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DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

# RateBook

Projected Posting Date  
January 3, 2017

Effective Date  
January 1, 2017

Division of Developmental Disabilities  
1789 W. Jefferson  
Phoenix, AZ

# RateBook Table of Contents

## Updated As of January 1, 2017

Click on the page number to move to the respective section

<b><u>I. Introduction to RateBook</u></b>	Page 3
Summary of Changes	Page 4
Summarized Listing of Rates by Service	Page 5
<b><u>II. Rates</u></b>	
<b><u>Applicable Modifiers for Services</u></b>	Page 8
<b><u>A. Qualified Vendors or Standard DES Contracted Service Providers</u></b>	
<b><u>Home-Based Services</u></b>	Page 10
Attendant Care	Page 10
Habilitation, Community Protection and Treatment, Hourly	Page 11
Habilitation, Support	Page 11
Homemaker	Page 11
Respite	Page 11
<b><u>Independent Living Services</u></b>	Page 12
Habilitation, Individually Designed Living Arrangement, Hourly	Page 13
Habilitation, Individually Designed Living Arrangement, Daily	Page 13
Conversion to daily rates	Page 14
<b><u>Day Treatment and Training Services</u></b>	Page 21
Day Treatment and Training, Adult	Page 22
Day Treatment and Training, Children (After-School)	Page 22
Day Treatment and Training, Children (Summer)	Page 22
Day Treatment and Training, Adult, Rural	Page 23
Day Treatment and Training, Children, Rural (After-School & Summer)	Page 23
Behaviorally or Medically Intense Day Treatment and Training, Adult	Page 23
Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer)	Page 23
<b><u>Developmental Home Services</u></b>	Page 24
Habilitation, Vendor Supported Developmental Home (Child and Adult)	Page 24
Room and Board, Vendor Supported Developmental Home (Child and Adult)	Page 24
<b><u>Group Home Services</u></b>	Page 25
Habilitation, Community Protection and Treatment Group Home	Page 25
Staff hourly rate	Page 25
Conversion to daily rate	Page 55
Habilitation, Group Home	Page 25
Staff hourly rate	Page 25
Conversion to daily rate	Page 75
Habilitation, Nursing Supported Group Home	Page 25
Room and Board, All Group Homes	Page 26
<b><u>Professional Services</u></b>	Page 28
Home Health Aide	Page 29
Nursing	Page 30
Occupational Therapy	Page 33
Occupational Therapy Evaluation	Page 34
Occupational Therapy Assistant	Page 34
Physical Therapy	Page 36
Physical Therapy Evaluation	Page 37
Physical Therapy Assistant	Page 37
Speech Therapy	Page 39
Speech Therapy Evaluation	Page 40
Speech Language Pathology Assistant	Page 41
Respiratory Therapy	Page 42

# RateBook Table of Contents

## Updated As of January 1, 2017

<b><u>Employment Support Services</u></b>	Page 43
Center-Based Employment	Page 45
Group Supported Employment	Page 45
Individual Supported Employment	Page 45
Transition to Employment	Page 46
Employment Support Aide	Page 46
Career Preparation & Readiness	Page 46
<b><u>Specialized Habilitation Services</u></b>	Page 47
Habilitation with Music Therapy	Page 48
Habilitation, Behavioral	Page 48
Habilitation, Communication	Page 48
Habilitation, Consultation	Page 48
Habilitation, Consultation Assessment	Page 48
Habilitation, Early Childhood Autism Specialized	Page 49
<b><u>Transportation Services</u></b>	Page 50
Transportation	Page 50
<b><u>B. Conversion to Daily Rates</u></b>	Page 53
<b><u>Group Home Services</u></b>	Page 53
Habilitation, Community Protection and Treatment Group Home	Page 55
Habilitation, Group Home	Page 75
<b><u>C. Independent Providers with Independent Provider Agreement</u></b>	Page 95
<b><u>Home-Based Services</u></b>	Page 97
Attendant Care	Page 97
Habilitation, Support	Page 97
Habilitation, Individually Designed Living Arrangement	Page 97
Homemaker	Page 97
Respite	Page 97
<b><u>III. Appendices</u></b>	
Appendix 1: Employment Related Services - List of High / Low Density Cities & Zip Codes	Page 105
Appendix 2: Listing of Tier assignment by Zip Code	Page 109
Appendix 3: Listing of Urban-Rural Assignments by County	Page 120

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark and Adopted Rates**  
**Introduction**

**Purpose of This Schedule**

This schedule contains the rates for services with dates of service on or after January 1, 2017. The Schedule contains two columns of rates. The first column labeled "Benchmark Rate" contains the rates that the Division calculated through its rate setting process. The second column labeled "Adopted Rate" contains the rates that the Division adopted for the published rate schedule and these are the rates to be used for each service when billing the Division.

In accordance with Arizona Administrative Codes R9-22-702, R9-27-702, R9-28-702, R9-30-702 and R9-31-702, Division ALTCS members cannot be billed by the Qualified Vendor for AHCCCS covered services, including co-payments. ALTCS members may also not be billed for services that are not paid due to the failure of the Qualified Vendor to comply with Division notification or billing requirements.

Qualified Vendors cannot request additional payments from the member or family for Medicaid covered services. However, a provider may request additional payments for items or services that are not covered by Medicaid.

All Qualified Vendors must register with AHCCCS to obtain an AHCCCS Provider Identification number before providing services.

*Decisions **Not Included** in this Publication*

- Geographic Adjustments to Rates: The SFY2014 Rate Rebase project recommended various geographic adjustments to some service rates. Applicable services include:
  - o Day Treatment and Training,
  - o Room and Board, All Group Homes,
  - o Nursing Services,
  - o Therapy and Therapy Assistant Services,
  - o Employment Support Services
  - o Habilitation, Consultation, and
  - o Habilitation, Early Childhood Autism Specialized
- Developmental Home: The SFY 2014 Rate Rebase project recommended the 'un-bundling' of the Home-Based supports (e.g. Respite) provided by Qualified Vendors. These services would be separately authorized and billed to the Division.
- Center Based Employment: The SFY 2014 Rate Rebase project developed additional rates for 1:3 and 1:9 staff to member ratios for this service. These new ratios have not been implemented for use.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark and Adopted Rates**  
**Summary of Changes**

**Changes to Rate Schedules Released on July 1, 2016**

Please review the attached schedules carefully, the rates for services may have been revised. The following list summarizes the changes when compared to the set of schedules published July 1, 2016 and provides other important information:

- Adjustments to Adopted Rates and Adopted-to-Benchmark Ratios
  - The Adopted rates and the associated Adopted-to-Benchmark ratios for selected services have been revised. These changes are included in this publication to address the increased labor costs for direct care staff, for these services, resulting from the Arizona minimum wage increase mandated by Proposition 206. For details on the individual services, please refer to either the information contained on the next page, the appropriate rate schedule within this document or the associated independent rate model within the Supplemental Rate Information published concurrent with this document effective January 1, 2017.
  - The new Adopted rates are effective for services provided to members on or after January 1, 2017.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark and Adopted Rates**  
**Summary Comparison by Service**

SFY 17 Benchmark	Prior Verison (SFY17 Jul 2016 - Dec 2016)			Current Verison (SFY17 Jan 2017 - Jun 2017)			Adopted Rate % Change	
	Adopted Rate	Adopted to Benchmark Ratio		Adopted Rate	Adopted to Benchmark Ratio			
<b>Home-Based Services</b>								
S5125	ATC	Attendant Care	\$19.87	\$15.15	76.23%	\$16.39	82.49%	8.18%
H2017	HAH	Habilitation, Support	\$26.20	\$19.33	73.79%	\$20.92	79.85%	8.23%
S5130	HSK	Homemaker	\$17.82	\$13.95	78.30%	\$15.10	84.74%	8.24%
S5150	RSP	Respite, Hourly	\$20.29	\$14.86	73.21%	\$16.08	79.26%	8.21%
S5151	RSD	Respite, Daily	\$269.77	\$200.63	74.37%	\$217.10	80.48%	8.21%

<b>Independent Living Services</b>								
T2017	HAI	Habilitation, Individually Designed Living Arrangement, Hourly	\$23.33	\$19.53	83.73%	\$21.13	90.58%	8.19%
T2017	HID	Habilitation, Individually Designed Living Arrangement, Daily	\$20.24	\$19.34	95.56%	\$20.24	100.00%	4.65%

<b>Day Treatment and Training Services</b>								
T2021	DTA	Day Treatment and Training, Adult (1:3.5)	\$9.98	\$9.82	98.36%	\$9.98	100.00%	1.63%
		Day Treatment and Training, Adult (1:5.5)	\$7.51	\$7.14	95.09%	\$7.51	100.00%	5.18%
		Day Treatment and Training, Adult (1:7.5)	\$6.38	\$5.90	92.46%	\$6.38	100.00%	8.14%
T2021	DTT	Day Treatment and Training, Children (After-School) (1:3.5)	\$11.51	\$9.56	83.04%	\$10.34	89.83%	8.16%
		Day Treatment and Training, Children (After-School) (1:5.5)	\$9.31	\$7.38	79.24%	\$7.98	85.71%	8.13%
		Day Treatment and Training, Children (After-School) (1:7.5)	\$8.38	\$6.35	75.79%	\$6.87	81.98%	8.19%
T2021	DTS	Day Treatment and Training, Children (Summer) (1:3.5)	\$11.51	\$9.56	83.04%	\$10.34	89.83%	8.16%
		Day Treatment and Training, Children (Summer) (1:5.5)	\$9.31	\$7.38	79.24%	\$7.98	85.71%	8.13%
		Day Treatment and Training, Children (Summer) (1:7.5)	\$8.38	\$6.35	75.79%	\$6.87	81.98%	8.19%
T2021	DTA	Day Treatment and Training, Adult - Rural (1:3.5)	\$11.36	\$10.90	95.93%	\$11.36	100.00%	4.22%
		Day Treatment and Training, Adult - Rural (1:5.5)	\$8.92	\$8.21	92.05%	\$8.88	99.55%	8.16%
		Day Treatment and Training, Adult - Rural (1:7.5)	\$7.82	\$7.01	89.64%	\$7.58	96.93%	8.13%
T2021	DTT	Day Treatment and Training, Children - Rural (1:3.5)	\$13.63	\$10.32	75.75%	\$11.17	81.95%	8.24%
		Day Treatment and Training, Children - Rural (1:5.5)	\$11.49	\$8.70	75.75%	\$9.41	81.90%	8.16%
		Day Treatment and Training, Children - Rural (1:7.5)	\$10.62	\$8.04	75.75%	\$8.70	81.92%	8.21%
T2021	DTX*	Day Treatment and Training, Intense	\$21.37	\$19.14	89.56%	\$20.71	96.91%	8.20%

\* Day Treatment and Training, Intense may utilize DTA, DTT or DTS codes.

<b>Developmental Home Services</b>								
T2016	HBA	Habilitation, Vendor Supported Developmental Home (Adult)	\$108.71	\$102.33	94.13%	\$102.33	94.13%	0.00%
T2016	HBC	Habilitation, Vendor Supported Developmental Home (Child)	\$108.71	\$104.38	96.02%	\$104.38	96.02%	0.00%
DD031	RBD	Room and Board, Vendor Supported Developmental Home	\$19.09	\$12.85	67.31%	\$12.85	67.31%	0.00%

<b>Group Home Services</b>								
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	\$20.76	\$18.08	87.08%	\$19.56	94.22%	8.19%
T2016	HAB	Habilitation, Group Home	\$20.61	\$18.08	87.71%	\$19.56	94.91%	8.19%
T2016	HAN	Habilitation, Nursing Supported Group Home, Level I	\$392.10	\$392.10	100.00%	\$392.10	100.00%	0.00%
		Habilitation, Nursing Supported Group Home, Level II	\$459.96	\$459.96	100.00%	\$459.96	100.00%	0.00%
		Habilitation, Nursing Supported Group Home, Level III	\$517.12	\$517.12	100.00%	\$517.12	100.00%	0.00%
DD030	RRB	Room and Board, All Group Homes (Maricopa/Urban) 3BR	\$29.19	\$22.14	75.85%	\$22.14	75.85%	0.00%
		Room and Board, All Group Homes (Maricopa/Urban) 4BR	\$26.79	\$19.73	73.65%	\$19.73	73.65%	0.00%
		Room and Board, All Group Homes (Pima/Urban) 3BR	\$29.19	\$20.40	69.89%	\$20.40	69.89%	0.00%
		Room and Board, All Group Homes (Pima/Urban) 4BR	\$26.79	\$18.26	68.16%	\$18.26	68.16%	0.00%
		Room and Board, All Group Homes (Flagstaff/Rural) 3BR	\$29.08	\$22.61	77.75%	\$22.61	77.75%	0.00%
		Room and Board, All Group Homes (Flagstaff/Rural) 4BR	\$27.88	\$20.14	72.24%	\$20.14	72.24%	0.00%
		Room and Board, All Group Homes (Yuma/Rural) 3BR	\$29.08	\$19.74	67.88%	\$19.74	67.88%	0.00%
		Room and Board, All Group Homes (Yuma/Rural) 4BR	\$27.88	\$17.26	61.91%	\$17.26	61.91%	0.00%

Note: Not all rates are displayed, only the primary rate for the services are shown in this table. For a listing of the official rates for billing, please refer to the Rate Schedule for the service beginning on Page 9 of this document.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark and Adopted Rates**  
**Summary Comparison by Service**

SFY 17 Benchmark	Prior Verison (SFY17 Jul 2016 - Dec 2016)			Current Verison (SFY17 Jan 2017 - Jun 2017)			Adopted Rate % Change	
	Adopted Rate	Adopted to Benchmark Ratio		Adopted Rate	Adopted to Benchmark Ratio			
<b>Professional Services</b>								
T1021	HHA	Home Health Aide	\$25.83	\$19.57	75.75%	\$21.17	81.96%	8.18%
G0154	HNV	Nursing Visit (RN)	\$67.97	\$54.92	80.80%	\$54.92	80.80%	0.00%
		Nursing Visit (LPN)	\$53.33	\$43.09	80.80%	\$43.09	80.80%	0.00%
G0155	HN9	Nursing, Intermittent (RN)	\$70.65	\$57.09	80.80%	\$57.09	80.80%	0.00%
		Nursing, Intermittent (LPN)	\$55.21	\$44.61	80.80%	\$44.61	80.80%	0.00%
S9123	HN1 HNR	Nursing, Continuous/Respite (RN)	\$53.64	\$43.34	80.80%	\$43.34	80.80%	0.00%
		Nursing, Continuous/Respite (LPN)	\$41.40	\$37.82	91.36%	\$37.82	91.36%	0.00%
97535	OTA	Occupational Therapy (Clinic, Base Rate)	\$69.17	\$59.38	85.85%	\$59.38	85.85%	0.00%
		Occupational Therapy (Natural, Base Rate)	\$91.81	\$78.82	85.85%	\$78.82	85.85%	0.00%
97004	OEA	Occupational Therapy Evaluation (Clinic)	\$207.50	\$162.52	78.32%	\$162.52	78.32%	0.00%
		Occupational Therapy Evaluation (Natural)	\$230.15	\$181.70	78.95%	\$181.70	78.95%	0.00%
97535	OTA	Occupational Therapy Assistant (Clinic, Base Rate)	\$53.24	\$53.24	100.00%	\$53.24	100.00%	0.00%
		Occupational Therapy Assistant (Natural, Base Rate)	\$70.99	\$70.99	100.00%	\$70.99	100.00%	0.00%
97530	PTA	Physical Therapy (Clinic, Base Rate)	\$69.17	\$59.38	85.85%	\$59.38	85.85%	0.00%
		Physical Therapy (Natural, Base Rate)	\$91.81	\$78.82	85.85%	\$78.82	85.85%	0.00%
97001	PEA	Physical Therapy Evaluation (Clinic)	\$207.50	\$162.52	78.32%	\$162.52	78.32%	0.00%
		Physical Therapy Evaluation (Natural)	\$230.15	\$181.70	78.95%	\$181.70	78.95%	0.00%
97530	PTA	Physical Therapy Assistant (Clinic, Base Rate)	\$53.24	\$53.24	100.00%	\$53.24	100.00%	0.00%
		Physical Therapy Assistant (Natural, Base Rate)	\$70.99	\$70.99	100.00%	\$70.99	100.00%	0.00%
92507	STA	Speech Therapy (Clinic, Base Rate)	\$69.17	\$59.38	85.85%	\$59.38	85.85%	0.00%
		Speech Therapy (Natural, Base Rate)	\$91.81	\$78.82	85.85%	\$78.82	85.85%	0.00%
92506	SEA	Speech Therapy Evaluation (Clinic)	\$207.50	\$162.52	78.32%	\$162.52	78.32%	0.00%
		Speech Therapy Evaluation (Natural)	\$230.15	\$181.70	78.95%	\$181.70	78.95%	0.00%
92507	STA	Speech Language Pathology Assistant (Clinic)	\$53.24	\$53.24	100.00%	\$53.24	100.00%	0.00%
		Speech Language Pathology Assistant (Natural)	\$70.99	\$70.99	100.00%	\$70.99	100.00%	0.00%
S5181	RP1	Respiratory Therapy (Clinic)	\$44.73	\$34.85	77.91%	\$34.85	77.91%	0.00%
		Respiratory Therapy (Natural)	\$59.22	\$44.86	75.75%	\$44.86	75.75%	0.00%
<b>Employment Support Services</b>								
T2019	CBE	Center-Based Employment (High Density) (1:6)	\$6.16	\$5.19	84.29%	\$5.61	91.07%	8.09%
		Center-Based Employment (Low Density) (1:6)	\$6.54	\$5.65	86.32%	\$6.11	93.43%	8.14%
T2019	GSE	Group Supported Employment (Urban) (1:2)	\$17.25	\$17.05	98.84%	\$17.25	100.00%	1.17%
		Group Supported Employment (Rural) (1:2)	\$19.18	\$19.18	100.00%	\$19.18	100.00%	0.00%
		Group Supported Employment (Urban) (1:3)	\$12.69	\$11.36	89.54%	\$12.29	96.85%	8.19%
		Group Supported Employment (Rural) (1:3)	\$14.64	\$13.04	89.06%	\$14.11	96.38%	8.21%
		Group Supported Employment (Urban) (1:4)	\$10.43	\$8.34	79.97%	\$9.02	86.48%	8.15%
		Group Supported Employment (Rural) (1:4)	\$12.40	\$9.60	77.43%	\$10.39	83.79%	8.23%
		Group Supported Employment (Urban) (1:5)	\$9.09	\$6.89	75.75%	\$7.45	81.96%	8.13%
		Group Supported Employment (Rural) (1:5)	\$11.08	\$8.39	75.75%	\$9.08	81.95%	8.22%
		Group Supported Employment (Urban) (1:6)	\$8.21	\$6.22	75.75%	\$6.73	81.97%	8.20%
		Group Supported Employment (Rural) (1:6)	\$10.22	\$7.74	75.75%	\$8.37	81.90%	8.14%
T2019	ISE	Individual Supported Employment, Job Coaching (Urban)	\$41.76	\$35.85	85.85%	\$35.85	85.85%	0.00%
		Individual Supported Employment, Job Coaching (Rural)	\$57.51	\$49.37	85.85%	\$49.37	85.85%	0.00%
		Individual Supported Employment, Job Development (Urban)	\$40.63	\$34.88	85.85%	\$34.88	85.85%	0.00%
		Individual Supported Employment, Job Development (Rural)	\$43.24	\$37.12	85.85%	\$37.12	85.85%	0.00%
T2019	TTE	Transition to Employment (1:4), Urban	\$10.30	\$10.30	100.00%	\$10.30	100.00%	0.00%
		Transition to Employment (1:4), Rural	\$11.13	\$11.13	100.00%	\$11.13	100.00%	0.00%
T2019	ESA	Employment Support Aide - GSE/ISE (Urban)	\$19.87	\$17.17	86.41%	\$18.58	93.51%	8.21%
		Employment Support Aide - GSE/ISE (Rural)	\$21.32	\$18.70	87.69%	\$20.24	94.93%	8.24%

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark and Adopted Rates**  
**Summary Comparison by Service**

SFY 17 Benchmark	Prior Verison (SFY17 Jul 2016 - Dec 2016)		Current Verison (SFY17 Jan 2017 - Jun 2017)		Adopted Rate % Change			
	Adopted Rate	Adopted to Benchmark Ratio	Adopted Rate	Adopted to Benchmark Ratio				
<b>Specialized Habilitation Services</b>								
T2017	HAM	Habilitation with Music Therapy	\$39.66	\$32.05	80.80%	\$32.05	80.80%	0.00%
T2017	HCM	Habilitation Consultation, Psychologist (Urban)	\$124.77	\$124.77	100.00%	\$124.77	100.00%	0.00%
		Habilitation Consultation, Psychologist (Rural)	\$147.97	\$144.23	97.47%	\$144.23	97.47%	0.00%
		Habilitation Consultation, Licensed Behavior Analyst	\$59.45	\$59.45	100.00%	\$59.45	100.00%	0.00%
		Habilitation Consultation, BCBA	\$54.85	\$54.85	100.00%	\$54.85	100.00%	0.00%
T2020	HCB	Habilitation Consultation, BCABA	\$42.84	\$37.29	87.04%	\$37.29	87.04%	0.00%
T2020	HCA	Habilitation Consultation, Assessment	\$297.25	\$297.25	100.00%	\$297.25	100.00%	0.00%
T2020	ECM	Habilitation, Early Childhood Autism Specialized (BCBA-D) (Urban)	\$124.77	\$124.77	100.00%	\$124.77	100.00%	0.00%
		Habilitation, Early Childhood Autism Specialized (BCBA-D) (Rural)	\$147.97	\$144.23	97.47%	\$144.23	97.47%	0.00%
T2020	ECM	Habilitation, Early Childhood Autism Specialized (Lic. Beh. Analyst)	\$59.45	\$59.45	100.00%	\$59.45	100.00%	0.00%
T2020	ECM	Habilitation, Early Childhood Autism Specialized (Masters)	\$54.85	\$54.85	100.00%	\$54.85	100.00%	0.00%
T2021	ECB	Habilitation, Early Childhood Autism Specialized (Bachelors)	\$42.84	\$37.29	87.04%	\$37.29	87.04%	0.00%
T2022	ECH	Habilitation, Early Childhood Autism Spec Hourly Habilitation	\$25.38	\$21.36	84.17%	\$23.11	91.06%	8.19%
<b>Transportation Services</b>								
A0120	TRA TRE	Regular Scheduled Daily Transportation (Day Program)	\$13.31	\$10.42	78.28%	\$11.27	84.67%	8.16%
		Regular Scheduled Daily Transportation (Employment Program)	\$13.31	\$10.42	78.28%	\$11.27	84.67%	8.16%
		Regular Scheduled Daily Transportation, Rural	\$22.54	\$17.64	78.28%	\$17.64	78.28%	0.00%
A0120	TRA TRE	Single Person Modified Rate, Urban	\$23.83	\$18.65	78.28%	\$18.65	78.28%	0.00%
		Single Person Modified Rate, Rural	\$36.25	\$28.38	78.28%	\$28.38	78.28%	0.00%
		Extensive Distance Modified Rate, Urban	\$43.14	\$33.77	78.28%	\$33.77	78.28%	0.00%
		Extensive Distance Modified Rate, Rural	\$43.14	\$33.77	78.28%	\$33.77	78.28%	0.00%

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**CPT/HCPCS Codes & Modifiers for Services**

**Current Procedural Terminology (CPT) and  
Healthcare Common Procedure Coding System (HCPCS)**

Each year, in the United States, health care insurers process over 5 billion claims for payment. For Medicare and other health insurance programs to ensure that these claims are processed in an orderly and consistent manner, standardized coding systems are essential. The HCPCS Level II Code Set is one of the standard code sets used for this purpose. The HCPCS is divided into two principal subsystems, referred to as level I and level II of the HCPCS. Level I of the HCPCS is comprised of CPT, a numeric coding system maintained by the American Medical Association (AMA). The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals. These health care professionals use the CPT to identify services and procedures for which they bill public or private health insurance programs. Decisions regarding the addition, deletion, or revision of CPT codes are made by the AMA. The CPT codes are republished and updated annually by the AMA. Level I of the HCPCS, the CPT codes, does not include codes needed to separately report medical items or services that are regularly billed by suppliers other than physicians.

Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items. The development and use of level II of the HCPCS began in the 1980's. Level II codes are also referred to as alpha-numeric codes because they consist of a single alphabetical letter followed by 4 numeric digits, while CPT codes are identified using 5 numeric digits.

Pursuant to its authority as the State Medicaid Agency and as administrator of the ALTCS program, AHCCCS determines and assigns appropriate CPT and/or HCPCS codes to be used by each provider of service in order to be reimbursed for services funded through AHCCCS and the Medicaid program.

HCPCS for most services contracted for by the Division have been included in this release of the RateBook.

**HCPCS Modifiers**

1. There are four (4) categories for which modifiers apply. The individual categories are listed below:

- Tier, used to differentiate when more than one client is served simultaneously
- Time of Day, used to differentiate when clients are served during different times of the day
- Attendant Care ONLY, used to differentiate different providers of service
- Agency with Choice, used for ALTCS member directed services

1.1. **Tier:** These modifiers will denote the number of individuals served during the visit/encounter. These modifiers only apply to certain services and will denote either (a) UN two persons served simultaneously or (b) UP three persons served simultaneously.

1.2. **Time of Day:** These modifiers will denote the period of the day in which the visit/encounter occurred. These modifiers only apply to certain services and will denote either UF morning, UG afternoon, UH evening or UJ night, as appropriate.

