

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Adopted Rates, Conversion to Daily Rates
Introduction

Purpose of This Schedule

Schedule 6.1 converts the staff hourly rates to daily rates for the services of Habilitation, Community Protection and Treatment Group Home (HPD) and Habilitation, Group Home (HAB). The rates on these schedules are to be used for these two services when billing the Division.

Starting with this published rate schedule, the Division is changing the presentation format of the daily rates for these services. This Schedule 6.1 contains both the old and the revised formats:

- ☐ Sub-Schedule 6A-1 contains the SFY 05 Habilitation, Community Protection and Treatment Group Home (HPD) daily rates in the old format
- ☐ Sub-Schedule 6A-2 contains the same HPD daily rates in the revised format
- ☐ Sub-Schedule 6B-1 contains the SFY 05 Habilitation, Group Home (HAB) daily rates in the old format
- ☐ Sub-Schedule 6B-2 contains the same HAB daily rates in the revised format

In the next revision of this published rate schedule (e.g., Schedule 6.2), the Division will present the daily rates for these services in the revised format only.

Rates

1. If at least one of the residents in the facility is authorized to receive Habilitation, Community Protection and Treatment Group Home, the Qualified Vendor may bill the Division the Habilitation, Community Protection and Treatment Group Home (HPD) rate for all residents in the facility. Otherwise, the Qualified Vendor must bill the Division the Habilitation, Group Home (HAB) rate for all residents in the facility.
2. If the resident that requires Habilitation, Community Protection and Treatment Group Home (HPD) direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Community Protection and Treatment Group Home (HPD) rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home (HAB) services.
3. The daily rates for these services are based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
4. The Division will make payments to the Qualified Vendor on the *per diem* basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours for the home. In Schedules 6A-2 and 6B-2, the adopted rate includes incontinent supplies and nutritional supplements as indicated. These modified rates will be approved by the Division for each consumer on a case-by-case basis.

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5. Schedules 6A-2 and 6B-2 contain 14 tables with Daily Rates, and each table refers to one of 14 ranges. Each range represents a level of staffing with the number of direct service hours that are authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The number of hours specified in each range represents the number of direct service hours the Qualified Vendor must provide in a week in order to bill the *per diem* rates associated with that range. These Daily Rates are statewide for all Group Home services.
6. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate that reflects the number of residents in the group home and the range of hours provided in a week that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered. The Qualified Vendor may calculate the weekly direct service hours weekly, or may calculate a monthly average of weekly direct service hours at the end of the month for that month.
7. If the Qualified Vendor elects to calculate a monthly average of weekly direct service hours at the end of the month, the Qualified Vendor shall determine the total number of direct service hours in a given month and determine the average number of direct service hours per week by dividing (the total number of direct service hours in a month) by (the number of weeks in a month).
 - If there are 31 days in a month, then the number of weeks in a month is 4.43
 - If there are 30 days in a month, then the number of weeks in a month is 4.29
 - If there are 29 days in a month, then the number of weeks in a month is 4.14
 - If there are 28 days in a month, then the number of weeks in a month is 4.00
8. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
9. Because direct service hours provided can vary by week (if the Qualified Vendor does not elect to calculate a monthly average of weekly direct service hours), and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
10. The Qualified Vendor shall use the actual resident occupancy to determine the *per diem* rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a home by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
11. If a resident is not in the group home facility on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the *per diem* rate for the actual number of Division-funded residents.

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Sub-Schedule 6A-1 - HPD Adopted Rate Matrix - OLD FORMAT

Service Code / Description:

HPD	Habilitation, Community Protection and Treatment Group Home
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Proposed Hourly Rate:

\$18.94

Number of Days:

7

	Low Hours	Authorized Hours Per Week	High Hours	3 Residents	2 Residents	1 Resident
Range 14	310	320	330	\$288.61	\$432.91	\$865.83
Range 13	290	300	310	\$270.57	\$405.86	\$811.71
Range 12	270	280	290	\$252.53	\$378.80	\$757.60
Range 11	250	260	270	\$234.50	\$351.74	\$703.49
Range 10	230	240	250	\$216.46	\$324.69	\$649.37
Range 9	210	220	230	\$198.42	\$297.63	\$595.26
Range 8	190	200	210	\$180.38	\$270.57	\$541.14
Range 7	170	180	190	\$162.34	\$243.51	\$487.03
Range 6	150	160	170	\$144.30	\$216.46	\$432.91
Range 5	130	140	150	\$126.27	\$189.40	\$378.80
Range 4	110	120	130	\$108.23	\$162.34	\$324.69
Range 3	90	100	110	\$90.19	\$135.29	\$270.57
Range 2	70	80	90	\$72.15	\$108.23	\$216.46
Range 1	50	60	70	\$54.11	\$81.17	\$162.34

To calculate the daily per diem rate when the authorized hours per week are greater than 320 or less than 60, use the following formula:

$$\text{Daily Rate} = \text{Contracted Hourly Rate} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are greater or lesser than the number of hours shown in the Rate Matrix above, this formula should be applied with the following assumptions:

1. If the hours are greater than those in Range 14, the authorized hours level will step up in increments of 20 hours for each additional level; and
2. If the hours are less than those in Range 1, the authorized hours level will step down in increments of 20 hours for each additional level.

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

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Sub-Schedule 6A-2 - HPD Daily Rates - REVISED FORMAT

To calculate the daily per resident rate when the authorized hours per week are less than 60, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are less than those in Range 1, the authorized hours level will step down in increments of 20 hours for each additional level.

Habilitation, Community Protection and Treatment Group Home - Range 1

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	None	\$162.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional	\$166.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Incontinence	\$165.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional and Incontinence	\$169.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	None	\$81.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional	\$85.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Incontinence	\$84.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional and Incontinence	\$88.17
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	None	\$54.11
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional	\$58.11
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Incontinence	\$57.11
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional and Incontinence	\$61.11

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Habilitation, Community Protection and Treatment Group Home - Range 2

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	None	\$216.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional	\$220.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Incontinence	\$219.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional and Incontinence	\$223.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	None	\$108.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional	\$112.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Incontinence	\$111.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional and Incontinence	\$115.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	None	\$72.15
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional	\$76.15
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Incontinence	\$75.15
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional and Incontinence	\$79.15

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Habilitation, Community Protection and Treatment Group Home - Range 3

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	None	\$270.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional	\$274.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Incontinence	\$273.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional and Incontinence	\$277.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	None	\$135.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional	\$139.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Incontinence	\$138.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional and Incontinence	\$142.29
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	None	\$90.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional	\$94.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Incontinence	\$93.19
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional and Incontinence	\$97.19

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Habilitation, Community Protection and Treatment Group Home - Range 4

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	None	\$324.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional	\$328.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Incontinence	\$327.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional and Incontinence	\$331.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	None	\$162.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional	\$166.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Incontinence	\$165.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional and Incontinence	\$169.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	None	\$108.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional	\$112.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Incontinence	\$111.23
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional and Incontinence	\$115.23

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Habilitation, Community Protection and Treatment Group Home - Range 5

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	None	\$378.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional	\$382.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Incontinence	\$381.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional and Incontinence	\$385.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	None	\$189.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional	\$193.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Incontinence	\$192.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional and Incontinence	\$196.40
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	None	\$126.27
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional	\$130.27
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Incontinence	\$129.27
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional and Incontinence	\$133.27

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Habilitation, Community Protection and Treatment Group Home - Range 6

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	None	\$432.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional	\$436.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Incontinence	\$435.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional and Incontinence	\$439.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	None	\$216.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional	\$220.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Incontinence	\$219.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional and Incontinence	\$223.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	None	\$144.30
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional	\$148.30
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Incontinence	\$147.30
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional and Incontinence	\$151.30

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Habilitation, Community Protection and Treatment Group Home - Range 7

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	None	\$487.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional	\$491.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Incontinence	\$490.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional and Incontinence	\$494.03
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	None	\$243.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional	\$247.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Incontinence	\$246.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional and Incontinence	\$250.51
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	None	\$162.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional	\$166.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Incontinence	\$165.34
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional and Incontinence	\$169.34

