

RATE BOOK

Effective Date

January 1, 2024

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Division of Developmental Disabilities

1789 W Jefferson St.

Phoenix, AZ 85007

Arizona Department of Economic Security, Division of Developmental Disabilities

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Arizona Department of Economic Security, Division of Developmental Disabilities SFY 23 Adopted Rates

Introduction

Purpose of This Schedule

This schedule contains the rates for services with dates of service on or after January 1, 2024. The 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.

Arizona Department of Economic Security, Division of Developmental Disabilities SFY 23 Adopted Rates

Summary of Changes

Please review the attached schedules carefully, the rates for services may have been revised. January 1, 2024.

- Updated rates for the January 1, 2024 vendor rate increases to relevant services.
- Added rates for LHA Respite.

Arizona Department of Economic Security, Division of Developmental Disabilities SFY 23 Adopted Rates

Summarized Listing of Rates by Service

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	\$6.12	\$6.12	\$6.21
T2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	\$7.12	\$7.12	\$7.21
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	\$5.54	\$5.54	\$5.63
S5150	RSP	Statewide	Respite	Per 15 Minutes	\$6.02	\$6.02	\$6.11
S5151	RSD	Statewide	Respite, Daily	Day	\$465.80	\$465.80	\$473.72
HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2017	HAI	Statewide	Habilitation, Individually Designed Living Arrangement, Hourly	Per 15 Minutes	\$7.48	\$7.48	\$7.57
T2016	HID	Statewide	Habilitation, Individually Designed Living Arrangement, Daily	Day	\$29.66	\$29.66	\$30.02

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTA	Statewide	Day Treatment and Training, Adult (1:3.5)	Per 15 Minutes	\$3.13	\$3.13	\$3.16
T2021	DTA	Statewide	Day Treatment and Training, Adult (1:5.5)	Per 15 Minutes	\$2.36	\$2.36	\$2.38
T2021	DTA	Statewide	Day Treatment and Training, Adult (1:7.5)	Per 15 Minutes	\$2.01	\$2.01	\$2.02
T2021	DTT	Statewide	Day Treatment and Training, Children (After- School) (1:3.5)	Per 15 Minutes	\$3.48	\$3.48	\$3.51
T2021	DTT	Statewide	Day Treatment and Training, Children (After- School) (1:5.5)	Per 15 Minutes	\$2.76	\$2.76	\$2.78
T2021	DTT	Statewide	Day Treatment and Training, Children (After- School) (1:7.5)	Per 15 Minutes	\$2.45	\$2.45	\$2.46
T2021	DTS	Statewide	Day Treatment and Training, Children (Summer) (1:3.5)	Per 15 Minutes	\$3.48	\$3.48	\$3.48
T2021	DTS	Statewide	Day Treatment and Training, Children (Summer) (1:5.5)	Per 15 Minutes	\$2.76	\$2.76	\$2.76
T2021	DTS	Statewide	Day Treatment and Training, Children (Summer) (1:7.5)	Per 15 Minutes	\$2.45	\$2.45	\$2.45
T2021	DTA	Statewide	Day Treatment and Training, Adult - Rural (1:3.5)	Per 15 Minutes	\$3.40	\$3.40	\$3.43
T2021	DTA	Statewide	Day Treatment and Training, Adult - Rural (1:5.5)	Per 15 Minutes	\$2.56	\$2.56	\$2.58
T2021	DTA	Statewide	Day Treatment and Training, Adult - Rural (1:7.5)	Per 15 Minutes	\$2.15	\$2.15	\$2.16

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTT/DTS	Statewide	Day Treatment and Training, Children - Rural (1:3.5)	Per 15 Minutes	\$3.84	\$3.84	\$3.87
T2021	DTT/DTS	Statewide	Day Treatment and Training, Children - Rural (1:5.5)	Per 15 Minutes	\$3.18	\$3.18	\$3.20
T2021	DTT/DTS	Statewide	Day Treatment and Training, Children - Rural (1:7.5)	Per 15 Minutes	\$2.90	\$2.90	\$2.91
T2021	DTA	Statewide	Day Treatment and Training, Adult (1:1)	Per 15 Minutes	\$9.39	\$9.39	\$9.48
T2021	DTA	Statewide	Day Treatment and Training, Adult (1:2)	Per 15 Minutes	\$4.70	\$4.70	\$4.76
T2021	DTA	Statewide	Day Treatment and Training, Adult (2:1)	Per 15 Minutes	\$18.78	\$18.78	\$18.96

HCPCS	Service Code	Statewide or Flagstaff	Sign Language or Oral Interpretive Service Description	Unit of Service	Adopted Rate
T1013	T1013	Statewide	Sign Language or Oral Interpretive Services	Per 15 Minutes	\$24.76
A9270	A9270	Statewide	Non-covered services due to member absence for Sign Language or Oral Interpretive Services	Day	See p. 90-91

HCPCS	Service Code	Statewide or Flagstaff	Developmental Home Services Description	Unit of Service	Adopted Rate
T2016	НВА	Statewide	Habilitation, Vendor Supported Developmental Home (Adult)	Day	\$148.57
T2016	НВС	Statewide	Habilitation, Vendor Supported Developmental Home (Child)	Day	\$148.57
A9270	RBD	Statewide	Room and Board, Vendor Supported Developmental Home	Day	\$14.58

HCPCS	Service Code	Statewide or Flagstaff	Developmental Home Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2016	HPD	Statewide	Habilitation, Community Protection and Treatment Group Home	Day	\$36.71	\$36.71	\$37.61
T2016	НАВ	Statewide	Habilitation, Group Home, Residents: 1	Day	\$23.77	\$23.77	\$24.13
T2016	HAB	Statewide	Habilitation, Group Home, Residents: 2	Day	\$24.86	\$24.86	\$25.25
T2016	НАВ	Statewide	Habilitation, Group Home, Residents: 3+	Day	\$27.78	\$27.78	\$28.20
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home, Level I	Day	\$474.32	\$474.32	\$474.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home, Level II	Day	\$561.32	\$561.32	\$561.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home, Level III	Day	\$625.39	\$625.39	\$625.39
A9270	RRB	Statewide	Room and Board, All Group Homes (Maricopa/Urban) 3BR	Day	\$23.58	\$23.58	\$23.58
A9270	RRB	Statewide	Room and Board, All Group Homes (Maricopa/Urban) 4BR	Day	\$21.01	\$21.01	\$21.01
A9270	RRB	Statewide	Room and Board, All Group Homes (Pima/Urban) 3BR	Day	\$21.73	\$21.73	\$21.73
A9270	RRB	Statewide	Room and Board, All Group Homes (Pima/Urban) 4BR	Day	\$19.45	\$19.45	\$19.45
A9270	RRB	Statewide	Room and Board, All Group Homes (Yuma/Rural) 3BR	Day	\$21.02	\$21.02	\$21.02
A9270	RRB	Statewide	Room and Board, All Group Homes (Yuma/Rural) 4BR	Day	\$18.38	\$18.38	\$18.38

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate		
T1021	ННА	Statewide	Home Health Aide	Per Visit	\$48.13	\$48.13	\$48.13		
T1021	ННА	Statewide	Licensed Health Aide (LHA)	Per Visit	\$70.03	\$70.03	\$70.03		
G0299	G0300/G0299	Statewide	Nursing Visit (RN)	15 Minutes*	NA	\$50.00	\$50.00		
G0299	G0300/G0299	Statewide	Nursing Visit (RN)	Per 15 Minutes	\$29.44	\$29.44	\$29.44		
G0300	G0300	Statewide	Nursing Visit (LPN)	15 Minutes*	NA	\$43.86	\$43.86		
G0300	G0300	Statewide	Nursing Visit (LPN)	Per 15 Minutes	\$25.80	\$25.80	\$25.80		
G0299	G0300/G0299	Statewide	Nursing, Intermittent (RN)	15 Minutes*	NA	\$50.00	\$50.00		
G0299	G0300/G0299	Statewide	Nursing, Intermittent (RN)	Per 15 Minutes	\$29.44	\$29.44	\$29.44		
G0300	G0300	Statewide	Nursing, Intermittent (LPN)	15 Minutes*	NA	\$43.86	\$43.86		
G0300	G0300	Statewide	Nursing, Intermittent (LPN)	Per 15 Minutes	\$25.80	\$25.80	\$25.80		
S9123	S9123/S9124	Statewide	Nursing, Continuous (RN)	Per Hour	\$64.63	\$64.63	\$64.63		
S9124	S9124	Statewide	Nursing, Continuous (LPN)	Per Hour	\$48.73	\$48.73	\$48.73		
S5150	HNR	Statewide	Nursing, Respite (RN)	Per 15 Minutes	\$16.16	\$16.16	\$16.16		
S5150	HNR	Statewide	Nursing, Respite (LPN)	Per 15 Minutes	\$12.19	\$12.19	\$12.19		
S5150	HNR	Statewide	LHA, Respite	Per 15 Minutes	\$8.75	\$8.75	\$8.75		
*This rate is	This rate is only applicable to visits that are 22 minutes or less. For visits 23 minutes or more, the Per 15 Minutes rate will be used. Please see the example below.								

Time	Current Rate	Proposed Rate	Units	Current Revenue	Proposed Revenue
15 min	\$29.44	\$50.00	1	\$29.44	\$50.00
30 min	\$29.44	\$29.44	2	\$58.88	\$58.88
45 min	\$29.44	\$29.44	3	\$88.32	\$88.32
60 min	\$29.44	\$29.44	4	\$117.76	\$117.76

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97535	ОТА	Statewide	Occupational Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06	\$23.06	\$23.06
97535	ОТА	Statewide	Occupational Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59	\$30.59	\$30.59
97535	ОТА	Statewide	Occupational Therapy (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$23.64	\$23.64
97166	OEA	Statewide	Occupational Therapy Evaluation (Clinic)	Per Evaluation	\$175.52	\$175.52	\$175.52
97166	OEA	Statewide	Occupational Therapy Evaluation (Natural)	Per Evaluation	\$196.24	\$196.24	\$196.24
97166	OEA	Statewide	Occupational Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
97535	ОТА	Statewide	Occupational Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70	\$19.70	\$19.70
97535	ОТА	Statewide	Occupational Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13	\$28.13	\$28.13
97535	ОТА	Statewide	Occupational Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$20.12	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97530	PTA	Statewide	Physical Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06	\$23.06	\$23.06
97530	PTA	Statewide	Physical Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59	\$30.59	\$30.59
97530	PTA	Statewide	Physical Therapy (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$23.64	\$23.64
97001	PEA	Statewide	Physical Therapy Evaluation (Clinic)	Per Evaluation	\$175.52	\$175.52	\$175.52
97001	PEA	Statewide	Physical Therapy Evaluation (Natural)	Per Evaluation	\$196.24	\$196.24	\$196.24
97161	PEA	Statewide	Physical Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
97530	PTA	Statewide	Physical Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70	\$19.70	\$19.70
97530	PTA	Statewide	Physical Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13	\$28.13	\$28.13
97530	PTA	Statewide	Physical Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$20.12	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
92507	STA	Statewide	Speech Therapy (Clinic, Base Rate)	Per Visit	\$92.24	\$92.24	\$92.24
92507	STA	Statewide	Speech Therapy (Natural, Base Rate)	Per Visit	\$122.32	\$122.32	\$122.32
92507	STA	Statewide	Speech Therapy (Teletherapy, Base Rate)	Per Visit	NA	\$94.56	\$94.56
92526	92526	Statewide	Feeding Therapy (Teletherapy, Base Rate)	Per Visit	NA	\$94.56	\$94.56
92506	SEA	Statewide	Speech Therapy Evaluation (Clinic)	Per Evaluation	\$175.52	\$175.52	\$175.52
92506	SEA	Statewide	Speech Therapy Evaluation (Natural)	Per Evaluation	\$196.24	\$196.24	\$196.24
92623	SEA	Statewide	Speech Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
92610	SEA	Statewide	Speech Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
92507	STA	Statewide	Speech Language Pathology Assistant (Clinic)	Per Visit	\$78.80	\$78.80	\$78.80
92507	STA	Statewide	Speech Language Pathology Assistant (Natural)	Per Visit	\$112.52	\$112.52	\$112.52
92507	STA	Statewide	Speech Language Pathology Assistant (Teletherapy)	Per Visit	NA	\$80.48	\$80.48
92526	92526	Statewide	Feeding Therapy Assistant (Teletherapy)	Per Visit	NA	\$80.48	\$80.48
S5181	RP1	Statewide	Respiratory Therapy (Natural)	Per Day	\$52.40	\$52.40	\$52.40

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:6)	Per 15 Minutes	\$1.75	\$1.75	\$1.76
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:6)	Per 15 Minutes	\$1.88	\$1.88	\$1.89
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:5)	Per 15 Minutes	\$2.11	\$2.11	\$2.12
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:5)	Per 15 Minutes	\$2.26	\$2.26	\$2.27
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:4)	Per Evaluation	\$2.63	\$2.63	\$2.65
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:4)	Per Evaluation	\$2.82	\$2.82	\$2.84
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:3)	Per 15 Minutes	\$3.50	\$3.50	\$3.53
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:3)	Per 15 Minutes	\$3.75	\$3.75	\$3.78
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:2)	Per 15 Minutes	\$5.26	\$5.26	\$5.30
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:2)	Per 15 Minutes	\$5.63	\$5.63	\$5.67
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:1)	Per 15 Minutes	\$10.51	\$10.51	\$10.60
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:1)	Per 15 Minutes	\$11.26	\$11.26	\$11.35
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:2)	Per 15 Minutes	\$6.24	\$6.24	\$6.28
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:2)	Per 15 Minutes	\$6.61	\$6.61	\$6.65
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:3)	Per 15 Minutes	\$4.40	\$4.40	\$4.43
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:3)	Per 15 Minutes	\$4.79	\$4.79	\$4.82
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:4)	Per 15 Minutes	\$3.47	\$3.47	\$3.49

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:4)	Per 15 Minutes	\$3.88	\$3.88	\$3.90
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:5)	Per 15 Minutes	\$2.92	\$2.92	\$2.93
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:5)	Per Evaluation	\$3.34	\$3.34	\$3.35
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:6)	Per Evaluation	\$2.55	\$2.55	\$2.56
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:6)	Per 15 Minutes	\$2.97	\$2.97	\$2.98
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching (Urban)	Per 15 Minutes	\$11.91	\$11.91	\$11.91
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching (Rural)	Per 15 Minutes	\$14.07	\$14.07	\$14.07
T2019	ISE	Statewide	Individual Supported Employment, Job Development (Urban)	Per 15 Minutes	\$11.03	\$11.03	\$11.03
T2019	ISE	Statewide	Individual Supported Employment, Job Development (Rural)	Per 15 Minutes	\$11.49	\$11.49	\$11.49
T2019	TTE	Statewide	Transition to Employment (1:1), Urban	Per 15 Minutes	\$11.04	\$11.04	\$11.04
T2019	TTE	Statewide	Transition to Employment (1:1), Rural	Per 15 Minutes	\$11.81	\$11.81	\$11.81
T2019	TTE	Statewide	Transition to Employment (1:2), Urban	Per 15 Minutes	\$5.52	\$5.52	\$5.52
T2019	TTE	Statewide	Transition to Employment (1:2), Rural	Per 15 Minutes	\$5.91	\$5.91	\$5.91
T2019	TTE	Statewide	Transition to Employment (1:4), Urban	Per 15 Minutes	\$2.98	\$2.98	\$2.98
T2019	TTE	Statewide	Transition to Employment (1:4), Rural	Per 15 Minutes	\$3.19	\$3.19	\$3.19

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	ESA	Statewide	Employment Support Aide - GSE/ISE (Urban)	Per 15 Minutes	\$9.08	\$9.08	\$9.08
T2019	ESA	Statewide	Employment Support Aide - GSE/ISE (Rural)	Per 15 Minutes	\$10.62	\$10.62	\$10.62
T2019	CPR	Statewide	Career Preparation & Readiness (Urban)	Per 15 Minutes	\$9.08	\$9.08	\$9.08
T2019	CPR	Statewide	Career Preparation & Readiness (Rural)	Per 15 Minutes	\$9.63	\$9.63	\$9.63
HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2017	НАМ	Statewide	Habilitation with Music Therapy	Per 15 Minutes	\$11.87	\$11.87	\$11.87
97153	НСМ	Statewide	Habilitation, Consultation Licensed Psychologist BCBA-D (Urban)	Per 15 Minutes	\$8.47	\$8.47	\$8.47
97153	НСМ	Statewide	Habilitation, Consultation Licensed Psychologist BCBA-D (Rural)	Per 15 Minutes	\$10.17	\$10.17	\$10.17
97153	НСМ	Statewide	Habilitation, Consultation Licensed Behavior Analyst (Urban)	Per 15 Minutes	\$5.09	\$5.09	\$5.09
97153	НСМ	Statewide	Habilitation, Consultation Licensed Behavior Analyst (Rural)	Per 15 Minutes	\$6.19	\$6.19	\$6.19
97153	НСМ	Statewide	Habilitation, Consultation Board Certified Behavior Analyst (Urban)	Per 15 Minutes	\$5.09	\$5.09	\$5.09
97153	НСМ	Statewide	Habilitation, Consultation Board Certified Behavior Analyst (Rural)	Per 15 Minutes	\$6.19	\$6.19	\$6.19
97156	НСВ	Statewide	Habilitation, Consultation Bachelors Level (Urban)	Per 15 Minutes	\$2.87	\$2.87	\$2.87
97156	НСВ	Statewide	Habilitation, Consultation Bachelors Level (Rural)	Per 15 Minutes	\$3.54	\$3.54	\$3.54

HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97151 97152	НСА	Statewide	Habilitation, Consultation Assessment & Planning (Urban)	Per 15 Minutes	\$5.09	\$5.09	\$5.09
97151 97152	НСА	Statewide	Habilitation, Consultation Assessment & Planning (Rural)	Per 15 Minutes	\$6.19	\$6.19	\$6.19
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized (BCBA-D) (Urban)	Per 15 Minutes	\$31.20	\$31.20	\$31.20
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized (BCBA-D) (Rural)	Per 15 Minutes	\$36.06	\$36.06	\$36.06
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized (Lic. Beh. Analyst)	Per 15 Minutes	\$20.45	\$20.45	\$20.45
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized (Masters)	Per 15 Minutes	\$18.87	\$18.87	\$18.87
97153	ECB	Statewide	Habilitation, Early Childhood Autism Specialized (Bachelors)	Per 15 Minutes	\$11.46	\$11.46	\$11.46
T2017	ECH	Statewide	Habilitation, Early Childhood Autism Specialized Hourly Habilitation	Per 15 Minutes	\$6.42	\$6.42	\$6.42

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
A0120	TRA	Statewide	Regular Scheduled Daily Transportation (Day Program)	Per Trip	\$14.57	\$14.57	\$14.73
A0120	TRE	Statewide	Regular Scheduled Daily Transportation (Employment Program)	Per Trip	\$14.57	\$14.57	\$14.73
A0120	TRE	Statewide	Regular Scheduled Daily Transportation, Rural (Employment Program)	Per Trip	\$25.17	\$25.17	\$25.33
A0120	TRA	Statewide	Regular Scheduled Daily Transportation, Rural (Day Program)	Per Trip	\$25.17	\$25.17	\$25.33
A0120	TRA	Statewide	Single Person Modified Rate, Urban	Per Trip	\$33.61	\$33.61	\$34.29
A0120	TRA	Statewide	Single Person Modified Rate, Rural	Per Trip	\$46.00	\$46.00	\$46.44
A0120	TRA	Statewide	Extensive Distance Modified Rate, Urban	Per Trip	\$52.54	\$52.54	\$52.66
A0120	TRA	Statewide	Extensive Distance Modified Rate, Rural	Per Trip	\$52.54	\$52.54	\$52.66
A0120	TRE	Statewide	Single Person Modified Rate, Urban	Per Trip	\$33.61	\$33.61	\$34.29
A0120	TRE	Statewide	Single Person Modified Rate, Rural	Per Trip	\$46.00	\$46.00	\$46.44
A0120	TRE	Statewide	Extensive Distance Modified Rate, Urban	Per Trip	\$52.54	\$52.54	\$52.66
A0120	TRE	Statewide	Extensive Distance Modified Rate, Rural	Per Trip	\$52.54	\$52.54	\$52.66

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	\$7.02	\$7.02	\$7.11
T2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	\$8.08	\$8.08	\$8.17
S5130	HSK	Flagstaff	Homemaker	Per 15 Minutes	\$6.40	\$6.40	\$6.49
S5150	RSP	Flagstaff	Respite	Per 15 Minutes	\$6.91	\$6.91	\$7.00
S5151	RSD	Flagstaff	Respite, Daily	Day	\$520.36	\$520.36	\$528.28
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	\$56.38	\$56.38	\$56.38
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	\$82.02	\$82.02	\$82.02
T2017	ECH	Flagstaff	Habilitation, Early Childhood Autism Spec Hourly Habilitation	Per 15 Minutes	\$6.74	\$6.74	\$6.74
HCPCS	Service Code	Statewide or Flagstaff	Independent Living Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2017	HAI	Flagstaff	Habilitation, Individually Designed Living Arrangement, Hourly	Per 15 Minutes	\$8.21	\$8.21	\$8.30
T2016	HID	Flagstaff	Habilitation, Individually Designed Living Arrangement, Daily	Day	\$30.97	\$30.97	\$31.33
T2016	НАВ	Flagstaff	Habilitation, Group Home, Residents: 1	Day	\$26.83	\$26.83	\$27.19
T2016	HAB	Flagstaff	Habilitation, Group Home, Residents: 2	Day	\$27.94	\$27.94	\$28.33
T2016	НАВ	Flagstaff	Habilitation, Group Home, Residents: 3+	Day	\$30.90	\$30.90	\$31.32

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTA	Flagstaff	Day Treatment and Training, Adult (1:3.5)	Per 15 Minutes	\$3.39	\$3.39	\$3.42
T2021	DTA	Flagstaff	Day Treatment and Training, Adult (1:5.5)	Per 15 Minutes	\$2.52	\$2.52	\$2.54
T2021	DTA	Flagstaff	Day Treatment and Training, Adult (1:7.5)	Per 15 Minutes	\$2.13	\$2.13	\$2.14
T2021	DTA	Flagstaff	Day Treatment and Training, Adult (1:1)	Per 15 Minutes	\$10.16	\$10.16	\$10.25
T2021	DTA	Flagstaff	Day Treatment and Training, Adult (1:2)	Per 15 Minutes	\$5.08	\$5.08	\$5.14
T2021	DTA	Flagstaff	Day Treatment and Training, Adult (2:1)	Per 15 Minutes	\$20.31	\$20.31	\$20.49
T2021	DTT	Flagstaff	Day Treatment and Training, Children (After-School) (1:3.5)	Per 15 Minutes	\$3.74	\$3.74	\$3.77
T2021	DTT	Flagstaff	Day Treatment and Training, Children (After-School) (1:5.5)	Per 15 Minutes	\$2.93	\$2.93	\$2.95
T2021	DTT	Flagstaff	Day Treatment and Training, Children (After-School) (1:7.5)	Per 15 Minutes	\$2.57	\$2.57	\$2.58
T2021	DTS	Flagstaff	Day Treatment and Training, Children (Summer) (1:3.5)	Per 15 Minutes	\$3.74	\$3.74	\$3.77
T2021	DTS	Flagstaff	Day Treatment and Training, Children (Summer) (1:5.5)	Per 15 Minutes	\$2.93	\$2.93	\$2.95
T2021	DTS	Flagstaff	Day Treatment and Training, Children (Summer) (1:7.5)	Per 15 Minutes	\$2.57	\$2.57	\$2.58
HCPCS	Service Code	Statewide or Flagstaff	Developmental Home Services Description	Unit of Service	Adopted Rate		
T2016	НВА	Flagstaff	Habilitation, Vendor Supported Developmental Home (Adult)	Per Day	\$148.57		
T2016	НВС	Flagstaff	Habilitation, Vendor Supported Developmental Home (Child)	Per Day	\$148.57		
A9270	RBD	Flagstaff	Room and Board, Vendor Supported Developmental Home	Per Day	\$14.58		

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2016	HPD	Flagstaff	Habilitation, Community Protection and Treatment Group Home	Day	\$36.71	\$36.71	\$37.61
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home, Level I	Day	\$483.95	\$483.95	\$483.95
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home, Level II	Day	\$574.17	\$574.17	\$574.17
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home, Level III	Day	\$638.23	\$638.23	\$638.23
A9270	RRB	Flagstaff	Room and Board, All Group Homes 3BR	Day	\$24.08	\$24.08	\$24.08
A9270	RRB	Flagstaff	Room and Board, All Group Homes 4BR	Day	\$21.45	\$21.45	\$21.45

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0299	G0300 G0299	Flagstaff	Nursing Visit (RN)	15 Minutes*		\$50.00	\$50.00
G0299	G0300 G0299	Flagstaff	Nursing Visit (RN)	Per 15 Minutes	\$29.44	\$29.44	\$29.44
G0300	G0300	Flagstaff	Nursing Visit (LPN)	15 Minutes*		\$43.86	\$43.86
G0300	G0300	Flagstaff	Nursing Visit (LPN)	Per 15 Minutes	\$25.80	\$25.80	\$25.80
G0299	G0300 G0299	Flagstaff	Nursing, Intermittent (RN)	15 Minutes*		\$50.00	\$50.00
G0299	G0300 G0299	Flagstaff	Nursing, Intermittent (RN)	Per 15 Minutes	\$29.44	\$29.44	\$29.44
G0300	G0300	Flagstaff	Nursing, Intermittent (LPN)	15 Minutes*		\$43.86	\$43.86
G0300	G0300	Flagstaff	Nursing, Intermittent (LPN)	Per 15 Minutes	\$25.80	\$25.80	\$25.80
S9123	S9123 S9124	Flagstaff	Nursing, Continuous (RN)	Per Hour	\$64.63	\$64.63	\$64.63
S9124	S9124	Flagstaff	Nursing, Continuous (LPN)	Per Hour	\$48.73	\$48.73	\$48.73
S5150	HNR	Flagstaff	Nursing, Respite (RN)	Per 15 Minutes	\$16.16	\$16.16	\$16.16
S5150	HNR	Flagstaff	Nursing, Respite (LPN)	Per 15 Minutes	\$12.19	\$12.19	\$12.19
S5150	HNR	Flagstaff	LHA, Respite	Per 15 Minutes	\$8.75	\$8.75	\$8.75

^{*}This rate is only applicable to visits that are 22 minutes or less. For visits 23 minutes or more, the Per 15 Minutes rate will be used. Please see the example below.

Time	Current Rate	Proposed Rate	Units	Current Revenue	Proposed Revenue
15 min	\$29.44	\$50.00	1	\$29.44	\$50.00
30 min	\$29.44	\$29.44	2	\$58.88	\$58.88
45 min	\$29.44	\$29.44	3	\$88.32	\$88.32
60 min	\$29.44	\$29.44	4	\$117.76	\$117.76

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97535	ОТА	Flagstaff	Occupational Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06	\$23.06	\$23.06
97535	ОТА	Flagstaff	Occupational Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59	\$30.59	\$30.59
97535	ОТА	Flagstaff	Occupational Therapy (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$23.64	\$23.64
97166	OEA	Flagstaff	Occupational Therapy Evaluation (Clinic)	Per Evaluation	\$175.52	\$175.52	\$175.52
97166	OEA	Flagstaff	Occupational Therapy Evaluation (Natural)	Per Evaluation	\$196.24	\$196.24	\$196.24
97166	OEA	Flagstaff	Occupational Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
97535	ОТА	Flagstaff	Occupational Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70	\$19.70	\$19.70
97535	ОТА	Flagstaff	Occupational Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13	\$28.13	\$28.13
97535	ОТА	Flagstaff	Occupational Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$20.12	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97530	РТА	Flagstaff	Physical Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06	\$23.06	\$23.06
97530	РТА	Flagstaff	Physical Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59	\$30.59	\$30.59
97530	РТА	Flagstaff	Physical Therapy (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$23.64	\$23.64
97162	PEA	Flagstaff	Physical Therapy Evaluation (Clinic)	Per Evaluation	\$175.52	\$175.52	\$175.52
97162	PEA	Flagstaff	Physical Therapy Evaluation (Natural)	Per Evaluation	\$196.24	\$196.24	\$196.24
97161	PEA	Flagstaff	Physical Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
97530	PTA	Flagstaff	Physical Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70	\$19.70	\$19.70
97530	PTA	Flagstaff	Physical Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13	\$28.13	\$28.13
97530	РТА	Flagstaff	Physical Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	NA	\$20.12	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
92507	STA	Flagstaff	Speech Therapy (Clinic, Base Rate)	Per Visit	\$92.24	\$92.24	\$92.24
92507	STA	Flagstaff	Speech Therapy (Natural, Base Rate)	Per Visit	\$122.32	\$122.32	\$122.32
92507	STA	Flagstaff	Speech Therapy (Teletherapy, Base Rate)	Per Visit	NA	\$94.56	\$94.56
92526	92526	Flagstaff	Feeding Therapy (Teletherapy, Base Rate)	Per Visit	NA	\$94.56	\$94.56
92523	SEA	Flagstaff	Speech Therapy Evaluation (Clinic)	Per Evaluation	\$175.52	\$175.52	\$175.52
92523	SEA	Flagstaff	Speech Therapy Evaluation (Natural)	Per Evaluation	\$196.24	\$196.24	\$196.24
92523	SEA	Flagstaff	Speech Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
92610	92610	Flagstaff	Feeding Therapy Evaluation (Teletherapy)	Per Evaluation	NA	\$179.97	\$179.97
92507	STA	Flagstaff	Speech Language Pathology Assistant (Clinic)	Per Visit	\$78.80	\$78.80	\$78.80
92507	STA	Flagstaff	Speech Language Pathology Assistant (Natural)	Per Visit	\$112.52	\$112.52	\$112.52
92507	STA	Flagstaff	Speech Language Pathology Assistant (Teletherapy)	Per Visit	NA	\$80.48	\$80.48
92526	92526	Flagstaff	Feeding Therapy Assistant (Teletherapy)	Per Visit	NA	\$80.48	\$80.48
S5181	RP1	Flagstaff	Respiratory Therapy (Clinic)	Per Day	\$40.68	\$40.68	\$40.68
S5181	RP1	Flagstaff	Respiratory Therapy (Natural)	Per Day	\$52.40	\$52.40	\$52.40

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	GSE	Flagstaff	Group Supported Employment (1:2)	Per 15 Minutes	\$6.22	\$6.34	\$6.38
T2019	GSE	Flagstaff	Group Supported Employment (1:3)	Per 15 Minutes	\$4.38	\$4.46	\$4.49
T2019	GSE	Flagstaff	Group Supported Employment (1:4)	Per 15 Minutes	\$3.49	\$3.55	\$3.57
T2019	GSE	Flagstaff	Group Supported Employment (1:5)	Per 15 Minutes	\$2.88	\$2.93	\$2.94
T2019	GSE	Flagstaff	Group Supported Employment (1:6)	Per 15 Minutes	\$2.58	\$2.62	\$2.63
T2019	ISE	Flagstaff	Individual Supported Employment, Job Coaching	Per 15 Minutes	\$12.82	\$12.82	\$12.82
T2019	ISE	Flagstaff	Individual Supported Employment, Job Development	Per 15 Minutes	\$12.34	\$12.34	\$12.34
T2019	TTE	Flagstaff	Transition to Employment (1:4)	Per 15 Minutes	\$3.20	\$3.20	\$3.20
T2019	ESA	Flagstaff	Employment Support Aide - GSE/ISE	Per 15 Minutes	\$10.62	\$10.62	\$10.62
T2019	CPR	Flagstaff	Career Preparation & Readiness	Per 15 Minutes	\$9.08	\$9.08	\$9.08

HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2017	НАМ	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	\$11.87	\$11.87
97153	НСМ	Flagstaff	Habilitation, Consultation Licensed Psychologist BCBA-D	Per 15 Minutes	\$8.47	\$8.47
97153	НСМ	Flagstaff	Habilitation, Consultation Licensed Behavior Analyst	Per 15 Minutes	\$5.09	\$5.09
97153	НСМ	Flagstaff	Habilitation, Consultation Board Certified Behavior Analyst	Per 15 Minutes	\$5.09	\$5.09
97153	НСВ	Flagstaff	Habilitation, Consultation Bachelors Level	Per 15 Minutes	\$2.87	\$2.87
97151, 97152	НСА	Flagstaff	Habilitation, Consultation Assessment & Planning	Per 15 Minutes	\$5.09	\$5.09
97153	ECM	Flagstaff	Habilitation, Early Childhood Autism Specialized (BCBA-D)	Per 15 Minutes	\$31.20	\$31.20
97153	ECM	Flagstaff	Habilitation, Early Childhood Autism Specialized (Lic. Behavioral Analyst)	Per 15 Minutes	\$20.45	\$20.45
97153	ECM	Flagstaff	Habilitation, Early Childhood Autism Specialized (Masters)	Per 15 Minutes	\$18.87	\$18.87
97153	ECB	Flagstaff	Habilitation, Early Childhood Autism Specialized (Bachelors)	Per 15 Minutes	\$11.46	\$11.46

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description	Unit of Service	01/01/2023 Adopted Rate	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
A0120	TRA	Flagstaff	Regular Scheduled Daily Transportation (Day Program)	Per Trip	\$25.17	\$25.17	\$25.33
A0120	TRE	Flagstaff	Regular Scheduled Daily Transportation (Employment Program)	Per Trip	\$25.17	\$25.17	\$25.33
A0120	TRA	Flagstaff	Single Person Modified Rate	Per Trip	\$33.61	\$33.61	\$34.29
A0120	TRA	Flagstaff	Extensive Distance Modified Rate	Per Trip	\$52.54	\$52.54	\$52.66
A0120	TRE	Flagstaff	Single Person Modified Rate	Per Trip	\$33.61	\$33.61	\$34.29
A0120	TRE	Flagstaff	Extensive Distance Modified Rate	Per Trip	\$52.54	\$52.54	\$52.66

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.

Arizona Department of Economic Security, Division of Developmental Disabilities SFY 23 Adopted Rates

Home-Based Services

Unit of Service

- 1. The basis of payment for all Home-Based Services except for Respite, Daily is 15-minute increments 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.
- 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/individual receive the same service with a single direct service staff person at the same time.