1.3. **Attendant Care Only:** These modifiers will denote the type of provider of service for the visit/encounter. These modifiers only apply to Attendant Care services and will denote a family member as the caregiver as appropriate. The modifiers include U3 spouse caregiver, U4 family member not residing with individual served and U5 family member residing with individual served.

1.4. **Agency with Choice:** This modifier is utilized to denote member's participating in the ALTCS member-directed option available for selected Home-Based services. Specifically, this modifier only applies to (a) Attendant Care services (b) Homemaker, (c) Habilitation, Hourly Support and (d) Habilitation, Individually Designed Living Arrangement (Hourly Only).

**Arizona Department of Economic Security, Division of Developmental Disabilities  
CPT/HCPCS Codes & Modifiers for Services**

<b>Tier Modifiers</b>	<b>Modifier Applies to Service?</b>	
	<b>UN</b>	<b>UP</b>
Attendant Care	Y	Y
Habilitation, Support	Y	Y
Habilitation, Individually Designed Living Arrangement	Y	Y
Specialized Habilitation with Music Component	Y	Y
Specialized Habilitation, Behavioral-B	Y	Y
Specialized Habilitation, Behavioral-M	Y	Y
Habilitation, Communication, Level I, Level II & Level II	Y	Y
Home Health Aide	Y	Y
Nursing: Visit, Intermittant, Continuous & Respite	Y	Y
Habilitation, Community Protection and Treatment Hourly	Y	Y
Occupational Therapy	Y	Y
Occupational Therapy, Early Intervention	Y	Y
Physical Therapy	Y	Y
Physical Therapy, Early Intervention	Y	Y
Respite, Hourly & Daily	Y	Y
Speech Therapy	Y	Y
Speech Therapy, Early Intervention	Y	Y

<b>Time of Day Modifiers</b>	<b>Modifier Applies to Service?</b>			
	<b>UF</b>	<b>UG</b>	<b>UH</b>	<b>UJ</b>
Attendant Care	Y	Y	Y	Y
Habilitation, Support	Y	Y	Y	Y
Habilitation, Individually Designed Living Arrangement	Y	Y	Y	Y
Nursing, Visit	Y	Y	Y	Y
Nursing, Intermittant	Y	Y	Y	Y
Nursing, Continuous	Y	Y	Y	Y
Nursing, Respite	Y	Y	Y	Y
Respite, Hourly	Y	Y	Y	Y

<b>Attendant Care ONLY Modifiers</b>	<b>Modifier Applies to Service?</b>		
	<b>U3</b>	<b>U4</b>	<b>U5</b>
Attendant Care	Y	Y	Y

<b>Agency with Choice</b>	<b>Modifier Applies to Service?</b>
	<b>U7</b>
Attendant Care	Y
Habilitation, Support	Y
Homemaker	Y
Habilitation, Individually Designed Living Arrangement (Hourly)	Y

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Home-Based Services**

**Unit of Service**

1. The basis of payment for all Home-Based Services except for Respite, Daily is one hour (60 minutes) of direct service time. Direct service time is the period of time spent with the member and verified by the member. 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 a total of 12 or more hours (consecutive or non-consecutive) in one calendar day, this is considered to be Respite, Daily. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day. One unit of Respite, Daily equals one day (12 or more hours in one calendar day) of direct service time. A Qualified Vendor billing for Respite, Daily 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 members receive the same service with a single direct service staff person at the same time.

4. Other modifiers related to Time of Day (UF, UG, UH or UJ) may be required when billing Home-Based Services.

**Examples of Billing: Respite, Daily**

1. Respite provided from Friday at 4:00 P.M. until Saturday at 8:00 A.M.

Friday, 4:00 P.M. to 11:59 P.M.

Services Provided 8 hours  
 Services Billed 8 hours (\$5151/RSP)  
 Services Authorization 8 hours reduced from authorization

Saturday, 12:00 A.M. to 8:00 A.M.

Services Provided 8 hours  
 Services Billed 8 hours (\$5151/RSP)  
 Services Authorization 8 hours reduced from authorization

2. Respite provided from Friday at 11:00 P.M. until Saturday at 3:00 P.M.

Friday, 11:00 P.M. to 11:59 P.M.

Services Provided 1 hours  
 Services Billed 1 hours (\$5151/RSP)  
 Services Authorization 1 hours reduced from authorization

Saturday, 12:00 A.M. to 3:00 P.M.

Services Provided 15 hours  
 Services Billed 1 unit (\$5150/RSD)  
 Services Authorization 12 hours reduced from authorization

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Attendant Care**

S5125	ATC	Attendant Care (Non-Family Member)	Client Hour	1	\$19.87	\$16.39	82.49%
S5125	ATC	Attendant Care (Non-Family Member)	Client Hour	2	\$12.42	\$10.25	82.53%
S5125	ATC	Attendant Care (Non-Family Member)	Client Hour	3	\$9.94	\$8.20	82.49%
S5125	ATC	Attendant Care (Family Member)	Client Hour	1	\$19.87	\$16.39	82.49%
S5125	ATC	Attendant Care (Family Member)	Client Hour	2	\$12.42	\$10.25	82.53%
S5125	ATC	Attendant Care (Family Member)	Client Hour	3	\$9.94	\$8.20	82.49%

*Use of an additional modifier is required: U3 - Spouse caregiver, U4 - Family member not residing with individual, U5 - Family member residing with individual.*

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Home-Based Services**

<b>HCPCS Service Code</b>	<b>DDD Service Code</b>	<b>Description</b>	<b>Unit of Service</b>	<b>Multiple Clients</b>	<b>Benchmark Rate</b>	<b>Adopted Rate</b>	<b>Adopted: Benchmark Ratio</b>
<b>Habilitation, Community Protection and Treatment Hourly</b>							
H2017	HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	1	\$21.57	\$19.14	88.73%
H2017	HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	2	\$13.48	\$11.96	88.72%
H2017	HPH	Habilitation, Community Protection and Treatment Hourly	Client Hour	3	\$10.79	\$9.57	88.69%
<b>Habilitation, Support</b>							
H2017	HAH	Habilitation, Support	Client Hour	1	\$26.20	\$20.92	79.85%
H2017	HAH	Habilitation, Support	Client Hour	2	\$16.38	\$13.07	79.79%
H2017	HAH	Habilitation, Support	Client Hour	3	\$13.10	\$10.46	79.85%
<b>Homemaker</b>							
S5130	HSK	Homemaker	Client Hour	1	\$17.82	\$15.10	84.74%
S5130	HSK	Homemaker	Client Hour	2	\$11.14	\$9.43	84.65%
S5130	HSK	Homemaker	Client Hour	3	\$8.91	\$7.55	84.74%
<b>Respite, Hourly</b>							
S5150	RSP	Respite, Hourly	Client Hour	1	\$20.29	\$16.08	79.26%
S5150	RSP	Respite, Hourly	Client Hour	2	\$12.68	\$10.05	79.26%
S5150	RSP	Respite, Hourly	Client Hour	3	\$10.14	\$8.04	79.29%
<b>Respite, Day</b>							
S5151	RSD	Respite, Daily	Day	1	\$269.77	\$217.10	80.48%
S5151	RSD	Respite, Daily	Day	2	\$168.61	\$135.68	80.47%
S5151	RSD	Respite, Daily	Day	3	\$134.88	\$108.56	80.49%

The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Independent Living Services**

**Rate**

1. The hourly rate for this service is based on one hour (60 minutes) of direct service time.

2. The daily rate for this service is based on a 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.

- The Division will make payments to the Qualified Vendor on the per diem basis based on the appropriate hourly rate for the Staff Hour unit of service, the number of residents at the site, and the direct service hours provided up to the number of authorized direct service hours for the site.

**Unit of Service – Hourly**

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 the member and verified by the member. The Qualified Vendor may bill the Division an hourly rate if and only if the Division authorizes this invoicing of an hourly rate. The Division will authorize an hourly rate if:

- Direct service time that is authorized in a given setting is less than 16 hours (consecutive or non-consecutive) on any calendar day. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:

- Direct service time that is authorized in a given setting is less than 112 hours in 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.

2. If the Qualified Vendor provides an hourly unit of direct service time, 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. If the Qualified Vendor provides an hourly unit of direct service time and the Qualified Vendor provides this service with a single direct service staff person to multiple members at the same time, the basis of payment for each member will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three members receive this service with a single direct service staff person at the same time.

**Unit of Service – Daily**

1. The basis of payment for this service is an hourly unit (Staff Hour) of direct service time converted into a daily rate. Direct service time is the period of time spent with the member and verified by the member. The Qualified Vendor may bill the Division a daily rate if and only if the Division authorizes this invoicing of a daily rate. The Division will authorize a daily rate if:

- Direct service time that is authorized in a given setting is 16 hours or more (consecutive or non-consecutive) on any calendar day in a week. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:

- Direct service time that is authorized in a given setting is 112 hours or more in 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.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Independent Living Services**

2. The Daily Rates schedule for Habilitation, Individually Designed Living Arrangement contains 20 tables with Daily Rates, and each table refers to one of 20 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 site during a week. 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 Habilitation, Individually Designed Living Arrangement services. Staff hours shall only apply to the provision of service by awake staff.
3. The Qualified Vendor shall invoice for payment for each member the per diem rate on the Daily Rates schedule for Habilitation, Individually Designed Living Arrangement that reflects the number of residents at the site 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.
4. 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).
  - a. If there are 31 days in a month, then the number of weeks in a month is 4.43
  - b. If there are 30 days in a month, then the number of weeks in a month is 4.29
  - c. If there are 29 days in a month, then the number of weeks in a month is 4.14
  - d. If there are 28 days in a month, then the number of weeks in a month is 4.00
5. The per diem rates paid to a Qualified Vendor with multiple sites will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each home.
6. 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 residents 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.
7. The Qualified Vendor shall use the actual resident occupancy receiving services 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 site 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.
8. If a resident is not at the site 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.

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Independent Living Services, Hourly**

T2017	HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	1	\$23.33	\$21.13	90.58%
T2017	HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	2	\$14.58	\$13.21	90.60%
T2017	HAI	Habilitation, Individually Designed Living Arrangement	Client Hour	3	\$11.67	\$10.57	90.57%

**Independent Living Services, Daily\***

T2017	HID	Habilitation, Individually Designed Living Arrangement	Client Hour	1	\$20.24	\$20.24	100.00%
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\* For use with the Weekly Staffing Matrix

The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates**  
**HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 1**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	29.99	1	\$57.83
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	29.99	2	\$28.91
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	29.99	3	\$19.28
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	29.99	4	\$14.46
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	29.99	5	\$11.57
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	1	16	20	29.99	6	\$9.64

**NOTE:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.

**Habilitation, Individually Designed Living Arrangement - Range 2**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	49.99	1	\$115.66
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	49.99	2	\$57.84
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	49.99	3	\$38.55
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	49.99	4	\$28.92
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	49.99	5	\$23.13
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	2	30	40	49.99	6	\$19.29

**NOTE:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.

**Habilitation, Individually Designed Living Arrangement - Range 3**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	69.99	1	\$173.49
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	69.99	2	\$86.74
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	69.99	3	\$57.82
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	69.99	4	\$43.37
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	69.99	5	\$34.70
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	3	50	60	69.99	6	\$28.90

**NOTE:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates  
HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 4**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	89.99	1	\$231.31
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	89.99	2	\$115.67
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	89.99	3	\$77.10
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	89.99	4	\$57.85
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	89.99	5	\$46.26
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	4	70	80	89.99	6	\$38.56

NOTE: The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.

**Habilitation, Individually Designed Living Arrangement - Range 5**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	109.99	1	\$289.14
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	109.99	2	\$144.57
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	109.99	3	\$96.38
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	109.99	4	\$72.29
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	109.99	5	\$57.81
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	5	90	100	109.99	6	\$48.19

NOTE: The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.

**Habilitation, Individually Designed Living Arrangement - Range 6**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	129.99	1	\$346.97
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	129.99	2	\$173.50
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	129.99	3	\$115.65
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	129.99	4	\$86.75
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	129.99	5	\$69.39
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	6	110	120	129.99	6	\$57.86

NOTE: The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.



**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates  
HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 7**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	149.99	1	\$404.80
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	149.99	2	\$202.40
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	149.99	3	\$134.93
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	149.99	4	\$101.20
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	149.99	5	\$80.96
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	7	130	140	149.99	6	\$67.47

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
The box shaded in gray indicates that the District Program Administrator/Manager or designee 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.

**Habilitation, Individually Designed Living Arrangement - Range 8**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	169.99	1	\$462.63
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	169.99	2	\$231.32
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	169.99	3	\$154.21
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	169.99	4	\$115.68
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	169.99	5	\$92.53
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	8	150	160	169.99	6	\$77.11

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
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**Habilitation, Individually Designed Living Arrangement - Range 9**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	189.99	1	\$520.46
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	189.99	2	\$260.23
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	189.99	3	\$173.48
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	189.99	4	\$130.11
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	189.99	5	\$104.09
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	9	170	180	189.99	6	\$86.73

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates**  
**HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 10**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	209.99	1	\$578.29
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	209.99	2	\$289.15
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	209.99	3	\$192.76
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	209.99	4	\$144.58
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	209.99	5	\$115.64
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	10	190	200	209.99	6	\$96.39

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
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**Habilitation, Individually Designed Living Arrangement - Range 11**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	229.99	1	\$636.11
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	229.99	2	\$318.06
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	229.99	3	\$212.04
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	229.99	4	\$159.03
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	229.99	5	\$127.22
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	11	210	220	229.99	6	\$106.02

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**Habilitation, Individually Designed Living Arrangement - Range 12**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	249.99	1	\$693.94
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	249.99	2	\$346.98
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	249.99	3	\$231.30
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	249.99	4	\$173.51
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	249.99	5	\$138.79
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	12	230	240	249.99	6	\$115.69

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates**  
**HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 13**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	269.99	1	\$751.77
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	269.99	2	\$375.89
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	269.99	3	\$250.59
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	269.99	4	\$187.94
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	269.99	5	\$150.35
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	13	250	260	269.99	6	\$125.30

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**Habilitation, Individually Designed Living Arrangement - Range 14**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	289.99	1	\$809.60
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	289.99	2	\$404.81
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	289.99	3	\$269.87
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	289.99	4	\$202.41
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	289.99	5	\$161.92
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	14	270	280	289.99	6	\$134.94

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**Habilitation, Individually Designed Living Arrangement - Range 15**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	309.99	1	\$867.43
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	309.99	2	\$433.71
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	309.99	3	\$289.13
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	309.99	4	\$216.86
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	309.99	5	\$173.47
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	15	290	300	309.99	6	\$144.56

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates**  
**HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 16**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	329.99	1	\$925.26
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	329.99	2	\$462.64
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	329.99	3	\$308.42
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	329.99	4	\$231.33
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	329.99	5	\$185.05
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	16	310	320	329.99	6	\$154.22

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
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**Habilitation, Individually Designed Living Arrangement - Range 17**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	349.99	1	\$983.09
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	349.99	2	\$491.54
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	349.99	3	\$327.70
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	349.99	4	\$245.77
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	349.99	5	\$196.62
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	17	330	340	349.99	6	\$163.85

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**Habilitation, Individually Designed Living Arrangement - Range 18**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	369.99	1	\$1,040.91
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	369.99	2	\$520.47
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	369.99	3	\$346.96
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	369.99	4	\$260.24
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	369.99	5	\$208.18
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	18	350	360	369.99	6	\$173.52

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates**  
**HID Rates Services**

**Habilitation, Individually Designed Living Arrangement - Range 19**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	389.99	1	\$1,098.74
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	389.99	2	\$549.37
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	389.99	3	\$366.25
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	389.99	4	\$274.69
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	389.99	5	\$219.75
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	19	370	380	389.99	6	\$183.12

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
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**Habilitation, Individually Designed Living Arrangement - Range 20**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Adopted Rate
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	409.99	1	\$1,156.57
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	409.99	2	\$578.30
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	409.99	3	\$385.52
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	409.99	4	\$289.16
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	409.99	5	\$231.29
T2016	HID	Habilitation, Individually Designed Living Arrangement	Per Resident Per Day	20	390	400	409.99	6	\$192.77

**NOTES:** The element of the schedule is either new or was changed from the July 1, 2016 release. This may also apply to boxes shaded in gray.  
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If Habilitation, Individually Designed Living Arrangement-Daily is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Manager or Designee to obtain the proper rate to bill.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Day Treatment and Training Services**

**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 members attended the program including hours allowed pursuant to item 3 below, excluding hours for behaviorally or medically intense members with a specially authorized rate) by (the total direct service staff hours with members present at the program, excluding hours related to behaviorally or medically intense members with a specially authorized rate); and
- b. Use the resulting quotient, which is the number of member billable hours per direct service staff hours and can be stated as “1: (result from step a.)” staff to member ratio, to find the appropriate staff to member 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 members in a program plus the hours allowed pursuant to item 3 below (excluding behaviorally or medically intense members 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 members were present at the program (excluding hours related to behaviorally or medically intense members with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:

- Total billable member 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

Providers have the option of using one of the following methods to determine units:

#1 For both members and direct service staff, units shall be recorded daily on the per member 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 member or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- If total hours for a member or direct service staff were equal to 5 hours and 24 minutes, round the total to 5 hours
- If total hours for a member or direct service staff were equal to 5 hours and 30 minutes, round the total to 6 hours
- If total hours for a member or direct service staff were equal to 6 hours and 48 minutes, round the total to 7 hours

#2 For both members and direct service staff, units shall be recorded daily on the per member and per direct service staff basis, shall be expressed in terms of hours and shall be rounded to the nearest 15-minutes, as illustrated in examples below:

- If services were provided for 3 hours and 5 minutes, bill 3.00 units.
- If services were provided for 5 hours and 24 minutes, bill 5.50 units.
- If services were provided for 6 hours and 48 minutes, bill 6.75 units.

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 member 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 member shall be equal to five for that day. If the member 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 member may include up to one hour per day if that member arrives after his/her scheduled arrival time on that day or if that member leaves before his/her scheduled departure time on that day. The calculation of the ratio will use the billable hours. However, if the member is absent for the entire day, the Qualified Vendor may not include hours for that day for that member in the ratio. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that member.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Day Treatment and Training Services**

For Day Treatment and Training, Children:

4. Absences do not constitute a billable unit except as provided in item 5 below. An absence factor was built into the model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a member 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 member shall be equal to five for that day. If the member 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.

5. Qualified Vendors that do not provide transportation for a particular member may include up to 30 minutes per day if that member arrives after his/her scheduled arrival time on that day or if that member leaves before his/her scheduled departure time on that day. The calculation of the ratio will use the billable hours. However, if the member is absent for the entire day, the Qualified Vendor may not include hours for that day for that member in the ratio. In no event shall the Qualified Vendor submit a claim for more than the number of hours authorized for that member.

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Day Treatment and Training, Adult**

T2021	DTA	Day Treatment and Training, Adult - Staff : Member Ratio Of 1:2.5 To 1:4.5	Program Hour	\$9.98	\$9.98	100.00%
T2021	DTA	Day Treatment and Training, Adult - Staff : Member Ratio Of 1:4.51 To 1:6.5	Program Hour	\$7.51	\$7.51	100.00%
T2021	DTA	Day Treatment and Training, Adult - Staff : Member Ratio Of 1:6.51 To 1:8.5	Program Hour	\$6.38	\$6.38	100.00%

**Day Treatment and Training, Children**

T2021	DTT	Day Treatment and Training, Children (After-School) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Program Hour	\$11.51	\$10.34	89.83%
T2021	DTT	Day Treatment and Training, Children (After-School) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Program Hour	\$9.31	\$7.98	85.71%
T2021	DTT	Day Treatment and Training, Children (After-School) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Program Hour	\$8.38	\$6.87	81.98%

T2021	DTS	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Program Hour	\$11.51	\$10.34	89.83%
T2021	DTS	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Program Hour	\$9.31	\$7.98	85.71%
T2021	DTS	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Program Hour	\$8.38	\$6.87	81.98%

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Day Treatment and Training Services**

**Modified Rates**

**Rural**

*Current Definition: The Division established a separate rate for these services 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 these modified rates 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 members in a 40 mile radius.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the urban rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the Division. The general guideline for authorizing the modified rate for rural areas is that the program be located in an area designated as Rural by the General Urban/Rural Definition (see Appendix 3 for details).**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
T2021	DTA	Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:2.5 To 1:4.5	Program Hour	\$11.36	\$11.36	100.00%
T2021	DTA	Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:4.51 To 1:6.5	Program Hour	\$8.92	\$8.88	99.55%
T2021	DTA	Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:6.51 To 1:8.5	Program Hour	\$7.82	\$7.58	96.93%
T2021	DTT DTS	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Program Hour	\$13.63	\$11.17	81.95%
T2021	DTT DTS	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Program Hour	\$11.49	\$9.41	81.90%
T2021	DTT DTS	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Program Hour	\$10.62	\$8.70	81.92%

**Behaviorally or Medically Intense**

The Division established a separate rate for this service to behaviorally or medically intense members. This modified rate is authorized on an individual member basis. *Special authorization for these members is required by the DDD Program Administrator/Manager or designee.* The hours for these members and the direct service staff hours shall not be considered in determining the overall program staffing ratio for the remaining members.

T2021	DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:1	Program Hour	\$21.37	\$20.71	96.91%
T2021	DTA	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:2	Program Hour	\$13.36	\$12.94	96.86%
T2021	DTT DTS	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1	Program Hour	\$21.37	\$20.71	96.91%
T2021	DTT DTS	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2	Program Hour	\$13.36	\$12.94	96.86%

The element of the schedule is either new or was changed from the July 1, 2016 release.



**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Developmental Home Services**

**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 members during daily activities.
2. For Room and Board, one unit equals one day (24 hours). If the member is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that member. If the member is not a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for the member if the Qualified Vendor has a current authorization for service.
3. For Incontinence Supplies and Nutritional Supplements, the Qualified Vendor will be paid these modified rates only for those members that require them and when payment of these modified rates has been approved by the Division.

**Bundled Home-Based Supports**

*Current Definition: The Division currently supports a rate for Habilitation, Vendor Supported Developmental Home that includes the provision of Home-Based supports (e.g. Respite). That is, Qualified Vendors that provide Habilitation, Vendor Supported Developmental Home are required to provide for the member any required Home-Based supports as part of the reimbursement for the Habilitation, Vendor Supported Developmental Home service, these additional Home-Based supports are not separately billable activities.*

***Proposed Definition: [Not Implemented] The Division establishehd an independent model for Habilitation, Vendor Supported Developmental Home that excludes Home-Based supports (e.g. Respite). That is, Qualified Vendors that provide Habilitation, Vendor Supported Developmental Home are required to obtain seperate authorizations from the Division for Home-Based supports and these Home-Based supports are separately billable activities. Note that the provision of the Home-Based supports must be performed by a Qualified Vendor for the authorized service.***

HCPCS Service Code	DDD Service Code	Description	Unit of Service	District	Contracted Capacity	Actual Occupancy	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Developmental Home Services**

T2016	HBA	Habilitation, Vendor Supported Developmental Home (Adult)	Day	All	N/A	N/A	\$108.71	\$102.33	94.13%
T2016	HBA	Habilitation, Vendor Supported Developmental Home (Adult) with Nutritional Supplement	Day	All	N/A	N/A	\$112.96	\$106.45	94.24%
T2016	HBA	Habilitation, Vendor Supported Developmental Home (Adult) with Incontinence Supplies	Day	All	N/A	N/A	\$113.21	\$105.42	93.12%
T2016	HBA	Habilitation, Vendor Supported Developmental Home (Adult) with Nutritional Supplement & Incontinence Supplies	Day	All	N/A	N/A	\$117.46	\$109.54	93.26%
T2016	HBC	Habilitation, Vendor Supported Developmental Home (Child)	Day	All	N/A	N/A	\$108.71	\$104.38	96.02%
T2016	HBC	Habilitation, Vendor Supported Developmental Home (Child) with Nutritional Supplement	Day	All	N/A	N/A	\$112.96	\$108.50	96.05%
T2016	HBC	Habilitation, Vendor Supported Developmental Home (Child) with Incontinence Supplies	Day	All	N/A	N/A	\$113.21	\$107.47	94.93%
T2016	HBC	Habilitation, Vendor Supported Developmental Home (Child) with Nutritional Supplement & Incontinence Supplies	Day	All	N/A	N/A	\$117.46	\$111.59	95.00%
DD031	RBD	Room and Board, Vendor Supported Developmental Home (Child and Adult)	Day	All	N/A	N/A	\$19.09	\$12.85	67.31%

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Group Home Services**

**Unit of Service**

1. 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 the member and can be verified by member attendance records and includes transportation time spent with members during daily activities. This unit of service is converted to a daily rate for billing purposes. Staff hours shall only apply to the provision of service by awake staff.
2. 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 members during daily activities.
3. For Room and Board, All Group Home, one unit equals one day (24 hours). If the member is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that member. If the member is not a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for the member if the Qualified Vendor has a current authorization for service.
4. For Incontinence Supplies and Nutritional Supplements, the Qualified Vendor will be paid these modified rates only for those members that require them and when payment of these modified rates has been approved by the Division.

