PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	$33.00	$33.00	$33.00	$33.00
PHT	Physical Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	$26.40	$26.40	$26.40	$26.40
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	$71.50	$71.50	$71.50	$71.50
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	$44.69	$44.69	$44.69	$44.69
PHT	Physical Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	$35.75	$35.75	$35.75	$35.75

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Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	$57.20	$57.20	$57.20	$57.20
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	$35.75	$35.75	$35.75	$35.75
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	$28.60	$28.60	$28.60	$28.60
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	$66.00	$66.00	$66.00	$66.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	$41.25	$41.25	$41.25	$41.25
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	$33.00	$33.00	$33.00	$33.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	$71.50	$71.50	$71.50	$71.50
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	$44.69	$44.69	$44.69	$44.69
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	$35.75	$35.75	$35.75	$35.75
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	$99.00	$99.00	$99.00	$99.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	$61.88	$61.88	$61.88	$61.88
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	$49.50	$49.50	$49.50	$49.50
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	$110.00	$110.00	$110.00	$110.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	$68.75	$68.75	$68.75	$68.75
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	$55.00	$55.00	$55.00	$55.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	$143.00	$143.00	$143.00	$143.00
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	$89.38	$89.38	$89.38	$89.38
PHT	Physical Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	$71.50	$71.50	$71.50	$71.50
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	$117.00	$117.00	$117.00	$117.00
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	$73.13	$73.13	$73.13	$73.13
PHE	Physical Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	$58.50	$58.50	$58.50	$58.50

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Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	1	$150.00	$150.00	$150.00	$150.00
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	$93.75	$93.75	$93.75	$93.75
PHE	Physical Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	$75.00	$75.00	$75.00	$75.00
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	$220.00	$220.00	$220.00	$220.00
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	$137.50	$137.50	$137.50	$137.50
PHE	Physical Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	$110.00	$110.00	$110.00	$110.00
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	$350.00	$350.00	$350.00	$350.00
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	$218.75	$218.75	$218.75	$218.75
PHE	Physical Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	$175.00	$175.00	$175.00	$175.00

*NOTE: The rate is calculated per client in relation to the mileage distance from the Therapist's office to the location of the therapy appointment.
If a therapist does not maintain office space, the distance is calculated from his/her home to the location of the therapy appointment.
The one-way travel milieage to the appointment is used to determine the rate.

Speech Therapy

SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	1	$52.80	$52.80	$52.80	$52.80
SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	2	$33.00	$33.00	$33.00	$33.00
SPT	Speech Therapy/Early Intervention - In Office Or Center Based Service Delivery	Client Hour	3	$26.40	$26.40	$26.40	$26.40
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	1	$71.50	$71.50	$71.50	$71.50
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	2	$44.69	$44.69	$44.69	$44.69
SPT	Speech Therapy/Early Intervention - Service Delivered At The Arizona Training Program At Coolidge	Client Hour	3	$35.75	$35.75	$35.75	$35.75

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Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	1	$57.20	$57.20	$57.20	$57.20
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	2	$35.75	$35.75	$35.75	$35.75
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Less Than 30 Miles*	Client Hour	3	$28.60	$28.60	$28.60	$28.60
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	1	$66.00	$66.00	$66.00	$66.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	2	$41.25	$41.25	$41.25	$41.25
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 31 To 50 Miles*	Client Hour	3	$33.00	$33.00	$33.00	$33.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	1	$71.50	$71.50	$71.50	$71.50
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	2	$44.69	$44.69	$44.69	$44.69
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 51 To 60 Miles*	Client Hour	3	$35.75	$35.75	$35.75	$35.75
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	1	$99.00	$99.00	$99.00	$99.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	2	$61.88	$61.88	$61.88	$61.88
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 61 To 120 Miles*	Client Hour	3	$49.50	$49.50	$49.50	$49.50
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	1	$110.00	$110.00	$110.00	$110.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	2	$68.75	$68.75	$68.75	$68.75
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of 121 To 150 Miles*	Client Hour	3	$55.00	$55.00	$55.00	$55.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	1	$143.00	$143.00	$143.00	$143.00
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	2	$89.38	$89.38	$89.38	$89.38
SPT	Speech Therapy/Early Intervention - Service Delivery Requiring Travel Of More Than 150 Miles*	Client Hour	3	$71.50	$71.50	$71.50	$71.50
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	1	$117.00	$117.00	$117.00	$117.00
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	2	$73.13	$73.13	$73.13	$73.13
SPE	Speech Therapy Evaluation - <= 2 Hours Of Therapist's Time Including Travel	Evaluation	3	$58.50	$58.50	$58.50	$58.50