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 32 units (S5150/RSP)

Services Authorization 8 hours reduced from authorization

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

Services Provided 8 hours

Services Billed 32 units (S5150/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 hour

Services Billed 4 units (S5150/RSP)

Services Authorization 1 hour reduced from authorization

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

Services Provided 15 hours

Services Billed 1 unit (S5151/RSD)

Services Authorization 12 hours reduced from authorization

Arizona Department of Economic Security, Division of Developmental Disabilities SFY 23 Adopted Rates

Home-Based Services

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	1	\$6.12	\$6.21
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	2	\$3.82	\$3.88
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	3	\$3.06	\$3.10
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	1	\$7.02	\$7.11
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	2	\$4.39	\$4.45
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	3	\$3.51	\$3.55

Arizona Department of Economic Security, Division of Developmental Disabilities SFY 23 Adopted Rates

Home-Based Services

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
H2017	НРН	Statewide	Habilitation, Community Protection and Treatment Hourly	Per 15 Minutes	1	\$8.42	\$8.42
H2017	НРН	Statewide	Habilitation, Community Protection and Treatment Hourly	Per 15 Minutes	2	\$5.26	\$5.26
H2017	НРН	Statewide	Habilitation, Community Protection and Treatment Hourly	Per 15 Minutes	3	\$4.21	\$4.21
H2017	НРН	Flagstaff	Habilitation, Community Protection and Treatment Hourly	Per 15 Minutes	1	\$8.42	\$8.42
H2017	НРН	Flagstaff	Habilitation, Community Protection and Treatment Hourly	Per 15 Minutes	2	\$5.26	\$5.26
H2017	НРН	Flagstaff	Habilitation, Community Protection and Treatment Hourly	Per 15 Minutes	3	\$4.21	\$4.21
H2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	1	\$7.12	\$7.21
H2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	2	\$4.44	\$4.50
H2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	3	\$3.56	\$3.60
H2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	1	\$8.08	\$8.17
H2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	2	\$5.05	\$5.11
H2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	3	\$4.04	\$4.08

Home-Based Services

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	1	\$5.54	\$5.63
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	2	\$3.46	\$3.52
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	3	\$2.77	\$2.81
S5130	HSK	Flagstaff	Homemaker	Per 15 Minutes	1	\$6.40	\$6.49
S5130	HSK	Flagstaff	Homemaker	Per 15 Minutes	2	\$4.00	\$4.06
S5130	HSK	Flagstaff	Homemaker	Per 15 Minutes	3	\$3.20	\$3.24
S5150	RSP	Statewide	Respite, Hourly	Per 15 Minutes	1	\$6.02	\$6.11
S5150	RSP	Statewide	Respite, Hourly	Per 15 Minutes	2	\$3.76	\$3.82
S5150	RSP	Statewide	Respite, Hourly	Per 15 Minutes	3	\$3.01	\$3.05
S5150	RSP	Flagstaff	Respite, Hourly	Per 15 Minutes	1	\$6.91	\$7.00
S5150	RSP	Flagstaff	Respite, Hourly	Per 15 Minutes	2	\$4.31	\$4.37
S5150	RSP	Flagstaff	Respite, Hourly	Per 15 Minutes	3	\$3.46	\$3.50

Home-Based Services

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S5151	RSD	Statewide	Respite, Daily	Day	1	\$465.80	\$473.72
S5151	RSD	Statewide	Respite, Daily	Day	2	\$291.12	\$296.51
S5151	RSD	Statewide	Respite, Daily	Day	3	\$232.92	\$236.42
S5151	RSD	Flagstaff	Respite, Daily	Day	1	\$520.36	\$528.28
S5151	RSD	Flagstaff	Respite, Daily	Day	2	\$325.24	\$330.61
S5151	RSD	Flagstaff	Respite, Daily	Day	3	\$260.20	\$263.70

Independent Living Services

Rate

- 1. The rate for this service is based on 15-minute increments 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: 15-minute

- 1. The basis of payment for this service is 15-minute units 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 the 15-minute rate if and only if the Division authorizes this invoicing of the 15-minute rate. The Division will authorize 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. 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.
- 3. If the Qualified Vendor provides a 15-minute 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.
- 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 bill claims 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.
- 4. 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.
- 5. 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 claims, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
- 6. 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 Network 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.
- 7. 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	Statewide or Flagstaff	Independent Living Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2017	HAI	Statewide	Habilitation, Individually Designed Living Arrangement	Per 15 Minutes	1	\$7.48	\$7.57
T2017	HAI	Statewide	Habilitation, Individually Designed Living Arrangement	Per 15 Minutes	2	\$4.67	\$4.73
T2017	HAI	Statewide	Habilitation, Individually Designed Living Arrangement	Per 15 Minutes	3	\$3.74	\$3.78
T2017	HID	Statewide	Habilitation, Individually Designed Living Arrangement, Daily	Day	1	\$29.66	\$30.02
T2017	HAI	Flagstaff	Habilitation, Individually Designed Living Arrangement	Per 15 Minutes	1	\$8.21	\$8.30
T2017	HAI	Flagstaff	Habilitation, Individually Designed Living Arrangement	Per 15 Minutes	2	\$5.13	\$5.19
T2017	HAI	Flagstaff	Habilitation, Individually Designed Living Arrangement	Per 15 Minutes	3	\$4.11	\$4.15
T2016	HID	Flagstaff	Habilitation, Individually Designed Living Arrangement, Daily	Day	1	\$30.97	\$31.33

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	1	16	20	29.99	1	\$85.77	\$89.51
T2016	HID	Habilitation, IDLA	Per Resident Per Day	1	16	20	29.99	2	\$42.88	\$44.75
T2016	HID	Habilitation, IDLA	Per Resident Per Day	1	16	20	29.99	3	\$28.59	\$29.83
T2016	HID	Habilitation, IDLA	Per Resident Per Day	1	16	20	29.99	4	\$21.44	\$22.37
T2016	HID	Habilitation, IDLA	Per Resident Per Day	1	16	20	29.99	5	\$17.15	\$17.90
T2016	HID	Habilitation, IDLA	Per Resident Per Day	1	16	20	29.99	6	\$14.29	\$14.91
T2016	HID	Habilitation, IDLA	Per Resident Per Day	2	30	40	49.99	1	\$171.54	\$179.02
T2016	HID	Habilitation, IDLA	Per Resident Per Day	2	30	40	49.99	2	\$85.78	\$89.52
T2016	HID	Habilitation, IDLA	Per Resident Per Day	2	30	40	49.99	3	\$57.18	\$59.67
T2016	HID	Habilitation, IDLA	Per Resident Per Day	2	30	40	49.99	4	\$42.89	\$44.76
T2016	HID	Habilitation, IDLA	Per Resident Per Day	2	30	40	49.99	5	\$34.30	\$35.80
T2016	HID	Habilitation, IDLA	Per Resident Per Day	2	30	40	49.99	6	\$28.60	\$29.84

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	3	50	60	69.99	1	\$257.31	\$268.54
T2016	HID	Habilitation, IDLA	Per Resident Per Day	3	50	60	69.99	2	\$128.65	\$134.27
T2016	HID	Habilitation, IDLA	Per Resident Per Day	3	50	60	69.99	3	\$85.79	\$89.53
T2016	HID	Habilitation, IDLA	Per Resident Per Day	3	50	60	69.99	4	\$64.32	\$67.13
T2016	HID	Habilitation, IDLA	Per Resident Per Day	3	50	60	69.99	5	\$51.46	\$53.70
T2016	HID	Habilitation, IDLA	Per Resident Per Day	3	50	60	69.99	6	\$42.90	\$44.77
T2016	HID	Habilitation, IDLA	Per Resident Per Day	4	70	80	89.99	1	\$343.08	\$358.05
T2016	HID	Habilitation, IDLA	Per Resident Per Day	4	70	80	89.99	2	\$171.55	\$179.03
T2016	HID	Habilitation, IDLA	Per Resident Per Day	4	70	80	89.99	3	\$114.36	\$119.35
T2016	HID	Habilitation, IDLA	Per Resident Per Day	4	70	80	89.99	4	\$85.80	\$89.54
T2016	HID	Habilitation, IDLA	Per Resident Per Day	4	70	80	89.99	5	\$68.61	\$71.61
T2016	HID	Habilitation, IDLA	Per Resident Per Day	4	70	80	89.99	6	\$57.19	\$59.68

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	5	90	100	109.99	1	\$428.85	\$447.57
T2016	HID	Habilitation, IDLA	Per Resident Per Day	5	90	100	109.99	2	\$214.42	\$223.78
T2016	HID	Habilitation, IDLA	Per Resident Per Day	5	90	100	109.99	3	\$142.95	\$149.19
T2016	HID	Habilitation, IDLA	Per Resident Per Day	5	90	100	109.99	4	\$107.21	\$111.89
T2016	HID	Habilitation, IDLA	Per Resident Per Day	5	90	100	109.99	5	\$85.81	\$89.55
T2016	HID	Habilitation, IDLA	Per Resident Per Day	5	90	100	109.99	6	\$71.47	\$74.59
T2016	HID	Habilitation, IDLA	Per Resident Per Day	6	110	120	129.99	1	\$514.62	\$537.08
T2016	HID	Habilitation, IDLA	Per Resident Per Day	6	110	120	129.99	2	\$257.32	\$268.55
T2016	HID	Habilitation, IDLA	Per Resident Per Day	6	110	120	129.99	3	\$171.56	\$179.04
T2016	HID	Habilitation, IDLA	Per Resident Per Day	6	110	120	129.99	4	\$128.66	\$134.28
T2016	HID	Habilitation, IDLA	Per Resident Per Day	6	110	120	129.99	5	\$102.92	\$107.41
T2016	HID	Habilitation, IDLA	Per Resident Per Day	6	110	120	129.99	6	\$85.82	\$89.56

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	7	130	140	149.99	1	\$600.40	\$626.60
T2016	HID	Habilitation, IDLA	Per Resident Per Day	7	130	140	149.99	2	\$300.20	\$313.30
T2016	HID	Habilitation, IDLA	Per Resident Per Day	7	130	140	149.99	3	\$200.13	\$208.86
T2016	HID	Habilitation, IDLA	Per Resident Per Day	7	130	140	149.99	4	\$150.10	\$156.65
T2016	HID	Habilitation, IDLA	Per Resident Per Day	7	130	140	149.99	5	\$120.08	\$125.32
T2016	HID	Habilitation, IDLA	Per Resident Per Day	7	130	140	149.99	6	\$100.06	\$104.43
T2016	HID	Habilitation, IDLA	Per Resident Per Day	8	150	160	169.99	1	\$686.17	\$716.11
T2016	HID	Habilitation, IDLA	Per Resident Per Day	8	150	160	169.99	2	\$343.09	\$358.06
T2016	HID	Habilitation, IDLA	Per Resident Per Day	8	150	160	169.99	3	\$228.72	\$238.70
T2016	HID	Habilitation, IDLA	Per Resident Per Day	8	150	160	169.99	4	\$171.57	\$179.05
T2016	HID	Habilitation, IDLA	Per Resident Per Day	8	150	160	169.99	5	\$137.23	\$143.22
T2016	HID	Habilitation, IDLA	Per Resident Per Day	8	150	160	169.99	6	\$114.37	\$119.36

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	9	170	180	189.99	1	\$771.94	\$805.62
T2016	HID	Habilitation, IDLA	Per Resident Per Day	9	170	180	189.99	2	\$385.97	\$402.81
T2016	HID	Habilitation, IDLA	Per Resident Per Day	9	170	180	189.99	3	\$257.33	\$268.56
T2016	HID	Habilitation, IDLA	Per Resident Per Day	9	170	180	189.99	4	\$192.98	\$201.40
T2016	HID	Habilitation, IDLA	Per Resident Per Day	9	170	180	189.99	5	\$154.38	\$161.12
T2016	HID	Habilitation, IDLA	Per Resident Per Day	9	170	180	189.99	6	\$128.67	\$134.29
T2016	HID	Habilitation, IDLA	Per Resident Per Day	10	190	200	209.99	1	\$857.71	\$895.14
T2016	HID	Habilitation, IDLA	Per Resident Per Day	10	190	200	209.99	2	\$428.86	\$447.58
T2016	HID	Habilitation, IDLA	Per Resident Per Day	10	190	200	209.99	3	\$285.90	\$298.38
T2016	HID	Habilitation, IDLA	Per Resident Per Day	10	190	200	209.99	4	\$214.43	\$223.79
T2016	HID	Habilitation, IDLA	Per Resident Per Day	10	190	200	209.99	5	\$171.58	\$179.06
T2016	HID	Habilitation, IDLA	Per Resident Per Day	10	190	200	209.99	6	\$142.96	\$149.20

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	11	210	220	229.99	1	\$943.48	\$984.65
T2016	HID	Habilitation, IDLA	Per Resident Per Day	11	210	220	229.99	2	\$471.74	\$492.32
T2016	HID	Habilitation, IDLA	Per Resident Per Day	11	210	220	229.99	3	\$314.49	\$328.21
T2016	HID	Habilitation, IDLA	Per Resident Per Day	11	210	220	229.99	4	\$235.87	\$246.16
T2016	HID	Habilitation, IDLA	Per Resident Per Day	11	210	220	229.99	5	\$188.69	\$196.93
T2016	HID	Habilitation, IDLA	Per Resident Per Day	11	210	220	229.99	6	\$157.24	\$164.10
T2016	HID	Habilitation, IDLA	Per Resident Per Day	12	230	240	249.99	1	\$1,016.91	\$1,061.82
T2016	HID	Habilitation, IDLA	Per Resident Per Day	12	230	240	249.99	2	\$514.63	\$537.09
T2016	HID	Habilitation, IDLA	Per Resident Per Day	12	230	240	249.99	3	\$343.10	\$358.07
T2016	HID	Habilitation, IDLA	Per Resident Per Day	12	230	240	249.99	4	\$257.34	\$268.57
T2016	HID	Habilitation, IDLA	Per Resident Per Day	12	230	240	249.99	5	\$205.85	\$214.83
T2016	HID	Habilitation, IDLA	Per Resident Per Day	12	230	240	249.99	6	\$171.59	\$179.07

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	13	250	260	269.99	1	\$1,101.65	\$1,150.31
T2016	HID	Habilitation, IDLA	Per Resident Per Day	13	250	260	269.99	2	\$557.51	\$581.84
T2016	HID	Habilitation, IDLA	Per Resident Per Day	13	250	260	269.99	3	\$371.67	\$387.89
T2016	HID	Habilitation, IDLA	Per Resident Per Day	13	250	260	269.99	4	\$278.75	\$290.92
T2016	HID	Habilitation, IDLA	Per Resident Per Day	13	250	260	269.99	5	\$223.00	\$232.73
T2016	HID	Habilitation, IDLA	Per Resident Per Day	13	250	260	269.99	6	\$185.83	\$193.94
T2016	HID	Habilitation, IDLA	Per Resident Per Day	14	270	280	289.99	1	\$1,186.40	\$1,238.80
T2016	HID	Habilitation, IDLA	Per Resident Per Day	14	270	280	289.99	2	\$600.41	\$626.61
T2016	HID	Habilitation, IDLA	Per Resident Per Day	14	270	280	289.99	3	\$400.26	\$417.73
T2016	HID	Habilitation, IDLA	Per Resident Per Day	14	270	280	289.99	4	\$300.21	\$313.31
T2016	HID	Habilitation, IDLA	Per Resident Per Day	14	270	280	289.99	5	\$240.16	\$250.64
T2016	HID	Habilitation, IDLA	Per Resident Per Day	14	270	280	289.99	6	\$200.14	\$208.87

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	15	290	300	309.99	1	\$1,271.14	\$1,327.28
T2016	HID	Habilitation, IDLA	Per Resident Per Day	15	290	300	309.99	2	\$643.28	\$671.35
T2016	HID	Habilitation, IDLA	Per Resident Per Day	15	290	300	309.99	3	\$428.87	\$447.59
T2016	HID	Habilitation, IDLA	Per Resident Per Day	15	290	300	309.99	4	\$321.64	\$335.67
T2016	HID	Habilitation, IDLA	Per Resident Per Day	15	290	300	309.99	5	\$257.35	\$268.58
T2016	HID	Habilitation, IDLA	Per Resident Per Day	15	290	300	309.99	6	\$214.44	\$223.80
T2016	HID	Habilitation, IDLA	Per Resident Per Day	16	310	320	329.99	1	\$1,355.88	\$1,415.77
T2016	HID	Habilitation, IDLA	Per Resident Per Day	16	310	320	329.99	2	\$686.18	\$716.12
T2016	HID	Habilitation, IDLA	Per Resident Per Day	16	310	320	329.99	3	\$457.44	\$477.40
T2016	HID	Habilitation, IDLA	Per Resident Per Day	16	310	320	329.99	4	\$343.11	\$358.08
T2016	HID	Habilitation, IDLA	Per Resident Per Day	16	310	320	329.99	5	\$274.46	\$286.44
T2016	HID	Habilitation, IDLA	Per Resident Per Day	16	310	320	329.99	6	\$228.73	\$238.71

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	17	330	340	349.99	1	\$1,440.62	\$1,504.25
T2016	HID	Habilitation, IDLA	Per Resident Per Day	17	330	340	349.99	2	\$729.05	\$760.87
T2016	HID	Habilitation, IDLA	Per Resident Per Day	17	330	340	349.99	3	\$486.03	\$507.24
T2016	HID	Habilitation, IDLA	Per Resident Per Day	17	330	340	349.99	4	\$364.52	\$380.43
T2016	HID	Habilitation, IDLA	Per Resident Per Day	17	330	340	349.99	5	\$291.62	\$304.34
T2016	HID	Habilitation, IDLA	Per Resident Per Day	17	330	340	349.99	6	\$243.01	\$253.62
T2016	HID	Habilitation, IDLA	Per Resident Per Day	18	350	360	369.99	1	\$1,525.37	\$1,592.74
T2016	HID	Habilitation, IDLA	Per Resident Per Day	18	350	360	369.99	2	\$771.95	\$805.63
T2016	HID	Habilitation, IDLA	Per Resident Per Day	18	350	360	369.99	3	\$514.64	\$537.10
T2016	HID	Habilitation, IDLA	Per Resident Per Day	18	350	360	369.99	4	\$385.98	\$402.82
T2016	HID	Habilitation, IDLA	Per Resident Per Day	18	350	360	369.99	5	\$308.77	\$322.25
T2016	HID	Habilitation, IDLA	Per Resident Per Day	18	350	360	369.99	6	\$257.36	\$268.59

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	19	370	380	389.99	1	\$1,610.11	\$1,681.22
T2016	HID	Habilitation, IDLA	Per Resident Per Day	19	370	380	389.99	2	\$814.82	\$850.38
T2016	HID	Habilitation, IDLA	Per Resident Per Day	19	370	380	389.99	3	\$543.21	\$566.92
T2016	HID	Habilitation, IDLA	Per Resident Per Day	19	370	380	389.99	4	\$407.41	\$425.19
T2016	HID	Habilitation, IDLA	Per Resident Per Day	19	370	380	389.99	5	\$325.93	\$340.15
T2016	HID	Habilitation, IDLA	Per Resident Per Day	19	370	380	389.99	6	\$271.60	\$283.46
T2016	HID	Habilitation, IDLA	Per Resident Per Day	20	390	400	409.99	1	\$1,694.85	\$1,769.71
T2016	HID	Habilitation, IDLA	Per Resident Per Day	20	390	400	409.99	2	\$857.72	\$895.15
T2016	HID	Habilitation, IDLA	Per Resident Per Day	20	390	400	409.99	3	\$571.80	\$596.76
T2016	HID	Habilitation, IDLA	Per Resident Per Day	20	390	400	409.99	4	\$428.88	\$447.60
T2016	HID	Habilitation, IDLA	Per Resident Per Day	20	390	400	409.99	5	\$343.12	\$358.09
T2016	HID	Habilitation, IDLA	Per Resident Per Day	20	390	400	409.99	6	\$285.91	\$298.39

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, IDLA	Per Resident Per Day	21	410	420	429.99	1	\$1,779.60	\$1,858.20
T2016	HID	Habilitation, IDLA	Per Resident Per Day	21	410	420	429.99	2	\$900.60	\$939.90
T2016	HID	Habilitation, IDLA	Per Resident Per Day	21	410	420	429.99	3	\$600.42	\$626.62
T2016	HID	Habilitation, IDLA	Per Resident Per Day	21	410	420	429.99	4	\$450.30	\$469.95
T2016	HID	Habilitation, IDLA	Per Resident Per Day	21	410	420	429.99	5	\$360.24	\$375.96
T2016	HID	Habilitation, IDLA	Per Resident Per Day	21	410	420	429.99	6	\$300.22	\$313.32
T2016	HID	Habilitation, IDLA	Per Resident Per Day	22	430	440	449.99	1	\$1,864.34	\$1,946.68
T2016	HID	Habilitation, IDLA	Per Resident Per Day	22	430	440	449.99	2	\$943.49	\$984.66
T2016	HID	Habilitation, IDLA	Per Resident Per Day	22	430	440	449.99	3	\$628.99	\$656.43
T2016	HID	Habilitation, IDLA	Per Resident Per Day	22	430	440	449.99	4	\$471.75	\$492.33
T2016	HID	Habilitation, IDLA	Per Resident Per Day	22	430	440	449.99	5	\$377.39	\$393.86
T2016	HID	Habilitation, IDLA	Per Resident Per Day	22	430	440	449.99	6	\$314.50	\$328.22

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
- 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units

For Day Treatment and Training, Adult:

2. Absences do not constitute a billable unit. 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.

For Day Treatment and Training, Children:

3. Absences do not constitute a billable unit. 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.

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 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.