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

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Habilitation, Community Protection and Treatment Group Home - Range 8

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	None	\$541.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional	\$545.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Incontinence	\$544.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional and Incontinence	\$548.14
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	None	\$270.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional	\$274.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Incontinence	\$273.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional and Incontinence	\$277.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	None	\$180.38
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional	\$184.38
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Incontinence	\$183.38
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional and Incontinence	\$187.38

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

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Habilitation, Community Protection and Treatment Group Home - Range 9

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	None	\$595.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional	\$599.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Incontinence	\$598.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional and Incontinence	\$602.26
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	None	\$297.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional	\$301.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Incontinence	\$300.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional and Incontinence	\$304.63
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	None	\$198.42
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional	\$202.42
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Incontinence	\$201.42
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional and Incontinence	\$205.42

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

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Habilitation, Community Protection and Treatment Group Home - Range 10

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	None	\$649.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional	\$653.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Incontinence	\$652.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional and Incontinence	\$656.37
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	None	\$324.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional	\$328.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Incontinence	\$327.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional and Incontinence	\$331.69
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	None	\$216.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional	\$220.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Incontinence	\$219.46
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional and Incontinence	\$223.46

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6A-2 - HPD Daily Rates - REVISED FORMAT

Habilitation, Community Protection and Treatment Group Home - Range 11

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	None	\$703.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional	\$707.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Incontinence	\$706.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional and Incontinence	\$710.49
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	None	\$351.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional	\$355.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Incontinence	\$354.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional and Incontinence	\$358.74
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	None	\$234.50
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional	\$238.50
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Incontinence	\$237.50
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional and Incontinence	\$241.50

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6A-2 - HPD Daily Rates - REVISED FORMAT

Habilitation, Community Protection and Treatment Group Home - Range 12

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	None	\$757.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional	\$761.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Incontinence	\$760.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional and Incontinence	\$764.60
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	None	\$378.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional	\$382.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Incontinence	\$381.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional and Incontinence	\$385.80
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	None	\$252.53
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional	\$256.53
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Incontinence	\$255.53
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional and Incontinence	\$259.53

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6A-2 - HPD Daily Rates - REVISED FORMAT

Habilitation, Community Protection and Treatment Group Home - Range 13

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	None	\$811.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional	\$815.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Incontinence	\$814.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional and Incontinence	\$818.71
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	None	\$405.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional	\$409.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Incontinence	\$408.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional and Incontinence	\$412.86
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	None	\$270.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional	\$274.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Incontinence	\$273.57
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional and Incontinence	\$277.57

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6A-2 - HPD Daily Rates - REVISED FORMAT

Habilitation, Community Protection and Treatment Group Home - Range 14

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	None	\$865.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional	\$869.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Incontinence	\$868.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional and Incontinence	\$872.83
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	None	\$432.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional	\$436.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Incontinence	\$435.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional and Incontinence	\$439.91
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	None	\$288.61
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional	\$292.61
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Incontinence	\$291.61
HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional and Incontinence	\$295.61

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

To calculate the daily per resident rate when the authorized hours per week are greater than 320, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are greater than those in Range 14, the authorized hours level will step up in increments of 20 hours for each additional level.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-1 - HAB Adopted Rate Matrix - OLD FORMAT

Service Code / Description:

HAB	Habilitation, Group Home
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Proposed Hourly Rate:

\$17.03

Number of Days:

7

	Low Hours	Authorized Hours Per Week	High Hours	6 Residents	5 Residents	4 Residents	3 Residents	2 Residents	1 Resident
Range 14	310	320	330	\$129.75	\$155.70	\$194.63	\$259.50	\$389.26	\$778.51
Range 13	290	300	310	\$121.64	\$145.97	\$182.46	\$243.29	\$364.93	\$729.86
Range 12	270	280	290	\$113.53	\$136.24	\$170.30	\$227.07	\$340.60	\$681.20
Range 11	250	260	270	\$105.42	\$126.51	\$158.14	\$210.85	\$316.27	\$632.54
Range 10	230	240	250	\$97.31	\$116.78	\$145.97	\$194.63	\$291.94	\$583.89
Range 9	210	220	230	\$89.20	\$107.05	\$133.81	\$178.41	\$267.61	\$535.23
Range 8	190	200	210	\$81.10	\$97.31	\$121.64	\$162.19	\$243.29	\$486.57
Range 7	170	180	190	\$72.99	\$87.58	\$109.48	\$145.97	\$218.96	\$437.91
Range 6	150	160	170	\$64.88	\$77.85	\$97.31	\$129.75	\$194.63	\$389.26
Range 5	130	140	150	\$56.77	\$68.12	\$85.15	\$113.53	\$170.30	\$340.60
Range 4	110	120	130	\$48.66	\$58.39	\$72.99	\$97.31	\$145.97	\$291.94
Range 3	90	100	110	\$40.55	\$48.66	\$60.82	\$81.10	\$121.64	\$243.29
Range 2	70	80	90	\$32.44	\$38.93	\$48.66	\$64.88	\$97.31	\$194.63
Range 1	50	60	70	\$24.33	\$29.19	\$36.49	\$48.66	\$72.99	\$145.97

To calculate the daily per diem rate when the authorized hours per week are greater than 320 or less than 60, use the following formula:

$$\text{Daily Rate} = \text{Contracted Hourly Rate} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are greater or lesser than the number of hours shown in the Rate Matrix above, this formula should be applied with the following assumptions:

1. If the hours are greater than those in Range 14, the authorized hours level will step up in increments of 20 hours for each additional level; and
2. If the hours are less than those in Range 1, the authorized hours level will step down in increments of 20 hours for each additional level.

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

To calculate the daily per resident rate when the authorized hours per week are less than 60, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are less than those in Range 1, the authorized hours level will step down in increments of 20 hours for each additional level.

Habilitation, Group Home - Range 1

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	1	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	None	\$72.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional	\$76.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Incontinence	\$75.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	2	Nutritional and Incontinence	\$79.99
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	3	Nutritional and Incontinence	\$55.66
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	None	\$36.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Nutritional	\$40.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Incontinence	\$39.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	4	Nutritional and Incontinence	\$43.49
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	None	\$29.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Nutritional	\$33.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Incontinence	\$32.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	5	Nutritional and Incontinence	\$36.19
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	None	\$24.33
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Nutritional	\$28.33
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Incontinence	\$27.33
HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	70	6	Nutritional and Incontinence	\$31.33

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 2

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	1	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	2	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	None	\$64.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional	\$68.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Incontinence	\$67.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	3	Nutritional and Incontinence	\$71.88
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	4	Nutritional and Incontinence	\$55.66
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	None	\$38.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Nutritional	\$42.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Incontinence	\$41.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	5	Nutritional and Incontinence	\$45.93
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	None	\$32.44
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Nutritional	\$36.44
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Incontinence	\$35.44
HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	90	6	Nutritional and Incontinence	\$39.44

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 3

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	None	\$243.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional	\$247.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Incontinence	\$246.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	1	Nutritional and Incontinence	\$250.29
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	None	\$121.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional	\$125.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Incontinence	\$124.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	2	Nutritional and Incontinence	\$128.64
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	None	\$81.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional	\$85.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Incontinence	\$84.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	3	Nutritional and Incontinence	\$88.10
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	None	\$60.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Nutritional	\$64.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Incontinence	\$63.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	4	Nutritional and Incontinence	\$67.82
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	5	Nutritional and Incontinence	\$55.66
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	None	\$40.55
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Nutritional	\$44.55
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Incontinence	\$43.55
HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	110	6	Nutritional and Incontinence	\$47.55

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 4

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	None	\$291.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional	\$295.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Incontinence	\$294.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	1	Nutritional and Incontinence	\$298.94
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	2	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	3	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	None	\$72.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Nutritional	\$76.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Incontinence	\$75.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	4	Nutritional and Incontinence	\$79.99
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	None	\$58.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Nutritional	\$62.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Incontinence	\$61.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	5	Nutritional and Incontinence	\$65.39
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	None	\$48.66
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Nutritional	\$52.66
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Incontinence	\$51.66
HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	130	6	Nutritional and Incontinence	\$55.66