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Group Home Services\***

T2016	HPD	Habilitation, Community Protection and Treatment Group Home*	Staff Hour	All	N/A	N/A	\$20.76	\$19.56	94.22%
T2016	HAB	Habilitation, Group Home*	Staff Hour	All	N/A	N/A	\$20.61	\$19.56	94.91%

\* See *Conversion to Daily Rates* Schedule for daily rates

T2016	HAN	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	\$392.10	\$392.10	100.00%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level I with Nutritional Supplement	Day	All	N/A	N/A	\$396.35	\$396.22	99.97%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level I with Incontinence Supplies	Day	All	N/A	N/A	\$396.60	\$395.19	99.64%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level I with Nutritional Supplement & Incontinence Supplies	Day	All	N/A	N/A	\$400.85	\$399.31	99.62%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	\$459.96	\$459.96	100.00%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level II with Nutritional Supplement	Day	All	N/A	N/A	\$464.21	\$464.08	99.97%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level II with Incontinence Supplies	Day	All	N/A	N/A	\$464.46	\$463.05	99.70%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level II with Nutritional Supplement & Incontinence Supplies	Day	All	N/A	N/A	\$468.71	\$467.17	99.67%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	\$517.12	\$517.12	100.00%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level III with Nutritional Supplement	Day	All	N/A	N/A	\$521.37	\$521.24	99.98%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level III with Incontinence Supplies	Day	All	N/A	N/A	\$521.62	\$520.21	99.73%
T2016	HAN	Habilitation, Nursing Supported Group Home - Level III with Nutritional Supplement & Incontinence Supplies	Day	All	N/A	N/A	\$525.87	\$524.33	99.71%

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Group Home Services**

**Urban & Rural**

*Current Definition: The Division established a separate rate for these services in the rural areas of the state. This modified rate is authorized on a program basis and has a premium over the urban rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the modified rates for rural areas is that the program (home) must be located in the designated County as denoted in the tables below.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization. The general guideline for authorizing the modified rate for rural areas is that the program (home) be located in an area designated as Rural by the General Urban/Rural Definition (see Appendix 3 for details).**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
<b>Room and Board, All Group Homes</b>									
DD030	RRB	Room and Board, All Group Homes	Day	Urban (Maricopa)	1	1	\$43.19	\$37.96	87.89%
DD030	RRB	Room and Board, All Group Homes	Day		2	1	\$50.30	\$41.02	81.55%
DD030	RRB	Room and Board, All Group Homes	Day		2	2	\$30.54	\$24.60	80.55%
DD030	RRB	Room and Board, All Group Homes	Day		3	1	\$66.84	\$50.21	75.12%
DD030	RRB	Room and Board, All Group Homes	Day		3	2	\$38.60	\$29.16	75.54%
DD030	RRB	Room and Board, All Group Homes	Day		3	3	\$29.19	\$22.14	75.85%
DD030	RRB	Room and Board, All Group Homes	Day		4	1	\$76.75	\$54.75	71.34%
DD030	RRB	Room and Board, All Group Homes	Day		4	2	\$43.45	\$31.41	72.29%
DD030	RRB	Room and Board, All Group Homes	Day		4	3	\$32.34	\$23.63	73.07%
DD030	RRB	Room and Board, All Group Homes	Day		4	4	\$26.79	\$19.73	73.65%
DD030	RRB	Room and Board, All Group Homes	Day	Urban (Pima)	1	1	\$43.19	\$33.42	77.38%
DD030	RRB	Room and Board, All Group Homes	Day		2	1	\$50.30	\$36.56	72.68%
DD030	RRB	Room and Board, All Group Homes	Day		2	2	\$30.54	\$22.38	73.28%
DD030	RRB	Room and Board, All Group Homes	Day		3	1	\$66.84	\$44.97	67.28%
DD030	RRB	Room and Board, All Group Homes	Day		3	2	\$38.60	\$26.55	68.78%
DD030	RRB	Room and Board, All Group Homes	Day		3	3	\$29.19	\$20.40	69.89%
DD030	RRB	Room and Board, All Group Homes	Day		4	1	\$76.75	\$48.88	63.69%
DD030	RRB	Room and Board, All Group Homes	Day		4	2	\$43.45	\$28.47	65.52%
DD030	RRB	Room and Board, All Group Homes	Day		4	3	\$32.34	\$21.66	66.98%
DD030	RRB	Room and Board, All Group Homes	Day		4	4	\$26.79	\$18.26	68.16%
DD030	RRB	Room and Board, All Group Homes	Day	Rural (Apache, Coconino, Navajo & Yavapai)	1	1	\$46.61	\$38.64	82.90%
DD030	RRB	Room and Board, All Group Homes	Day		2	1	\$54.93	\$42.26	76.93%
DD030	RRB	Room and Board, All Group Homes	Day		2	2	\$32.86	\$25.23	76.78%
DD030	RRB	Room and Board, All Group Homes	Day		3	1	\$66.52	\$51.61	77.59%
DD030	RRB	Room and Board, All Group Homes	Day		3	2	\$38.44	\$29.86	77.68%
DD030	RRB	Room and Board, All Group Homes	Day		3	3	\$29.08	\$22.61	77.75%
DD030	RRB	Room and Board, All Group Homes	Day		4	1	\$81.09	\$56.40	69.55%
DD030	RRB	Room and Board, All Group Homes	Day		4	2	\$45.62	\$32.23	70.65%
DD030	RRB	Room and Board, All Group Homes	Day		4	3	\$33.79	\$24.17	71.53%
DD030	RRB	Room and Board, All Group Homes	Day		4	4	\$27.88	\$20.14	72.24%

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Group Home Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	SFY14 Benchmark Rate	SFY14 Adopted Rate	Adopted: Benchmark Ratio
DD030	RRB	Room and Board, All Group Homes	Day	Rural (Cochise, Gila, Graham, Greenlee, La Paz, Mojave, Pinal, Santa Cruz & Yuma)	1	1	\$46.61	\$32.18	69.04%
DD030	RRB	Room and Board, All Group Homes	Day		2	1	\$54.93	\$35.11	63.92%
DD030	RRB	Room and Board, All Group Homes	Day		2	2	\$32.86	\$21.65	65.89%
DD030	RRB	Room and Board, All Group Homes	Day		3	1	\$66.52	\$42.98	64.61%
DD030	RRB	Room and Board, All Group Homes	Day		3	2	\$38.44	\$25.55	66.47%
DD030	RRB	Room and Board, All Group Homes	Day		3	3	\$29.08	\$19.74	67.88%
DD030	RRB	Room and Board, All Group Homes	Day		4	1	\$81.09	\$44.84	55.30%
DD030	RRB	Room and Board, All Group Homes	Day		4	2	\$45.62	\$26.46	58.00%
DD030	RRB	Room and Board, All Group Homes	Day		4	3	\$33.79	\$20.32	60.14%
DD030	RRB	Room and Board, All Group Homes	Day		4	4	\$27.88	\$17.26	61.91%

The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

**General Information**

Each Nurse, Therapist and Therapy Assistant, as appropriate, must apply and obtain their National Provider Identification (NPI) from the Centers for Medicare and Medicaid Services (CMS). The NPI must be recorded on each claim line under the Provider of Service heading. Therapy Assistants not required to obtain an individual NPI should provide their supervising Therapist's NPI in the claim line under Provider of Service.

Qualified Vendor's Providers of Service are required to use CPT/HCPCS codes that are within their AHCCCS registration (Category of Service). Billing CPT/HCPCS codes that are not within the AHCCCS approved category of service will cause a claim denial.

Unit of Service

1. For Home Health Aide

1.1 The basis of payment for Home Health Aide is one hour (60 minutes) of direct service time. Direct service time is the period of time spent with the member and verified by the member. 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. For Nursing Services:

Nursing services are provided as:

- **Visit:** Nursing Service(s) less than fifty-five (55) minutes per visit.
- **Intermittent:** Nursing Service(s) not to exceed 2 hours per visit and no more than 4 hours in one calendar day.
- **Continuous:** Nursing Service(s) either (i) for more than 2 continuous hours in one calendar day or (ii) for more than 4 hours in one calendar day.
- **Respite:** Nursing Service(s) services provided as Respite by a skilled nurse. The maximum number of units per benefit year are 600 units. A benefit year is October 1st through September 30th.

2.1 The basis of payment for Nursing, Visit is a single visit for up to fifty-five (55) minutes of continuous service.

2.2 The basis of payment for Nursing, Intermittent; Nursing, Continuous; and Nursing, Respite is one hour (60 minutes) of direct service time. Direct service time is the period of time spent with the member and verified by the member.

2.3 When billing Nursing, Intermittent; Nursing, Continuous; and Nursing, Respite services, 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 110 minutes, bill for 1.75 hour.

2.4 If the Qualified Vendor provides nursing services for more than 2 continuous hours or more than 4 hours in one calendar day, this is considered to be Nursing, Continuous. One unit of Nursing, Continuous equals one hour of direct service. A Qualified Vendor billing for Nursing, Continuous shall bill for the appropriate number of hours of service and include the actual cumulative hours of service provided in the calendar day on the billing document as required by the Division.

3. For Therapies:

3.1 One unit of evaluation equals one evaluation.

3.2 The basis of payment for this service, other than evaluation, is one hour (60 minutes) of direct service time. Direct service time is the period of time spent with the member and verified by the member. 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.

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

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Professional Services**

3.4 Clinical and Natural setting. A clinical setting includes the office or central location of the provider and generally requires the member to travel to the provider specifically to receive the service. A natural setting includes the client's home and community settings, such as a park, restaurant, child care provider, etc., in which persons without disabilities participate.

3.5 Absences/No Shows do not constitute a billable unit in the Clinical setting.

**Geographic Adjustments, Nursing Services**

*Current Definition: The Division does not currently support Geographic Adjustments for Nursing Services. The published rates for Nursing Services are State-wide effective services.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service utilizing a Three-Area Modified rate structure. These modified rates have a premium over the standard (Base) rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the Division. The general guideline for authorizing the modified rates for non-Base Rates is that the service delivery be located in an area designated as Area 1 or Area 2 by the Nursing Three-Area Modified Structure Definition (see Appendix 3 for details).**

**Geographic Adjustments, Therapy & Therapy Assistant Services**

*Current Definition: The Division currently supports a Medically Underserved adjustment.*

- (a) *The Medically Underserved adjustment is only applied to Ongoing Therapies. The Medically Underserved adjustment will not apply to therapy evaluation services.*
- (b) *The Division has designated member zip codes in the state as Medically Underserved at three tier levels.*
  - *Services provided in Base Rate will receive the service model rate, or the floor rate, whichever is greater.*
  - *Services provided in Tier 1 areas will receive a 10% premium over the model rate as noted on the rate schedule.*
  - *Services provided in Tier 2 areas will receive a 25% premium over the model rate as noted on the rate schedule.*
  - *Services provided in Tier 3 areas will receive a 50% premium over the model rate as noted on the rate schedule.*
  - *See Appendix 2 for the designation of member zip codes by tier levels.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service utilizing a Three-Area Modified rate structure. These modified rates have a premium over the standard (Base) rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the Division. The general guideline for authorizing the modified rates for non-Base Rates is that the service delivery be located in an area designated as Area 1 or Area 2 by the Therapy Three-Area Modified Structure Definition (see Appendix 3 for details).**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Home Health Aide**

T1021	HHA	Home Health Aide	Client Hour	1	\$25.83	\$21.17	81.96%
T1021	HHA	Home Health Aide	Client Hour	2	\$16.14	\$13.23	81.97%
T1021	HHA	Home Health Aide	Client Hour	3	\$12.92	\$10.59	81.97%

**Third Party Liability (TPL)**

Medicaid is the payer of last resort. It is critical that the Qualified Vendor identify any other available insurance coverage(s) for the member and bill the other insurances as primary.

For all Professional Services, except Home Health Aide, it is the responsibility of the Qualified Vendor to submit claims for ALL Division authorized Medicaid services delivered to the member, including services that are paid entirely by the TPL.

Upon the receipt of payment or denial by the other insurers, the Qualified Vendor submits its claim to the Division.

1. In the event the Qualified Vendor is paid by the TPL, the Qualified Vendor submits a claim to the Division reflecting the payment amount received, up to the Division's allowed amount.
2. In the event the Qualified Vendor is denied the TPL, the Qualified Vendor submits a waiver request along with a legible copy of the Explanation of Benefits (EOB) reflecting denial of an AHCCCS approved CPT/HCPCS code from the other insurer(s).

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
<b>Nursing, Visit</b>							
G0154	HNV	Nursing, Visit, RN, Base Rate	Visit	1	\$67.97	\$54.92	80.80%
G0154	HNV	Nursing, Visit, RN, Base Rate	Visit	2	\$42.48	\$34.33	80.81%
G0154	HNV	Nursing, Visit, RN, Base Rate	Visit	3	\$33.99	\$27.46	80.79%
G0154	HNV	Nursing, Visit, RN, Area 1	Visit	1	\$74.77		
G0154	HNV	Nursing, Visit, RN, Area 1	Visit	2	\$46.73		
G0154	HNV	Nursing, Visit, RN, Area 1	Visit	3	\$37.39		
G0154	HNV	Nursing, Visit, RN, Area 2	Visit	1	\$84.97		
G0154	HNV	Nursing, Visit, RN, Area 2	Visit	2	\$53.11		
G0154	HNV	Nursing, Visit, RN, Area 2	Visit	3	\$42.49		
G0154	HNV	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	1		\$61.08	
G0154	HNV	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	2		\$38.18	
G0154	HNV	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	3		\$30.54	
G0154	HNV	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	1		\$62.62	
G0154	HNV	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	2		\$39.14	
G0154	HNV	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	3		\$31.31	
G0154	HNV	Nursing, Visit, LPN, Base Rate	Visit	1	\$53.33	\$43.09	80.80%
G0154	HNV	Nursing, Visit, LPN, Base Rate	Visit	2	\$33.33	\$26.93	80.80%
G0154	HNV	Nursing, Visit, LPN, Base Rate	Visit	3	\$26.67	\$21.55	80.80%
G0154	HNV	Nursing, Visit, LPN, Area 1	Visit	1	\$58.66		
G0154	HNV	Nursing, Visit, LPN, Area 1	Visit	2	\$36.66		
G0154	HNV	Nursing, Visit, LPN, Area 1	Visit	3	\$29.33		
G0154	HNV	Nursing, Visit, LPN, Area 2	Visit	1	\$66.66		
G0154	HNV	Nursing, Visit, LPN, Area 2	Visit	2	\$41.66		
G0154	HNV	Nursing, Visit, LPN, Area 2	Visit	3	\$33.33		
G0154	HNV	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	1		\$47.91	
G0154	HNV	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	2		\$29.95	
G0154	HNV	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	3		\$23.96	
G0154	HNV	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	1		\$49.13	
G0154	HNV	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	2		\$30.70	
G0154	HNV	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	3		\$24.56	
<b>Nursing, Intermittent</b>							
G0155	HN9	Nursing, Intermittent, RN, Base Rate	Client Hour	1	\$70.65	\$57.09	80.80%
G0155	HN9	Nursing, Intermittent, RN, Base Rate	Client Hour	2	\$44.16	\$35.68	80.80%
G0155	HN9	Nursing, Intermittent, RN, Base Rate	Client Hour	3	\$35.33	\$28.55	80.81%

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
G0155	HN9	Nursing, Intermittent, RN, Area 1	Client Hour	1	\$77.72		
G0155	HN9	Nursing, Intermittent, RN, Area 1	Client Hour	2	\$48.58		
G0155	HN9	Nursing, Intermittent, RN, Area 1	Client Hour	3	\$38.86		
G0155	HN9	Nursing, Intermittent, RN, Area 2	Client Hour	1	\$88.31		
G0155	HN9	Nursing, Intermittent, RN, Area 2	Client Hour	2	\$55.19		
G0155	HN9	Nursing, Intermittent, RN, Area 2	Client Hour	3	\$44.16		
G0155	HN9	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	1		\$63.49	
G0155	HN9	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	2		\$39.67	
G0155	HN9	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	3		\$31.75	
G0155	HN9	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	1		\$65.08	
G0155	HN9	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	2		\$40.67	
G0155	HN9	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	3		\$32.54	
G0155	HN9	Nursing, Intermittent, LPN, Base Rate	Client Hour	1	\$55.21	\$44.61	80.80%
G0155	HN9	Nursing, Intermittent, LPN, Base Rate	Client Hour	2	\$34.51	\$27.88	80.79%
G0155	HN9	Nursing, Intermittent, LPN, Base Rate	Client Hour	3	\$27.61	\$22.31	80.80%
G0155	HN9	Nursing, Intermittent, LPN, Area 1	Client Hour	1	\$60.73		
G0155	HN9	Nursing, Intermittent, LPN, Area 1	Client Hour	2	\$37.96		
G0155	HN9	Nursing, Intermittent, LPN, Area 1	Client Hour	3	\$30.37		
G0155	HN9	Nursing, Intermittent, LPN, Area 2	Client Hour	1	\$69.01		
G0155	HN9	Nursing, Intermittent, LPN, Area 2	Client Hour	2	\$43.13		
G0155	HN9	Nursing, Intermittent, LPN, Area 2	Client Hour	3	\$34.51		
G0155	HN9	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	1		\$49.61	
G0155	HN9	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	2		\$31.01	
G0155	HN9	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	3		\$24.82	
G0155	HN9	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	1		\$50.86	
G0155	HN9	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	2		\$31.78	
G0155	HN9	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	3		\$25.43	
<b>Nursing, Continuous/Respite</b>							
S9123	HN1	Nursing, Continuous/Respite, RN, Base Rate	Day	1	\$53.64	\$43.34	80.80%
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Base Rate	Day	2	\$33.53	\$27.09	80.79%
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Base Rate	Day	3	\$26.82	\$21.67	80.80%
S9124	HNR						



**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
S9123	HN1	Nursing, Continuous/Respite, RN, Area 1	Day	1	\$59.00		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Area 1	Day	2	\$36.88		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Area 1	Day	3	\$29.50		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Area 2	Day	1	\$67.05		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Area 2	Day	2	\$41.91		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN, Area 2	Day	3	\$33.53		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	1		\$48.20	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	2		\$30.13	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	3		\$24.11	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	1		\$49.42	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	2		\$30.88	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Visit	3		\$24.70	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Base Rate	Day	1	\$41.40	\$37.82	91.36%
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Base Rate	Day	2	\$25.88	\$23.64	91.34%
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Base Rate	Day	3	\$20.70	\$18.91	91.35%
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Area 1	Day	1	\$45.54		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Area 1	Day	2	\$28.46		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Area 1	Day	3	\$22.77		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Area 2	Day	1	\$51.75		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Area 2	Day	2	\$32.34		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN, Area 2	Day	3	\$25.88		
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	1		\$42.07	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	2		\$26.29	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Visit	3		\$21.04	
S9124	HNR						

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
S9123	HN1	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	1		\$43.13	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	2		\$26.95	
S9124	HNR						
S9123	HN1	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Visit	3		\$21.56	
S9124	HNR						

**Occupational Therapy**

Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	1	\$69.17	\$59.38	85.85%
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	2	\$43.23	\$37.11	85.84%
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	3	\$34.58	\$29.69	85.86%
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	1	\$76.08		
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	2	\$47.55		
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	3	\$38.04		
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	1		\$59.83	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	2		\$37.40	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	3		\$29.92	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	1	\$86.46		
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	2	\$54.04		
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	3	\$43.23		
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	1		\$67.99	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	2		\$42.50	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	3		\$34.00	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	1		\$81.58	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	2		\$50.98	
	OTA OCL	Occupational Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	3		\$40.78	
	Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	1	\$91.81	\$78.82
OTA OCL		Occupational Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	2	\$57.38	\$49.26	85.85%
OTA OCL		Occupational Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	3	\$45.91	\$39.41	85.84%

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Area 1	Client Hour	1	\$100.99		
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Area 1	Client Hour	2	\$63.12		
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Area 1	Client Hour	3	\$50.50		
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	1		\$86.71	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	2		\$54.20	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	3		\$43.36	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Area 2	Client Hour	1	\$114.76		
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Area 2	Client Hour	2	\$71.73		
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Area 2	Client Hour	3	\$57.38		
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	1		\$98.53	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	2		\$61.58	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	3		\$49.27	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	1		\$114.76	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	2		\$71.73	
	OTA OCL	Occupational Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	3		\$57.38	

**Occupational Therapy Evaluations**

See OTA/OCL	OEA OCV	Occupational Therapy/Early Intervention Evaluation, Clinical Setting	Evaluation	1	\$207.50	\$162.52	78.32%
See OTA/OCL	OEA OCV	Occupational Therapy/Early Intervention Evaluation, Natural Setting	Evaluation	1	\$230.15	\$181.70	78.95%

**Occupational Therapy Assistant**

Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	1	\$53.24	\$53.24	100.00%
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	2	\$33.28	\$33.28	100.00%
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	3	\$26.62	\$26.62	100.00%
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	1	\$58.56		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	2	\$36.60		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	3	\$29.28		

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	1		\$58.41	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	2		\$36.51	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	3		\$29.21	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	1	\$66.55		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	2	\$41.59		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	3	\$33.28		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	1		\$66.37	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	2		\$41.48	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	3		\$33.19	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	1		\$79.64	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	2		\$49.78	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	3		\$39.82	
Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	1	\$70.99	\$70.99	100.00%
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	2	\$44.37	\$44.37	100.00%
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	3	\$35.50	\$35.50	100.00%
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	1	\$78.09		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	2	\$48.81		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	3	\$39.05		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	1		\$79.14	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	2		\$49.46	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	3		\$39.57	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	1	\$88.74		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	2	\$55.46		
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	3	\$44.37		

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	1		\$89.93	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	2		\$56.21	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	3		\$44.97	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	1		\$107.92	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	2		\$67.45	
	OTA OCL	Occupational Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	3		\$53.96	

**Physical Therapy**

Must Meet AHCCCS Billing Requirements	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	1	\$69.17	\$59.38	85.85%
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	2	\$43.23	\$37.11	85.84%
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	3	\$34.58	\$29.69	85.86%
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	1	\$76.08		
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	2	\$47.55		
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	3	\$38.04		
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	1		\$59.83	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	2		\$37.40	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	3		\$29.92	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	1	\$86.46		
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	2	\$54.04		
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	3	\$43.23		
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	1		\$67.99	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	2		\$42.50	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	3		\$34.00	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	1		\$81.58	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	2		\$50.98	
	PTA PHL	Physical Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	3		\$40.78	

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio	
Must Meet AHCCCS Billing Requirements	PTA PHL	Physical Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	1	\$91.81	\$78.82	85.85%	
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	2	\$57.38	\$49.26	85.85%	
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	3	\$45.91	\$39.41	85.84%	
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Area 1	Client Hour	1	\$100.99			
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Area 1	Client Hour	2	\$63.12			
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Area 1	Client Hour	3	\$50.50			
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	1		\$86.71		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	2		\$54.20		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	3		\$43.36		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Area 2	Client Hour	1	\$114.76			
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Area 2	Client Hour	2	\$71.73			
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Area 2	Client Hour	3	\$57.38			
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	1		\$98.53		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	2		\$61.58		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	3		\$49.27		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	1		\$114.76		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	2		\$71.73		
	PTA PHL	Physical Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	3		\$57.38		
	<b>Physical Therapy Evaluations</b>							
	See PTA/PHL	PEA PHV	Physical Therapy/Early Intervention Evaluation, Clinical Setting	Evaluation	1	\$207.50	\$162.52	78.32%
See PTA/PHL	PEA PHV	Physical Therapy/Early Intervention Evaluation, Natural Setting	Evaluation	1	\$230.15	\$181.70	78.95%	
<b>Physical Therapy Assistant</b>								
Must Meet AHCCCS Billing Requirements	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	1	\$53.24	\$53.24	100.00%	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	2	\$33.28	\$33.28	100.00%	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	3	\$26.62	\$26.62	100.00%	

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	1	\$58.56		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	2	\$36.60		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	3	\$29.28		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	1		\$58.41	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	2		\$36.51	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	3		\$29.21	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	1	\$66.55		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	2	\$41.59		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	3	\$33.28		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	1		\$66.37	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	2		\$41.48	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	3		\$33.19	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	1		\$79.64	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	2		\$49.78	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	3		\$39.82	
Must Meet AHCCCS Billing Requirements	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	1	\$70.99	\$70.99	100.00%
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	2	\$44.37	\$44.37	100.00%
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	3	\$35.50	\$35.50	100.00%
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	1	\$78.09		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	2	\$48.81		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	3	\$39.05		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	1		\$79.14	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	2		\$49.46	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	3		\$39.57	

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	1	\$88.74		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	2	\$55.46		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	3	\$44.37		
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	1		\$89.93	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	2		\$56.21	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	3		\$44.97	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	1		\$107.92	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	2		\$67.45	
	PTA PHL	Physical Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	3		\$53.96	

**Speech Therapy**

Must Meet AHCCCS Billing Requirements	STA SPL	Speech Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	1	\$69.17	\$59.38	85.85%
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	2	\$43.23	\$37.11	85.84%
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting, Base Rate	Client Hour	3	\$34.58	\$29.69	85.86%
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	1	\$76.08		
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	2	\$47.55		
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Area 1	Client Hour	3	\$38.04		
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	1		\$59.83	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	2		\$37.40	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 1	Client Hour	3		\$29.92	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	1	\$86.46		
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	2	\$54.04		
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Area 2	Client Hour	3	\$43.23		
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	1		\$67.99	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	2		\$42.50	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 2	Client Hour	3		\$34.00	



**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	1		\$81.58	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	2		\$50.98	
	STA SPL	Speech Therapy/Early Intervention, Clinical Setting Tier 3	Client Hour	3		\$40.78	
Must Meet AHCCCS Billing Requirements	STA SPL	Speech Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	1	\$91.81	\$78.82	85.85%
	STA SPL	Speech Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	2	\$57.38	\$49.26	85.85%
	STA SPL	Speech Therapy/Early Intervention, Natural Setting, Base Rate	Client Hour	3	\$45.91	\$39.41	85.84%
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Area 1	Client Hour	1	\$100.99		
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Area 1	Client Hour	2	\$63.12		
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Area 1	Client Hour	3	\$50.50		
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	1		\$86.71	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	2		\$54.20	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 1	Client Hour	3		\$43.36	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Area 2	Client Hour	1	\$114.76		
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Area 2	Client Hour	2	\$71.73		
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Area 2	Client Hour	3	\$57.38		
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	1		\$98.53	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	2		\$61.58	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 2	Client Hour	3		\$49.27	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	1		\$114.76	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	2		\$71.73	
	STA SPL	Speech Therapy/Early Intervention, Natural Setting Tier 3	Client Hour	3		\$57.38	
<b>Speech Therapy Evaluations</b>							
See STA/SPL	SEA SPV	Speech Therapy/Early Intervention Evaluation, Clinical Setting	Evaluation	1	\$207.50	\$162.52	78.32%
See STA/SPL	SEA SPV	Speech Therapy/Early Intervention Evaluation, Natural Setting	Evaluation	1	\$230.15	\$181.70	78.95%

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
<b>Speech Therapy Assistant</b>							
Must Meet AHCCCS Billing Requirements	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	1	\$53.24	\$53.24	100.00%
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	2	\$33.28	\$33.28	100.00%
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Base Rate	Client Hour	3	\$26.62	\$26.62	100.00%
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	1	\$58.56		
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	2	\$36.60		
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Area 1	Client Hour	3	\$29.28		
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	1		\$58.56	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	2		\$36.60	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 1	Client Hour	3		\$29.28	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	1	\$66.55		
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	2	\$41.59		
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Area 2	Client Hour	3	\$33.28		
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	1		\$66.55	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	2		\$41.59	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 2	Client Hour	3		\$33.28	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	1		\$66.55	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	2		\$41.59	
	STA SPL	Speech Therapy/Early Intervention Assistant, Clinical Setting, Tier 3	Client Hour	3		\$33.28	
Must Meet AHCCCS Billing Requirements	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	1	\$70.99	\$70.99	100.00%
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	2	\$44.37	\$44.37	100.00%
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Base Rate	Client Hour	3	\$35.50	\$35.50	100.00%
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	1	\$78.09		
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	2	\$48.81		
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Area 1	Client Hour	3	\$39.05		

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Professional Services**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Multiple Clients	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
Must Meet AHCCCS Billing Requirements	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	1		\$78.09	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	2		\$48.81	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 1	Client Hour	3		\$39.05	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	1	\$88.74		
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	2	\$55.46		
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Area 2	Client Hour	3	\$44.37		
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	1		\$88.74	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	2		\$55.46	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 2	Client Hour	3		\$44.37	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	1		\$88.74	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	2		\$55.46	
	STA SPL	Speech Therapy/Early Intervention Assistant, Natural Setting, Tier 3	Client Hour	3		\$44.37	

**Respiratory Therapy**

S5181	RP1	Respiratory Therapy, Clinical Setting	Client Hour	1	\$44.73	\$34.85	77.91%
S5181	RP1	Respiratory Therapy, Clinical Setting	Client Hour	2	\$27.96	\$21.78	77.90%
S5181	RP1	Respiratory Therapy, Clinical Setting	Client Hour	3	\$22.36	\$17.43	77.95%
S5181	RP1	Respiratory Therapy, Natural Setting	Client Hour	1	\$59.22	\$44.86	75.75%
S5181	RP1	Respiratory Therapy, Natural Setting	Client Hour	2	\$37.01	\$28.04	75.76%
S5181	RP1	Respiratory Therapy, Natural Setting	Client Hour	3	\$29.61	\$22.43	75.75%

The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Employment Support Services**

Unit of Service

For Center-Based Service

1. The basis of payment for this service is one hour (60 minutes) of time in which the member is in attendance in contact with direct service staff and verified by the member. Any fraction of an hour should be billed in 15-minute increments. When billing, the Qualified Vendor should round member attendance time to the nearest 15-minute increment, as illustrated in the examples below:

- If member attended for 65 minutes, bill for 1 hour.
- If member attended for 68 minutes, bill for 1.25 hour.
- If member attended for 50 minutes, bill for .75 hour.