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTA	Statewide	Day Treatment and Training, Adult - Staff Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.13	\$3.16
T2021	DTA	Statewide	Day Treatment and Training, Adult - Staff Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.36	\$2.38
T2021	DTA	Statewide	Day Treatment and Training, Adult - Staff Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.01	\$2.02
T2021	DTA	Flagstaff	Day Treatment and Training, Adult - Staff Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.39	\$3.42
T2021	DTA	Flagstaff	Day Treatment and Training, Adult - Staff Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.52	\$2.54
T2021	DTA	Flagstaff	Day Treatment and Training, Adult - Staff Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.13	\$2.14

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTT	Statewide	Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.48	\$3.51
T2021	DTT	Statewide	Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.76	\$2.78
T2021	DTT	Statewide	Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.45	\$2.46
T2021	DTS	Statewide	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.48	\$3.51
T2021	DTS	Statewide	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.76	\$2.78
T2021	DTS	Statewide	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.45	\$2.46
T2021	DTT	Flagstaff	Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.74	\$3.77
T2021	DTT	Flagstaff	Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.93	\$2.95
T2021	DTT	Flagstaff	Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.57	\$2.58
T2021	DTS	Flagstaff	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.74	\$3.77
T2021	DTS	Flagstaff	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.93	\$2.95
T2021	DTS	Flagstaff	Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.57	\$2.58

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTA	Statewide	Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.40	\$3.43
T2021	DTA	Statewide	Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.56	\$2.58
T2021	DTA	Statewide	Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.15	\$2.16
T2021	DTT	Statewide	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.84	\$3.87
T2021	DTT	Statewide	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff: Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$3.18	\$3.20
T2021	DTT	Statewide	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff: Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.90	\$2.91
T2021	DTS	Statewide	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.84	\$3.87
T2021	DTS	Statewide	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff: Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$3.18	\$3.20
T2021	DTS	Statewide	Day Treatment and Training, Children, Rural (After-School & Summer) - Staff: Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.90	\$2.91

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTA	Statewide	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$9.39	\$9.48
T2021	DTA	Statewide	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$4.70	\$4.76
T2021	DTT	Statewide	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$9.39	\$9.48
T2021	DTS	Statewide	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$9.39	\$9.48
T2021	DTT	Statewide	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$4.70	\$4.76
T2021	DTS	Statewide	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$4.70	\$4.76

HCPCS	Service Code	Statewide or Flagstaff	Day Treatment and Training Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2021	DTA	Flagstaff	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$10.16	\$10.25
T2021	DTA	Flagstaff	Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$5.08	\$5.14
T2021	DTT	Flagstaff	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$10.16	\$10.25
T2021	DTS	Flagstaff	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$10.16	\$10.25
T2021	DTT	Flagstaff	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$5.08	\$5.14
T2021	DTS	Flagstaff	Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$5.08	\$5.14

Sign Language or Oral Interpretive Services

Unit of Service

- 1. The basis of payment for all Sign Language or Oral Interpretive Services is 15-minute increments of direct service time. Direct service time is the period of time spent with the member during the delivery of approved HCBS services. 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.
- 2. Qualified Vendors can submit claims for member absences where the cancellation occurred within 48 hours of appointment.
- 3. Claims must be submitted on paper using the approved and appropriate claim form; the CMS 1500. Instructions on how to complete the appropriate claim form can be found on the Centers for Medicaid and Medicare (CMS) website at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-List.html. All claim forms must be original. Photocopies and faxes will not be accepted. Provider Billing Documents and instructions are available on the Division's web site at des.az.gov/ddd.
- 4. Vendors must maintain documentation, such as invoices, for audit review.

HCPCS	Service Code	Statewide or Flagstaff	Sign Language or Oral Interpretive Service Description	Unit of Service	Multiple Clients	01/01/2024 Adopted Rate
T1013	T1013	Statewide	Sign Language or Oral Interpretive Services	15 Minutes	1	\$24.76

HCPCS	Service Code	Statewide or Flagstaff	Sign Language or Oral Interpretive Service Description	Unit of Service	Low Minutes	High Minutes	Hours	01/01/2024 Adopted Rate
A9270	A9270	Statewide		Daily	8	22	0.25	\$24.76
A9270	A9270	Statewide		Daily	23	37	0.5	\$49.52
A9270	A9270	Statewide		Daily	38	52	0.75	\$74.28
A9270	A9270	Statewide		Daily	53	67	1	\$99.04
A9270	A9270	Statewide		Daily	68	82	1.25	\$123.80
A9270	A9270	Statewide		Daily	83	97	1.5	\$148.56
A9270	A9270	Statewide		Daily	98	112	1.75	\$173.32
A9270	A9270	Statewide		Daily	113	127	2	\$198.08
A9270	A9270	Statewide		Daily	128	142	2.25	\$222.84
A9270	A9270	Statewide	Non-covered services due to member absence for Sign	Daily	143	157	2.5	\$247.60
A9270	A9270	Statewide	Language or Oral Interpretive Services	Daily	158	172	2.75	\$272.36
A9270	A9270	Statewide		Daily	173	187	3	\$297.12
A9270	A9270	Statewide		Daily	188	202	3.25	\$321.88
A9270	A9270	Statewide		Daily	203	217	3.5	\$346.64
A9270	A9270	Statewide		Daily	218	232	3.75	\$371.40
A9270	A9270	Statewide		Daily	233	247	4	\$396.16
A9270	A9270	Statewide		Daily	248	262	4.25	\$420.92
A9270	A9270	Statewide		Daily	263	277	4.5	\$445.68
A9270	A9270	Statewide		Daily	278	292	4.75	\$470.44
A9270	A9270	Statewide		Daily	293	307	5	\$495.20

The Vendor may bill the number of units that was billing by the interpreting agency to the qualified vendor.

HCPCS	Service Code	Statewide or Flagstaff	Sign Language or Oral Interpretive Service Description	Unit of Service	Low Minutes	High Minutes	Hours	01/01/2024 Adopted Rate
A9270	A9270	Statewide		Daily	308	322	5.25	\$519.96
A9270	A9270	Statewide		Daily	323	337	5.5	\$544.72
A9270	A9270	Statewide		Daily	338	352	5.75	\$569.48
A9270	A9270	Statewide		Daily	353	367	6	\$594.24
A9270	A9270	Statewide		Daily	368	382	6.25	\$619.00
A9270	A9270	Statewide		Daily	383	397	6.5	\$643.76
A9270	A9270	Statewide		Daily	398	412	6.75	\$668.52
A9270	A9270	Statewide		Daily	413	427	7	\$693.28
A9270	A9270	Statewide		Daily	428	442	7.25	\$718.04
A9270	A9270	Statewide	Non-covered services due to member absence for Sign	Daily	443	457	7.5	\$742.80
A9270	A9270	Statewide	Language or Oral Interpretive Services	Daily	458	472	7.75	\$767.56
A9270	A9270	Statewide		Daily	473	487	8	\$792.32
A9270	A9270	Statewide		Daily	488	502	8.25	\$817.08
A9270	A9270	Statewide		Daily	503	517	8.5	\$841.84
A9270	A9270	Statewide		Daily	518	532	8.75	\$866.60
A9270	A9270	Statewide		Daily	533	547	9	\$891.36
A9270	A9270	Statewide		Daily	548	562	9.25	\$916.12
A9270	A9270	Statewide		Daily	563	577	9.5	\$940.88
A9270	A9270	Statewide		Daily	578	592	9.75	\$965.64
A9270	A9270	Statewide		Daily	593	607	10	\$990.40

The Vendor may bill the number of units that was billing by the interpreting agency to the qualified vendor.

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..
- 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 and the member's personal items remain in the developmental home.
- 3. The published base rate includes reimbursement for Incontinence Supplies and Nutritional Supplements and there are no modifiers.

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.

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	District	Adopted Rate
T2016	НВА	Statewide	Habilitation, Vendor Supported Developmental Home (Adult)	Day	All	\$148.57
T2016	НВС	Statewide	Habilitation, Vendor Supported Developmental Home (Child)	Day	All	\$148.57
A9270	RBD	Statewide	Room and Board, Vendor Supported Developmental Home (Child and Adult)	Day	All	\$14.58

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 all Group Homes, 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 Room and Board, one unit equals one day (24 hours). The Qualified Vendor may bill that day for the member if the Qualified Vendor has a current authorization for service and the member's personal items are in the group home. Qualified vendors shall bill according to the tables based on actual occupancy and the number of bedrooms. If actual occupancy exceeds the number of bedrooms, qualified vendors shall use the rate based on actual occupancy and number of bedrooms is the same.
 - a. Example: Actual occupancy is 6 and number of bedrooms is 5, use the rate for actual occupancy of 6 and number of bedrooms of 6.
- 5. The published base rate includes reimbursement for Incontinence Supplies and Nutritional Supplements and there are no modifiers.

Group Home Services

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2016	HPD	Statewide	Habilitation, Enhanced Behavioral Group Home*	Day	All	N/A	N/A	\$36.71	\$37.16
T2016	НАВ	Statewide	Habilitation, Group Home*	Day	All	N/A	N/A	\$27.78	\$28.20
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	\$474.32	\$474.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	\$561.32	\$561.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	\$625.39	\$625.39
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	\$483.95	\$483.95
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	\$574.17	\$574.17
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	\$638.23	\$638.23
T2016	HAB	Flagstaff	Habilitation, Group Home*	Day	All	N/A	N/A	\$30.90	\$31.32

Group Home Services

Maricopa County

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	1	1	\$40.43
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	1	\$43.69
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	2	\$26.20
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	1	\$53.47
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	2	\$31.06
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	3	\$23.58
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	1	\$58.31
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	2	\$33.45
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	3	\$25.17
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	4	\$21.01

Group Home Services

Maricopa County

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	1	\$68.02
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	2	\$38.29
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	3	\$28.38
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	4	\$23.43
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	5	\$20.45
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	1	\$72.41
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	2	\$40.47
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	3	\$29.83
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	4	\$24.51
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	5	\$21.31
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	6	\$19.18

Group Home Services

Pima County

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	1	1	\$35.59
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	1	\$38.94
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	2	\$23.83
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	1	\$47.89
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	2	\$28.28
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	3	\$21.73
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	1	\$52.06
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	2	\$30.32
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	3	\$23.07
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	4	\$19.45

Group Home Services

Pima County

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	1	\$60.41
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	2	\$34.48
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	3	\$25.85
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	4	\$21.52
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	5	\$18.94
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	1	\$64.19
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	2	\$36.37
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	3	\$27.08
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	4	\$22.45
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	5	\$19.67
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	6	\$17.82

Group Home Services

Apache, Coconino, Navajo & Yavapai Counties

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	1	1	\$41.15
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	1	\$45.01
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	2	\$26.87
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	1	\$54.96
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	2	\$31.80
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	3	\$24.08
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	1	\$60.07
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	2	\$34.32
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	3	\$25.74
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	4	\$21.45

Group Home Services

Apache, Coconino, Navajo & Yavapai Counties

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	1	\$70.00
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	2	\$39.28
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	3	\$29.04
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	4	\$23.92
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	5	\$20.85
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	1	\$74.65
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	2	\$41.59
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	3	\$30.58
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	4	\$25.06
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	5	\$21.76
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	6	\$19.55

Group Home Services

Cochise, Gila, Graham, Greenlee, La Paz, Mojave, Pinal, Santa Cruz & Yuma Counties

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	1	1	\$34.27
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	1	\$37.39
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	2	2	\$23.06
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	1	\$45.77
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	2	\$27.21
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	3	3	\$21.02
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	1	\$47.75
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	2	\$28.18
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	3	\$21.64
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	4	4	\$18.38

Group Home Services

Cochise, Gila, Graham, Greenlee, La Paz, Mojave, Pinal, Santa Cruz & Yuma Counties

HCPCS	Service Code	Statewide or Flagstaff	Group Home Services Description	Unit of Service	Setting	Number of Bedrooms	Actual Occupancy	01/01/2024 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	1	\$53.38
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	2	\$30.97
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	3	\$23.49
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	4	\$19.76
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	5	5	\$17.53
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	1	\$56.06
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	2	\$32.30
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	3	\$24.39
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	4	\$20.42
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	5	\$18.04
A9270	RRB	Statewide	Room and Board, All Group Homes	Day	Urban	6	6	\$16.45

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 under the Rendering Provider heading. Therapy Assistants not required to obtain an individual NPI should use their supervising Therapist's NPI in the claim under Rendering Provider.

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

Unit of Service

- 1. For Home Health Aide and Licensed Health Aide
 One unit of Home Health Aide and/or Licensed Health Aide service is one visit. A visit is usually two hours but may be greater or lesser
 depending on the time it takes to render the procedure(s). For instance, care that is completed within two hours and 29 minutes would equal
 one unit of authorized services. Care rendered that lasts two hours and 30 minutes, would be two units of authorized services. Service is limited
 to 4 visits per day.
- 2. For Nursing Services:

Nursing services are provided as:

- Visit: Nursing Service(s) less than sixty (60) 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 hours (2400 units). A benefit year is October 1st through September 30th.
- 2.1 The basis of payment for Nursing, Visit; Nursing, Intermittent; and Nursing Respite are 15-minute increments.
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
- 2.2 The basis of payment for Nursing, Continuous 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.

Professional Services

- 2.3 When billing Nursing, Continuous services, the Qualified Vendor should round its direct service time to the nearest hourly increment, as illustrated in the examples below based on the 51% rule:
 - If services were provided for 30 minutes, bill for 0 units.
 - If services were provided for 31 minutes, bill for 1 unit.
- 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.
- 2.5 Please see the DDD billing manual for instructions on the changes to nursing billing codes effective March 1, 2021.
- 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 15-minute increments 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
 - 3.3 Speech therapy is an untimed service and should be billed as one unit per day.
 - 3.4 In no event will more than three members receive the same service with a single direct service staff person at the same time.
 - 3.5 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.
 - 3.6 Effective March 1, 2021, Absences/No Shows will not constitute a billable unit.

Geographic Adjustments, Nursing Services

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

Geographic Adjustments, Therapy & Therapy Assistant Services

Current Definition: The Division currently supports a medically under served adjustment.

- a. The medically under served adjustment is only applied to Ongoing Therapies. The Medically under served adjustment will not apply to therapy evaluation services.
- b. The Division has designated member zip codes in the state as medically under served 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.

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/HCPCSS code from the other insurer(s).

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T1021	ННА	Statewide	Home Health Aide	Per Visit	1	\$48.13	\$48.13
T1021	ННА	Statewide	Home Health Aide	Per Visit	2	\$30.08	\$30.08
T1021	ННА	Statewide	Home Health Aide	Per Visit	3	\$24.07	\$24.07
T1021	нна	Flagstaff	Home Health Aide	Per Visit	1	\$56.38	\$56.38
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	2	\$35.24	\$35.24
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	3	\$28.19	\$28.19
T1021	ННА	Statewide	Licensed Health Aide	Per Visit	1	\$70.03	\$70.03
T1021	ННА	Statewide	Licensed Health Aide	Per Visit	2	\$43.77	\$43.77
T1021	ННА	Statewide	Licensed Health Aide	Per Visit	3	\$35.02	\$35.02
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	1	\$82.02	\$82.02
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	2	\$35.24	\$35.24
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	3	\$28.19	\$28.19

Nursing Visit, 8-22 Minutes Only

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	15 Minutes*	1	\$50.00	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate 15 Minutes* 2		2	\$31.28	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate 15 Minutes* 3		\$25.02	\$25.02	
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles 15 Minutes* 1		\$50.00	\$50.00	
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	, · · · · · · · · · · · · · · · · · · ·		\$31.28	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$25.02	\$25.02
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$50.00	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$31.28	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$25.02	\$25.02

^{*}This rate is only applicable to visits that are 22 minutes or less. For visits 23 minutes or more, the Per 15 Minutes rate will be used. Please see the example below.