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 5

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	None	\$340.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional	\$344.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Incontinence	\$343.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	1	Nutritional and Incontinence	\$347.60
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	None	\$170.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional	\$174.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Incontinence	\$173.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	2	Nutritional and Incontinence	\$177.30
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	None	\$113.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional	\$117.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Incontinence	\$116.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	3	Nutritional and Incontinence	\$120.53
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	None	\$85.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Nutritional	\$89.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Incontinence	\$88.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	4	Nutritional and Incontinence	\$92.15
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	None	\$68.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Nutritional	\$72.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Incontinence	\$71.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	5	Nutritional and Incontinence	\$75.12
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	None	\$56.77
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Nutritional	\$60.77
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Incontinence	\$59.77
HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	150	6	Nutritional and Incontinence	\$63.77

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 6

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	None	\$389.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional	\$393.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Incontinence	\$392.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	1	Nutritional and Incontinence	\$396.26
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	2	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	None	\$129.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional	\$133.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Incontinence	\$132.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	3	Nutritional and Incontinence	\$136.75
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	4	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	None	\$77.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Nutritional	\$81.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Incontinence	\$80.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	5	Nutritional and Incontinence	\$84.85
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	None	\$64.88
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Nutritional	\$68.88
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Incontinence	\$67.88
HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	170	6	Nutritional and Incontinence	\$71.88

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 7

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	None	\$437.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional	\$441.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Incontinence	\$440.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	1	Nutritional and Incontinence	\$444.91
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	None	\$218.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional	\$222.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Incontinence	\$221.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	2	Nutritional and Incontinence	\$225.96
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	3	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	None	\$109.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Nutritional	\$113.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Incontinence	\$112.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	4	Nutritional and Incontinence	\$116.48
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	None	\$87.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Nutritional	\$91.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Incontinence	\$90.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	5	Nutritional and Incontinence	\$94.58
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	None	\$72.99
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Nutritional	\$76.99
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Incontinence	\$75.99
HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	190	6	Nutritional and Incontinence	\$79.99

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 8

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	None	\$486.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional	\$490.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Incontinence	\$489.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	1	Nutritional and Incontinence	\$493.57
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	None	\$243.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional	\$247.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Incontinence	\$246.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	2	Nutritional and Incontinence	\$250.29
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	None	\$162.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional	\$166.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Incontinence	\$165.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	3	Nutritional and Incontinence	\$169.19
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	None	\$121.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Nutritional	\$125.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Incontinence	\$124.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	4	Nutritional and Incontinence	\$128.64
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	5	Nutritional and Incontinence	\$104.31
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	None	\$81.10
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Nutritional	\$85.10
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Incontinence	\$84.10
HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	210	6	Nutritional and Incontinence	\$88.10

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 9

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	None	\$535.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional	\$539.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Incontinence	\$538.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	1	Nutritional and Incontinence	\$542.23
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	None	\$267.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional	\$271.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Incontinence	\$270.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	2	Nutritional and Incontinence	\$274.61
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	None	\$178.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional	\$182.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Incontinence	\$181.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	3	Nutritional and Incontinence	\$185.41
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	None	\$133.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Nutritional	\$137.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Incontinence	\$136.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	4	Nutritional and Incontinence	\$140.81
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	None	\$107.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Nutritional	\$111.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Incontinence	\$110.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	5	Nutritional and Incontinence	\$114.05
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	None	\$89.20
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Nutritional	\$93.20
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Incontinence	\$92.20
HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	230	6	Nutritional and Incontinence	\$96.20

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 10

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	None	\$583.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional	\$587.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Incontinence	\$586.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	1	Nutritional and Incontinence	\$590.89
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	None	\$291.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional	\$295.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Incontinence	\$294.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	2	Nutritional and Incontinence	\$298.94
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	3	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	4	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	None	\$116.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Nutritional	\$120.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Incontinence	\$119.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	5	Nutritional and Incontinence	\$123.78
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	None	\$97.31
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Nutritional	\$101.31
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Incontinence	\$100.31
HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	250	6	Nutritional and Incontinence	\$104.31