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1D - Professional Services

Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	1	$150.00	$150.00	$150.00	$150.00
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	2	$93.75	$93.75	$93.75	$93.75
SPE	Speech Therapy Evaluation - 2 - 3 Hours Of Therapist's Time Including Travel	Evaluation	3	$75.00	$75.00	$75.00	$75.00
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	1	$220.00	$220.00	$220.00	$220.00
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	2	$137.50	$137.50	$137.50	$137.50
SPE	Speech Therapy Evaluation - 3 - 4 Hours Of Therapist's Time Including Travel	Evaluation	3	$110.00	$110.00	$110.00	$110.00
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	1	$350.00	$350.00	$350.00	$350.00
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	2	$218.75	$218.75	$218.75	$218.75
SPE	Speech Therapy Evaluation - 4 - 6 Hours Of Therapist's Time Including Travel	Evaluation	3	$175.00	$175.00	$175.00	$175.00

*NOTE: The rate is calculated per client in relation to the mileage distance from the Therapist's office to the location of the therapy appointment.
If a therapist does not maintain office space, the distance is calculated from his/her home to the location of the therapy appointment.
The one-way travel milieage to the appointment is used to determine the rate.

The element of the schedule is either new or was changed from the August 25, 2003 release

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1E - Transportation Services

Rates

1. There will be no average rate determined, in as much as the step-up, step-down, and adopted rate are all equal.

2. Separate urban and rural rates and procedure codes are established for transportation services. Except for "Flat Trip Rate for Regularly Scheduled Daily Transportation," urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports that are not "Flat Trip Rate for Regularly Scheduled Daily Transportation" are defined as rural.

3. The "Flat Trip Rate for Regularly Scheduled Daily Transportation" and the exceptional transportation modified rates can only be used, and shall be the only rate used, for transportation of a consumer to a day treatment program by a Qualified Vendor that is not an independent provider.

4. Separate urban and rural rates are established for the "Flat Trip Rate for Regularly Scheduled Daily Transportation." The Qualified Vendor shall bill the Division the rural rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate for rural areas is that the potential Day Treatment and Training client base of the program size has fewer than 20 consumers in a 40 mile radius.

Unit of Service

1. One unit of service equals one trip per person one way, one mile of traveled distance, or 30 minutes of waiting time.

2. Mileage reimbursement is limited to loaded mileage. Loaded mileage is the distance traveled, measured in statute miles, while a consumer is on board and being transported.

Service Code	Description	Urban / Rural	Unit of Service	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
AHCCCS Non-Emergency Ground Transportation Services FFS Rates						
TRO	Ambulatory van	Urban	Base rate	$6.69	$6.69	$6.69
TRO	Ambulatory van	Rural	Base rate	$7.69	$7.69	$7.69
TRO	Ambulatory van	Urban	Per mile	$1.15	$1.15	$1.15
TRO	Ambulatory van	Rural	Per mile	$1.34	$1.34	$1.34
TRO	Wheelchair van	Urban	Base rate	$13.94	$13.94	$13.94
TRO	Wheelchair van	Rural	Base rate	$16.03	$16.03	$16.03
TRO	Wheelchair van	Urban	Per mile	$1.05	$1.05	$1.05
TRO	Wheelchair van	Rural	Per mile	$1.20	$1.20	$1.20
TRO	Stretcher van	Urban	Base rate	$44.59	$44.59	$44.59
TRO	Stretcher van	Rural	Base rate	$51.28	$51.28	$51.28
TRO	Stretcher van	Urban	Per mile	$2.10	$2.10	$2.10
TRO	Stretcher van	Rural	Per mile	$2.42	$2.42	$2.42
TRO	Taxicab	Urban	Base rate	$1.11	$1.11	$1.11
TRO	Taxicab	Rural	Base rate	$1.11	$1.11	$1.11
TRO	Taxicab	Urban	Per mile	$1.05	$1.05	$1.05
TRO	Taxicab	Rural	Per mile	$1.05	$1.05	$1.05
TRO	Transportation Waiting Time	Urban	30 minutes	$4.85	$4.85	$4.85
TRO	Transportation Waiting Time	Rural	30 minutes	$4.85	$4.85	$4.85