Time	Current Rate	Current Rate Proposed Rate Units		Current Revenue	Proposed Revenue
15 min	\$29.44	\$50.00	1	\$29.44	\$50.00
30 min	\$29.44	\$29.44	2	\$58.88	\$58.88
45 min	\$29.44	\$29.44	3	\$88.32	\$88.32
60 min	\$29.44	\$29.44	4	\$117.76	\$117.76

Nursing Visit, 8-22 Minutes Only

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	15 Minutes*	1	\$43.86	\$43.86
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	15 Minutes*	2	\$27.42	\$27.42
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate 15 Minutes* 3		\$21.93	\$21.93	
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$43.86	\$43.86
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$27.42	\$27.42
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$21.93	\$21.93
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$43.86	\$43.86
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$27.42	\$27.42
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$21.93	\$21.93

^{*}This rate is only applicable to visits that are 22 minutes or less. For visits 23 minutes or more, the Per 15 Minutes rate will be used. Please see the example below.

Time	Current Rate	Current Rate Proposed Rate Units		Current Revenue	Proposed Revenue
15 min	\$29.44	\$50.00	1	\$29.44	\$50.00
30 min	\$29.44	\$29.44	2	\$58.88	\$58.88
45 min	\$29.44	\$29.44	3	\$88.32	\$88.32
60 min	\$29.44	\$29.44	4	\$117.76	\$117.76

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	07/01/2023 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	Per 15 Minutes	1	\$29.44	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	Per 15 Minutes	2	\$18.40	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate Per 15 Minutes 3		\$14.72	\$14.72	
G0299	G0300/ G0299	Statewide	lursing, Visit, RN - Service Delivery Requiring Travel Of 50 to Per 15 100 Miles Minutes		\$29.44	\$29.44	
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	, , ,		\$18.40	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$14.72	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$29.44	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles Per 15 Minutes 2		2	\$18.40	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$14.72	\$14.72

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	Per 15 Minutes	1	\$25.80	\$25.80
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	Per 15 Minutes	2	\$16.13	\$16.13
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate Per 15 Minutes 3		\$12.90	\$12.90	
G0300	G0300	Statewide	ursing, Visit, LPN - Service Delivery Requiring Travel Of Solution 1 Solution 1 Description 1 Solution 1 Solut		\$25.80	\$25.80	
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles			\$16.13	\$16.13
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$12.90	\$12.90
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$25.80	\$25.80
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles Per 15 Minutes		2	\$16.13	\$16.13
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$12.90	\$12.90

Nursing Intermittent, 8-22 Minutes Only

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	15 Minutes*	1	\$50.00	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate 15 Minutes* 2		\$31.28	\$31.28	
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate 15 Minutes* 3		\$25.02	\$25.02	
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$50.00	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$31.28	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$25.02	\$25.02
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$50.00	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$31.28	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$25.02	\$25.02

^{*}This rate is only applicable to visits that are 22 minutes or less. For visits 23 minutes or more, the Per 15 Minutes rate will be used. Please see the example below.

Time	Current Rate	Current Rate Proposed Rate Units		Current Revenue	Proposed Revenue
15 min	\$29.44	\$50.00	1	\$29.44	\$50.00
30 min	\$29.44	\$29.44	2	\$58.88	\$58.88
45 min	\$29.44	\$29.44	3	\$88.32	\$88.32
60 min	\$29.44	\$29.44	4	\$117.76	\$117.76

Nursing Intermittent, 8-22 Minutes Only

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	15 Minutes*	1	\$43.86	\$43.86
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	15 Minutes*	2	\$27.42	\$27.42
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	15 Minutes*	3	\$21.93	\$21.93
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$43.86	\$43.86
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$27.42	\$27.42
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$21.93	\$21.93
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$43.86	\$43.86
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$27.42	\$27.42
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$21.93	\$21.93

^{*}This rate is only applicable to visits that are 22 minutes or less. For visits 23 minutes or more, the Per 15 Minutes rate will be used. Please see the example below.

Time	Current Rate	Current Rate Proposed Rate Units		Current Revenue	Proposed Revenue
15 min	\$29.44	\$50.00	1	\$29.44	\$50.00
30 min	\$29.44	\$29.44	2	\$58.88	\$58.88
45 min	\$29.44	\$29.44	3	\$88.32	\$88.32
60 min	\$29.44	\$29.44	4	\$117.76	\$117.76

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	Per 15 Minutes	1	\$29.44	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	Per 15 Minutes	2	\$18.40	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	Per 15 Minutes	3	\$14.72	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$29.44	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$18.40	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$14.72	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$29.44	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$18.40	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$14.72	\$14.72

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	Per 15 Minutes	1	\$25.80	\$25.80
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	Per 15 Minutes	2	\$16.13	\$16.13
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	Per 15 Minutes	3	\$12.90	\$12.90
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$25.80	\$25.80
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$16.13	\$16.13
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$12.90	\$12.90
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$25.80	\$25.80
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$16.13	\$16.13
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$12.90	\$12.90

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S9123	S9123	Statewide	Nursing, Continuous, RN, Base Rate	Client Hour	1	\$64.63	\$64.63
S5150	HNR	Statewide	Nursing, Respite, RN, Base Rate	Per 15 Minutes	1	\$16.16	\$16.16
S9123	S9123	Statewide	Nursing, Continuous, RN, Base Rate	Client Hour	2	\$40.40	\$40.40
S5150	HNR	Statewide	Nursing, Respite, RN, Base Rate	Per 15 Minutes	2	\$10.10	\$10.10
S9123	S9123	Statewide	Nursing, Continuous, RN, Base Rate	Client Hour	3	\$32.32	\$32.32
S5150	HNR	Statewide	Nursing, Respite, RN, Base Rate	Per 15 Minutes	3	\$8.08	\$8.08

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description		Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles		1	\$66.40	\$66.40
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$16.60	\$16.60
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	\$41.52	\$41.52
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$10.38	\$10.38
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	\$33.20	\$33.20
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$8.30	\$8.30

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles		1	\$70.24	\$70.24
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$17.56	\$17.56
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	\$43.88	\$43.88
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$10.98	\$10.98
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	\$35.12	\$35.12
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$8.78	\$9.78

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S9124	S9124	Statewide	Nursing, Continuous, LPN, Base Rate	Client Hour	1	\$48.73	\$48.73
S5150	HNR	Statewide	Nursing, Respite, LPN, Base Rate	Per 15 Minutes	1	\$12.19	\$12.19
S9124	S9124	Statewide	Nursing, Continuous, LPN, Base Rate	Client Hour	2	\$30.46	\$30.46
\$5150	HNR	Statewide	Nursing,Respite, LPN, Base Rate	Per 15 Minutes	2	\$7.62	\$7.62
S9124	S9124	Statewide	Nursing, Continuous, LPN, Base Rate	Client Hour	3	\$24.37	\$24.37
\$5150	HNR	Statewide	Nursing,Respite, LPN, Base Rate	Per 15 Minutes	3	\$6.10	\$6.10

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S9124	S9124	Statewide	Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	1	\$50.12	\$50.12
S5150	HNR	Statewide	Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$12.53	\$12.53
S9124	S9124	Statewide	Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	\$31.32	\$31.32
S5150	HNR	Statewide	Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$7.83	\$7.83
S9124	S9124	Statewide	Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	\$25.08	\$25.08
S5150	HNR	Statewide	Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$6.27	\$6.27

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
S9124	S9124	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	1	\$55.84	\$55.84
S5150	HNR	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$13.96	\$13.96
S9124	S9124	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	\$34.92	\$34.92
S5150	HNR	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$8.73	\$8.73
S9124	S9124	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	\$27.96	\$27.96
S5150	HNR	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$6.99	\$6.99

HCPCS	Service Code	Professional Services Description	Unit of Service	Multiple Clients	Base Rate	Tier 1	Tier 2	Tier 3
97535	ОТА	Occupational Therapy, Clinical Setting	Per 15 Minutes	1	\$23.06	\$25.36	\$28.82	\$34.59
97535	ОТА	Occupational Therapy, Clinical Setting	Per 15 Minutes	2	\$14.41	\$15.85	\$18.01	\$21.62
97535	ОТА	Occupational Therapy, Clinical Setting	Per 15 Minutes	3	\$11.53	\$12.68	\$14.41	\$17.29
97535	ОТА	Occupational Therapy, Natural Setting	Per 15 Minutes	1	\$30.59	\$33.64	\$38.23	\$45.88
97535	ОТА	Occupational Therapy, Natural Setting	Per 15 Minutes	2	\$19.11	\$21.02	\$23.89	\$28.67
97535	ОТА	Occupational Therapy, Natural Setting	Per 15 Minutes	3	\$15.29	\$16.82	\$19.11	\$22.94
97535	ОТА	Occupational Therapy, Teletherapy Setting	Per 15 Minutes	1	\$23.64	\$26.00	\$29.55	\$35.46
97535	ОТА	Occupational Therapy Assistant, Clinical Setting	Per 15 Minutes	1	\$19.70	\$21.68	\$24.63	\$29.56
97535	ОТА	Occupational Therapy Assistant, Clinical Setting	Per 15 Minutes	2	\$12.32	\$13.55	\$15.39	\$18.47
97535	ОТА	Occupational Therapy Assistant, Clinical Setting	Per 15 Minutes	3	\$9.85	\$10.84	\$12.32	\$14.78
97535	ОТА	Occupational Therapy Assistant, Natural Setting	Per 15 Minutes	1	\$28.13	\$30.95	\$35.17	\$42.20
97535	ОТА	Occupational Therapy Assistant, Natural Setting	Per 15 Minutes	2	\$17.58	\$19.34	\$21.98	\$26.38
97535	ОТА	Occupational Therapy Assistant, Natural Setting	Per 15 Minutes	3	\$14.07	\$15.47	\$17.58	\$21.10
97535	ОТА	Occupational Therapy Assistant, Teletherapy Setting	Per 15 Minutes	1	\$20.12	\$22.13	\$25.15	\$30.18

HCPCS	Service Code	Professional Services Description	Unit of Service	Multiple Clients	Base Rate	Tier 1	Tier 2	Tier 3
97530	PTA	Physical Therapy, Clinical Setting	Per 15 Minutes	1	\$23.06	\$25.36	\$28.82	\$34.59
97530	PTA	Physical Therapy, Clinical Setting	Per 15 Minutes	2	\$14.41	\$15.85	\$18.01	\$21.62
97530	PTA	Physical Therapy, Clinical Setting	Per 15 Minutes	3	\$11.53	\$12.68	\$14.41	\$17.29
97530	PTA	Physical Therapy, Natural Setting	Per 15 Minutes	1	\$30.59	\$33.64	\$38.23	\$45.88
97530	PTA	Physical Therapy, Natural Setting	Per 15 Minutes	2	\$19.11	\$21.02	\$23.89	\$28.67
97530	РТА	Physical Therapy, Natural Setting	Per 15 Minutes	3	\$15.29	\$16.82	\$19.11	\$22.94
97530	PTA	Physical Therapy, Teletherapy Setting	Per 15 Minutes	1	\$23.64	\$26.00	\$29.55	\$35.46
97530	PTA	Physical Therapy Assistant, Clinical Setting	Per 15 Minutes	1	\$19.70	\$21.68	\$24.63	\$29.56
97530	PTA	Physical Therapy Assistant, Clinical Setting	Per 15 Minutes	2	\$12.32	\$13.55	\$15.39	\$18.47
97530	PTA	Physical Therapy Assistant, Clinical Setting	Per 15 Minutes	3	\$9.85	\$10.84	\$12.32	\$14.78
97530	PTA	Physical Therapy Assistant, Natural Setting	Per 15 Minutes	1	\$28.13	\$30.95	\$35.17	\$42.20
97530	РТА	Physical Therapy Assistant, Natural Setting	Per 15 Minutes	2	\$17.58	\$19.34	\$21.98	\$26.38
97530	РТА	Physical Therapy Assistant, Natural Setting	Per 15 Minutes	3	\$14.07	\$15.47	\$17.58	\$21.10
97530	РТА	Physical Therapy Assistant, Teletherapy Setting	Per 15 Minutes	1	\$20.12	\$22.13	\$25.15	\$30.18

HCPCS	Service Code	Professional Services Description	Unit of Service	Multiple Clients	Base Rate	Tier 1	Tier 2	Tier 3
92507	STA	Speech Therapy, Clinical Setting	Per Visit	1	\$92.24	\$101.44	\$115.28	\$138.36
92507	STA	Speech Therapy, Clinical Setting	Per Visit	2	\$57.64	\$63.40	\$72.04	\$86.48
92507	STA	Speech Therapy, Clinical Setting	Per Visit	3	\$46.12	\$50.72	\$57.64	\$69.16
92507	STA	Speech Therapy, Natural Setting	Per Visit	1	\$122.32	\$134.56	\$152.90	\$183.48
92507	STA	Speech Therapy, Natural Setting	Per Visit	2	\$76.44	\$84.08	\$95.56	\$114.68
92507	STA	Speech Therapy, Natural Setting	Per Visit	3	\$61.16	\$67.28	\$76.44	\$91.76
92507	STA	Speech Therapy, Teletherapy Setting	Per Visit	1	\$94.56	\$104.00	\$118.20	\$141.84
92507	STA	Speech Therapy Assistant, Clinical Setting	Per Visit	1	\$78.80	\$86.72	\$98.52	\$118.24
92507	STA	Speech Therapy Assistant, Clinical Setting	Per Visit	2	\$49.28	\$54.20	\$61.56	\$73.88
92507	STA	Speech Therapy Assistant, Clinical Setting	Per Visit	3	\$39.40	\$43.36	\$49.28	\$59.12
92507	STA	Speech Therapy Assistant, Natural Setting	Per Visit	1	\$112.52	\$123.80	\$140.68	\$168.80
92507	STA	Speech Therapy Assistant, Natural Setting	Per Visit	2	\$70.32	\$77.36	\$87.92	\$105.52
92507	STA	Speech Therapy Assistant, Natural Setting	Per Visit	3	\$56.28	\$61.88	\$70.32	\$84.40
92507	STA	Speech Therapy Assistant, Teletherapy Setting	Per Visit	1	\$80.48	\$88.52	\$100.60	\$120.72

HCPCS	Service Code	Professional Services Description	Unit of Service	Multiple Clients	Base Rate	Tier 1	Tier 2	Tier 3
92526	92526	Feeding Therapy, Clinical Setting	Per Visit	1	\$92.24	\$101.44	\$115.28	\$138.36
92526	92526	Feeding Therapy, Clinical Setting	Per Visit	2	\$57.64	\$63.40	\$72.04	\$86.48
92526	92526	Feeding Therapy, Clinical Setting	Per Visit	3	\$46.12	\$50.72	\$57.65	\$69.16
92526	92526	Feeding Therapy, Natural Setting	Per Visit	1	\$122.32	\$134.56	\$152.90	\$183.48
92526	92526	Feeding Therapy, Natural Setting	Per Visit	2	\$76.44	\$84.08	\$95.56	\$114.68
92526	92526	Feeding Therapy, Natural Setting	Per Visit	3	\$61.16	\$67.28	\$76.45	\$91.76
92526	92526	Feeding Therapy, Teletherapy Setting	Per Visit	1	\$94.56	\$104.00	\$118.20	\$141.84
92526	92526	Feeding Therapy Assistant, Clinical Setting	Per Visit	1	\$78.80	\$86.72	\$98.52	\$118.24
92526	92526	Feeding Therapy Assistant, Clinical Setting	Per Visit	2	\$49.28	\$54.20	\$61.56	\$73.88
92526	92526	Feeding Therapy Assistant, Clinical Setting	Per Visit	3	\$39.40	\$43.36	\$49.29	\$59.12
92526	92526	Feeding Therapy Assistant, Natural Setting	Per Visit	1	\$112.52	\$123.80	\$140.68	\$168.80
92526	92526	Feeding Therapy Assistant, Natural Setting	Per Visit	2	\$70.32	\$77.36	\$87.92	\$105.52
92526	92526	Feeding Therapy Assistant, Natural Setting	Per Visit	3	\$56.28	\$61.88	\$70.33	\$84.40
92526	92526	Feeding Therapy Assistant, Teletherapy Setting	Per Visit	1	\$80.48	\$88.52	\$100.60	\$120.72

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97166	OEA	Statewide	Occupational Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52	\$175.52
97166	OEA	Statewide	Occupational Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24	\$196.24
97166	OEA	Statewide	Occupational Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97	\$179.97
97162	PEA	Statewide	Physical Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52	\$175.52
97162	PEA	Statewide	Physical Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24	\$196.24
97162	PEA	Statewide	Physical Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97	\$179.97
92523	SEA	Statewide	Speech Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52	\$175.52
92523	SEA	Statewide	Speech Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24	\$196.24
92523	SEA	Statewide	Speech Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97	\$179.97
92610	92610	Statewide	Feeding Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52	\$175.52
92610	92610	Statewide	Feeding Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24	\$196.24
92610	92610	Statewide	Feeding Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97	\$179.97

Employment Support Services

Unit of Service

For Center-Based Service

- 1. TThe basis of payment for this service is 15-minute increments of time in which the member is in attendance in contact with direct service staff 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.
- 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. 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. 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 15-minute increments 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 its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units. Total hours for the member shall not include time spent during transportation to/from the member's residence.
- 2. 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

- 3. Absences do not constitute a billable unit, including late arrivals and early departures. An 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.
- 4. 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 15-minute increments 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 work site analysis.
- 2. 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
- 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 15-minute increments 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.

For Career Preparation & Readiness

- 1. The basis of payment for this service is 15-minute increments 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
- 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.