2. Total hours for a member's attendance shall not include time spent during transportation to/from the member's residence.

3. Absences do not constitute a billable unit except as provided in item 4 below. An absence factor was built into the rates. The Division will not compensate Qualified Vendors for any absences. For example, if a member stays in the employment program for two hours, 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 member shall be equal to five for that day.

4. Qualified Vendors that do not provide transportation for a particular member may include up to one hour per day if the member arrives after his/her scheduled arrival or leaves before his/her scheduled departure time on a given day. However, if the member is absent for the entire day, the Qualified Vendor may not bill any hours for that day for that member.

5. If a member permanently stops attending the Qualified Vendor's program, then the Qualified Vendor shall notify the DDD Support Coordinator/Supervisor and District Employment Specialist. The Qualified Vendor shall not bill the Division for vacancies.

For Group Supported Employment

1. The basis of payment for this service is an hour (60 minutes) of time in which the member is in attendance in contact with direct service staff and verified by the member. Direct service time begins when the member shows up at the job site or staging area, whichever is earlier. Any fraction of an hour should be billed in 15-minute increments. When billing, the Qualified Vendor should round member attendance 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. Total hours for the member shall not include time spent during transportation to/from the member's residence.

3. 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 members attended the group supported employment) by (the total direct service staff hours with members present at the program, excluding hours of employment support aides); and
- b. Use the resulting quotient, which is the number of member billable hours per direct service staff hours and can be stated as "1: (result from step a.)" staff to member ratio, to find the appropriate staff to member 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 members in a group supported employment program totaled 30 hours for a day (600 for the month), and the number of hours worked by direct service staff when members were present at the program (excluding employment support aide hours) totaled 6 for that day (120 for the month), then the calculation would be:

-Total billable member hours divided by total direct service staff hours =  $30 / 6$  or  $600 / 120 = 5.0$

-This program's ratio is 1:5

For both members and direct service staff units shall be recorded daily, on the per member and per direct service staff basis, and be expressed in terms of hours and shall be rounded to the nearest 15-minute increment, as illustrated in examples below:

- If total hours for a member or direct service staff were equal to 3 hours and 5 minutes, round the total to 3 hours
- If total hours for a member or direct service staff were equal to 5 hours and 24 minutes, round the total to 5.5 hours
- If total hours for a member or direct service staff were equal to 5 hours and 48 minutes, round the total to 5.75 hours

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Employment Support Services**

4. Absences do not constitute a billable unit, including late arrivals and early departures. As absence factor was built into model rates. The Division will not compensate Qualified Vendors for any absences. For example, if a member stays in the employment program for two hours, 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 member shall be equal to five for that day.

5. If a member permanently stops receiving services from the Qualified Vendor, then the Qualified Vendor shall notify the DDD Support Coordinator/Supervisor and District Employment Specialist. The Qualified Vendor shall not bill the Division for vacancies.

**For Individual Supported Employment**

1. The basis of payment for this service is one hour (60 minutes) of Qualified Vendor staff time spent directly with or specific to the member and verified by the member. A job coach/job search hour shall include activities such as:

1.1. Meetings with the member and/or employer; and

1.2. Other tasks necessary to support the member to keep or obtain the job and be successful including, but not limited to, career development counseling, on-the-job training, job coaching, ongoing employer contact, mobility training and worksite analysis.

2. When billing, the Qualified Vendor should round its staff time to the nearest 15-minute increment, as illustrated in the examples below:

- If activities were conducted for 65 minutes, bill for 1 hour.

- If activities were conducted for 68 minutes, bill for 1.25 hour.

- If activities were conducted for 50 minutes, bill for .75 hour.

3. If the member permanently stops participating in the Qualified Vendor's program, then the Qualified Vendor shall notify the DDD Support Coordinator/Supervisor/designee and the District Employment Specialist. The Qualified Vendor shall not bill the Division for non-participation.

**For Employment Support Aide**

1. The basis of payment for this service is one hour (60 minutes) of direct staff service time. Direct service time is the period of time spent by the Employment Support Aide with the member and verified by the member. 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.

**For Career Preparation & Readiness**

1. The basis of payment for this service is one hour (60 minutes) of direct staff service time. Direct service time is the period of time spent by the Qualified Vendor staff with the member and verified by the member. 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.

2. The typical utilization is anticipated to be four (4) hours per day but shall not exceed eight (8) hours per day.

3. The staff to member ratio shall not exceed one (1) direct service staff person to three (3) members (1:3). It is anticipated that all members may need intermittent direct one-on-one (1:1) assistance/supervision in order to meet individual needs.

4. This service can be authorized up to six months with a maximum of two service extensions of three (3) months each as assessed by the member's planning team and approved by the District Program Manager/designee. All exceptions must be approved by the District Program Manager/designee.

**Urban & Rural**

*Current Definition: The Division established a separate rate for these services in the rural (Low Density) areas of the state. This modified rate is authorized on a program basis and has a premium over the urban (High Density) rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the modified rates for rural (Low Density) areas is that the program must be located in the designated Zip Code as defined in Appendix 1.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the urban rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the Division. The general guideline for authorizing the modified rates for rural areas is that the program be located in an area designated as Rural by the General Urban/Rural Definition (see Appendix 3 for details).**

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Employment Support Services**

HCPCS Service Code	DDD Service Code	Description	Setting	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
<b>Center-Based Employment</b>							
T2019	CBE	Center-Based Employment - High Density versus Urban Staff : Member Ratio Of 1:1.51 To 1:4.5	Urban	Client Hour	\$10.88		
T2019	CBE	Center-Based Employment - Low Density versus Rural Staff : Member Ratio Of 1:1.51 To 1:4.5	Rural	Client Hour	\$11.24		
T2019	CBE	Center-Based Employment - High Density versus Urban Staff : Member Ratio Of 1:4.51 To 1:7.5	Urban	Client Hour	\$6.16	\$5.61	91.07%
T2019	CBE	Center-Based Employment - Low Density versus Rural Staff : Member Ratio Of 1:4.51 To 1:7.5	Rural	Client Hour	\$6.54	\$6.11	93.43%
T2019	CBE	Center-Based Employment - High Density versus Urban Staff : Member Ratio Of 1:7.51 To 1:10.5	Urban	Client Hour	\$4.62		
T2019	CBE	Center-Based Employment - Low Density versus Rural Staff : Member Ratio Of 1:7.51 To 1:10.5	Rural	Client Hour	\$5.01		
<b>Group Supported Employment</b>							
T2019	GSE	Group Supported Employment - High Density versus Urban Staff : Member Ratio Of 1:2 To 1:2.5	Urban	Client Hour	\$17.25	\$17.25	100.00%
T2019	GSE	Group Supported Employment - Low Density versus Rural Staff : Member Ratio Of 1:2 To 1:2.5	Rural	Client Hour	\$19.18	\$19.18	100.00%
T2019	GSE	Group Supported Employment - High Density versus Urban Staff : Member Ratio Of 1:2.51 To 1:3.5	Urban	Client Hour	\$12.69	\$12.29	96.85%
T2019	GSE	Group Supported Employment - Low Density versus Rural Staff : Member Ratio Of 1:2.51 To 1:3.5	Rural	Client Hour	\$14.64	\$14.11	96.38%
T2019	GSE	Group Supported Employment - High Density versus Urban Staff : Member Ratio Of 1:3.51 To 1:4.5	Urban	Client Hour	\$10.43	\$9.02	86.48%
T2019	GSE	Group Supported Employment - Low Density versus Rural Staff : Member Ratio Of 1:3.51 To 1:4.5	Rural	Client Hour	\$12.40	\$10.39	83.79%
T2019	GSE	Group Supported Employment - High Density versus Urban Staff : Member Ratio Of 1:4.51 To 1:5.5	Urban	Client Hour	\$9.09	\$7.45	81.96%
T2019	GSE	Group Supported Employment - Low Density versus Rural Staff : Member Ratio Of 1:4.51 To 1:5.5	Rural	Client Hour	\$11.08	\$9.08	81.95%
T2019	GSE	Group Supported Employment - High Density versus Urban Staff : Member Ratio Of 1:5.51 To 1:6.5	Urban	Client Hour	\$8.21	\$6.73	81.97%
T2019	GSE	Group Supported Employment - Low Density versus Rural Staff : Member Ratio Of 1:5.51 To 1:6.5	Rural	Client Hour	\$10.22	\$8.37	81.90%
<b>Individual Supported Employment</b>							
T2019	ISE	Individual Supported Employment, Job Coaching	Urban	Client Hour	\$41.76	\$35.85	85.85%
T2019	ISE	Individual Supported Employment, Job Coaching	Rural	Client Hour	\$57.51	\$49.37	85.85%
T2019	ISE	Individual Supported Employment, Job Development	Urban	Client Hour	\$40.63	\$34.88	85.85%
T2019	ISE	Individual Supported Employment, Job Development	Rural	Client Hour	\$43.24	\$37.12	85.85%

**Arizona Department of Economic Security, Division of Developmental Disabilities  
 SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
 Employment Support Services**

HCPCS Service Code	DDD Service Code	Description	Setting	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
<b>Transition to Employment</b>							
T2019	TTE	Transition to Employment	Urban	Client Hour	\$10.30	\$10.30	100.00%
T2019	TTE	Transition to Employment	Rural	Client Hour	\$11.13	\$11.13	100.00%
<b>Employment Support Aide</b>							
T2019	ESA	Employment Support Aide (GSE/ISE)	Urban	Client Hour	\$19.87	\$18.58	93.51%
T2019	ESA	Employment Support Aide (GSE/ISE)	Rural	Client Hour	\$21.32	\$20.24	94.93%
<b>Career Preparation &amp; Readiness</b>							
T2019	CPR	Career Preparation & Readiness	Urban	Client Hour	\$16.71	\$15.04	90.00%
T2019	CPR	Career Preparation & Readiness	Rural	Client Hour	\$18.11	\$16.30	90.00%

The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio**  
**Specialized Habilitation Services**

Unit of Service

1. The basis of payment for Specialized Habilitation Services is one hour (60 minutes) of direct service time except Habilitation, Consultation Assessment & Planning for which one unit equals one assessment. Direct service time is the period of time spent with the member and verified by the member. 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 Habilitation with Music Therapy or Habilitation, Communication with a single direct service staff person to multiple members at the same time, the basis of payment for each member will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three members receive this service with a single direct service staff person at the same time.

3. For Habilitation, Communication, the Qualified Vendor shall use the following guideline to determine the billing rate:

- To bill at Level I rate, the direct service staff must have an Associates degree in a related field and/or Assistive Technology Certification and/or Teacher's Aide Certification with 2 years of experience in communication related activities such as sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities; five years of experience as described above can be substituted for degree/certification certificate.

- To bill at Level II rate, the direct service staff must have a Bachelors degree in education or therapy related field with specialty training in sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities.

- To bill at Level III rate, the direct service staff must have a Masters degree in education or therapy or related field with specialty training in sign language, assistive technology, augmentative communication with knowledge of behavior management and/or adaptive activities.

4. For *Habilitation, Consultation*, the Qualified Vendor shall use the following guideline to determine the billing rate:

- To bill at the "Licensed Psychologist" (Urban or Rural) rate, the direct service staff must be a Licensed Psychologists, a Licensed Behavior Analyst with a Ph.D. in an appropriate field or the Qualified Vendor must have a current License obtained from the Arizona Department of Health Services/Office of Behavioral Health Licensing (ADHS/OBHL).

- To bill at the "Licensed Behavior Analyst" rate, the direct service staff must be currently licensed under the Arizona Board of Psychologist Examiners.

- To bill at the "Board Certified Behavior Analyst (BCBA)" or "Board Certified Assistant Behavior Analyst (BCABA)" rate, the direct service staff must be currently certified under the Behavioral Analyst Certification Board and supervised by a Licensed Behavior Analyst or Licensed Psychologist.

5. For *Habilitation, Early Childhood Autism Specialized*, the Qualified Vendor shall use the following guideline to determine the billing rate:

- To bill at the "Board Certified Behavior Analyst-Doctorate (BCBA-D)" (Urban or Rural) rate, the direct service staff must be a Licensed Behavior Analyst with a Ph.D. in an appropriate field or the Qualified Vendor must have a current License obtained from the Arizona Department of Health Services/Office of Behavioral Health Licensing (ADHS/OBHL).

- To bill at the "Licensed Behavior Analyst" rate, the direct service staff must be currently licensed under the Arizona Board of Psychologist Examiners.

- To bill at the "Masters Level" or "Bachelors Level" rate, the direct service staff must hold the appropriate degree in an appropriate field and be supervised by a Licensed Behavior Analyst or BCBA-D.

**Rural**

*Current Definition: The Division established a separate rate for these services 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 these modified rates only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural rates is that the service delivery must be approved by the DDD Program Administrator/Manager or designee.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the urban rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from th Division. The general guideline for authorizing the modified rate for rural areas is that the program be located in an area designated as Rural by the General Urban/Rural Definition (see Appendix 3 for details).**



**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Specialized Habilitation Services**

<b>HCPCS Service Code</b>	<b>DDD Service Code</b>	<b>Description</b>	<b>Unit of Service</b>	<b>Multiple Clients</b>	<b>Benchmark Rate</b>	<b>Adopted Rate</b>	<b>Adopted: Benchmark Ratio</b>
<b>Habilitation with Music Therapy</b>							
T2017	HAM	Habilitation with Music Therapy	Client Hour	1	\$39.66	\$32.05	80.80%
T2017	HAM	Habilitation with Music Therapy	Client Hour	2	\$24.79	\$20.03	80.80%
T2017	HAM	Habilitation with Music Therapy	Client Hour	3	\$19.83	\$16.03	80.84%
<b>Specialized Habilitation, Behavioral</b>							
T2017	HBB	Specialized Habilitation, Behavioral-B	Staff Hour	1	\$40.00	\$37.29	93.23%
T2017	HBM	Specialized Habilitation, Behavioral-M	Staff Hour	1	\$60.00	\$55.94	93.23%
<b>Habilitation, Communication</b>							
T2017	HCH	Habilitation, Communication, Level I	Client Hour	1	\$19.78	\$18.44	93.23%
T2017	HCH	Habilitation, Communication, Level I	Client Hour	2	\$12.36	\$11.52	93.20%
T2017	HCH	Habilitation, Communication, Level I	Client Hour	3	\$9.89	\$9.22	93.23%
T2017	HCH	Habilitation, Communication, Level II	Client Hour	1	\$25.92	\$19.14	73.84%
T2017	HCH	Habilitation, Communication, Level II	Client Hour	2	\$16.20	\$11.96	73.83%
T2017	HCH	Habilitation, Communication, Level II	Client Hour	3	\$12.96	\$9.57	73.84%
T2017	HCH	Habilitation, Communication, Level III	Client Hour	1	\$32.06	\$19.14	59.70%
T2017	HCH	Habilitation, Communication, Level III	Client Hour	2	\$20.04	\$11.96	59.68%
T2017	HCH	Habilitation, Communication, Level III	Client Hour	3	\$16.03	\$9.57	59.70%
<b>Habilitation, Consultation</b>							
T2017	HCM	Habilitation, Consultation Licensed Psychologist - Urban	Client Hour	1	\$124.77	\$124.77	100.00%
T2017	HCM	Habilitation, Consultation Licensed Psychologist - Rural	Client Hour	1	\$147.97	\$144.23	97.47%
T2017	HCM	Habilitation, Consultation Licensed Behavior Analyst	Client Hour	1	\$59.45	\$59.45	100.00%
T2017	HCM	Habilitation, Consultation Board Certified Behavior Analyst	Client Hour	1	\$54.85	\$54.85	100.00%
T2017	HCB	Habilitation, Consultation Board Certified Assistant Behavior Analyst	Client Hour	1	\$42.84	\$37.29	87.04%
<b>Habilitation, Consultation Assessment</b>							
T2020	HCA	Habilitation, Consultation Assessment & Planning	Assessment	1	\$297.25	\$297.25	100.00%

**Arizona Department of Economic Security, Division of Developmental Disabilities  
 SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
 Specialized Habilitation Services**

<b>HCPCS Service Code</b>	<b>DDD Service Code</b>	<b>Description</b>	<b>Unit of Service</b>	<b>Multiple Clients</b>	<b>Benchmark Rate</b>	<b>Adopted Rate</b>	<b>Adopted: Benchmark Ratio</b>
<b>Habilitation, Early Childhood Autism Specialized</b>							
T2017	ECM	Habilitation, Early Childhood Autism Specialized BCBA-D - Urban	Client Hour	1	\$124.77	\$124.77	100.00%
T2017	ECM	Habilitation, Early Childhood Autism Specialized BCBA-D - Rural	Client Hour	1	\$147.97	\$144.23	97.47%
T2017	ECM	Habilitation, Early Childhood Autism Specialized Licensed Behavior Analyst	Client Hour	1	\$59.45	\$59.45	100.00%
T2017	ECM	Habilitation, Early Childhood Autism Specialized Masters Level	Client Hour	1	\$54.85	\$54.85	100.00%
T2017	ECB	Habilitation, Early Childhood Autism Specialized Bachelors Level	Client Hour	1	\$42.84	\$37.29	87.04%
T2017	ECH	Habilitation, Early Childhood Autism Specialized Hourly Habilitation	Client Hour	1	\$25.38	\$23.11	91.06%

The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Transportation Services**

**Rates**

1. Separate urban and rural rates and procedure codes are established for transportation services.
2. The "Regularly Scheduled Daily Transportation" and exceptional transportation modified rates can only be used, and shall be the only rate(s) used, for transportation of a member to a day treatment or employment program by a Qualified Vendor that is not an independent provider.
3. Separate urban and rural rates are established for the "Regularly Scheduled Daily Transportation" services. Providers are eligible to bill for services as follows:

*Current Definition: The Qualified Vendor shall bill the Division the rural rate (for Day Programs) only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural "Regularly Scheduled Daily Transportation" rate for rural areas is that the potential Day Treatment and Training member base of the program size has fewer than 20 members in a 40 mile radius. For Employment-Related transportation, the Qualified Vendor shall bill the Division the rural rate only when a low-density rate has been authorized for the same member's employment supports and services.*

**Proposed Definition: [Not Implemented] The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the urban rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the Division. The general guideline for authorizing the modified rate for rural areas is that the program (Day or Employment) be located in an area designated as Rural by the General Urban/Rural Definition (see Appendix 3 for details).**

**Unit of Service**

1. One unit of service equals one trip per person one way for Regularly Scheduled Daily Transportation, one mile of traveled distance, or 30 minutes of waiting time for On-Demand Transportation.
2. Mileage reimbursement is limited to mileage, measured in statute miles, while a member is on board and being transported.

HCPCS Service Code	DDD Service Code	Description	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
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**Regularly Scheduled Daily Transportation\***

A0120	TRA	Regularly Scheduled Daily Transportation (Day Program)	Urban	Per Trip	\$13.31	\$11.27	84.67%
A0120	TRE	Regularly Scheduled Daily Transportation (Employment Program)	Urban	Per Trip	\$13.31	\$11.27	84.67%
A0120	TRA TRE	Regularly Scheduled Daily Transportation, Rural	Rural	Per Trip	\$22.54	\$17.64	78.28%

\* Service applies to Transportation Services for both Day Program and Employment Services

**Day Program and Employment Related Modified Rates**

The Division established separate exceptional transportation modified rates 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 member's home long term or to develop an alternative so that members are not transported for so much of their day. For "Regularly Scheduled Daily Transportation," these modified rates are capped at 50 members statewide annually based on the premise that these are temporary or transitional modified rates.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Transportation Services**

**Single Person Modified Rate**

1. This modified rate is to be used when a member 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 member's support needs are and what alternatives were explored, such as vendor calls or finding routes that the member can share a ride with others.

HCPCS Service Code	DDD Service Code	Description	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
A0120	TRA TRE	Single Person Modified, Regularly Scheduled Daily Transportation*	Urban	Per Trip	\$23.83	\$18.65	78.28%
A0120	TRA TRE	Single Person Modified, Regularly Scheduled Daily Transportation*	Rural	Per Trip	\$36.25	\$28.38	78.28%

\* Service applies to Transportation Services for both Day Program and Employment Services

**Extensive Distance Modified Rate**

1. This modified rate is to be used when a member must travel 25 to 90 miles one way to attend a day or employment 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 member's home, developing a new program tailored to the member's needs and in their home community, etc.

HCPCS Service Code	DDD Service Code	Description	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
A0120	TRA TRE	Extensive Distance, Regularly Scheduled Daily Transportation*	Urban	Per Trip	\$43.14	\$33.77	78.28%
A0120	TRA TRE	Extensive Distance, Regularly Scheduled Daily Transportation*	Rural	Per Trip	\$43.14	\$33.77	78.28%

\* Service applies to Transportation Services for both Day Program and Employment Services

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Benchmark, Adopted Rates & Adopted : Benchmark Ratio  
Transportation Services**

**On-Demand Transportation: AHCCCS Non-Emergency Ground Transportation Services Fee-for-Service (FFS) Rates**

1. For Non-Emergency Ground Transportation (TRO), urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports are defined as rural.