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1E - Transportation Services

Service Code	Description	Urban / Rural	Unit of Service	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Other Transportation Services						
TRA	Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	$8.00	$8.00	$8.00
TRA	Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	$10.67	$10.67	$10.67
TRO	Transportation Aide for non-Regularly Scheduled Daily Transportation ONLY	Both	Client Hour	Minimum Wage*	Minimum Wage*	Minimum Wage*

Modified Rates
The Division established separate exceptional transportation modified rate for "Flat Trip Rate for Regularly Scheduled Daily Transportation." Those situations where these modified rates are used will be considered time-limited in order to seek day programs closer to a consumer's home long term or to develop an alternative so that consumers are not transported so much of their day. Based on the premise that these are temporary or transitional modified rates, these modified rates are capped at 50 consumers statewide annually.

Single Person Modified Rate
1. This modified rate is to be used when a consumer has significant transportation needs associated with behavior needs (e.g. needs an aide to ride on the vehicle), wheelchair or other equipment needs or location and needs a single person transport.
2. The DDD Program Administer/Manager, Central Office Business Operations and Program Operations must approve the request for a single person modified rate. The request needs to include an explanation of what the consumer's support needs are and what alternatives were explored, such as vendor calls or finding routes that the consumer can share a ride with others.

TRA	Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	$16.00	$16.00	$16.00
TRA	Single Person, Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	$21.34	$21.34	$21.34

Extensive Distance Modified Rate
1. This modified rate is to be used when a consumer must travel 25 to 90 miles one way to attend a day program.
2. The DDD program Administrator/Manager, Central Office Business Operations, and Program Operations must approve the request for an extensive distance modified rate. The request must include an explanation of all alternatives researched such as finding a day program closer to the consumer's home, developing a new program tailored to the consumer's needs and in their home community, etc.

TRA	Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation	Urban	Per Trip	$16.00	$16.00	$16.00
TRA	Extensive Distance, Flat Trip Rate for Regularly Scheduled Daily Transportation	Rural	Per Trip	$21.34	$21.34	$21.34

* As of June 10, 2003, the federal minimum wage for covered nonexempt employees is $5.15 an hour.
The element of the schedule is either new or was changed from the August 25, 2003 release

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 1.4: SFY04 Phase-In Rates
Sub-Schedule 1F - Other Services

Rates

1. For this service, the average paid unit rate will be determined for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the single client floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for the year.

2. For Qualified Vendors that did not have a contract with the Division to provide a particular service in Fiscal Year 2003, the rate that will be used for that particular service in Fiscal Year 2004 will be the adopted rate.

Unit of Service

1. The basis of payment for this service is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
- If services were provided for 65 minutes, bill for 1 hour.
- If services were provided for 68 minutes, bill for 1.25 hour.
- If services were provided for 50 minutes, bill for .75 hour.

2. In no event will more than three consumers receive the same service with a single direct service staff person at the same time.

Service Code	Description	Unit of Service	Multiple Clients	If SFY03 Rate Below This Level, Move to This Level (Step-Up Rate)	Adopted Rate	IF SFY03 Rate Above This Level, Move to This Level (Step-Down Rate)
Specialized Habilitation With Music Component						
HAH	Specialized Habilitation With Music Component	Client Hour	1	$34.54	$35.28	$37.75
HAH	Specialized Habilitation With Music Component	Client Hour	2	$21.59	$22.05	$23.60
HAH	Specialized Habilitation With Music Component	Client Hour	3	$17.27	$17.64	$18.88