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:6)	Per 15 Minutes	\$1.75	\$1.76
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:6)	Per 15 Minutes	\$1.88	\$1.89
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:5)	Per 15 Minutes	\$2.11	\$2.12
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:5)	Per 15 Minutes	\$2.26	\$2.27
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:4)	Per Evaluation	\$2.63	\$2.65
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:4)	Per Evaluation	\$2.82	\$2.84
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:3)	Per 15 Minutes	\$3.50	\$3.53
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:3)	Per 15 Minutes	\$3.75	\$3.78
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:2)	Per 15 Minutes	\$5.26	\$5.30
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:2)	Per 15 Minutes	\$5.63	\$5.67
T2019	СВЕ	Statewide	Center-Based Employment (High Density) (1:1)	Per 15 Minutes	\$10.51	\$10.60
T2019	СВЕ	Statewide	Center-Based Employment (Low Density) (1:1)	Per 15 Minutes	\$11.26	\$11.35

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	GSE	Statewide	Group Supported Employment-High Density versus Urban Staff: member Ratio Of 1:2 To 1:2.5	Per 15 Minutes	\$6.24	\$6.28
T2019	GSE	Statewide	Group Supported Employment-Low Density versus Rural Staff: member Ratio Of 1:2 To 1:2.5	Per 15 Minutes	\$6.61	\$6.65
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:2.51 To 1:3.5	Per 15 Minutes	\$4.40	\$4.43
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:2.51 To 1:3.5	Per 15 Minutes	\$4.79	\$4.82
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:3.51 To 1:4.5	Per 15 Minutes	\$3.47	\$3.49
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:3.51 To 1:4.5	Per 15 Minutes	\$3.88	\$3.90

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:4.51 To 1:5.5	Per 15 Minutes	\$2.92	\$2.93
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:4.51 To 1:5.5	Per 15 Minutes	\$3.34	\$3.35
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:5.51 To 1:6.5	Per 15 Minutes	\$2.55	\$2.56
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:5.51 To 1:6.5	Per 15 Minutes	\$2.97	\$2.98
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:2 To 1:2.5	Per 15 Minutes	\$6.34	\$6.38
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:2.51 To 1:3.5	Per 15 Minutes	\$4.46	\$4.49
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:3.51 To 1:4.5	Per 15 Minutes	\$3.55	\$3.57
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:4.51 To 1:5.5	Per 15 Minutes	\$2.93	\$2.94
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:5.51 To 1:6.5	Per 15 Minutes	\$2.62	\$2.63

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	Region	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching	Per 15 Minutes	Urban	\$11.91	\$11.91
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching	Per 15 Minutes	Rural	\$14.07	\$14.07
T2019	ISE	Statewide	Individual Supported Employment, Job Development	Per 15 Minutes	Urban	\$11.03	\$11.03
T2019	ISE	Statewide	Individual Supported Employment, Job Development	Per 15 Minutes	Rural	\$11.49	\$11.49
T2019	ISE	Flagstaff	Individual Supported Employment, Job Coaching	Per 15 Minutes	All	\$12.82	\$12.82
T2019	ISE	Flagstaff	Individual Supported Employment, Job Coaching	Per 15 Minutes	All	\$12.34	\$12.34
T2019	TTE	Statewide	Transition to Employment	Per 15 Minutes	Urban	\$2.98	\$2.98
T2019	TTE	Statewide	Transition to Employment	Per 15 Minutes	Rural	\$3.19	\$3.19
T2019	TTE	Flagstaff	Transition to Employment	Per 15 Minutes	All	\$3.20	\$3.20

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	Region	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2019	ESA	Statewide	Employment Supported Aide (GSE/ISE)	Per 15 Minutes	Urban	\$8.41	\$9.08
T2019	ESA	Statewide	Employment Supported Aide (GSE/ISE)	Per 15 Minutes	Rural	\$9.83	\$10.62
T2019	ESA	Flagstaff	Employment Supported Aide (GSE/ISE)	Per 15 Minutes	Urban	\$9.83	\$10.62
T2019	CPR	Statewide	Career Preparation & Readiness	Per 15 Minutes	Urban	\$8.41	\$9.08
T2019	CPR	Statewide	Career Preparation & Readiness	Per 15 Minutes	Rural	\$8.92	\$9.63

Specialized Habilitation Services

Unit of Service

- 1. The basis of payment for Specialized Habilitation Services is 15-minute increments 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 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
- 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.

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.

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.

Specialized Habilitation Services

HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
T2017	НАМ	Statewide	Habilitation with Music Therapy	Per 15 Minutes	1	\$10.99	\$11.87
T2017	НАМ	Statewide	Habilitation with Music Therapy	Per 15 Minutes	2	\$6.87	\$7.42
T2017	НАМ	Statewide	Habilitation with Music Therapy	Per 15 Minutes	3	\$5.50	\$5.94
T2017	НАМ	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	1	\$10.99	\$11.87
T2017	НАМ	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	2	\$6.87	\$7.42
T2017	НАМ	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	3	\$5.50	\$5.94
HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97151 97152	HCA	Statewide	Habilitation, Consultation Assessment & Planning-Urban	Per 15 Minutes	1	\$20.35	\$20.35
97151 97152	НСА	Statewide	Habilitation, Consultation Assessment & Planning-Rural	Per 15 Minutes	1	\$24.73	\$24.73

Specialized Habilitation Services

HCPCS		Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97153	нсм	Statewide	Habilitation, Consultation Licensed Psychologist - Urban	Per 15 Minutes	1	\$33.87	\$33.87
97153	нсм	Statewide	Habilitation, Consultation Licensed Psychologist - Urban	Per 15 Minutes	2	\$21.17	\$21.17
97153	нсм	Statewide	Habilitation, Consultation Licensed Psychologist - Urban	Per 15 Minutes	3	\$16.94	\$16.94
97153	нсм	Statewide	Habilitation, Consultation Licensed Psychologist - Rural	Per 15 Minutes	1	\$40.67	\$40.67
97153	нсм	Statewide	Habilitation, Consultation Licensed Psychologist - Rural	Per 15 Minutes	2	\$25.42	\$25.42
97153	нсм	Statewide	Habilitation, Consultation Licensed Psychologist - Rural	Per 15 Minutes	3	\$20.34	\$20.34
97153	нсм	Statewide	Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Urban	Per 15 Minutes	1	\$20.36	\$20.36
97153	нсм	Statewide	Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Urban	Per 15 Minutes	2	\$12.72	\$12.72
97153	нсм	Statewide	Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Urban	Per 15 Minutes	3	\$10.18	\$10.18
97153	нсм	Statewide	Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Rural	Per 15 Minutes	1	\$24.73	\$24.73
97153	нсм	Statewide	Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Rural	Per 15 Minutes	2	\$15.46	\$15.46
97153	нсм	Statewide	Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Rural	Per 15 Minutes	3	\$12.37	\$12.37

Specialized Habilitation Services

HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	Multiple Clients	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
97156	НСВ	Statewide	Habilitation, Consultation Board Certified Assistant Behavior Analyst-Urban	Per 15 Minutes	1	\$11.47	\$11.47
97156	НСВ	Statewide	Habilitation, Consultation Board Certified Assistant Behavior Analyst-Urban	Per 15 Minutes	2	\$7.17	\$7.17
97156	НСВ	Statewide	Habilitation, Consultation Board Certified Assistant Behavior Analyst-Urban	Per 15 Minutes	3	\$5.74	\$5.74
97156	НСВ	Statewide	Habilitation, Consultation Board Certified Assistant Behavior Analyst-Rural	Per 15 Minutes	1	\$14.14	\$14.14
97156	НСВ	Statewide	Habilitation, Consultation Board Certified Assistant Behavior Analyst-Rural	Per 15 Minutes	2	\$8.84	\$8.84
97156	НСВ	Statewide	Habilitation, Consultation Board Certified Assistant Behavior Analyst-Rural	Per 15 Minutes	3	\$7.07	\$7.07

Specialized Habilitation Services

HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	Multiple Clients	01/01/2024 Adopted Rate
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized BCBA-D Urban	Per 15 Minutes	1	\$31.20
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized BCBA-D - Rural	Per 15 Minutes	1	\$36.06
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized Licensed Behavior Analyst	Per 15 Minutes	1	\$20.45
97153	ECM	Statewide	Habilitation, Early Childhood Autism Specialized Masters Level	Per 15 Minutes	1	\$18.87
97153	ECB	Statewide	Habilitation, Early Childhood Autism Specialized Bachelors Level	Per 15 Minutes	1	\$11.46
T2017	ECH	Statewide	Habilitation, Early Childhood Autism Specialized Hourly Habilitation	Per 15 Minutes	1	\$6.42
97153	ECM	Flagstaff	Habilitation, Early Childhood Autism Specialized BCBA-D Urban	Per 15 Minutes	1	\$31.20
97153	ECM	Flagstaff	Habilitation, Early Childhood Autism Specialized Licensed Behavior Analyst	Per 15 Minutes	1	\$20.45
97153	ECM	Flagstaff	Habilitation, Early Childhood Autism Specialized Masters Level	Per 15 Minutes	1	\$18.87
97153	ECB	Flagstaff	Habilitation, Early Childhood Autism Specialized Bachelors Level	Per 15 Minutes	1	\$11.46
T2017	ECH	Flagstaff	Habilitation, Early Childhood Autism Specialized Hourly Habilitation	Per 15 Minutes	1	\$6.74

Transportation Services

Rates

- 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.

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.

Transportation Services

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description	Unit of Service	Location	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
A0120	TRA	Statewide	Regularly Scheduled Daily Transportation (Day Program)	Per Trip	Urban	\$14.57	\$14.73
A0120	TRE	Statewide	Regularly Scheduled Daily Transportation (Employment Program)	Per Trip	Urban	\$14.57	\$14.73
A0120	TRA	Statewide	Regularly Scheduled Daily Transportation, (Day Program)	Per Trip	Rural	\$25.17	\$25.33
A0120	TRE	Statewide	Regularly Scheduled Daily Transportation, (Employment Program)	Per Trip	Rural	\$25.17	\$25.33
A0120	TRA	Flagstaff	Regularly Scheduled Daily Transportation (Day Program)	Per Trip	All	\$25.17	\$25.33
A0120	TRE	Flagstaff	Regularly Scheduled Daily Transportation (Employment Program)	Per Trip	All	\$25.17	\$25.33

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	Statewide or Flagstaff	Transportation Services Description	Unit of Service	Location	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
A0120	TRA	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$33.61	\$34.29
A0120	TRE	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$33.61	\$34.29
A0120	TRA	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$46.00	\$46.44
A0120	TRE	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$46.00	\$46.44

^{*}Service applies to Transportation services for both Day Program and Employment Services.

Transportation 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 Network Team 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	Statewide or Flagstaff	Transportation Services Description	Unit of Service	Location	07/01/2023 Adopted Rate	01/01/2024 Adopted Rate
A0120	TRA	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$52.54	\$52.66
A0120	TRE	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$52.54	\$52.66
A0120	TRA	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$52.54	\$52.66
A0120	TRE	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$52.54	\$52.66

^{*}Service applies to Transportation services for both Day Program and Employment Services.

Habilitation, Enhanced Behavioral 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, Enhanced Behavioral 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, Enhanced Behavioral Group Home, the Qualified Vendor may bill the Division the Habilitation, Enhanced Behavioral 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, Enhanced Behavioral Group Home direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Enhanced Behavioral 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.
- 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.
- 6. The Qualified Vendor shall submit claims 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.
- 7. 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.
- 8. Because direct service hours provided can vary by week, 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 claims, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
- 9. 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 Network Manager or designee about who has moved into or out of a home, 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.
- 10. 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.
- 11. Group Homes, excluding community protection group homes, with a maximum capacity of 2 or less as established by the Division, prior to July 1, 2019, will use rates defined in Table 1. Group Homes, excluding community protection group homes, with a maximum capacity of 3 or more as established by the Division will use rates defined in Table 2. Group Homes, excluding community protection group homes, with a maximum capacity of 2 or less as established by the Division, after July 1, 2019, will use rates defined in Table 2.

Enhanced Behavioral Group Home Network Expansion - Value-Based Incentives

The Value Based Incentives- Enhanced Behavioral Group Home Network Expansion provides funding to eligible qualified vendors to expand the Enhanced Behavioral Group Home (EBGH) network for individuals with complex needs. The qualified vendor will submit claims using the HPD rate tables as the base funding for the member and additionally receive incentive funding based on outcomes. The goal of the funding is to increase network capacity.

Eligibility

The entity must be a qualified vendor approved for Enhanced Behavioral Group Home Services.

Incentive Funding

There are three tiers of incentive funding available. These are designed to offset initial costs along with longer-term costs.

- Initial: The qualified vendor will receive \$80,000, in incentive funding, upon written award of an EBGH expansion home. The Vendor must accept an authorization and begin serving members within 9 months of award or the funds are subject to recoupment.
- Sustaining: The qualified vendor will receive \$30,000 per member per month in incentive funding for each completed month of the authorization where the member still resides in an EBGH setting.
- Exit: The qualified vendor will receive \$20,000, in incentive funding per member upon successful transition to a lower level of care, as defined by the member's planning team.

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	1	50	60	69.99	1	\$322.37	\$322.37
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	1	50	60	69.99	2	\$161.18	\$161.18
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	1	50	60	69.99	3	\$107.45	\$107.45
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	2	70	80	89.99	1	\$429.82	\$429.82
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	2	70	80	89.99	2	\$214.91	\$214.91
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	2	70	80	89.99	3	\$143.27	\$143.27
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	3	90	100	109.99	1	\$537.28	\$537.28
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	3	90	100	109.99	2	\$268.64	\$268.64
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	3	90	100	109.99	3	\$179.09	\$179.09

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	4	110	120	129.99	1	\$644.74	\$644.74
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	4	110	120	129.99	2	\$322.38	\$322.38
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	4	110	120	129.99	3	\$214.92	\$214.92
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	5	130	140	149.99	1	\$752.20	\$752.20
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	5	130	140	149.99	2	\$376.10	\$376.10
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	5	130	140	149.99	3	\$250.73	\$250.73
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	6	150	160	169.99	1	\$859.65	\$859.65
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	6	150	160	169.99	2	\$429.83	\$429.83
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	6	150	160	169.99	3	\$286.55	\$286.55

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	7	170	180	189.99	1	\$967.11	\$967.11
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	7	170	180	189.99	2	\$483.55	\$483.55
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	7	170	180	189.99	3	\$322.39	\$322.39
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	8	190	200	209.99	1	\$1,074.57	\$1,074.57
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	8	190	200	209.99	2	\$537.29	\$537.29
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	8	190	200	209.99	3	\$358.19	\$358.19
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	9	210	220	229.99	1	\$1,182.02	\$1,182.02
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	9	210	220	229.99	2	\$591.01	\$591.01
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	9	210	220	229.99	3	\$394.00	\$394.00

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	10	230	240	249.99	1	\$1,289.48	\$1,289.48
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	10	230	240	249.99	2	\$644.75	\$644.75
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	10	230	240	249.99	3	\$429.84	\$429.84
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	11	250	260	269.99	1	\$1,396.94	\$1,396.94
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	11	250	260	269.99	2	\$698.47	\$698.47
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	11	250	260	269.99	3	\$465.64	\$465.64
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	12	270	280	289.99	1	\$1,504.40	\$1,504.40
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	12	270	280	289.99	2	\$752.21	\$752.21
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	12	270	280	289.99	3	\$501.46	\$501.46

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	13	290	300	309.99	1	\$1,611.85	\$1,611.85
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	13	290	300	309.99	2	\$805.92	\$805.92
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	13	290	300	309.99	3	\$537.30	\$537.30
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	14	310	320	329.99	1	\$1,719.31	\$1,719.31
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	14	310	320	329.99	2	\$859.66	\$859.66
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	14	310	320	329.99	3	\$573.10	\$573.10
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	15	330	340	349.99	1	\$1,826.77	\$1,826.77
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	15	330	340	349.99	2	\$913.38	\$913.38
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	15	330	340	349.99	3	\$608.92	\$608.92

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	16	350	360	369.99	1	\$1,934.22	\$1,934.22
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	16	350	360	369.99	2	\$967.12	\$967.12
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	16	350	360	369.99	3	\$644.76	\$644.76
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	17	370	380	389.99	1	\$2,041.68	\$2,041.68
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	17	370	380	389.99	2	\$1,020.84	\$1,020.84
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	17	370	380	389.99	3	\$680.56	\$680.56
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	18	390	400	409.99	1	\$2,149.14	\$2,149.14
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	18	390	400	409.99	2	\$1,074.58	\$1,074.58
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	18	390	400	409.99	3	\$716.38	\$716.38

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	19	410	420	429.99	1	\$2,256.60	\$2,256.60
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	19	410	420	429.99	2	\$1,128.30	\$1,128.30
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	19	410	420	429.99	3	\$752.22	\$752.22
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	20	430	440	449.99	1	\$2,364.05	\$2,364.05
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	20	430	440	449.99	2	\$1,182.03	\$1,182.03
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	20	430	440	449.99	3	\$788.01	\$788.01
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	21	450	460	229.99	1	\$2,471.51	\$2,471.51
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	21	450	460	229.99	2	\$1,235.75	\$1,235.75
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	21	450	460	229.99	3	\$823.83	\$823.83

Habilitation, Enhanced Behavioral Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	22	470	480	249.99	1	\$2,578.97	\$2,578.97
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	22	470	480	249.99	2	\$1,289.49	\$1,289.49
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	22	470	480	249.99	3	\$859.67	\$859.67
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	23	490	500	269.99	1	\$2,686.42	\$2,686.42
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	23	490	500	269.99	2	\$1,343.21	\$1,343.21
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	23	490	500	269.99	3	\$895.47	\$895.47
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	24	510	520	289.99	1	\$2,793.88	\$2,793.88
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	24	510	520	289.99	2	\$1,396.95	\$1,396.95
T2016	HPD	Habilitation, Enhanced Behavioral Group Home	Per Resident Per Day	24	510	520	289.99	3	\$931.29	\$931.29

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	1	\$241.71	\$268.45
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	2	\$120.85	\$134.22
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	1	\$322.28	\$357.94
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	2	\$161.14	\$178.97
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	1	\$402.85	\$447.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	2	\$201.42	\$223.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	1	\$483.42	\$536.91
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	2	\$241.72	\$268.46
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	1	\$564.00	\$626.40
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	2	\$282.00	\$313.20
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	1	\$644.57	\$715.88
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	2	\$322.29	\$357.95