HCPCS Service Code	DDD Service Code	Description	Location / Density	Unit of Service	Benchmark Rate	Adopted Rate	Adopted: Benchmark Ratio
A0120	TRO	Ambulatory van	Urban	Base rate	\$6.64	\$7.25	109.19%
A0120	TRO	Ambulatory van	Rural	Base rate	\$7.27	\$7.94	109.22%
A0120	TRO	Ambulatory van	Urban	Per mile	\$1.28	\$1.34	104.69%
A0120	TRO	Ambulatory van	Rural	Per mile	\$1.53	\$1.60	104.58%
A0120	TRO	Wheelchair van	Urban	Base rate	\$11.15	\$12.18	109.24%
A0120	TRO	Wheelchair van	Rural	Base rate	\$9.30	\$13.98	150.32%
A0120	TRO	Wheelchair van	Urban	Per mile	\$1.54	\$1.61	104.55%
A0120	TRO	Wheelchair van	Rural	Per mile	\$1.66	\$1.73	104.22%
A0120	TRO	Stretcher van	Urban	Base rate	\$49.09	\$53.61	109.21%
A0120	TRO	Stretcher van	Rural	Base rate	\$86.70	\$94.69	109.22%
A0120	TRO	Stretcher van	Urban	Per mile	\$1.54	\$1.84	119.48%
A0120	TRO	Stretcher van	Rural	Per mile	\$1.66	\$2.11	127.11%
A0120	TRO	Taxicab	Urban	Base rate	\$1.04	\$1.13	108.65%
A0120	TRO	Taxicab	Rural	Base rate	\$1.04	\$1.13	108.65%
A0120	TRO	Taxicab	Urban	Per mile	\$1.28	\$1.34	104.69%
A0120	TRO	Taxicab	Rural	Per mile	\$1.53	\$1.60	104.58%
A0120	TRO	Transportation Waiting Time	Urban	30 minutes	\$4.59	\$5.01	109.15%
A0120	TRO	Transportation Waiting Time	Rural	30 minutes	\$4.59	\$5.01	109.15%

**Transportation, Family and Friend**

A0090	TRI	Transportation, Family and Friend*	Both	Per mile	\$0.57	\$0.49	86.73%
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The element of the schedule is either new or was changed from the July 1, 2016 release.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates**  
**Habilitation, Community Protection and Treatment, Group Home & Habilitation, Group Home**  
**Introduction**

**Purpose of This Schedule**

This schedule converts the staff hourly rates to daily rates for the services of Habilitation, Community Protection and Treatment Group Home and Habilitation, Group Home. The rates on these schedules are to be used for these two services when billing the Division.

**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 rate for all residents in the facility. Otherwise, the Qualified Vendor must bill the Division the Habilitation, Group Home rate for all residents in the facility.
2. If the resident that requires Habilitation, Community Protection and Treatment Group Home 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 rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home 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. Staff Hours shall only apply to the provision of service by awake staff.
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 A and B, the adopted rate includes incontinent supplies and nutritional supplements as indicated. These modified rates will be approved by the Division for each member on a case-by-case basis.
5. Schedules A and B contain 20 and 20 tables, respectively, with Daily Rates, and each table refers a specific range. 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.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates**  
**Habilitation, Community Protection and Treatment, Group Home & Habilitation, Group Home**  
**Introduction**

6. The Qualified Vendor shall invoice for payment for each member 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 as of 11:59 pm 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.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

If Habilitation, Community Protection and Treatment Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Administrator/Manager or designee to obtain the proper rate to bill.

**Habilitation, Community Protection and Treatment Group Home - Range 1**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	1	None	\$167.66
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	1	Nutritional	\$171.78
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	1	Incontinence	\$170.75
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	1	Nutritional and Incontinence	\$174.87
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	2	None	\$83.83
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	2	Nutritional	\$87.95
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	2	Incontinence	\$86.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	2	Nutritional and Incontinence	\$91.04
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	3	None	\$55.89
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	3	Nutritional	\$60.01
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	3	Incontinence	\$58.98
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	1	50	60	69.99	3	Nutritional and Incontinence	\$63.10

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 2**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	1	None	\$223.54
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	1	Nutritional	\$227.66
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	1	Incontinence	\$226.63
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	1	Nutritional and Incontinence	\$230.75
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	2	None	\$111.77
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	2	Nutritional	\$115.89
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	2	Incontinence	\$114.86
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	2	Nutritional and Incontinence	\$118.98
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	3	None	\$74.51
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	3	Nutritional	\$78.63
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	3	Incontinence	\$77.60
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	2	70	80	89.99	3	Nutritional and Incontinence	\$81.72

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 3**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	1	None	\$279.43
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	1	Nutritional	\$283.55
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	1	Incontinence	\$282.52
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	1	Nutritional and Incontinence	\$286.64
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	2	None	\$139.71
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	2	Nutritional	\$143.83
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	2	Incontinence	\$142.80
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	2	Nutritional and Incontinence	\$146.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	3	None	\$93.14
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	3	Nutritional	\$97.26
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	3	Incontinence	\$96.23
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	3	90	100	109.99	3	Nutritional and Incontinence	\$100.35

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 4**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	1	None	\$335.31
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	1	Nutritional	\$339.43
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	1	Incontinence	\$338.40
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	1	Nutritional and Incontinence	\$342.52
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	2	None	\$167.67
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	2	Nutritional	\$171.79
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	2	Incontinence	\$170.76
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	2	Nutritional and Incontinence	\$174.88
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	3	None	\$111.78
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	3	Nutritional	\$115.90
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	3	Incontinence	\$114.87
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	4	110	120	129.99	3	Nutritional and Incontinence	\$118.99

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 5**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	1	None	\$391.20
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	1	Nutritional	\$395.32
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	1	Incontinence	\$394.29
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	1	Nutritional and Incontinence	\$398.41
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	2	None	\$195.60
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	2	Nutritional	\$199.72
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	2	Incontinence	\$198.69
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	2	Nutritional and Incontinence	\$202.81
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	3	None	\$130.40
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	3	Nutritional	\$134.52
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	3	Incontinence	\$133.49
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	5	130	140	149.99	3	Nutritional and Incontinence	\$137.61

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 6**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	1	None	\$447.09
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	1	Nutritional	\$451.21
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	1	Incontinence	\$450.18
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	1	Nutritional and Incontinence	\$454.30
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	2	None	\$223.55
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	2	Nutritional	\$227.67
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	2	Incontinence	\$226.64
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	2	Nutritional and Incontinence	\$230.76
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	3	None	\$149.03
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	3	Nutritional	\$153.15
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	3	Incontinence	\$152.12
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	6	150	160	169.99	3	Nutritional and Incontinence	\$156.24

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 7**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	1	None	\$502.97
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	1	Nutritional	\$507.09
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	1	Incontinence	\$506.06
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	1	Nutritional and Incontinence	\$510.18
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	2	None	\$251.49
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	2	Nutritional	\$255.61
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	2	Incontinence	\$254.58
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	2	Nutritional and Incontinence	\$258.70
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	3	None	\$167.65
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	3	Nutritional	\$171.77
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	3	Incontinence	\$170.74
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	7	170	180	189.99	3	Nutritional and Incontinence	\$174.86

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 8**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	1	None	\$558.86
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	1	Nutritional	\$562.98
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	1	Incontinence	\$561.95
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	1	Nutritional and Incontinence	\$566.07
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	2	None	\$279.44
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	2	Nutritional	\$283.56
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	2	Incontinence	\$282.53
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	2	Nutritional and Incontinence	\$286.65
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	3	None	\$186.29
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	3	Nutritional	\$190.41
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	3	Incontinence	\$189.38
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	8	190	200	209.99	3	Nutritional and Incontinence	\$193.50

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 9**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	1	None	\$614.74
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	1	Nutritional	\$618.86
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	1	Incontinence	\$617.83
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	1	Nutritional and Incontinence	\$621.95
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	2	None	\$307.37
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	2	Nutritional	\$311.49
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	2	Incontinence	\$310.46
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	2	Nutritional and Incontinence	\$314.58
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	3	None	\$204.91
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	3	Nutritional	\$209.03
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	3	Incontinence	\$208.00
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	9	210	220	229.99	3	Nutritional and Incontinence	\$212.12

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 10**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	1	None	\$670.63
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	1	Nutritional	\$674.75
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	1	Incontinence	\$673.72
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	1	Nutritional and Incontinence	\$677.84
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	2	None	\$335.32
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	2	Nutritional	\$339.44
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	2	Incontinence	\$338.41
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	2	Nutritional and Incontinence	\$342.53
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	3	None	\$223.53
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	3	Nutritional	\$227.65
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	3	Incontinence	\$226.62
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	10	230	240	249.99	3	Nutritional and Incontinence	\$230.74

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 11**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	1	None	\$726.51
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	1	Nutritional	\$730.63
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	1	Incontinence	\$729.60
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	1	Nutritional and Incontinence	\$733.72
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	2	None	\$363.26
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	2	Nutritional	\$367.38
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	2	Incontinence	\$366.35
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	2	Nutritional and Incontinence	\$370.47
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	3	None	\$242.17
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	3	Nutritional	\$246.29
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	3	Incontinence	\$245.27
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	11	250	260	269.99	3	Nutritional and Incontinence	\$249.38

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 12**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	1	None	\$782.40
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	1	Nutritional	\$786.52
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	1	Incontinence	\$785.49
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	1	Nutritional and Incontinence	\$789.61
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	2	None	\$391.21
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	2	Nutritional	\$395.33
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	2	Incontinence	\$394.30
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	2	Nutritional and Incontinence	\$398.42
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	3	None	\$260.80
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	3	Nutritional	\$264.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	3	Incontinence	\$263.89
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	12	270	280	289.99	3	Nutritional and Incontinence	\$268.01

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 13**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	1	None	\$838.29
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	1	Nutritional	\$842.41
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	1	Incontinence	\$841.38
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	1	Nutritional and Incontinence	\$845.50
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	2	None	\$419.14
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	2	Nutritional	\$423.26
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	2	Incontinence	\$422.23
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	2	Nutritional and Incontinence	\$426.35
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	3	None	\$279.42
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	3	Nutritional	\$283.54
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	3	Incontinence	\$282.51
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	13	290	300	309.99	3	Nutritional and Incontinence	\$286.63

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 14**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	1	None	\$894.17
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	1	Nutritional	\$898.29
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	1	Incontinence	\$897.26
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	1	Nutritional and Incontinence	\$901.38
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	2	None	\$447.10
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	2	Nutritional	\$451.22
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	2	Incontinence	\$450.19
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	2	Nutritional and Incontinence	\$454.31
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	3	None	\$298.06
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	3	Nutritional	\$302.18
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	3	Incontinence	\$301.15
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	14	310	320	329.99	3	Nutritional and Incontinence	\$305.27

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 15**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	1	None	\$950.06
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	1	Nutritional	\$954.18
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	1	Incontinence	\$953.15
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	1	Nutritional and Incontinence	\$957.27
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	2	None	\$475.03
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	2	Nutritional	\$479.15
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	2	Incontinence	\$478.12
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	2	Nutritional and Incontinence	\$482.24
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	3	None	\$316.69
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	3	Nutritional	\$320.81
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	3	Incontinence	\$319.78
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	15	330	340	349.99	3	Nutritional and Incontinence	\$323.90

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 16**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	1	None	\$1,005.94
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	1	Nutritional	\$1,010.06
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	1	Incontinence	\$1,009.03
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	1	Nutritional and Incontinence	\$1,013.15
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	2	None	\$502.98
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	2	Nutritional	\$507.10
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	2	Incontinence	\$506.07
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	2	Nutritional and Incontinence	\$510.19
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	3	None	\$335.30
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	3	Nutritional	\$339.42
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	3	Incontinence	\$338.39
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	16	350	360	369.99	3	Nutritional and Incontinence	\$342.51

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 17**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	1	None	\$1,061.83
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	1	Nutritional	\$1,065.95
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	1	Incontinence	\$1,064.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	1	Nutritional and Incontinence	\$1,069.04
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	2	None	\$530.91
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	2	Nutritional	\$535.03
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	2	Incontinence	\$534.00
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	2	Nutritional and Incontinence	\$538.12
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	3	None	\$353.94
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	3	Nutritional	\$358.06
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	3	Incontinence	\$357.03
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	17	370	380	389.99	3	Nutritional and Incontinence	\$361.15

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 18**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	1	None	\$1,117.71
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	1	Nutritional	\$1,121.83
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	1	Incontinence	\$1,120.80
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	1	Nutritional and Incontinence	\$1,124.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	2	None	\$558.87
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	2	Nutritional	\$562.99
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	2	Incontinence	\$561.96
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	2	Nutritional and Incontinence	\$566.08
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	3	None	\$372.57
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	3	Nutritional	\$376.69
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	3	Incontinence	\$375.66
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	18	390	400	409.99	3	Nutritional and Incontinence	\$379.78

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 19**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	1	None	\$1,173.60
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	1	Nutritional	\$1,177.72
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	1	Incontinence	\$1,176.69
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	1	Nutritional and Incontinence	\$1,180.81
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	2	None	\$586.80
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	2	Nutritional	\$590.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	2	Incontinence	\$589.89
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	2	Nutritional and Incontinence	\$594.01
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	3	None	\$391.19
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	3	Nutritional	\$395.31
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	3	Incontinence	\$394.28
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	19	410	420	429.99	3	Nutritional and Incontinence	\$398.40

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule A  
Habilitation, Community Protection and Treatment Group Home**

**Habilitation, Community Protection and Treatment Group Home - Range 20**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	1	None	\$1,229.49
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	1	Nutritional	\$1,233.61
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	1	Incontinence	\$1,232.58
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	1	Nutritional and Incontinence	\$1,236.70
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	2	None	\$614.75
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	2	Nutritional	\$618.87
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	2	Incontinence	\$617.84
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	2	Nutritional and Incontinence	\$621.96
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	3	None	\$409.83
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	3	Nutritional	\$413.95
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	3	Incontinence	\$412.92
T2016	HPD	Habilitation, Community Protection and Treatment Group Home	Per Resident Per Day	20	430	440	449.99	3	Nutritional and Incontinence	\$417.04

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If Habilitation, Community Protection and Treatment Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Administrator/Manager or designee to obtain the proper rate to bill.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B  
Habilitation, Group Home**

If Habilitation, Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Administrator/Manager or designee to obtain the proper rate to bill.

**Habilitation, Group Home - Range 1**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	1	None	\$167.66
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	1	Nutritional	\$171.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	1	Incontinence	\$170.75
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	1	Nutritional and Incontinence	\$174.87
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	2	None	\$83.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	2	Nutritional	\$87.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	2	Incontinence	\$86.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	2	Nutritional and Incontinence	\$91.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	3	None	\$55.89
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	3	Nutritional	\$60.01
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	3	Incontinence	\$58.98
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	3	Nutritional and Incontinence	\$63.10
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	4	None	\$41.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	4	Nutritional	\$46.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	4	Incontinence	\$45.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	4	Nutritional and Incontinence	\$49.12
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	5	None	\$33.53
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	5	Nutritional	\$37.65
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	5	Incontinence	\$36.62
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	5	Nutritional and Incontinence	\$40.74
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	6	None	\$27.94
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	6	Nutritional	\$32.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	6	Incontinence	\$31.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	6	Nutritional and Incontinence	\$35.15

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 2**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	1	None	\$223.54
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	1	Nutritional	\$227.66
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	1	Incontinence	\$226.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	1	Nutritional and Incontinence	\$230.75
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	2	None	\$111.77
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	2	Nutritional	\$115.89
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	2	Incontinence	\$114.86
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	2	Nutritional and Incontinence	\$118.98
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	3	None	\$74.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	3	Nutritional	\$78.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	3	Incontinence	\$77.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	3	Nutritional and Incontinence	\$81.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	4	None	\$55.90
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	4	Nutritional	\$60.02
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	4	Incontinence	\$58.99
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	4	Nutritional and Incontinence	\$63.11
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	5	None	\$44.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	5	Nutritional	\$48.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	5	Incontinence	\$47.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	5	Nutritional and Incontinence	\$51.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	6	None	\$37.26
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	6	Nutritional	\$41.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	6	Incontinence	\$40.35
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	6	Nutritional and Incontinence	\$44.47

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B  
Habilitation, Group Home**

**Habilitation, Group Home - Range 3**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	1	None	\$279.43
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	1	Nutritional	\$283.55
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	1	Incontinence	\$282.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	1	Nutritional and Incontinence	\$286.64
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	2	None	\$139.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	2	Nutritional	\$143.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	2	Incontinence	\$142.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	2	Nutritional and Incontinence	\$146.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	3	None	\$93.14
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	3	Nutritional	\$97.26
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	3	Incontinence	\$96.23
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	3	Nutritional and Incontinence	\$100.35
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	4	None	\$69.86
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	4	Nutritional	\$73.98
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	4	Incontinence	\$72.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	4	Nutritional and Incontinence	\$77.07
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	5	None	\$55.88
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	5	Nutritional	\$60.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	5	Incontinence	\$58.97
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	5	Nutritional and Incontinence	\$63.09
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	6	None	\$46.57
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	6	Nutritional	\$50.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	6	Incontinence	\$49.66
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	6	Nutritional and Incontinence	\$53.78

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B  
Habilitation, Group Home**

**Habilitation, Group Home - Range 4**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	1	None	\$335.31
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	1	Nutritional	\$339.43
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	1	Incontinence	\$338.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	1	Nutritional and Incontinence	\$342.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	2	None	\$167.67
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	2	Nutritional	\$171.79
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	2	Incontinence	\$170.76
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	2	Nutritional and Incontinence	\$174.88
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	3	None	\$111.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	3	Nutritional	\$115.90
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	3	Incontinence	\$114.87
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	3	Nutritional and Incontinence	\$118.99
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	4	None	\$83.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	4	Nutritional	\$87.96
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	4	Incontinence	\$86.93
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	4	Nutritional and Incontinence	\$91.05
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	5	None	\$67.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	5	Nutritional	\$71.18
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	5	Incontinence	\$70.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	5	Nutritional and Incontinence	\$74.27
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	6	None	\$55.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	6	Nutritional	\$60.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	6	Incontinence	\$59.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	6	Nutritional and Incontinence	\$63.12

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B  
Habilitation, Group Home**

**Habilitation, Group Home - Range 5**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	1	None	\$391.20
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	1	Nutritional	\$395.32
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	1	Incontinence	\$394.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	1	Nutritional and Incontinence	\$398.41
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	2	None	\$195.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	2	Nutritional	\$199.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	2	Incontinence	\$198.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	2	Nutritional and Incontinence	\$202.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	3	None	\$130.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	3	Nutritional	\$134.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	3	Incontinence	\$133.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	3	Nutritional and Incontinence	\$137.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	4	None	\$97.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	4	Nutritional	\$101.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	4	Incontinence	\$100.89
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	4	Nutritional and Incontinence	\$105.01
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	5	None	\$78.24
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	5	Nutritional	\$82.36
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	5	Incontinence	\$81.33
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	5	Nutritional and Incontinence	\$85.45
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	6	None	\$65.19
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	6	Nutritional	\$69.31
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	6	Incontinence	\$68.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	6	Nutritional and Incontinence	\$72.41

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 6**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	1	None	\$447.09
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	1	Nutritional	\$451.21
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	1	Incontinence	\$450.18
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	1	Nutritional and Incontinence	\$454.30
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	2	None	\$223.55
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	2	Nutritional	\$227.67
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	2	Incontinence	\$226.64
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	2	Nutritional and Incontinence	\$230.76
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	3	None	\$149.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	3	Nutritional	\$153.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	3	Incontinence	\$152.12
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	3	Nutritional and Incontinence	\$156.24
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	4	None	\$111.76
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	4	Nutritional	\$115.88
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	4	Incontinence	\$114.85
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	4	Nutritional and Incontinence	\$118.97
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	5	None	\$89.42
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	5	Nutritional	\$93.54
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	5	Incontinence	\$92.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	5	Nutritional and Incontinence	\$96.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	6	None	\$74.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	6	Nutritional	\$78.64
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	6	Incontinence	\$77.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	6	Nutritional and Incontinence	\$81.73

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 7**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	1	None	\$502.97
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	1	Nutritional	\$507.09
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	1	Incontinence	\$506.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	1	Nutritional and Incontinence	\$510.18
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	2	None	\$251.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	2	Nutritional	\$255.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	2	Incontinence	\$254.58
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	2	Nutritional and Incontinence	\$258.70
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	3	None	\$167.65
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	3	Nutritional	\$171.77
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	3	Incontinence	\$170.74
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	3	Nutritional and Incontinence	\$174.86
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	4	None	\$125.74
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	4	Nutritional	\$129.86
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	4	Incontinence	\$128.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	4	Nutritional and Incontinence	\$132.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	5	None	\$100.59
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	5	Nutritional	\$104.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	5	Incontinence	\$103.68
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	5	Nutritional and Incontinence	\$107.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	6	None	\$83.82
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	6	Nutritional	\$87.94
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	6	Incontinence	\$86.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	6	Nutritional and Incontinence	\$91.03

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 8**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	1	None	\$558.86
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	1	Nutritional	\$562.98
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	1	Incontinence	\$561.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	1	Nutritional and Incontinence	\$566.07
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	None	\$279.44
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	Nutritional	\$283.56
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	Incontinence	\$282.53
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	Nutritional and Incontinence	\$286.65
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	3	None	\$186.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	3	Nutritional	\$190.41
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	3	Incontinence	\$189.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	3	Nutritional and Incontinence	\$193.50
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	4	None	\$139.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	4	Nutritional	\$143.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	4	Incontinence	\$142.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	4	Nutritional and Incontinence	\$146.93
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	5	None	\$111.79
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	5	Nutritional	\$115.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	5	Incontinence	\$114.88
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	5	Nutritional and Incontinence	\$119.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	6	None	\$93.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	6	Nutritional	\$97.27
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	6	Incontinence	\$96.24
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	6	Nutritional and Incontinence	\$100.36

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 9**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	1	None	\$614.74
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	1	Nutritional	\$618.86
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	1	Incontinence	\$617.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	1	Nutritional and Incontinence	\$621.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	2	None	\$307.37
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	2	Nutritional	\$311.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	2	Incontinence	\$310.46
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	2	Nutritional and Incontinence	\$314.58
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	3	None	\$204.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	3	Nutritional	\$209.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	3	Incontinence	\$208.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	3	Nutritional and Incontinence	\$212.12
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	4	None	\$153.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	4	Nutritional	\$157.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	4	Incontinence	\$156.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	4	Nutritional and Incontinence	\$160.90
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	5	None	\$122.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	5	Nutritional	\$127.07
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	5	Incontinence	\$126.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	5	Nutritional and Incontinence	\$130.16
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	6	None	\$102.46
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	6	Nutritional	\$106.58
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	6	Incontinence	\$105.55
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	6	Nutritional and Incontinence	\$109.67

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 10**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	1	None	\$670.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	1	Nutritional	\$674.75
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	1	Incontinence	\$673.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	1	Nutritional and Incontinence	\$677.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	2	None	\$335.32
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	2	Nutritional	\$339.44
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	2	Incontinence	\$338.41
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	2	Nutritional and Incontinence	\$342.53
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	3	None	\$223.53
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	3	Nutritional	\$227.65
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	3	Incontinence	\$226.62
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	3	Nutritional and Incontinence	\$230.74
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	4	None	\$167.68
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	4	Nutritional	\$171.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	4	Incontinence	\$170.77
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	4	Nutritional and Incontinence	\$174.89
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	5	None	\$134.13
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	5	Nutritional	\$138.25
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	5	Incontinence	\$137.22
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	5	Nutritional and Incontinence	\$141.34
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	6	None	\$111.75
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	6	Nutritional	\$115.87
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	6	Incontinence	\$114.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	6	Nutritional and Incontinence	\$118.96

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 11**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	1	None	\$726.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	1	Nutritional	\$730.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	1	Incontinence	\$729.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	1	Nutritional and Incontinence	\$733.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	2	None	\$363.26
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	2	Nutritional	\$367.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	2	Incontinence	\$366.35
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	2	Nutritional and Incontinence	\$370.47
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	3	None	\$242.17
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	3	Nutritional	\$246.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	3	Incontinence	\$245.26
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	3	Nutritional and Incontinence	\$249.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	4	None	\$181.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	4	Nutritional	\$185.75
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	4	Incontinence	\$184.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	4	Nutritional and Incontinence	\$188.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	5	None	\$145.30
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	5	Nutritional	\$149.42
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	5	Incontinence	\$148.39
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	5	Nutritional and Incontinence	\$152.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	6	None	\$121.09
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	6	Nutritional	\$125.21
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	6	Incontinence	\$124.18
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	6	Nutritional and Incontinence	\$128.30

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 12**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	1	None	\$782.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	1	Nutritional	\$786.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	1	Incontinence	\$785.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	1	Nutritional and Incontinence	\$789.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	2	None	\$391.21
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	2	Nutritional	\$395.33
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	2	Incontinence	\$394.30
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	2	Nutritional and Incontinence	\$398.42
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	3	None	\$260.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	3	Nutritional	\$264.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	3	Incontinence	\$263.89
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	3	Nutritional and Incontinence	\$268.01
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	4	None	\$195.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	4	Nutritional	\$199.73
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	4	Incontinence	\$198.70
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	4	Nutritional and Incontinence	\$202.82
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	5	None	\$156.48
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	5	Nutritional	\$160.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	5	Incontinence	\$159.57
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	5	Nutritional and Incontinence	\$163.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	6	None	\$130.41
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	6	Nutritional	\$134.53
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	6	Incontinence	\$133.50
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	6	Nutritional and Incontinence	\$137.62

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B  
Habilitation, Group Home**

**Habilitation, Group Home - Range 13**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	1	None	\$838.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	1	Nutritional	\$842.41
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	1	Incontinence	\$841.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	1	Nutritional and Incontinence	\$845.50
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	2	None	\$419.14
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	2	Nutritional	\$423.26
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	2	Incontinence	\$422.23
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	2	Nutritional and Incontinence	\$426.35
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	3	None	\$279.42
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	3	Nutritional	\$283.54
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	3	Incontinence	\$282.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	3	Nutritional and Incontinence	\$286.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	4	None	\$209.57
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	4	Nutritional	\$213.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	4	Incontinence	\$212.66
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	4	Nutritional and Incontinence	\$216.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	5	None	\$167.64
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	5	Nutritional	\$171.76
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	5	Incontinence	\$170.73
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	5	Nutritional and Incontinence	\$174.85
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	6	None	\$139.70
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	6	Nutritional	\$143.82
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	6	Incontinence	\$142.79
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	6	Nutritional and Incontinence	\$146.91