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 11

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	None	\$632.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional	\$636.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Incontinence	\$635.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	1	Nutritional and Incontinence	\$639.54
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	None	\$316.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional	\$320.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Incontinence	\$319.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	2	Nutritional and Incontinence	\$323.27
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	None	\$210.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional	\$214.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Incontinence	\$213.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	3	Nutritional and Incontinence	\$217.85
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	None	\$158.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Nutritional	\$162.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Incontinence	\$161.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	4	Nutritional and Incontinence	\$165.14
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	None	\$126.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Nutritional	\$130.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Incontinence	\$129.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	5	Nutritional and Incontinence	\$133.51
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	None	\$105.42
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Nutritional	\$109.42
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Incontinence	\$108.42
HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	270	6	Nutritional and Incontinence	\$112.42

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Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 12

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	None	\$681.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional	\$685.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Incontinence	\$684.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	1	Nutritional and Incontinence	\$688.20
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	None	\$340.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional	\$344.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Incontinence	\$343.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	2	Nutritional and Incontinence	\$347.60
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	None	\$227.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional	\$231.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Incontinence	\$230.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	3	Nutritional and Incontinence	\$234.07
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	None	\$170.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Nutritional	\$174.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Incontinence	\$173.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	4	Nutritional and Incontinence	\$177.30
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	None	\$136.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Nutritional	\$140.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Incontinence	\$139.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	5	Nutritional and Incontinence	\$143.24
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	None	\$113.53
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Nutritional	\$117.53
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Incontinence	\$116.53
HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	290	6	Nutritional and Incontinence	\$120.53

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 13

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	None	\$729.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional	\$733.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Incontinence	\$732.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	1	Nutritional and Incontinence	\$736.86
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	None	\$364.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional	\$368.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Incontinence	\$367.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	2	Nutritional and Incontinence	\$371.93
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	None	\$243.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional	\$247.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Incontinence	\$246.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	3	Nutritional and Incontinence	\$250.29
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	None	\$182.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Nutritional	\$186.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Incontinence	\$185.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	4	Nutritional and Incontinence	\$189.46
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	None	\$145.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Nutritional	\$149.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Incontinence	\$148.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	5	Nutritional and Incontinence	\$152.97
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	None	\$121.64
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Nutritional	\$125.64
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Incontinence	\$124.64
HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	310	6	Nutritional and Incontinence	\$128.64

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

Arizona Department of Economic Security, Division of Developmental Disabilities
Schedule 6.1: Benchmark and Adopted Rates, Conversion to Daily Rates
Sub-Schedule 6B-2 - HAB Daily Rates - REVISED FORMAT

Habilitation, Group Home - Range 14

Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	None	\$778.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional	\$782.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Incontinence	\$781.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	1	Nutritional and Incontinence	\$785.51
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	None	\$389.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional	\$393.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Incontinence	\$392.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	2	Nutritional and Incontinence	\$396.26
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	None	\$259.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional	\$263.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Incontinence	\$262.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	3	Nutritional and Incontinence	\$266.50
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	None	\$194.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Nutritional	\$198.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Incontinence	\$197.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	4	Nutritional and Incontinence	\$201.63
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	None	\$155.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Nutritional	\$159.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Incontinence	\$158.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	5	Nutritional and Incontinence	\$162.70
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	None	\$129.75
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Nutritional	\$133.75
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Incontinence	\$132.75
HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	330	6	Nutritional and Incontinence	\$136.75

NOTE: The shaded boxes indicate that the District Program Administrator/Manager must approve this level of service authorization, and that continuing authorization will be contingent upon AHCCCS ongoing approval of cost-effectiveness plans submitted by the Division.

To calculate the daily per resident rate when the authorized hours per week are greater than 320, use the following formula:

$$\text{Daily Rate} = \text{Hourly Rate per Schedule 5} \times \text{Authorized Hours in a Range} / 7 \text{ Days in a Week} / \text{Number of Residents}$$

If the authorized hours per week are greater than those in Range 14, the authorized hours level will step up in increments of 20 hours for each additional level.