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	1	\$725.14	\$805.37
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	2	\$362.57	\$402.68
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	1	\$805.71	\$894.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	\$402.86	\$447.43
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	1	\$886.28	\$984.34
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	2	\$443.14	\$492.17
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	1	\$966.85	\$1,059.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	2	\$483.43	\$536.92
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	1	\$1,031.82	\$1,147.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	2	\$523.71	\$581.65
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	1	\$1,111.20	\$1,236.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	2	\$564.01	\$626.41

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	1	\$1,190.57	\$1,324.28
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	2	\$604.28	\$671.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	1	\$1,269.94	\$1,412.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	2	\$644.58	\$715.89
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	1	\$1,349.31	\$1,500.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	2	\$684.85	\$760.62
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	1	\$1,428.68	\$1,589.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	\$725.15	\$805.38
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	1	\$1,508.05	\$1,677.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	2	\$765.42	\$850.11
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	1	\$1,587.42	\$1,765.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	2	\$805.72	\$894.86

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2023 Adopted Rate (Statewide)	01/01/2023 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	1	\$1,666.80	\$1,854.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	2	\$846.00	\$939.60
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	1	\$1,746.17	\$1,942.28
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	\$886.29	\$984.35
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	1	\$1,825.54	\$2,030.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	2	\$926.57	\$1,015.28
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	1	\$1,904.91	\$2,118.85
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	2	\$966.86	\$1,059.43
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	1	\$1,984.28	\$2,207.14
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	2	\$1,000.00	\$1,103.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	1	\$2,063.65	\$2,295.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	2	\$1,031.83	\$1,147.72

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	1	\$2,143.02	\$2,383.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	2	\$1,071.51	\$1,191.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	1	\$2,222.40	\$2,472.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	2	\$1,111.21	\$1,236.01
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	1	\$2,301.77	\$2,560.28
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	2	\$1,150.88	\$1,280.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	1	\$2,381.14	\$2,648.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	2	\$1,190.58	\$1,324.29
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	1	\$2,460.51	\$2,736.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	2	\$1,230.25	\$1,368.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	1	\$2,539.88	\$2,825.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	2	\$1,269.95	\$1,412.58

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	1	\$206.82	\$233.05
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	2	\$108.21	\$121.41
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	70	80	89.99	3	\$80.57	\$89.48
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	70	80	89.99	4	\$60.42	\$67.11
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	90	100	109.99	5	\$48.34	\$53.69
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	90	100	109.99	6	\$40.28	\$44.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	110	120	129.99	1	\$275.77	\$310.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	110	120	129.99	2	\$144.28	\$161.88
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	130	140	149.99	3	\$107.42	\$119.31
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	130	140	149.99	4	\$80.58	\$89.49
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	150	160	169.99	5	\$64.45	\$71.58
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	150	160	169.99	6	\$53.72	\$59.66

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	1	\$344.71	\$388.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	2	\$180.35	\$202.35
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	3	\$134.28	\$149.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	4	\$100.71	\$111.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	5	\$80.59	\$89.50
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	3	90	100	109.99	6	\$67.14	\$74.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	1	\$413.65	\$466.11
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	2	\$216.42	\$242.82
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	3	\$161.15	\$178.98
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	4	\$120.86	\$134.23
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	5	\$96.68	\$107.38
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	4	110	120	129.99	6	\$80.60	\$89.51

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	1	\$482.60	\$543.80
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	2	\$252.50	\$283.30
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	3	\$188.00	\$208.80
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	4	\$141.00	\$156.60
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	5	\$112.80	\$125.28
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	5	130	140	149.99	6	\$94.00	\$104.40
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	1	\$551.54	\$621.48
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	2	\$288.57	\$323.77
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	3	\$214.85	\$238.62
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	4	\$161.16	\$178.99
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	5	\$128.91	\$143.17
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	6	150	160	169.99	6	\$107.43	\$119.32

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	1	\$620.48	\$699.17
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	2	\$324.64	\$364.24
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	3	\$241.73	\$268.47
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	4	\$181.28	\$201.34
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	5	\$145.02	\$161.07
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	7	170	180	189.99	6	\$120.87	\$134.24
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	1	\$689.42	\$776.85
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	\$360.71	\$404.71
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	3	\$268.57	\$298.28
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	4	\$201.43	\$223.72
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	5	\$161.17	\$179.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	6	\$134.29	\$149.15

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	1	\$758.37	\$854.54
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	2	\$396.78	\$445.18
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	3	\$295.42	\$328.11
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	4	\$221.57	\$246.08
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	5	\$177.25	\$196.86
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	9	210	220	229.99	6	\$147.71	\$164.05
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	1	\$827.31	\$932.22
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	2	\$432.85	\$485.65
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	3	\$322.30	\$357.96
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	4	\$241.74	\$268.48
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	5	\$193.37	\$214.76
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	10	230	240	249.99	6	\$161.18	\$179.01

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	1	\$896.25	\$1,000.04
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	2	\$468.92	\$526.12
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	3	\$349.14	\$387.77
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	4	\$261.85	\$290.82
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	5	\$209.48	\$232.66
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	11	250	260	269.99	6	\$174.57	\$193.88
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	1	\$965.20	\$1,073.20
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	2	\$505.00	\$566.60
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	3	\$376.00	\$417.60
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	4	\$282.01	\$313.21
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	5	\$225.60	\$250.56
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	12	270	280	289.99	6	\$188.01	\$208.81

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	1	\$1,018.71	\$1,149.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	2	\$541.07	\$607.07
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	3	\$402.87	\$447.44
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	4	\$302.14	\$335.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	5	\$241.75	\$268.49
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	13	290	300	309.99	6	\$201.44	\$223.73
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	1	\$1,086.62	\$1,226.51
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	2	\$577.14	\$647.54
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	3	\$429.71	\$477.25
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	4	\$322.31	\$357.97
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	5	\$257.82	\$286.35
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	14	310	320	329.99	6	\$214.86	\$238.63

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	1	\$1,154.54	\$1,303.17
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	2	\$613.21	\$688.01
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	3	\$456.57	\$507.08
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	4	\$342.42	\$380.31
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	5	\$273.94	\$304.25
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	15	330	340	349.99	6	\$228.28	\$253.54
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	1	\$1,222.45	\$1,379.82
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	\$649.28	\$728.48
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	3	\$483.44	\$536.93
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	4	\$362.58	\$402.69
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	5	\$290.05	\$322.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	6	\$241.76	\$268.50

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	1	\$1,290.37	\$1,456.48
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	2	\$685.35	\$768.95
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	3	\$510.28	\$566.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	4	\$382.71	\$425.05
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	5	\$306.17	\$340.04
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	17	370	380	389.99	6	\$255.14	\$283.37
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	1	\$1,358.28	\$1,533.14
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	2	\$721.42	\$809.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	3	\$537.14	\$596.57
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	4	\$402.88	\$447.45
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	5	\$322.32	\$357.98
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	18	390	400	409.99	6	\$268.58	\$298.29

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	1	\$1,426.20	\$1,609.80
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	2	\$757.50	\$849.90
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	3	\$564.02	\$626.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	4	\$423.00	\$469.80
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	5	\$338.40	\$375.84
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	19	410	420	429.99	6	\$282.02	\$313.22
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	1	\$1,494.11	\$1,686.45
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	\$793.57	\$890.37
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	3	\$590.85	\$656.22
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	4	\$443.15	\$492.18
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	5	\$354.51	\$393.73
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	6	\$295.43	\$328.12

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	1	\$1,562.02	\$1,763.11
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	2	\$829.64	\$930.84
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	3	\$617.71	\$686.05
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	4	\$463.28	\$514.54
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	5	\$370.62	\$411.63
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	21	450	460	469.99	6	\$308.85	\$343.02
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	1	\$1,629.94	\$1,839.77
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	2	\$865.71	\$971.31
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	3	\$644.59	\$715.90
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	4	\$483.45	\$536.94
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	5	\$386.74	\$429.53
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	6	\$322.33	\$357.99

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	1	\$1,697.85	\$1,916.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	2	\$901.78	\$1,000.05
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	3	\$671.42	\$745.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	4	\$503.57	\$559.28
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	5	\$402.89	\$447.46
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	6	\$335.71	\$372.85
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	1	\$1,765.77	\$1,993.08
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	2	\$937.85	\$1,037.77
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	3	\$698.28	\$775.54
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	4	\$523.72	\$581.66
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	5	\$418.97	\$465.32
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	6	\$349.15	\$387.78

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	1	\$1,833.68	\$2,069.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	2	\$973.92	\$1,077.68
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	3	\$725.16	\$805.39
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	4	\$543.85	\$604.02
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	5	\$435.08	\$483.22
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	25	530	540	549.99	6	\$362.59	\$402.70
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	1	\$1,901.60	\$2,146.40
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	2	\$1,000.01	\$1,117.60
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	3	\$752.00	\$835.20
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	4	\$564.03	\$626.43
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	5	\$451.20	\$501.12
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	6	\$376.01	\$417.61

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	1	\$1,969.51	\$2,223.05
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	2	\$1,029.91	\$1,157.51
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	3	\$778.85	\$865.02
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	4	\$584.14	\$648.77
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	5	\$467.31	\$519.01
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	27	570	580	589.99	6	\$389.42	\$432.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	1	\$2,037.42	\$2,299.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	2	\$1,065.42	\$1,197.42
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	3	\$805.73	\$894.87
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	4	\$604.29	\$671.15
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	5	\$483.46	\$536.95
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	28	590	600	609.99	6	\$402.90	\$447.47

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	1	\$2,105.34	\$2,376.37
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	2	\$1,100.94	\$1,237.34
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	3	\$832.57	\$924.68
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	4	\$624.42	\$693.51
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	5	\$499.54	\$554.81
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	6	\$416.28	\$462.34
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	1	\$2,173.25	\$2,453.02
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	2	\$1,136.45	\$1,277.25
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	3	\$859.42	\$954.51
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	4	\$644.60	\$715.91
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	5	\$515.65	\$572.70
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	30	630	640	649.99	6	\$429.72	\$477.26

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	31	650	660	669.99	1	\$2,241.17	\$2,529.68
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	31	650	660	669.99	2	\$1,171.97	\$1,317.17
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	31	650	660	669.99	3	\$886.30	\$984.36
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	31	650	660	669.99	4	\$664.71	\$738.25
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	31	650	660	669.99	5	\$531.77	\$590.60
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	31	650	660	669.99	6	\$443.16	\$492.19
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	32	670	680	689.99	1	\$2,309.08	\$2,606.34
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	32	670	680	689.99	2	\$1,207.48	\$1,357.08
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	32	670	680	689.99	3	\$913.14	\$1,000.06
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	32	670	680	689.99	4	\$684.86	\$760.63
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	32	670	680	689.99	5	\$547.88	\$608.50
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	32	670	680	689.99	6	\$456.58	\$507.09

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	33	690	700	709.99	1	\$2,377.00	\$2,683.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	33	690	700	709.99	2	\$1,243.00	\$1,397.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	33	690	700	709.99	3	\$940.00	\$1,030.00
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	33	690	700	709.99	4	\$705.00	\$783.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	33	690	700	709.99	5	\$564.04	\$626.44
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	33	690	700	709.99	6	\$470.00	\$522.00
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	1	\$2,444.91	\$2,759.65
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	2	\$1,278.51	\$1,436.91
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	3	\$966.87	\$1,000.07
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	4	\$725.17	\$805.40
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	5	\$580.11	\$644.29
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	6	\$483.47	\$536.96

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	35	730	740	749.99	1	\$2,512.82	\$2,836.31
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	35	730	740	749.99	2	\$1,314.02	\$1,476.82
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	35	730	740	749.99	3	\$993.71	\$1,088.85
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	35	730	740	749.99	4	\$745.28	\$827.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	35	730	740	749.99	5	\$596.22	\$662.19
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	35	730	740	749.99	6	\$496.85	\$551.82
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	36	750	760	769.99	1	\$2,580.74	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	36	750	760	769.99	2	\$1,349.54	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	36	750	760	769.99	3	\$1,005.37	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	36	750	760	769.99	4	\$765.43	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	36	750	760	769.99	5	\$612.34	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	36	750	760	769.99	6	\$510.29	NA

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	37	770	780	789.99	1	\$2,648.65	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	37	770	780	789.99	2	\$1,385.05	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	37	770	780	789.99	3	\$1,000.02	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	37	770	780	789.99	4	\$785.57	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	37	770	780	789.99	5	\$628.45	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	37	770	780	789.99	6	\$523.73	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	38	790	800	809.99	1	\$2,716.57	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	38	790	800	809.99	2	\$1,420.57	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	38	790	800	809.99	3	\$1,058.28	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	38	790	800	809.99	4	\$805.74	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	38	790	800	809.99	5	\$644.61	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	38	790	800	809.99	6	\$537.15	NA

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	39	810	820	829.99	1	\$2,784.48	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	39	810	820	829.99	2	\$1,456.08	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	39	810	820	829.99	3	\$1,084.74	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	39	810	820	829.99	4	\$825.85	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	39	810	820	829.99	5	\$660.68	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	39	810	820	829.99	6	\$550.57	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	40	830	840	849.99	1	\$2,852.40	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	40	830	840	849.99	2	\$1,491.60	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	40	830	840	849.99	3	\$1,000.03	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	40	830	840	849.99	4	\$846.01	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	40	830	840	849.99	5	\$676.80	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	40	830	840	849.99	6	\$564.05	NA

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	41	850	860	869.99	1	\$2,920.31	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	41	850	860	869.99	2	\$1,527.11	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	41	850	860	869.99	3	\$1,137.65	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	41	850	860	869.99	4	\$866.14	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	41	850	860	869.99	5	\$692.91	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	41	850	860	869.99	6	\$577.42	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	42	870	880	889.99	1	\$2,988.22	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	42	870	880	889.99	2	\$1,562.62	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	42	870	880	889.99	3	\$1,164.11	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	42	870	880	889.99	4	\$758.40	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	42	870	880	889.99	5	\$709.02	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	42	870	880	889.99	6	\$590.86	NA

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	870	880	889.99	1	\$3,056.14	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	870	880	889.99	2	\$1,598.14	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	870	880	889.99	3	\$1,190.59	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	43	870	880	889.99	4	\$906.42	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	870	880	889.99	5	\$725.18	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	870	880	889.99	6	\$604.30	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	890	900	909.99	1	\$3,124.05	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	890	900	909.99	2	\$1,633.65	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	44	890	900	909.99	3	\$1,217.02	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	44	890	900	909.99	4	\$926.58	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	890	900	909.99	5	\$741.25	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	890	900	909.99	6	\$617.72	NA

Habilitation, Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2024 Adopted Rate (Statewide)	01/01/2024 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	910	920	929.99	1	\$3,191.97	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	910	920	929.99	2	\$1,669.17	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	910	920	929.99	3	\$1,243.48	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	910	920	929.99	4	\$946.71	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	910	920	929.99	5	\$757.37	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	910	920	929.99	6	\$631.14	NA
T2016	HAB	Habilitation, Group Home	Per Resident Per Day	46	930	940	949.99	1	\$3,259.88	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	930	940	949.99	2	\$1,704.68	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	930	940	949.99	3	\$1,269.96	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	930	940	949.99	4	\$966.88	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	930	940	949.99	5	\$773.48	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	930	940	949.99	6	\$644.62	NA

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:

- 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.
- 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.
- No rate falls below the Federal minimum hourly wage adjusted for employer payroll taxes (\$5.54 as of the date of publication)
- No rate falls below the corresponding 2003 floor rate.
- 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. In no event shall an independent provider serve more than three members at the same time.

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.