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 14**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	1	None	\$894.17
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	1	Nutritional	\$898.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	1	Incontinence	\$897.26
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	1	Nutritional and Incontinence	\$901.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	2	None	\$447.10
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	2	Nutritional	\$451.22
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	2	Incontinence	\$450.19
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	2	Nutritional and Incontinence	\$454.31
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	3	None	\$298.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	3	Nutritional	\$302.18
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	3	Incontinence	\$301.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	3	Nutritional and Incontinence	\$305.27
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	4	None	\$223.56
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	4	Nutritional	\$227.68
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	4	Incontinence	\$226.65
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	4	Nutritional and Incontinence	\$230.77
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	5	None	\$178.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	5	Nutritional	\$182.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	5	Incontinence	\$181.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	5	Nutritional and Incontinence	\$186.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	6	None	\$149.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	6	Nutritional	\$153.16
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	6	Incontinence	\$152.13
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	6	Nutritional and Incontinence	\$156.25

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 15**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	1	None	\$950.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	1	Nutritional	\$954.18
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	1	Incontinence	\$953.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	1	Nutritional and Incontinence	\$957.27
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	2	None	\$475.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	2	Nutritional	\$479.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	2	Incontinence	\$478.12
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	2	Nutritional and Incontinence	\$482.24
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	3	None	\$316.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	3	Nutritional	\$320.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	3	Incontinence	\$319.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	3	Nutritional and Incontinence	\$323.90
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	4	None	\$237.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	4	Nutritional	\$241.63
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	4	Incontinence	\$240.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	4	Nutritional and Incontinence	\$244.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	5	None	\$190.01
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	5	Nutritional	\$194.13
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	5	Incontinence	\$193.10
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	5	Nutritional and Incontinence	\$197.22
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	6	None	\$158.34
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	6	Nutritional	\$162.46
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	6	Incontinence	\$161.43
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	6	Nutritional and Incontinence	\$165.55

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 16**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	1	None	\$1,005.94
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	1	Nutritional	\$1,010.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	1	Incontinence	\$1,009.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	1	Nutritional and Incontinence	\$1,013.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	None	\$502.98
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	Nutritional	\$507.10
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	Incontinence	\$506.07
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	Nutritional and Incontinence	\$510.19
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	3	None	\$335.30
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	3	Nutritional	\$339.42
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	3	Incontinence	\$338.39
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	3	Nutritional and Incontinence	\$342.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	4	None	\$251.50
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	4	Nutritional	\$255.62
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	4	Incontinence	\$254.59
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	4	Nutritional and Incontinence	\$258.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	5	None	\$201.19
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	5	Nutritional	\$205.31
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	5	Incontinence	\$204.28
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	5	Nutritional and Incontinence	\$208.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	6	None	\$167.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	6	Nutritional	\$171.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	6	Incontinence	\$170.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	6	Nutritional and Incontinence	\$174.90

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 17**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	1	None	\$1,061.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	1	Nutritional	\$1,065.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	1	Incontinence	\$1,064.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	1	Nutritional and Incontinence	\$1,069.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	2	None	\$530.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	2	Nutritional	\$535.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	2	Incontinence	\$534.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	2	Nutritional and Incontinence	\$538.12
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	3	None	\$353.94
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	3	Nutritional	\$358.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	3	Incontinence	\$357.03
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	3	Nutritional and Incontinence	\$361.15
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	4	None	\$265.46
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	4	Nutritional	\$269.58
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	4	Incontinence	\$268.55
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	4	Nutritional and Incontinence	\$272.67
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	5	None	\$212.37
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	5	Nutritional	\$216.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	5	Incontinence	\$215.46
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	5	Nutritional and Incontinence	\$219.58
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	6	None	\$176.97
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	6	Nutritional	\$181.09
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	6	Incontinence	\$180.06
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	6	Nutritional and Incontinence	\$184.18

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**Arizona Department of Economic Security, Division of Developmental Disabilities  
SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B  
Habilitation, Group Home**

**Habilitation, Group Home - Range 18**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	1	None	\$1,117.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	1	Nutritional	\$1,121.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	1	Incontinence	\$1,120.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	1	Nutritional and Incontinence	\$1,124.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	2	None	\$558.87
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	2	Nutritional	\$562.99
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	2	Incontinence	\$561.96
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	2	Nutritional and Incontinence	\$566.08
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	3	None	\$372.57
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	3	Nutritional	\$376.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	3	Incontinence	\$375.66
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	3	Nutritional and Incontinence	\$379.78
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	4	None	\$279.45
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	4	Nutritional	\$283.57
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	4	Incontinence	\$282.54
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	4	Nutritional and Incontinence	\$286.66
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	5	None	\$223.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	5	Nutritional	\$227.64
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	5	Incontinence	\$226.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	5	Nutritional and Incontinence	\$230.73
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	6	None	\$186.30
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	6	Nutritional	\$190.42
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	6	Incontinence	\$189.39
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	6	Nutritional and Incontinence	\$193.51

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 19**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	1	None	\$1,173.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	1	Nutritional	\$1,177.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	1	Incontinence	\$1,176.69
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	1	Nutritional and Incontinence	\$1,180.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	2	None	\$586.80
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	2	Nutritional	\$590.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	2	Incontinence	\$589.89
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	2	Nutritional and Incontinence	\$594.01
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	3	None	\$391.19
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	3	Nutritional	\$395.31
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	3	Incontinence	\$394.28
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	3	Nutritional and Incontinence	\$398.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	4	None	\$293.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	4	Nutritional	\$297.52
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	4	Incontinence	\$296.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	4	Nutritional and Incontinence	\$300.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	5	None	\$234.72
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	5	Nutritional	\$238.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	5	Incontinence	\$237.81
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	5	Nutritional and Incontinence	\$241.93
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	6	None	\$195.59
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	6	Nutritional	\$199.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	6	Incontinence	\$198.68
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	6	Nutritional and Incontinence	\$202.80

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**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**SFY 17 Adopted Rates, Conversion to Daily Rates, Schedule B**  
**Habilitation, Group Home**

**Habilitation, Group Home - Range 20**

HCPCS Service Code	DDD Service Code	Description	Unit of Service	Range	Low Hours	Authorized Hours per Week	High Hours	Number of Residents	Modifier(s)	Adopted Rate
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	1	None	\$1,229.49
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	1	Nutritional	\$1,233.61
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	1	Incontinence	\$1,232.58
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	1	Nutritional and Incontinence	\$1,236.70
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	None	\$614.75
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	Nutritional	\$618.87
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	Incontinence	\$617.84
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	Nutritional and Incontinence	\$621.96
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	3	None	\$409.83
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	3	Nutritional	\$413.95
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	3	Incontinence	\$412.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	3	Nutritional and Incontinence	\$417.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	4	None	\$307.38
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	4	Nutritional	\$311.50
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	4	Incontinence	\$310.47
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	4	Nutritional and Incontinence	\$314.59
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	5	None	\$245.90
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	5	Nutritional	\$250.02
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	5	Incontinence	\$248.99
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	5	Nutritional and Incontinence	\$253.11
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	6	None	\$204.92
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	6	Nutritional	\$209.04
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	6	Incontinence	\$208.01
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	6	Nutritional and Incontinence	\$212.13

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If Habilitation, Group Home is provided by the Qualified Vendor for pre-authorized hours that are not shown on this schedule, the Qualified Vendor should contact their District Program Administrator/Manager or designee to obtain the proper rate to bill.

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**Arizona Independent Provider Rate Schedule**  
**Introduction**

**Purpose of This Schedule**

This schedule contains the history of the calculation of the maximum benchmark and adopted rates for Independent Providers from SFY 05 to date. "Benchmark rate" refers to the lesser of the maximum assessed rate, determined through the Arizona Individual Rate Assessment Tool, and the agency adopted rate for the same service. "Adopted rate" is calculated based on the phase in methodology of the Independent Providers Rate Schedule (see below). The provider's rate will be member-specific based upon the Arizona Individual Rate Assessment Tool and the Arizona Independent Provider Rate Schedule implemented on April 1, 2004. Full implementation of the rate schedule has occurred in three phases.

**1. Phase I Rules (effective through 9/30/05)**

Phase I rate rules were in effect from the inception of the rate schedule through September 30, 2005. If the member was new to the system, was using a provider for the first time, or did not receive services from a provider between April 1, 2004 and June 30, 2004, the provider's rate was not to exceed the Phase I adopted rate. If the member had received services from a provider between April 1, 2004 and June 30, 2004 the rate for that provider was determined based on the following rules:

- 1.1 If the provider's highest pay file rate during the period of April 1, 2004 and June 30, 2004 for a particular member was equal to or greater than the adopted rate, the "rate to pay" for the provider was the highest pay file rate during the period of April 1, 2004 to June 30, 2004 for that member during Phase I.
- 1.2 If the provider's highest pay file rate during the period of April 1, 2004 and June 30, 2004 for a particular member was less than the adopted rate, the "rate to pay" for the provider was the new adopted rate. The adopted rate was equal to 92% of the benchmark rate.
- 1.3 No rate falls below the Federal minimum hourly wage adjusted for employer payroll taxes (\$5.54 as of the date of publication)
- 1.4 No rate falls below the corresponding 2003 floor rate.
- 1.5 No benchmark rate exceeds the established agency adopted rate for that service. Per Rule 1.1, a provider could have been paid at a rate that was higher than the agency rate for the same service.

**2. Phase II Rules (effective through 6/30/06)**

Phase II rate rules were in effect beginning October 1, 2005. All rates moved to the benchmark rate with a stop loss provision which prevented any rate for a provider for a particular member from decreasing by more than 10% from the highest pay file rate during the period of April 1, 2004 to June 30, 2004.

**3. Phase III Rules**

Phase III rate rules went in effect beginning July 1, 2006. All rates moved to the benchmark rates.

**4. Multiple Client Rates - General Rules**

Providers shall bill a "group" rate when providing the same service to more than one member at the same time. This is known as a Multiple Client Rate (MCR). The multiple client rate is calculated separately for each provider-member combination. The following rules apply to the calculation of the MCR rates

- 4.1 If a provider is providing the same service to two members at the same time, this provider shall use the published rate for each member, multiply it by 1.25 and then divide each rate by 2.  
*Example: For a given service, one provider is providing service to two members at the same time. Member A has a rate of \$10.00 and Member B has a rate of \$12.00.*
  1. The MCR rate for Member A is equal to  $\$10.00 * 1.25 / 2$ , or \$6.25.
  2. The MCR rate for Member B is equal to  $\$12.00 * 1.25 / 2$ , or \$7.50.
- 4.2 If a provider is providing the same service to three members at the same time, this provider shall use the published rate for each member, multiply it by 1.5 and then divide each rate by 3.  
*Example: For a given service, one provider is providing service to three members at the same time. Member A has a rate of \$10.00, Member B has a rate of \$12.00 and Member C has a rate of \$14.00.*
  1. The MCR rate for Member A is equal to  $\$10.00 * 1.5 / 3$ , or \$5.00.
  2. The MCR rate for Member B is equal to  $\$12.00 * 1.5 / 3$ , or \$6.00.
  3. The MCR rate for Member C is equal to  $\$14.00 * 1.5 / 3$ , or \$7.00

For the exception to these General Rules, see the MCR Exception section on the next page. In no event shall an independent provider serve more than three members at the same time.



**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**Arizona Independent Provider Rate Schedule**  
**Introduction**

**5. MCR Exception**

Exception to the General Rules will be made only during Phase I in the instance where a member has received a given service from the same provider between December 1, 2002 and March 31, 2004.

A provider will be compensated at the "exception rate" for all members for which this condition applies. The "exception rate" is based on the rules outlined in the Phase I Rules section on the previous page. Under this exception, a provider will be reimbursed at the exception rate for a given member even if the same service is provided to more than one member at the same time.

In no event shall an independent provider serve more than three members at the same time.

- *Example: For a given service, one provider is providing service to two members at the same time. Member A is subject to the MCR Exception and has a rate of \$15.00. Member B is not subject to the MCR Exception and has a rate of \$12.00.*
  1. Member A does not have a MCR rate. This Member's rate remains at \$15.00.
  2. The MCR rate for Member B is equal to  $\$12.00 * 1.25 / 2$ , or \$7.50.
- *Example: For a given service, one provider is providing service to two members at the same time. Both Members A and B are subject to the MCR Exception. Member A has a rate of \$15.00 and Member B has a rate of \$12.00.*
  1. Member A does not have a MCR rate. This Member's rate remains at \$15.00.
  2. Member B does not have a MCR rate. This Member's rate remains at \$12.00.
- *Example: For a given service, one provider is providing service to three members at the same time. Member A is subject to the MCR Exception and has a rate of \$15.00. Members B and C are not subject to the MCR Exception and have rates of \$12.00 and \$10.00, respectively.*
  1. Member A does not have a MCR rate. This Member's rate remains at \$15.00.
  2. The MCR rate for Member B is equal to  $\$12.00 * 1.5 / 3$ , or \$6.00.
  3. The MCR rate for Member C is equal to  $\$10.00 * 1.5 / 3$ , or \$5.00.

**6. Qualified Vendors**

This Independent Provider Rate schedule does not list rates for Qualified Vendors. Qualified Vendors should refer to the latest published schedules of Benchmark and Adopted rates.

**7. Rate Increase**

This rate schedule includes provider rate adjustments enacted by the Arizona Legislature.

**Arizona Department of Economic Security, Division of Developmental Disabilities  
Arizona Independent Provider Rate Schedule  
Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 04 Rates</b>							
SFY 04 Maximum Modifier	\$6.25	\$7.75	\$4.25	\$3.00	\$3.25	\$7.50	\$84.50
Base Rate as of 3/1/04	\$10.13	\$5.18	\$8.56	\$7.89	\$7.55	\$7.31	\$95.07
<b>SFY 04 Maximum Assessed Rate</b>	<b>\$16.38</b>	<b>\$12.93</b>	<b>\$12.81</b>	<b>\$10.89</b>	<b>\$10.80</b>	<b>\$14.81</b>	<b>\$179.57</b>
SFY 04 Agency Adopted Rate	\$16.80	\$16.97	\$13.16	\$13.16	\$12.13	\$12.90	\$157.74
<b>SFY 04 Maximum Benchmark Rate (1)</b>	<b>\$16.38</b>	<b>\$12.93</b>	<b>\$12.81</b>	<b>\$10.89</b>	<b>\$10.80</b>	<b>\$12.90</b>	<b>\$157.74</b>
Phase I Adopted Rate Factor	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>SFY 04 Maximum Adopted Rate Phase 1</b>	<b>\$15.07</b>	<b>\$11.90</b>	<b>\$11.79</b>	<b>\$10.02</b>	<b>\$9.94</b>	<b>\$11.87</b>	<b>\$145.12</b>
<b>SFY 05 Rates</b>							
Benchmark Rate Adjustment (SFY 05 Provider Rate Increase)	7.32%	7.37%	7.29%	7.29%	7.34%	7.29%	7.33%
<b>SFY 05 Maximum Assessed Rate</b>	<b>\$17.58</b>	<b>\$13.88</b>	<b>\$13.74</b>	<b>\$11.68</b>	<b>\$11.59</b>	<b>\$15.89</b>	<b>\$192.73</b>
SFY 05 Agency Adopted Rate	\$18.03	\$18.22	\$14.12	\$14.12	\$13.01	\$13.84	\$169.30
<b>SFY 05 Maximum Benchmark Rate (1)</b>	<b>\$17.58</b>	<b>\$13.88</b>	<b>\$13.74</b>	<b>\$11.68</b>	<b>\$11.59</b>	<b>\$13.84</b>	<b>\$169.30</b>
Phase I Adopted Rate Factor	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>SFY 05 Maximum Adopted Rate Phase 1</b>	<b>\$16.17</b>	<b>\$12.77</b>	<b>\$12.64</b>	<b>\$10.75</b>	<b>\$10.67</b>	<b>\$12.73</b>	<b>\$155.76</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**Arizona Independent Provider Rate Schedule**  
**Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 06 Rates - Phase 1 (Effective 7/1/2005 - 9/30/2005)</b>							
Benchmark Rate Adjustment (SFY 06 Provider Rate Increase)	1.93%	1.98%	1.96%	1.89%	1.98%	1.91%	1.94%
<b>SFY 06 Maximum Assessed Rate</b>	<b>\$17.92</b>	<b>\$14.16</b>	<b>\$14.01</b>	<b>\$11.90</b>	<b>\$11.82</b>	<b>\$16.19</b>	<b>\$196.47</b>
SFY 06 Agency Adopted Rate	\$18.38	\$18.57	\$14.40	\$14.40	\$13.27	\$14.11	\$172.59
<b>SFY 06 Maximum Benchmark Rate (1)</b>	<b>\$17.92</b>	<b>\$14.16</b>	<b>\$14.01</b>	<b>\$11.90</b>	<b>\$11.82</b>	<b>\$14.11</b>	<b>\$172.59</b>
Phase I Adopted Rate Factor	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
<b>SFY 06 Maximum Adopted Rate Phase 1</b>	<b>\$16.48</b>	<b>\$13.03</b>	<b>\$12.89</b>	<b>\$10.95</b>	<b>\$10.88</b>	<b>\$12.98</b>	<b>\$158.78</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62
<b>SFY 06 Rates - Phase 2 (Effective 10/1/2005 - 12/31/2005)</b>							
Benchmark Rate Adjustment (SFY 06 Provider Rate Increase)	1.93%	1.98%	1.96%	1.89%	1.98%	1.91%	1.94%
<b>SFY 06 Maximum Assessed Rate</b>	<b>\$17.92</b>	<b>\$14.16</b>	<b>\$14.01</b>	<b>\$11.90</b>	<b>\$11.82</b>	<b>\$16.19</b>	<b>\$196.47</b>
SFY 06 Agency Adopted Rate	\$18.38	\$18.57	\$14.40	\$14.40	\$13.27	\$14.11	\$172.59
<b>SFY 06 Maximum Benchmark Rate (1)</b>	<b>\$17.92</b>	<b>\$14.16</b>	<b>\$14.01</b>	<b>\$11.90</b>	<b>\$11.82</b>	<b>\$14.11</b>	<b>\$172.59</b>
Phase 2 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>SFY 06 Maximum Adopted Rate Phase 2</b>	<b>\$17.92</b>	<b>\$14.16</b>	<b>\$14.01</b>	<b>\$11.90</b>	<b>\$11.82</b>	<b>\$14.11</b>	<b>\$172.59</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

**Arizona Department of Economic Security, Division of Developmental Disabilities  
Arizona Independent Provider Rate Schedule  
Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 06 Rates - Phase 2 (Effective 1/1/2006 - 6/30/2006)</b>							
Benchmark Rate Adjustment (January 1, 2006 Provider Rate Increase)	3.97%	4.07%	3.95%	4.06%	4.01%	4.01%	4.00%
<b>SFY 06 Maximum Assessed Rate</b>	<b>\$18.63</b>	<b>\$14.73</b>	<b>\$14.57</b>	<b>\$12.39</b>	<b>\$12.30</b>	<b>\$16.84</b>	<b>\$204.33</b>
SFY 06 Agency Adopted Rate	\$19.11	\$19.31	\$14.97	\$14.97	\$13.80	\$14.68	\$179.50
<b>SFY 06 Maximum Benchmark Rate (1)</b>	<b>\$18.63</b>	<b>\$14.73</b>	<b>\$14.57</b>	<b>\$12.39</b>	<b>\$12.30</b>	<b>\$14.68</b>	<b>\$179.50</b>
Phase 2 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>SFY 06 Maximum Adopted Rate Phase 2</b>	<b>\$18.63</b>	<b>\$14.73</b>	<b>\$14.57</b>	<b>\$12.39</b>	<b>\$12.30</b>	<b>\$14.68</b>	<b>\$179.50</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62
<b>SFY 07 Rates - Phase 3 (Effective 7/1/2006 - 6/30/2007)</b>							
Benchmark Rate Adjustment	3.98%	3.99%	4.01%	4.01%	3.99%	3.95%	3.98%
<b>SFY 07 Maximum Assessed Rate</b>	<b>\$19.37</b>	<b>\$15.32</b>	<b>\$15.15</b>	<b>\$12.89</b>	<b>\$12.79</b>	<b>\$17.51</b>	<b>\$212.46</b>
SFY 07 Agency Adopted Rate	\$19.89	\$20.10	\$15.59	\$15.59	\$14.36	\$15.28	\$186.83
<b>SFY 07 Maximum Benchmark Rate (1)</b>	<b>\$19.37</b>	<b>\$15.32</b>	<b>\$15.15</b>	<b>\$12.89</b>	<b>\$12.79</b>	<b>\$15.28</b>	<b>\$186.83</b>
Phase 3 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>SFY 07 Maximum Adopted Rate Phase 3</b>	<b>\$19.37</b>	<b>\$15.32</b>	<b>\$15.15</b>	<b>\$12.89</b>	<b>\$12.79</b>	<b>\$15.28</b>	<b>\$186.83</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

**Arizona Department of Economic Security, Division of Developmental Disabilities  
Arizona Independent Provider Rate Schedule  
Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 08 Rates - Phase 3 (Effective 7/1/2007 - 6/30/2008)</b>							
Benchmark Rate Adjustment	3.34%	3.26%	3.36%	3.32%	3.25%	3.36%	3.30%
<b>SFY 08 Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
SFY 08 Agency Adopted Rate	\$20.53	\$20.74	\$16.09	\$16.09	\$14.82	\$15.77	\$192.81
<b>SFY 08 Maximum Benchmark Rate (1)</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$15.77</b>	<b>\$192.81</b>
Phase 3 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>SFY 08 Maximum Adopted Rate Phase 3</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$15.77</b>	<b>\$192.81</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62
<b>SFY 09 Rates - Phase 3 (Effective 7/1/2008 - 5/24/2009)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$20.53	\$20.74	\$16.09	\$16.09	\$14.82	\$15.77	\$192.81
<b>Maximum Benchmark Rate (1)</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$15.77</b>	<b>\$192.81</b>
Phase 3 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$15.77</b>	<b>\$192.81</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

**Arizona Department of Economic Security, Division of Developmental Disabilities  
Arizona Independent Provider Rate Schedule  
Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 09/10/11/12 Rates - Phase 3 (Effective 5/25/2009 - 9/30/2011)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$18.48	\$18.67	\$14.48	\$14.48	\$13.34	\$14.19	\$173.53
<b>Maximum Benchmark Rate (1)</b>	<b>\$18.48</b>	<b>\$15.82</b>	<b>\$14.48</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$14.19</b>	<b>\$173.53</b>
Phase 3 Adopted Rate Factor	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$16.63</b>	<b>\$14.24</b>	<b>\$13.03</b>	<b>\$11.99</b>	<b>\$11.89</b>	<b>\$12.77</b>	<b>\$156.18</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62
<b>SFY 12/13 Rates - Phase 3 (Effective 10/01/2011 - 7/31/2012)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$17.55	\$17.73	\$13.76	\$13.76	\$12.67	\$13.48	\$164.85
<b>Maximum Benchmark Rate (1)</b>	<b>\$17.55</b>	<b>\$15.82</b>	<b>\$13.76</b>	<b>\$13.32</b>	<b>\$12.67</b>	<b>\$13.48</b>	<b>\$164.85</b>
Phase 3 Adopted Rate Factor	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$15.01</b>	<b>\$13.53</b>	<b>\$11.76</b>	<b>\$11.39</b>	<b>\$10.83</b>	<b>\$11.53</b>	<b>\$140.95</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**Arizona Independent Provider Rate Schedule**  
**Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 13 Rates - Phase 3 (Effective 8/01/2012 - 3/31/2013)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$17.55	\$17.73	\$13.76	\$13.76	\$12.67	\$13.48	\$175.00
<b>Maximum Benchmark Rate (1)</b>	<b>\$17.55</b>	<b>\$15.82</b>	<b>\$13.76</b>	<b>\$13.32</b>	<b>\$12.67</b>	<b>\$13.48</b>	<b>\$175.00</b>
Phase 3 Adopted Rate Factor	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%	90.77%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$15.01</b>	<b>\$13.53</b>	<b>\$11.76</b>	<b>\$11.39</b>	<b>\$10.83</b>	<b>\$11.53</b>	<b>\$158.85</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62
<b>SFY 13 Rates - Phase 3 (Effective 4/01/2013 - 6/30/2013)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$20.53	\$20.74	\$16.09	\$16.09	\$14.82	\$13.80	\$192.81
<b>Maximum Benchmark Rate (1)</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$13.80</b>	<b>\$192.81</b>
Phase 3 Adopted Rate Factor	87.50%	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$17.52</b>	<b>\$13.84</b>	<b>\$13.70</b>	<b>\$11.66</b>	<b>\$11.56</b>	<b>\$12.08</b>	<b>\$192.81</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**Arizona Independent Provider Rate Schedule**  
**Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 14 Rates - Phase 3 (Effective 7/01/2013 - 6/30/2014)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$18.58	\$18.77	\$14.56	\$14.56	\$13.41	\$14.27	\$192.81
<b>Maximum Benchmark Rate (1)</b>	<b>\$18.58</b>	<b>\$15.82</b>	<b>\$14.56</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$14.27</b>	<b>\$192.81</b>
Phase 3 Adopted Rate Factor	90.50%	90.50%	90.50%	90.50%	90.50%	90.50%	100.00%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$16.81</b>	<b>\$14.32</b>	<b>\$13.18</b>	<b>\$12.05</b>	<b>\$11.96</b>	<b>\$12.91</b>	<b>\$192.81</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62
<b>SFY 15-16 Rates - Phase 3 (Effective 7/01/2014 - 9/30/2015)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$18.95	\$19.15	\$14.85	\$14.85	\$13.68	\$14.56	\$196.66
<b>Maximum Benchmark Rate (1)</b>	<b>\$18.95</b>	<b>\$15.82</b>	<b>\$14.85</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$14.56</b>	<b>\$196.66</b>
Phase 3 Adopted Rate Factor	92.31%	92.31%	92.31%	92.31%	92.31%	92.31%	102.00%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$17.49</b>	<b>\$14.60</b>	<b>\$13.71</b>	<b>\$12.30</b>	<b>\$12.19</b>	<b>\$13.44</b>	<b>\$200.59</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62



**Arizona Department of Economic Security, Division of Developmental Disabilities**  
**Arizona Independent Provider Rate Schedule**  
**Benchmark and Adopted Rates**

	Service						
	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite, Hourly (RSP)	Respite, Daily (RSD)
<b>SFY 16 Rates - Phase 3 (Effective 10/01/2015 - 6/30/2016)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$18.95	\$19.15	\$14.85	\$14.85	\$13.68	\$14.56	\$196.66
<b>Maximum Benchmark Rate (1)</b>	<b>\$18.95</b>	<b>\$15.82</b>	<b>\$14.85</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$14.56</b>	<b>\$196.66</b>
Phase 3 Adopted Rate Factor	93.23%	93.23%	93.23%	93.23%	93.23%	93.23%	103.02%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$17.67</b>	<b>\$14.75</b>	<b>\$13.84</b>	<b>\$12.42</b>	<b>\$12.32</b>	<b>\$13.57</b>	<b>\$202.60</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$9.34	\$9.34	\$9.34	\$9.34	\$9.34	\$9.34
<b>SFY 17 Rates - Phase 3 (Effective 7/01/2016 - 6/30/2017)</b>							
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Maximum Assessed Rate</b>	<b>\$20.02</b>	<b>\$15.82</b>	<b>\$15.66</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$18.10</b>	<b>\$219.47</b>
Agency Adopted Rate	\$18.95	\$19.15	\$14.85	\$14.85	\$13.68	\$14.56	\$196.66
<b>Maximum Benchmark Rate (1)</b>	<b>\$18.95</b>	<b>\$15.82</b>	<b>\$14.85</b>	<b>\$13.32</b>	<b>\$13.21</b>	<b>\$14.56</b>	<b>\$196.66</b>
Phase 3 Adopted Rate Factor	94.16%	94.16%	94.16%	94.16%	94.16%	94.16%	104.05%
<b>Maximum Adopted Rate Phase 3</b>	<b>\$17.84</b>	<b>\$14.90</b>	<b>\$13.98</b>	<b>\$12.54</b>	<b>\$12.44</b>	<b>\$13.71</b>	<b>\$204.62</b>
SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4)	\$9.34	\$9.34	\$9.34	\$9.34	\$9.34	\$9.34	\$9.34

(1) Maximum Benchmark Rate is the lesser of the Maximum Assessed Rate and the Agency Adopted Rate.

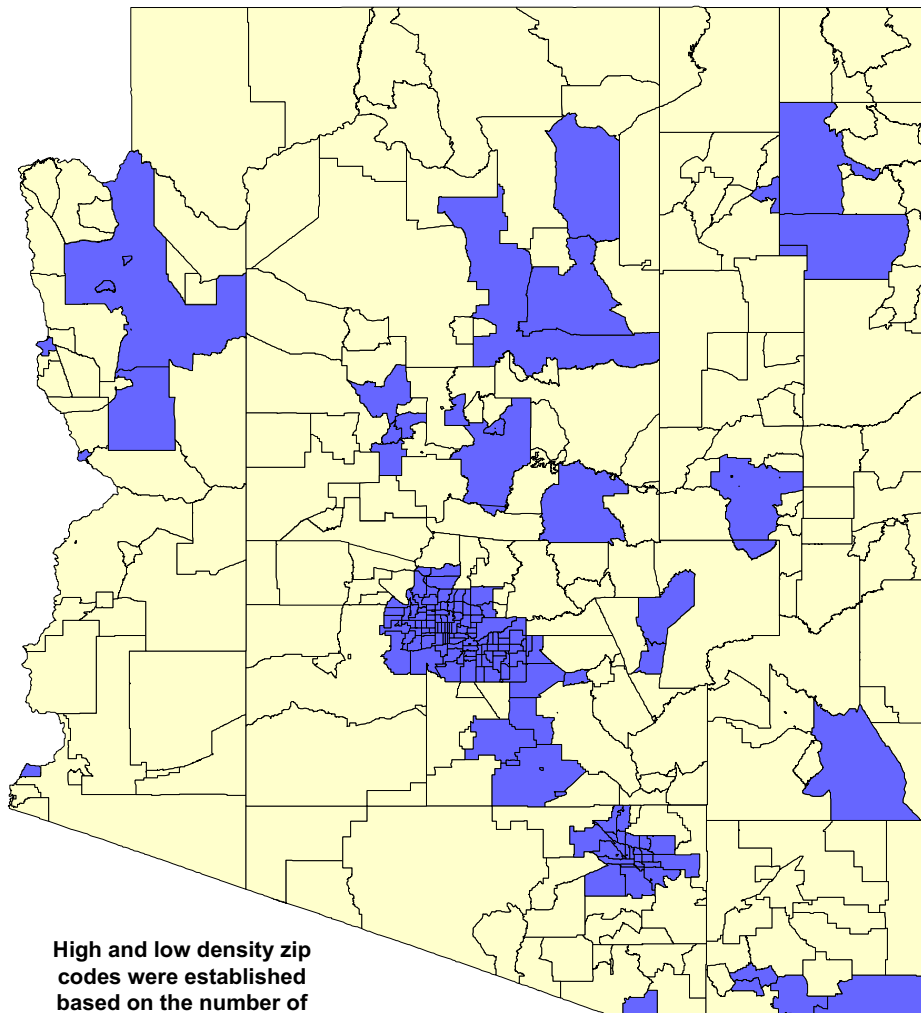
**Appendix 1**  
Employment Related Services - List of High/Low Density Cities & Zip Codes

**High / Low Density Analysis**

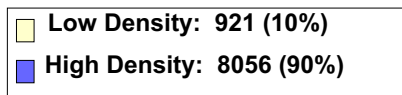
In order to apply a rate adjustment that reflects the differentials between high-and-low density service areas, a member must reside in a low-density zip code and the vendor must receive an approval to use the low-density rate. A map and comprehensive list of zip codes / Arizona cities are included below.

*Map*

**Arizona**



High and low density zip codes were established based on the number of adult DDD members in each zip code



**List of High / Low Density Cities & Zip Codes (some cities may be on both tables)**

HIGH DENSITY CITIES					
APACHE JUNCTION AZ	CHINO VALLEY AZ	GILBERT AZ	LUKE AFB AZ	PRESCOTT AZ	SUN CITY AZ
ARIZONA CITY AZ	CHLORIDE AZ	GLENDALE AZ	MESA AZ	PRESCOTT VALLEY AZ	SURPRISE AZ
AVONDALE AZ	COOLIDGE AZ	GLOBE AZ	NACO AZ	QUEEN CREEK AZ	TEMPE AZ
BISBEE AZ	COTTONWOOD AZ	GOODYEAR AZ	NOGALES AZ	RED ROCK AZ	TOLLESON AZ
BULLHEAD CITY AZ	DOUGLAS AZ	HIGLEY AZ	PARADISE VALLEY AZ	RIMROCK AZ	TUBA CITY AZ
CAMP VERDE AZ	EL MIRAGE AZ	KINGMAN AZ	PAYSON AZ	SAFFORD AZ	TUCSON AZ
CASA GRANDE AZ	ELOY AZ	LAKE HAVASU CITY AZ	PEORIA AZ	SCOTTSDALE AZ	WADDELL AZ
CHANDLER AZ	FLAGSTAFF AZ	LAVEEN AZ	PHOENIX AZ	SHOW LOW AZ	YOUNGTOWN AZ
CHINLE AZ	GANADO AZ	LITCHFIELD PARK AZ	PICACHO AZ	SIERRA VISTA AZ	YUMA AZ

LOW DENSITY CITIES					
AGUILA AZ	FORT APACHE AZ	MOHAVE VALLEY AZ	SANDERS AZ	WOODRUFF AZ	
AJO AZ	FORT DEFIANCE AZ	MORENCI AZ	SASABE AZ	YARNELL AZ	
ALPINE AZ	FORT HUACHUCA AZ	MORMON LAKE AZ	SAWMILL AZ	YOUNG AZ	
AMADO AZ	FORT MCDOWELL AZ	MORRISTOWN AZ	SCOTTSDALE AZ	YUCCA AZ	
APACHE JUNCTION AZ	FORT MOHAVE AZ	MOUNT LEMMON AZ	SECOND MESA AZ	YUMA AZ	
ARIVACA AZ	FORT THOMAS AZ	MUNDS PARK AZ	SEDONA AZ		
ARLINGTON AZ	FOUNTAIN HILLS AZ	NAZLINI AZ	SELIGMAN AZ		
ASH FORK AZ	FREDONIA AZ	NEW RIVER AZ	SELLS AZ		
BAGDAD AZ	GADSDEN AZ	NORTH RIM AZ	SHONTO AZ		
BAPCHULE AZ	GILA BEND AZ	NUTRIOSO AZ	SKULL VALLEY AZ		
BELLEMONT AZ	GOLDEN VALLEY AZ	OATMAN AZ	SNOWFLAKE AZ		
BENSON AZ	GRAND CANYON AZ	ORACLE AZ	SOLOMON AZ		
BLACK CANYON CITY AZ	GRAY MOUNTAIN AZ	OVERGAARD AZ	SOMERTON AZ		
BLUE AZ	GREEN VALLEY AZ	PAGE AZ	SONOITA AZ		
BLUE GAP AZ	GREER AZ	PALO VERDE AZ	SPRINGERVILLE AZ		
BOUSE AZ	HACKBERRY AZ	PARKER AZ	STANFIELD AZ		
BOWIE AZ	HAPPY JACK AZ	PARKS AZ	SUN CITY WEST AZ		
BUCKEYE AZ	HAYDEN AZ	PATAGONIA AZ	SUN VALLEY AZ		
BYLAS AZ	HEBER AZ	PAULDEN AZ	SUPAI AZ		
CAMERON AZ	HEREFORD AZ	PAYSON AZ	SUPERIOR AZ		
CAREFREE AZ	HOLBROOK AZ	PEACH SPRINGS AZ	SURPRISE AZ		
CASA GRANDE AZ	HOTEVILLA AZ	PEARCE AZ	TACNA AZ		
CASHION AZ	HOUCK AZ	PERIDOT AZ	TAYLOR AZ		
CATALINA AZ	HUACHUCA CITY AZ	PETRIFIED FOREST NATL PK AZ	TEEC NOS POS AZ		
CAVE CREEK AZ	HUALAPAI AZ	PIMA AZ	TEMPLE BAR MARINA AZ		
CENTRAL AZ	HUMBOLDT AZ	PINE AZ	THATCHER AZ		
CHAMBERS AZ	INDIAN WELLS AZ	PINEDALE AZ	TOMBSTONE AZ		
CHANDLER HEIGHTS AZ	IRON SPRINGS AZ	PINETOP AZ	TONALEA AZ		
CIBECUE AZ	JEROME AZ	PINON AZ	TONOPAH AZ		
CIBOLA AZ	JOSEPH CITY AZ	PIRTLEVILLE AZ	TONTO BASIN AZ		
CLARKDALE AZ	KAIBITO AZ	POLACCA AZ	TOPAWA AZ		
CLAY SPRINGS AZ	KAYENTA AZ	POMERENE AZ	TOPOCK AZ		
CLAYPOOL AZ	KEAMS CANYON AZ	POSTON AZ	TORTILLA FLAT AZ		
CLIFTON AZ	KEARNY AZ	PRESCOTT AZ	TSAILA AZ		
COCHISE AZ	KIRKLAND AZ	PRESCOTT VALLEY AZ	TUBAC AZ		
COLORADO CITY AZ	KYKOTSMOVI VILLAGE AZ	QUARTZSITE AZ	TUCSON AZ		
CONCHO AZ	LAKE HAVASU CITY AZ	RED VALLEY AZ	TUMACACORI AZ		
CONGRESS AZ	LAKE MONTEZUMA AZ	RILLITO AZ	VAIL AZ		
CORNVILLE AZ	LAKESIDE AZ	RIO RICO AZ	VALENTINE AZ		
CORTARO AZ	LEUPP AZ	RIO VERDE AZ	VALLEY FARMS AZ		
CROWN KING AZ	LITTLEFIELD AZ	ROCK POINT AZ	VERNON AZ		
DATELAND AZ	LUKACHUKAI AZ	ROLL AZ	WELLTON AZ		
DENNEHOTSO AZ	LUKEVILLE AZ	ROOSEVELT AZ	WENDEN AZ		
DEWEY AZ	LUPTON AZ	ROUND ROCK AZ	WHITE MOUNTAIN LAKE AZ		
DOLAN SPRINGS AZ	MAMMOTH AZ	SACATON AZ	WHITERIVER AZ		
DRAGOON AZ	MANY FARMS AZ	SAHUARITA AZ	WICKENBURG AZ		
DUNCAN AZ	MARANA AZ	SAINT DAVID AZ	WIKIEUP AZ		
EAGAR AZ	MARBLE CANYON AZ	SAINT JOHNS AZ	WILLCOX AZ		
EDEN AZ	MARICOPA AZ	SAINT MICHAELS AZ	WILLIAMS AZ		
EHRENBERG AZ	MAYER AZ	SALOME AZ	WILLOW BEACH AZ		
ELFRIDA AZ	MC NEAL AZ	SAN CARLOS AZ	WINDOW ROCK AZ		
ELGIN AZ	MCNARY AZ	SAN LUIS AZ	WINKELMAN AZ		
FLORENCE AZ	MEADVIEW AZ	SAN MANUEL AZ	WINSLOW AZ		
FOREST LAKES AZ	MIAMI AZ	SAN SIMON AZ	WITTMANN AZ		

High Density Zip Codes			
85001	85099	85307	85742
85002	85201	85308	85743
85003	85202	85309	85744
85004	85203	85310	85745
85005	85204	85311	85746
85006	85205	85312	85747
85007	85206	85313	85748
85008	85207	85318	85749
85009	85208	85323	85750
85010	85210	85335	85751
85011	85211	85338	85752
85012	85212	85339	85754
85013	85213	85340	85775
85014	85214	85345	85777
85015	85215	85351	85901
85016	85216	85353	85902
85017	85217	85355	86001
85018	85219	85363	86002
85019	85220	85364	86003
85020	85222	85372	86004
85021	85223	85373	86011
85022	85224	85374	86045
85023	85225	85378	86301
85024	85226	85379	86302
85027	85228	85380	86303
85028	85231	85381	86304
85029	85233	85382	86314
85030	85234	85383	86322
85031	85236	85385	86323
85032	85241	85501	86326
85033	85242	85502	86335
85034	85244	85541	86401
85035	85245	85546	86402
85036	85246	85548	86403
85037	85248	85603	86429
85038	85249	85607	86430
85040	85250	85608	86431
85041	85251	85620	86439
85042	85252	85621	86442
85043	85253	85628	86503
85044	85254	85635	86505
85045	85255	85636	
85046	85256	85650	
85048	85257	85655	
85050	85258	85662	
85051	85259	85671	
85053	85260	85701	

Low Density Zip Codes			
85087	85539	85924	86351
85218	85540	85925	86404
85221	85542	85926	86405
85227	85543	85927	86406
85230	85544	85928	86411
85232	85545	85929	86412
85235	85547	85930	86413
85237	85550	85931	86426
85239	85551	85932	86427
85247	85552	85933	86432
85262	85553	85934	86433
85263	85554	85935	86434
85264	85601	85936	86435
85268	85602	85937	86436
85269	85605	85938	86437
85272	85606	85939	86438
85273	85609	85940	86440
85279	85610	85941	86441
85290	85611	85942	86443
85291	85613	86015	86444
85292	85614	86016	86445
85320	85615	86017	86446
85321	85616	86018	86502
85322	85617	86020	86504
85324	85618	86021	86506
85325	85619	86022	86507
85326	85622	86023	86508
85327	85623	86024	86510
85328	85624	86025	86511
85329	85625	86028	86512
85331	85626	86029	86514
85332	85627	86030	86515
85333	85629	86031	86520
85334	85630	86032	86535
85336	85631	86033	86538
85337	85632	86034	86540
85341	85633	86035	86544
85342	85634	86036	86545
85343	85637	86038	86547
85344	85638	86039	86549
85346	85639	86040	86556
85347	85640	86042	
85348	85641	86043	
85349	85643	86044	
85350	85644	86046	
85352	85645	86047	
85354	85646	86052	

High Density Zip Codes			
85054	85261	85702	
85060	85267	85703	
85061	85271	85704	
85062	85274	85705	
85063	85275	85706	
85064	85277	85707	
85066	85278	85708	
85067	85280	85709	
85068	85281	85710	
85069	85282	85711	
85070	85283	85712	
85071	85284	85713	
85072	85285	85714	
85074	85287	85715	
85075	85289	85716	
85076	85296	85717	
85077	85297	85718	
85078	85299	85719	
85079	85301	85725	
85080	85302	85726	
85082	85303	85728	
85085	85304	85730	
85086	85305	85737	
85098	85306	85741	

Low Density Zip Codes			
85356	85648	86053	
85357	85652	86054	
85358	85653	86305	
85359	85654	86312	
85360	85670	86313	
85361	85720	86320	
85362	85721	86321	
85365	85722	86324	
85366	85723	86325	
85367	85724	86327	
85369	85731	86329	
85371	85732	86330	
85375	85733	86331	
85376	85734	86332	
85377	85735	86333	
85387	85736	86334	
85390	85738	86336	
85530	85739	86337	
85531	85740	86338	
85532	85911	86339	
85533	85912	86340	
85534	85920	86341	
85535	85922	86342	
85536	85923	86343	

**Appendix 2**

Listing of Tier assignment by Zip Code  
Ascending by Zip Code

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85001	Phoenix	AZ	Maricopa	District 1	Base Rate
85002	Phoenix	AZ	Maricopa	District 1	Base Rate
85003	Phoenix	AZ	Maricopa	District 1	Base Rate
85004	Phoenix	AZ	Maricopa	District 1	Base Rate
85005	Phoenix	AZ	Maricopa	District 1	Base Rate
85006	Phoenix	AZ	Maricopa	District 1	Base Rate
85007	Phoenix	AZ	Maricopa	District 1	Base Rate
85008	Phoenix	AZ	Maricopa	District 1	Base Rate
85009	Phoenix	AZ	Maricopa	District 1	Base Rate
85012	Phoenix	AZ	Maricopa	District 1	Base Rate
85013	Phoenix	AZ	Maricopa	District 1	Base Rate
85014	Phoenix	AZ	Maricopa	District 1	Base Rate
85015	Phoenix	AZ	Maricopa	District 1	Base Rate
85016	Phoenix	AZ	Maricopa	District 1	Base Rate
85017	Phoenix	AZ	Maricopa	District 1	Base Rate
85018	Phoenix	AZ	Maricopa	District 1	Base Rate
85019	Phoenix	AZ	Maricopa	District 1	Base Rate
85020	Phoenix	AZ	Maricopa	District 1	Base Rate
85021	Phoenix	AZ	Maricopa	District 1	Base Rate
85022	Phoenix	AZ	Maricopa	District 1	Base Rate
85023	Phoenix	AZ	Maricopa	District 1	Base Rate
85024	Phoenix	AZ	Maricopa	District 1	Base Rate
85027	Phoenix	AZ	Maricopa	District 1	Base Rate
85028	Phoenix	AZ	Maricopa	District 1	Base Rate
85029	Phoenix	AZ	Maricopa	District 1	Base Rate
85031	Phoenix	AZ	Maricopa	District 1	Base Rate
85032	Phoenix	AZ	Maricopa	District 1	Base Rate
85033	Phoenix	AZ	Maricopa	District 1	Base Rate
85034	Phoenix	AZ	Maricopa	District 1	Base Rate
85035	Phoenix	AZ	Maricopa	District 1	Base Rate
85036	Phoenix	AZ	Maricopa	District 1	Base Rate
85037	Phoenix	AZ	Maricopa	District 1	Base Rate
85039	Phoenix	AZ	Maricopa	District 1	Base Rate
85040	Phoenix	AZ	Maricopa	District 1	Base Rate
85041	Phoenix	AZ	Maricopa	District 1	Base Rate
85042	Phoenix	AZ	Maricopa	District 1	Base Rate
85043	Phoenix	AZ	Maricopa	District 1	Base Rate
85044	Phoenix	AZ	Maricopa	District 1	Base Rate
85045	Phoenix	AZ	Maricopa	District 1	Base Rate
85048	Phoenix	AZ	Maricopa	District 1	Base Rate
85050	Phoenix	AZ	Maricopa	District 1	Base Rate
85051	Phoenix	AZ	Maricopa	District 1	Base Rate
85053	Phoenix	AZ	Maricopa	District 1	Base Rate
85054	Phoenix	AZ	Maricopa	District 1	Base Rate
85063	Phoenix	AZ	Maricopa	District 1	Base Rate

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85064	Phoenix	AZ	Maricopa	District 1	Base Rate
85066	Phoenix	AZ	Maricopa	District 1	Base Rate
85068	Phoenix	AZ	Maricopa	District 1	Base Rate
85069	Phoenix	AZ	Maricopa	District 1	Base Rate
85071	Phoenix	AZ	Maricopa	District 1	Base Rate
85072	Phoenix	AZ	Maricopa	District 1	Base Rate
85074	Phoenix	AZ	Maricopa	District 1	Base Rate
85075	Phoenix	AZ	Maricopa	District 1	Base Rate
85076	Phoenix	AZ	Maricopa	District 1	Base Rate
85083	Phoenix	AZ	Maricopa	District 1	Base Rate
85085	Phoenix	AZ	Maricopa	District 1	Base Rate
85086	Phoenix	AZ	Maricopa	District 1	Base Rate
85087	New River	AZ	Maricopa	District 1	Tier 1
85117	Apache Junction	AZ	Pinal	District 5	Tier 1
85118	Apache Junction	AZ	Pinal	District 5	Tier 1
85119	Apache Junction	AZ	Pinal	District 5	Tier 1
85120	Apache Junction	AZ	Pinal	District 1	Tier 1
85121	Bapchule	AZ	Pinal	District 5	Tier 2
85122	Casa Grande	AZ	Pinal	District 5	Tier 2
85123	Arizona City	AZ	Pinal	District 5	Tier 2
85128	Coolidge	AZ	Pinal	District 5	Tier 2
85130	Casa Grande	AZ	Pinal	District 5	Tier 2
85131	Eloy	AZ	Pinal	District 5	Tier 2
85132	Florence	AZ	Pinal	District 5	Tier 2
85135	Hayden	AZ	Pinal	District 5	Tier 3
85137	Kearny	AZ	Pinal	District 5	Tier 2
85138	Maricopa	AZ	Pinal	District 5	Tier 2
85139	Maricopa	AZ	Pinal	District 5	Tier 2
85140	Queen Creek	AZ	Maricopa	District 1	Tier 1
85141	Picacho	AZ	Pinal	District 5	Tier 2
85142	Queen Creek	AZ	Maricopa	District 1	Tier 1
85143	Queen Creek	AZ	Maricopa	District 5	Tier 1
85145	Red Rock	AZ	Pinal	District 5	Tier 2
85147	Sacaton	AZ	Pinal	District 5	Tier 2
85172	Stanfield	AZ	Pinal	District 5	Tier 2
85173	Superior	AZ	Pinal	District 5	Tier 3
85179	Florence	AZ	Pinal	District 5	Tier 2
85191	Valley Farms	AZ	Pinal	District 5	Tier 2
85192	Winkelman	AZ	Gila	District 5	Tier 3
85201	Mesa	AZ	Maricopa	District 1	Base Rate
85202	Mesa	AZ	Maricopa	District 1	Base Rate
85203	Mesa	AZ	Maricopa	District 1	Base Rate
85204	Mesa	AZ	Maricopa	District 1	Base Rate
85205	Mesa	AZ	Maricopa	District 1	Base Rate
85206	Mesa	AZ	Maricopa	District 1	Base Rate

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85207	Mesa	AZ	Maricopa	District 1	Base Rate
85208	Mesa	AZ	Maricopa	District 1	Base Rate
85209	Mesa	AZ	Maricopa	District 1	Base Rate
85210	Mesa	AZ	Maricopa	District 1	Base Rate
85211	Mesa	AZ	Maricopa	District 1	Base Rate
85212	Mesa	AZ	Maricopa	District 1	Base Rate
85213	Mesa	AZ	Maricopa	District 1	Base Rate
85214	Mesa	AZ	Maricopa	District 1	Base Rate
85215	Mesa	AZ	Maricopa	District 1	Tier 1
85216	Mesa	AZ	Maricopa	District 1	Base Rate
85224	Chandler	AZ	Maricopa	District 1	Base Rate
85225	Chandler	AZ	Maricopa	District 1	Base Rate
85226	Chandler	AZ	Maricopa	District 1	Base Rate
85227	Chandler Heights	AZ	Maricopa	District 1	Base Rate
85233	Gilbert	AZ	Maricopa	District 1	Base Rate
85234	Gilbert	AZ	Maricopa	District 1	Base Rate
85236	Higley	AZ	Maricopa	District 1	Base Rate
85244	Chandler	AZ	Maricopa	District 1	Base Rate
85246	Chandler	AZ	Maricopa	District 1	Base Rate
85248	Chandler	AZ	Maricopa	District 1	Base Rate
85249	Chandler	AZ	Maricopa	District 1	Base Rate
85250	Scottsdale	AZ	Maricopa	District 1	Base Rate
85251	Scottsdale	AZ	Maricopa	District 1	Base Rate
85253	Paradise Valley	AZ	Maricopa	District 1	Base Rate
85254	Scottsdale	AZ	Maricopa	District 1	Base Rate
85255	Scottsdale	AZ	Maricopa	District 1	Base Rate
85256	Scottsdale	AZ	Maricopa	District 1	Base Rate
85257	Scottsdale	AZ	Maricopa	District 1	Base Rate
85258	Scottsdale	AZ	Maricopa	District 1	Base Rate
85259	Scottsdale	AZ	Maricopa	District 1	Base Rate
85260	Scottsdale	AZ	Maricopa	District 1	Base Rate
85262	Scottsdale	AZ	Maricopa	District 1	Base Rate
85263	Rio Verde	AZ	Maricopa	District 1	Base Rate
85264	Fort McDowell	AZ	Maricopa	District 1	Base Rate
85266	Scottsdale	AZ	Maricopa	District 1	Base Rate
85267	Scottsdale	AZ	Maricopa	District 1	Base Rate
85268	Fountain Hills	AZ	Maricopa	District 1	Base Rate
85269	Fountain Hills	AZ	Maricopa	District 1	Base Rate
85271	Scottsdale	AZ	Maricopa	District 1	Base Rate
85277	Mesa	AZ	Maricopa	District 1	Base Rate
85278	Apache Junction	AZ	Maricopa	District 1	Tier 1
85280	Tempe	AZ	Maricopa	District 1	Base Rate
85281	Tempe	AZ	Maricopa	District 1	Base Rate
85282	Tempe	AZ	Maricopa	District 1	Base Rate
85283	Tempe	AZ	Maricopa	District 1	Base Rate



For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85284	Tempe	AZ	Maricopa	District 1	Base Rate
85285	Tempe	AZ	Maricopa	District 1	Base Rate
85286	Chandler	AZ	Maricopa	District 1	Base Rate
85295	Gilbert	AZ	Maricopa	District 1	Base Rate
85296	Gilbert	AZ	Maricopa	District 1	Base Rate
85297	Gilbert	AZ	Maricopa	District 1	Base Rate
85298	Gilbert	AZ	Maricopa	District 1	Base Rate
85299	Gilbert	AZ	Maricopa	District 1	Base Rate
85301	Glendale	AZ	Maricopa	District 1	Base Rate
85302	Glendale	AZ	Maricopa	District 1	Base Rate
85303	Glendale	AZ	Maricopa	District 1	Base Rate
85304	Glendale	AZ	Maricopa	District 1	Base Rate
85305	Glendale	AZ	Maricopa	District 1	Base Rate
85306	Glendale	AZ	Maricopa	District 1	Base Rate
85307	Glendale	AZ	Maricopa	District 1	Base Rate
85308	Glendale	AZ	Maricopa	District 1	Base Rate
85309	Luke AFB	AZ	Maricopa	District 1	Base Rate
85310	Glendale	AZ	Maricopa	District 1	Base Rate
85311	Glendale	AZ	Maricopa	District 1	Base Rate
85312	Glendale	AZ	Maricopa	District 1	Base Rate
85318	Glendale	AZ	Maricopa	District 1	Base Rate
85320	Aguila	AZ	Maricopa	District 1	Tier 2
85321	Ajo	AZ	Pima	District 2	Tier 3
85322	Arlington	AZ	Maricopa	District 1	Tier 1
85323	Avondale	AZ	Maricopa	District 1	Base Rate
85324	Black Canyon City	AZ	Yavapai	District 3	Tier 2
85325	Bouse	AZ	La Paz	District 4	Tier 2
85326	Buckeye	AZ	Maricopa	District 1	Tier 1
85327	Cave Creek	AZ	Maricopa	District 1	Base Rate
85328	Cibola	AZ	La Paz	District 4	Tier 2
85329	Cashion	AZ	Maricopa	District 1	Base Rate
85331	Cave Creek	AZ	Maricopa	District 1	Base Rate
85332	Congress	AZ	Yavapai	District 3	Tier 2
85333	Dateland	AZ	Yuma	District 4	Tier 3
85335	El Mirage	AZ	Maricopa	District 1	Base Rate
85336	Gadsden	AZ	Yuma	District 4	Tier 2
85337	Gila Bend	AZ	Maricopa	District 1	Tier 1
85338	Goodyear	AZ	Maricopa	District 1	Base Rate
85339	Laveen	AZ	Maricopa	District 1	Base Rate
85340	Litchfield Park	AZ	Maricopa	District 1	Base Rate
85341	Lukeville	AZ	Pima	District 2	Base Rate
85342	Morristown	AZ	Maricopa	District 1	Tier 2
85343	Palo Verde	AZ	Maricopa	District 1	Tier 1
85344	Parker	AZ	La Paz	District 4	Tier 3
85345	Peoria	AZ	Maricopa	District 1	Base Rate

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85346	Quartzite	AZ	La Paz	District 4	Tier 3
85347	Roll	AZ	Yuma	District 4	Tier 2
85348	Salome	AZ	La Paz	District 4	Tier 2
85349	San Luis	AZ	Yuma	District 4	Tier 3
85350	Somerton	AZ	Yuma	District 4	Tier 3
85351	Sun City	AZ	Maricopa	District 1	Base Rate
85352	Tacna	AZ	Yuma	District 4	Tier 3
85353	Tolleson	AZ	Maricopa	District 1	Base Rate
85354	Tonopah	AZ	Maricopa	District 1	Tier 2
85355	Waddell	AZ	Maricopa	District 1	Base Rate
85356	Wellton	AZ	Yuma	District 4	Tier 3
85357	Wenden	AZ	La Paz	District 4	Tier 2
85358	Wickenburg	AZ	Maricopa	District 1	Tier 1
85359	Quartzite	AZ	La Paz	District 4	Tier 3
85360	Wikieup	AZ	Mohave	District 4	Tier 3
85361	Wittmann	AZ	Maricopa	District 1	Tier 1
85362	Yarnell	AZ	Yavapai	District 3	Tier 3
85363	Youngtown	AZ	Maricopa	District 1	Base Rate
85364	Yuma	AZ	Yuma	District 4	Tier 3
85365	Yuma	AZ	Yuma	District 4	Tier 3
85366	Yuma	AZ	Yuma	District 4	Tier 3
85367	Yuma	AZ	Yuma	District 4	Tier 3
85371	Poston	AZ	La Paz	District 4	Tier 3
85373	Sun City	AZ	Maricopa	District 1	Base Rate
85374	Surprise	AZ	Maricopa	District 1	Base Rate
85375	Sun City West	AZ	Maricopa	District 1	Base Rate
85376	Sun City West	AZ	Maricopa	District 1	Base Rate
85377	Carefree	AZ	Maricopa	District 1	Base Rate
85379	Surprise	AZ	Maricopa	District 1	Base Rate
85380	Peoria	AZ	Maricopa	District 1	Base Rate
85381	Peoria	AZ	Maricopa	District 1	Base Rate
85382	Peoria	AZ	Maricopa	District 1	Base Rate
85383	Peoria	AZ	Maricopa	District 1	Base Rate
85385	Peoria	AZ	Maricopa	District 1	Base Rate
85387	Surprise	AZ	Maricopa	District 1	Base Rate
85388	Surprise	AZ	Maricopa	District 1	Base Rate
85390	Wickenburg	AZ	Maricopa	District 1	Tier 1
85392	Avondale	AZ	Maricopa	District 1	Base Rate
85395	Goodyear	AZ	Maricopa	District 1	Base Rate
85396	Buckeye	AZ	Maricopa	District 1	Tier 1
85501	Globe	AZ	Gila	District 5	Tier 3
85502	Globe	AZ	Gila	District 5	Tier 3
85530	Bylas	AZ	Graham	District 6	Tier 3
85531	Central	AZ	Graham	District 6	Tier 3
85532	Claypool	AZ	Gila	District 5	Tier 3

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85533	Clifton	AZ	Greenlee	District 6	Tier 3
85534	Duncan	AZ	Greenlee	District 6	Tier 3
85535	Eden	AZ	Graham	District 6	Tier 3
85536	Fort Thomas	AZ	Graham	District 6	Tier 3
85539	Miami	AZ	Gila	District 5	Tier 3
85540	Morenci	AZ	Greenlee	District 6	Tier 3
85541	Payson	AZ	Gila	District 3	Tier 2
85542	Peridot	AZ	Gila	District 5	Tier 3
85543	Pima	AZ	Graham	District 6	Tier 3
85544	Pine	AZ	Gila	District 3	Tier 2
85545	Roosevelt	AZ	Gila	District 5	Tier 3
85546	Safford	AZ	Graham	District 6	Tier 3
85547	Payson	AZ	Gila	District 3	Tier 2
85548	Safford	AZ	Graham	District 6	Tier 3
85550	San Carlos	AZ	Gila	District 6	Tier 3
85551	Solomon	AZ	Graham	District 6	Tier 3
85552	Thatcher	AZ	Graham	District 6	Tier 3
85553	Tonto Basin	AZ	Gila	District 3	Tier 2
85601	Arivaca	AZ	Pima	District 2	Tier 2
85602	Benson	AZ	Cochise	District 6	Tier 2
85603	Bisbee	AZ	Cochise	District 6	Tier 3
85605	Bowie	AZ	Cochise	District 6	Tier 2
85606	Cochise	AZ	Cochise	District 6	Tier 2
85607	Douglas	AZ	Cochise	District 6	Tier 3
85608	Douglas	AZ	Cochise	District 6	Tier 3
85610	Elfrida	AZ	Cochise	District 6	Tier 3
85611	Elgin	AZ	Santa Cruz	District 6	Tier 2
85613	Fort Huachuca	AZ	Cochise	District 6	Base Rate
85614	Green Valley	AZ	Pima	District 2	Tier 2
85615	Hereford	AZ	Cochise	District 6	Tier 3
85616	Huachuca City	AZ	Cochise	District 6	Tier 2
85617	Mc Neal	AZ	Cochise	District 6	Tier 3
85618	Mammoth	AZ	Pinal	District 5	Tier 3
85619	Mount Lemmon	AZ	Pima	District 2	Base Rate
85620	Naco	AZ	Cochise	District 6	Tier 2
85621	Nogales	AZ	Santa Cruz	District 6	Tier 2
85622	Green Valley	AZ	Pima	District 2	Base Rate
85623	Oracle	AZ	Pinal	District 5	Tier 3
85624	Patagonia	AZ	Santa Cruz	District 6	Tier 2
85625	Pearce	AZ	Cochise	District 6	Tier 2
85626	Pirtleville	AZ	Cochise	District 6	Tier 2
85627	Pomerene	AZ	Cochise	District 6	Tier 2
85628	Nogales	AZ	Santa Cruz	District 6	Tier 2
85629	Sahuartia	AZ	Pima	District 2	Base Rate
85630	Saint David	AZ	Cochise	District 6	Tier 3

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85631	San Manuel	AZ	Pinal	District 5	Tier 3
85632	San Simon	AZ	Cochise	District 6	Tier 2
85634	Sells	AZ	Pima	District 2	Tier 3
85635	Sierra Vista	AZ	Cochise	District 6	Tier 3
85636	Sierra Vista	AZ	Cochise	District 6	Tier 2
85637	Sonoita	AZ	Santa Cruz	District 6	Tier 2
85638	Tombstone	AZ	Cochise	District 6	Tier 3
85639	Topawa	AZ	Pima	District 2	Tier 2
85640	Tumacacori	AZ	Santa Cruz	District 6	Tier 2
85641	Vail	AZ	Pima	District 2	Base Rate
85643	Willcox	AZ	Cochise	District 6	Tier 2
85645	Amado	AZ	Santa Cruz	District 6	Tier 2
85646	Tubac	AZ	Santa Cruz	District 6	Tier 2
85648	Rio Rico	AZ	Santa Cruz	District 6	Tier 3
85650	Sierra Vista	AZ	Cochise	District 6	Base Rate
85652	Cortaro	AZ	Pima	District 2	Base Rate
85653	Marana	AZ	Pima	District 2	Base Rate
85670	Fort Huachuca	AZ	Cochise	District 6	Base Rate
85701	Tucson	AZ	Pima	District 2	Base Rate
85702	Tucson	AZ	Pima	District 2	Base Rate
85703	Tucson	AZ	Pima	District 2	Base Rate
85704	Tucson	AZ	Pima	District 2	Base Rate
85705	Tucson	AZ	Pima	District 2	Base Rate
85706	Tucson	AZ	Pima	District 2	Base Rate
85707	Tucson	AZ	Pima	District 2	Base Rate
85708	Tucson	AZ	Pima	District 2	Base Rate
85710	Tucson	AZ	Pima	District 2	Base Rate
85711	Tucson	AZ	Pima	District 2	Base Rate
85712	Tucson	AZ	Pima	District 2	Base Rate
85713	Tucson	AZ	Pima	District 2	Base Rate
85714	Tucson	AZ	Pima	District 2	Base Rate
85715	Tucson	AZ	Pima	District 2	Base Rate
85716	Tucson	AZ	Pima	District 2	Base Rate
85717	Tucson	AZ	Pima	District 2	Base Rate
85718	Tucson	AZ	Pima	District 2	Base Rate
85719	Tucson	AZ	Pima	District 2	Base Rate
85724	Tucson	AZ	Pima	District 2	Base Rate
85726	Tucson	AZ	Pima	District 2	Base Rate
85728	Tucson	AZ	Pima	District 2	Base Rate
85730	Tucson	AZ	Pima	District 2	Base Rate
85731	Tucson	AZ	Pima	District 2	Base Rate
85732	Tucson	AZ	Pima	District 2	Base Rate
85733	Tucson	AZ	Pima	District 2	Base Rate
85734	Tucson	AZ	Pima	District 2	Base Rate
85735	Tucson	AZ	Pima	District 2	Base Rate

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
85736	Tucson	AZ	Pima	District 2	Base Rate
85737	Tucson	AZ	Pima	District 2	Base Rate
85739	Tucson	AZ	Pima	District 2	Base Rate
85740	Tucson	AZ	Pima	District 2	Base Rate
85741	Tucson	AZ	Pima	District 2	Base Rate
85742	Tucson	AZ	Pima	District 2	Base Rate
85743	Tucson	AZ	Pima	District 2	Base Rate
85745	Tucson	AZ	Pima	District 2	Base Rate
85746	Tucson	AZ	Pima	District 2	Base Rate
85747	Tucson	AZ	Pima	District 2	Base Rate
85748	Tucson	AZ	Pima	District 2	Base Rate
85749	Tucson	AZ	Pima	District 2	Base Rate
85750	Tucson	AZ	Pima	District 2	Base Rate
85751	Tucson	AZ	Pima	District 2	Base Rate
85752	Tucson	AZ	Pima	District 2	Base Rate
85755	Tucson	AZ	Pima	District 2	Base Rate
85757	Tucson	AZ	Pima	District 2	Base Rate
85901	Show Low	AZ	Navajo	District 3	Tier 3
85902	Show Low	AZ	Navajo	District 3	Tier 3
85911	Cibecue	AZ	Navajo	District 3	Tier 3
85912	White Mountain Lake	AZ	Navajo	District 3	Tier 3
85920	Alpine	AZ	Apache	District 3	Tier 3
85922	Blue	AZ	Greenlee	District 6	Tier 3
85923	Clay Springs	AZ	Navajo	District 3	Tier 3
85924	Concho	AZ	Apache	District 3	Tier 3
85925	Eagar	AZ	Apache	District 3	Tier 3
85926	Fort Apache	AZ	Navajo	District 3	Tier 3
85927	Greer	AZ	Apache	District 3	Tier 3
85928	Heber	AZ	Navajo	District 3	Tier 3
85929	Lakeside	AZ	Navajo	District 3	Tier 3
85930	McNary	AZ	Apache	District 3	Tier 3
85932	Nutrioso	AZ	Apache	District 3	Tier 3
85933	Overgaard	AZ	Navajo	District 3	Tier 3
85934	Pinedale	AZ	Navajo	District 3	Tier 3
85935	Pinetop	AZ	Navajo	District 3	Tier 3
85936	Saint Johns	AZ	Apache	District 3	Tier 3
85937	Snowflake	AZ	Navajo	District 3	Tier 3
85938	Springerville	AZ	Apache	District 3	Tier 3
85939	Taylor	AZ	Navajo	District 3	Tier 3
85940	Vernon	AZ	Apache	District 3	Tier 3
85941	Whiteriver	AZ	Navajo	District 3	Tier 3
85942	Woodruff	AZ	Navajo	District 3	Tier 3
86001	Flagstaff	AZ	Coconino	District 3	Base Rate
86002	Flagstaff	AZ	Coconino	District 3	Base Rate
86003	Flagstaff	AZ	Coconino	District 3	Base Rate

For Zip Codes not listed, please contact the appropriate DDD District Office.

**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
86004	Flagstaff	AZ	Coconino	District 3	Base Rate
86005	Flagstaff	AZ	Coconino	District 3	Base Rate
86011	Flagstaff	AZ	Coconino	District 3	Base Rate
86015	Bellemont	AZ	Coconino	District 3	Base Rate
86017	Munds Park	AZ	Coconino	District 3	Base Rate
86018	Parks	AZ	Coconino	District 3	Base Rate
86020	Cameron	AZ	Navajo	District 3	Tier 2
86021	Colorado City	AZ	Mohave	District 4	Tier 3
86022	Fredonia	AZ	Coconino	District 3	Tier 3
86023	Grand Canyon	AZ	Coconino	District 3	Tier 2
86024	Happy Jack	AZ	Coconino	District 3	Tier 2
86025	Holbrook	AZ	Navajo	District 3	Tier 3
86029	Sun Valley	AZ	Navajo	District 3	Tier 3
86030	Hotevilla	AZ	Navajo	District 3	Tier 3
86031	Indian Wells	AZ	Navajo	District 3	Tier 3
86032	Joseph City	AZ	Navajo	District 3	Tier 3
86033	Kayenta	AZ	Navajo	District 3	Tier 3
86034	Keams Canyon	AZ	Navajo	District 3	Tier 3
86035	Leupp	AZ	Coconino	District 3	Tier 2
86036	Marble Canyon	AZ	Coconino	District 3	Tier 3
86038	Mormon Canyon	AZ	Coconino	District 3	Base Rate
86039	Kykotsmovi Village	AZ	Navajo	District 3	Tier 3
86040	Page	AZ	Coconino	District 3	Tier 3
86042	Polacca	AZ	Navajo	District 3	Tier 3
86043	Second Mesa	AZ	Navajo	District 3	Tier 3
86044	Tonalea	AZ	Coconino	District 3	Tier 3
86045	Tuba City	AZ	Coconino	District 3	Tier 3
86046	Williams	AZ	Coconino	District 3	Tier 3
86047	Winslow	AZ	Navajo	District 3	Tier 3
86053	Kaibito	AZ	Coconino	District 3	Tier 3
86054	Shoton	AZ	Navajo	District 3	Tier 3
86301	Prescott	AZ	Yavapai	District 3	Base Rate
86302	Prescott	AZ	Yavapai	District 3	Base Rate
86303	Prescott	AZ	Yavapai	District 3	Base Rate
86304	Prescott	AZ	Yavapai	District 3	Base Rate
86305	Prescott	AZ	Yavapai	District 3	Base Rate
86312	Prescott Valley	AZ	Yavapai	District 3	Base Rate
86314	Prescott Valley	AZ	Yavapai	District 3	Base Rate
86320	Ash Fork	AZ	Yavapai	District 3	Tier 3
86321	Bagdad	AZ	Yavapai	District 3	Tier 3
86322	Camp Verde	AZ	Yavapai	District 3	Base Rate
86323	Chino Valley	AZ	Yavapai	District 3	Base Rate
86324	Clarkdale	AZ	Yavapai	District 3	Base Rate
86325	Cornville	AZ	Yavapai	District 3	Base Rate
86326	Cottonwood	AZ	Yavapai	District 3	Base Rate

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**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
86327	Dewey	AZ	Yavapai	District 3	Base Rate
86329	Humboldt	AZ	Yavapai	District 3	Base Rate
86332	Kirkland	AZ	Yavapai	District 3	Tier 2
86333	Mayer	AZ	Yavapai	District 3	Base Rate
86334	Paulden	AZ	Yavapai	District 3	Tier 3
86335	Rimrock	AZ	Yavapai	District 3	Base Rate
86336	Sedona	AZ	Coconino	District 3	Base Rate
86337	Seligman	AZ	Yavapai	District 3	Tier 2
86338	Skull Valley	AZ	Yavapai	District 3	Tier 3
86339	Sedona	AZ	Coconino	District 3	Base Rate
86340	Sedona	AZ	Coconino	District 3	Base Rate
86341	Sedona	AZ	Coconino	District 3	Base Rate
86342	Lake Montezuma	AZ	Yavapai	District 3	Base Rate
86343	Crown King	AZ	Yavapai	District 3	Tier 2
86351	Sedona	AZ	Coconino	District 3	Tier 2
86401	Kingman	AZ	Mohave	District 4	Base Rate
86402	Kingman	AZ	Mohave	District 4	Base Rate
86403	Lake Havasu City	AZ	Mohave	District 4	Tier 3
86404	Lake Havasu City	AZ	Mohave	District 4	Tier 3
86405	Lake Havasu City	AZ	Mohave	District 4	Tier 3
86406	Lake Havasu City	AZ	Mohave	District 4	Tier 3
86409	Kingman	AZ	Mohave	District 4	Base Rate
86413	Golden Valley	AZ	Mohave	District 4	Tier 3
86426	Fort Mohave	AZ	Mohave	District 4	Tier 3
86427	Fort Mohave	AZ	Mohave	District 4	Tier 3
86429	Bullhead City	AZ	Mohave	District 4	Tier 3
86430	Bullhead City	AZ	Mohave	District 4	Tier 3
86432	Littlefield	AZ	Mohave	District 4	Tier 3
86433	Oatman	AZ	Mohave	District 4	Tier 3
86434	Peach Springs	AZ	Mohave	District 4	Tier 3
86435	Supai	AZ	Coconino	District 3	Tier 3
86436	Topock	AZ	Mohave	District 4	Tier 3
86438	Yucca	AZ	Mohave	District 4	Tier 3
86439	Bullhead City	AZ	Mohave	District 4	Tier 3
86440	Mohave Valley	AZ	Mohave	District 4	Tier 3
86441	Dolan Springs	AZ	Mohave	District 4	Tier 3
86442	Bullhead City	AZ	Mohave	District 4	Tier 3
86444	Meadview	AZ	Mohave	District 4	Tier 3
86502	Chambers	AZ	Apache	District 3	Tier 3
86503	Chinle	AZ	Apache	District 3	Tier 3
86504	Fort Defiance	AZ	Apache	District 3	Tier 3
86505	Ganado	AZ	Apache	District 3	Tier 3
86506	Houck	AZ	Apache	District 3	Tier 3
86507	Lukachukai	AZ	Apache	District 3	Tier 3
86508	Lupton	AZ	Apache	District 3	Tier 3

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**Zip Code Rate Table**

<b>ZIP</b>	<b>City</b>	<b>St</b>	<b>County</b>	<b>District</b>	<b>Tier</b>
86510	Pinon	AZ	Navajo	District 3	Tier 3
86511	Saint Michaels	AZ	Apache	District 3	Tier 3
86512	Sanders	AZ	Apache	District 3	Tier 3
86514	Teec Nos Pos	AZ	Apache	District 3	Tier 3
86515	Window Rock	AZ	Apache	District 3	Tier 3
86520	Blue Gap	AZ	Navajo	District 3	Tier 3
86535	Dennehotso	AZ	Apache	District 3	Tier 3
86538	Many Farms	AZ	Apache	District 3	Tier 3
86540	Nazlini	AZ	Apache	District 3	Tier 3
86544	Red Valley	AZ	Apache	District 3	Tier 3
86545	Rock Point	AZ	Apache	District 3	Tier 3
86547	Round Rock	AZ	Apache	District 3	Tier 3
86556	Tsaile	AZ	Apache	District 3	Tier 3



### Appendix 3

#### Listing of Urban-Rural Assignments by County

**Table 1: General Definition**

*Applies to:* Day Treatment and Training Services  
 Room & Board, All Group Homes  
 Employment Support Services  
 Specialized Habilitation Services  
 Transportation Services

County	Urban/Rural
Apache	Rural
Cochise	Rural
Coconino	Rural
Gila	Rural
Graham	Rural
Greenlee	Rural
La Paz	Rural
Maricopa	Urban
Mojave	Rural
Navajo	Rural
Pima	Urban
Pinal	Rural
Santa Cruz	Rural
Yavapai	Rural
Yuma	Rural

**Table 2: Nursing Three-Area Modified Structure**

*Applies to:* Nursing Services

County	Modified Rate
Apache	Area 2
Cochise	Area 2
Coconino	Area 1
Gila	Area 1
Graham	Area 2
Greenlee	Area 2
La Paz	Area 1
Maricopa	Base
Mojave	Area 1
Navajo	Area 1
Pima	Base
Pinal	Base
Santa Cruz	Area 1
Yavapai	Area 1
Yuma	Area 1

**Table 3: Therapy Three-Area Modified Structure**

*Applies to:* Therapy Services  
Therapy Assistant Services

<b>County</b>	<b>Modified Rate</b>
Apache	Area 2
Cochise	Area 1
Coconino	Base
Gila	Area 1
Graham	Area 2
Greenlee	Area 2
La Paz	Area 1
Maricopa	Base
Mojave	Area 1
Navajo	Area 2
Pima	Area 1
Pinal	Area 1
Santa Cruz	Area 1
Yavapai	Base
Yuma	Area 2