SFY 04 Rates	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
SFY 04 Maximum Modifier	\$6.25	\$7.75	\$4.25	\$3.00	\$3.25	\$7.50	\$84.50
Base Rate as of 3/1/2004	\$10.13	\$5.18	\$8.56	\$7.89	\$7.55	\$7.31	\$95.07
SFY 04 Maximum Assessed Rate	\$16.38	\$12.93	\$12.81	\$10.89	\$10.80	\$14.81	\$179.57
SFY 04 Agency Adopted Rate	\$16.80	\$16.97	\$13.16	\$13.16	\$12.13	\$12.90	\$157.74
SFY 04 Maximum Benchmark Rate (1)	\$16.38	\$12.93	\$12.81	\$10.89	\$10.80	\$12.90	\$157.74
Phase 1 Adopted Rate Factor	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
SFY 04 Maximum Adopted Rate Phase	\$15.07	\$11.90	\$11.79	\$10.02	\$9.94	\$11.87	\$145.12

SFY 05 Rates	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment (SFY 05 Provider Rate Increase)	7.32%	7.37%	7.29%	7.29%	7.34%	7.29%	7.33%
SFY 05 Maximum Assessed Rate	\$18.03	\$18.22	\$14.12	\$14.12	\$13.01	\$13.84	\$169.30
SFY 05 Agency Adopted Rate	\$17.58	\$13.88	\$13.74	\$11.68	\$11.59	\$13.84	\$169.30
SFY 05 Maximum Benchmark Rate (1)	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Phase 1 Adopted Rate Factor	\$16.17	\$12.77	\$12.64	\$10.75	\$10.67	\$12.73	\$155.76
SFY 03 Maximum Adopted Rate Phase 1	\$9.34	\$4.77	\$7.89	\$7.89	\$6.96	\$6.74	\$87.62

SFY 06 Rates - Phase 1 (Effective 7/1/2005- 9/30/2005)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment (SFY 06 Provider Rate Increase)	1.93%	1.98%	1.96%	1.89%	1.98%	1.91%	1.94%
SFY 06 Maximum Assessed Rate	\$17.92	\$14.16	\$14.01	\$11.90	\$11.82	\$16.19	\$196.47
SFY 06 Agency Adopted Rate	\$18.38	\$18.57	\$14.40	\$14.40	\$13.27	\$14.11	\$172.59
SFY 06 Maximum Benchmark Rate (1)	\$17.92	\$14.16	\$14.01	\$11.90	\$11.82	\$14.11	\$172.59
Phase 1 Adopted Rate Factor	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
SFY 03 Maximum Adopted Rate Phase 1	\$16.48	\$13.03	\$12.89	\$10.95	\$10.88	\$12.98	\$158.78
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

SFY 06 Rates - Phase 2 (Effective 1/1/2006-6/30/2006)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment (SFY 06 Provider Rate Increase)	3.97%	4.07%	3.95%	4.06%	4.01%	4.01%	4.00%
SFY 06 Maximum Assessed Rate	\$18.63	\$14.73	\$14.57	\$12.39	\$12.30	\$16.84	\$204.33
SFY 06 Agency Adopted Rate	\$19.11	\$19.31	\$14.97	\$14.97	\$13.80	\$14.68	\$179.50
SFY 06 Maximum Benchmark Rate (1)	\$18.63	\$14.73	\$14.57	\$12.39	\$12.30	\$14.68	\$179.50
Phase 2 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SFY 06 Maximum Adopted Rate Phase 2	\$18.63	\$14.73	\$14.57	\$12.39	\$12.30	\$14.68	\$179.50
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

SFY 07 Rates-Phase 3 (Effective 7/1/2006-6/30/2007)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	3.98%	3.99%	4.01%	4.01%	3.99%	3.95%	3.98%
SFY 07 Maximum Assessed Rate	\$19.37	\$15.32	\$15.15	\$12.89	\$12.79	\$17.51	\$212.46
SFY 07 Agency Adopted Rate	\$19.89	\$20.10	\$15.59	\$15.59	\$14.36	\$15.28	\$186.83
SFY 07 Maximum Benchmark Rate (1)	\$19.37	\$15.32	\$15.15	\$12.89	\$12.79	\$15.28	\$186.83
Phase 3 Adopted Rate Factor	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
SFY 07 Maximum Adopted Rate Phase 2	\$19.37	\$15.32	\$15.15	\$12.89	\$12.79	\$15.28	\$186.83
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

SFY 09/10/11/12 Rates-Phase 3 (Effective 5/25/2009-9/30/2011)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$18.48	\$18.67	\$14.48	\$14.48	\$13.34	\$14.19	\$173.53
Maximum Benchmark Rate (1)	\$18.48	\$15.82	\$14.48	\$13.32	\$13.21	\$14.19	\$173.53
Phase 3 Adopted Rate Factor	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Maximum Adopted Rate Phase 3	\$16.63	\$14.24	\$13.03	\$11.99	\$11.89	\$12.77	\$156.18
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

SFY 12/13 Rates-Phase 3 (Effective 10/01/2011-7/31/2012)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$17.55	\$17.73	\$13.76	\$13.76	\$12.67	\$13.48	\$164.85
Maximum Benchmark Rate (1)	\$17.55	\$15.82	\$13.76	\$13.32	\$12.67	\$13.48	\$164.85
Phase 3 Adopted Rate Factor	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%
Maximum Adopted Rate Phase 3	\$15.01	\$13.53	\$11.76	\$11.39	\$10.83	\$11.53	\$140.95
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

SFY 13 Rates-Phase 3 (Effective 8/01/2012-3/31/2013)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$17.55	\$17.73	\$13.76	\$13.76	\$12.67	\$13.48	\$175.00
Maximum Benchmark Rate (1)	\$17.55	\$15.82	\$13.76	\$13.32	\$12.67	\$13.48	\$175.00
Phase 3 Adopted Rate Factor	85.50%	85.50%	85.50%	85.50%	85.50%	85.50%	90.77%
Maximum Adopted Rate Phase 3	\$15.01	\$13.53	\$11.76	\$11.39	\$10.83	\$11.53	\$158.85
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

SFY 13 Rates-Phase 3 (Effective 4/01/2013-6/30/2013)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$20.53	\$20.74	\$16.09	\$16.09	\$14.82	\$13.80	\$192.81
Maximum Benchmark Rate (1)	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$13.80	\$192.81
Phase 3 Adopted Rate Factor	87.50%	87.50%	87.50%	87.50%	87.50%	87.50%	100.00%
Maximum Adopted Rate Phase 3	\$17.52	\$13.84	\$13.70	\$11.66	\$11.56	\$12.08	\$192.81
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

SFY 14 Rates-Phase 3 (Effective 7/01/2013-6/30/2014)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$18.58	\$18.77	\$14.56	\$14.56	\$13.41	\$14.27	\$192.81
Maximum Benchmark Rate (1)	\$18.58	\$15.82	\$14.56	\$13.32	\$13.21	\$14.27	\$192.81
Phase 3 Adopted Rate Factor	90.50%	90.50%	90.50%	90.50%	90.50%	90.50%	100.00%
Maximum Adopted Rate Phase 3	\$16.81	\$14.32	\$13.18	\$12.05	\$11.96	\$12.91	\$192.81
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

SFY 15-16 Rates-Phase 3 (Effective 7/01/2014-9/30/2015)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$0.72	\$0.82	\$0.75	\$0.75	\$0.77	\$0.72	\$0.72
Maximum Benchmark Rate (1)	\$0.72	\$0.82	\$0.75	\$0.75	\$0.77	\$0.72	\$0.72
Phase 3 Adopted Rate Factor	92.31%	92.31%	92.31%	92.31%	92.31%	92.31%	102.00%
Maximum Adopted Rate Phase 3	\$0.67	\$0.76	\$0.69	\$0.69	\$0.71	\$0.66	\$0.73
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

SFY 16 Rates-Phase 3 (Effective 10/01/2015- 6/30/2016)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$0.72	\$0.82	\$0.75	\$0.75	\$0.77	\$0.72	\$0.72
Maximum Benchmark Rate (1)	\$0.72	\$0.82	\$0.75	\$0.75	\$0.77	\$0.72	\$0.72
Phase 3 Adopted Rate Factor	93.23%	93.23%	93.23%	93.23%	93.23%	93.23%	103.02%
Maximum Adopted Rate Phase 3	\$0.67	\$0.77	\$0.70	\$0.70	\$0.72	\$0.67	\$0.74
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

SFY 17 Rates-Phase 3 (Effective 7/01/2016-6/30/2017)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Living Care (ANC) Attendant Care Family		Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$19.33	\$19.53	\$15.15	\$15.15	\$13.95	\$14.86	\$200.63
Maximum Benchmark Rate (1)	\$19.33	\$15.82	\$15.15	\$13.32	\$13.21	\$14.86	\$200.63
Phase 3 Adopted Rate Factor	94.16%	94.16%	94.16%	94.16%	94.16%	94.16%	104.05%
Maximum Adopted Rate Phase 3	\$18.20	\$14.90	\$14.27	\$12.54	\$12.44	\$13.99	\$208.76
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

SFY 18 Rates-Phase 3 (Effective 7/01/2017- 12/31/2017)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$21.28	\$21.49	\$16.67	\$16.67	\$15.36	\$16.35	\$220.79
Maximum Benchmark Rate (1)	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$16.35	\$219.47
Phase 3 Adopted Rate Factor, Statewide, Excluding Flagstaff	95.76%	95.76%	95.76%	95.76%	95.76%	95.76%	105.82%
Maximum Adopted Rate Phase 3	\$19.17	\$15.15	\$15.00	\$12.76	\$12.65	\$15.66	\$232.24
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
Phase 3 Adopted Rate Factor, Flagstaff	97.29%	97.29%	97.29%	97.29%	97.29%	97.29%	107.51%
Maximum Adopted Rate Phase 3 (Flagstaff)	\$19.48	\$15.39	\$15.24	\$12.96	\$12.85	\$15.91	\$235.95
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

SFY 18 Rates-Phase 3 (Effective 1/01/2018-6/30/2018)	Habilitation, Support (HAH)	Habilitation, Individually Designed Living Arrangement (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite, Daily (RSD)
Benchmark Rate Adjustment	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Maximum Assessed Rate	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$18.10	\$219.47
Agency Adopted Rate	\$21.54	\$21.76	\$16.88	\$16.88	\$15.55	\$16.55	\$223.53
Maximum Benchmark Rate (1)	\$20.02	\$15.82	\$15.66	\$13.32	\$13.21	\$16.55	\$219.47
Phase 3 Adopted Rate Factor, Statewide, Excluding Flagstaff	96.95%	96.97%	96.98%	96.98%	96.97%	96.91%	107.13%
Maximum Adopted Rate Phase 3	\$19.41	\$15.34	\$15.19	\$12.92	\$12.81	\$16.04	\$235.12
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
Phase 3 Adopted Rate Factor, Flagstaff	98.50%	98.50%	98.50%	98.50%	98.50%	98.50%	108.84%
Maximum Adopted Rate Phase 3 (Flagstaff)	\$19.72	\$15.58	\$15.43	\$13.12	\$13.01	\$16.30	\$238.87
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

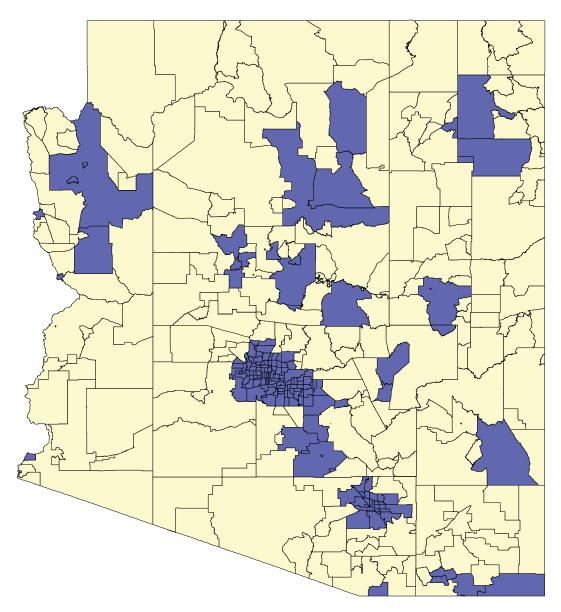
Appendix 1

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 on the next page.

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 are on both tables)

High Density Cities

- Apache Junction
- Arizona City
- Avondale
- Bisbee
- Bullhead City
- Camp Verde
- Casa Grande
- Chandler
- Chinle
- Chino Valley
- Chloride

- Coolidge
- Cottonwood
- Douglas
- El Mirage
- Eloy
- Flagstaff
- Ganado
- Gilbert
- Glendale
- Globe
- Goodyear

- Higley
- Kingman
- Lake Havasu City
- Laveen
- Litchfield Park
- Luke AFB
- Prescott
- Mesa
- Naco
- Nogales
- Paradise Valley

- Payson
- Peoria
- Phoenix
- Picacho
- Prescott Valley
- Queen Creek
- Red Rock
- Rimrock
- Safford
- Show Low

Scottsdale

- Sierra Vista
- Sun City
- Surprise
- Tempe
- Tolleson
- Tuba City
- Tucson
- Waddell
- Youngtown
- Yuma

Low Density Cities

- Aguila
- Ajo
- Alpine
- Amado
- Apache Junction
- Arivaca
- Arlington
- Ash Fork
- Bagdad
- Bapchule
- Bellemont
- Benson
- Black Canyon City
- Blue
- Blue Gap
- Bouse
- Bowie
- Buckeye
- Bylas
- Cameron

- Carefree
- Casa Grande
- Cashion
- Catalina
- Cave Creek
- Central
- Chambers
- Chandler Heights
- Cibecue
- Cibola
- City
- Clarkdale
- Clay Springs
- Claypool
- Clifton
- Cochise
- Colorado City
- Concho
- Congress
 - Cornville

- Cortaro
- Crown King
- Dateland
- Dennehotso
- Dewey
- Dolan Springs
- Dragoon
- Duncan
- Eagar
- Eden
- Ehrenberg
- Elfrida
- Elgin
- Florence
- Forest Lakes
- Fort Apache
- Fort Defiance
- Fort Mcdowell

Fort Huachuca

Fort Mohave

- Fort Thomas
- Fountain Hills
- Fredonia
- Gadsden
- Gila Bend
- Golden Valley
- Grand Canyon
- Gray Mountain
- Gray Mountain Green Valley
- Greer
- Hackberry
- Happy Jack
- Hayden
- HeberHereford
- Holbrook
- Houck
- Huachuca City

Hotevilla

- Hualapai
- Humboldt
- Indian WellsIron Springs
- Jerome
- Joseph City
- Kaibito
- Kaventa
- Keams Canyon
- Kearny
- Kirkland
- Kykotsmovi
- Lake Havasu City
- Lake MontezumaLakeside
- Leupp
- LeappLittlefield
- Lukachukai
- Lukeville
 - Lupton

- Mammoth
- Many Farms
- Marana
- Marble Canyon
- Maricopa
- Marina
- Mayer
- Mcnary
- Mcneal
- Meadview
- Miami
- Mohave Valley
- Morenci
- Mormon Lake
- Morristown
- Mount Lemmon
- Munds Park
- Nazlini
- New River
- North Rim
- Nutrioso
- Oatman
- Oracle
- Overgaard
- Page
- Palo

- Parker
- Parks
- Patagonia
- Paulden
- Payson
- Peach Springs
- Pearce
- Peridot
- Petrified Forest
 National Park
- Pima
- Pine
- Pinedale
- Pinetop
- Pinon
- Pirtleville
- Polacca
- Pomoerne
- Poston
- Prescott
- Prescott Valley
- Quartzsite
- Red Valley
- Rillito
- Rio Rico
- Rio Verde

- Rock Point
- Roll
- Roosevelt
- Round Rock
- Sacaton
- Sahuarita
- Saint David
- Saint Johns
- Saint Michaels
- Salome
- San Carlos
- San Luis
- San Manuel
- San Simon
- Sanders
- Sasabe
- Sawmill
- Scottsdale
- Second Mesas
- Sedona
- Seligman
- Sells
- Shonto
- Skull Valley
- Snowflake
- Solomon

- Somerton
- Sonoita
- Springerville
- Springs
- Stanfield
- Sun City West
- Sun Valley
- Supai
- Superior
- Surprise
- Tacna
- Taylor
- Temple Bar Marina
- Thatcher
- Tombstone
- Tonalea
- Tonopah
- Tonto Basin
- Topawa
- Topock
- Tortilla Flats
- Tsaile
- Tubac
- Tucson
- Tumacacori
- Vail

- Valentine
- Valley Farms
- Vernon
- Village
- Wellton
- Wenden
- White Mountain Lake
- Whiteriver
- Wickenburg
- Wikieup
- Willcox
- Williams
- Willow Beach
- Window Rock
- Winkelman
- Winslow
- Wittmann
- Woodruff
- Yarnell
- Young
- Yucca
- Yuma

High Density Zip Codes

•	85001	•	85035	•	85078	•	85231	•	85283	•	85364	•	85705	•	85754
•	85002	•	85036	•	85079	•	85233	•	85284	•	85372	•	85706	•	85775
•	85003	•	85037	•	85080	•	85234	•	85285	•	85373	•	85707	•	85777
•	85004	•	85038	•	85082	•	85236	•	85287	•	85374	•	85708	•	85901
•	85005	•	85040	•	85085	•	85241	•	85289	•	85378	•	85709	•	85902
•	85006	•	85041	•	85086	•	85242	•	85296	•	85379	•	85710	•	86001
•	85007	•	85042	•	85098	•	85244	•	85297	•	85380	•	85711	•	86002
•	85008	•	85043	•	85099	•	85245	•	85299	•	85381	•	85712	•	86003
•	85009	•	85044	•	85201	•	85246	•	85301	•	85382	•	85713	•	86004
•	85010	•	85045	•	85202	•	85248	•	85302	•	85383	•	85714	•	86011
•	85011	•	85046	•	85203	•	85249	•	85303	•	85385	•	85715	•	86045
•	85012	•	85048	•	85204	•	85250	•	85304	•	85501	•	85716	•	86301
•	85013	•	85050	•	85205	•	85251	•	85305	•	85502	•	85717	•	86302
•	85014	•	85051	•	85206	•	85252	•	85306	•	85541	•	85718	•	86303
•	85015	•	85053	•	85207	•	85253	•	85307	•	85546	•	85719	•	86304
•	85016	•	85054	•	85208	•	85254	•	85308	•	85548	•	85725	•	86314
•	85017	•	85060	•	85210	•	85255	•	85309	•	85603	•	85726	•	86322
•	85018	•	85061	•	85211	•	85256	•	85310	•	85607	•	85728	•	86323
•	85019	•	85062	•	85212	•	85257	•	85311	•	85608	•	85730	•	86326
•	85020	•	85063	•	85213	•	85258	•	85312	•	85620	•	85737	•	86335
•	85021	•	85064	•	85214	•	85259	•	85313	•	85621	•	85741	•	86401
•	85022	•	85066	•	85215	•	85260	•	85318	•	85628	•	85742	•	86402
•	85023	•	85067	•	85216	•	85261	•	85323	•	85635	•	85743	•	86403
•	85024	•	85068	•	85217	•	85267	•	85335	•	85636	•	85744	•	86429
•	85027	•	85069	•	85219	•	85271	•	85338	•	85650	•	85745	•	86430
•	85028	•	85070	•	85220	•	85274	•	85339	•	85655	•	85746	•	86431
•	85029	•	85071	•	85222	•	85275	•	85340	•	85662	•	85747	•	86439
•	85030	•	85072	•	85223	•	85277	•	85345	•	85671	•	85748	•	86442
•	85031	•	85074	•	85224	•	85278	•	85351	•	85701	•	85749	•	86503
•	85032	•	85075	•	85225	•	85280	•	85353	•	85702	•	85750	•	86505
•	85033	•	85076	•	85226	•	85281	•	85355	•	85703	•	85751		
•	85034	•	85077	•	85228	•	85282	•	85363	•	85704	•	85752		

Low Density Zip Codes

85087	• 85333	85530	85619	85731	85942	86312	86434
• 85218	• 85334	• 85531	• 85622	85732	• 86015	• 86313	 86435
 85221 	 85336 	85532	 85623 	• 85733	• 86016	• 86320	 86436
85227	85337	• 85533	85624	85734	• 86017	86321	86437
• 85230	85341	85534	 85625 	85735	• 86018	• 86324	• 86438
• 85232	• 85342	• 85535	 85626 	85736	• 86020	• 86325	• 86440
• 85235	• 85343	• 85536	85627	• 85738	• 86021	• 86327	• 86441
• 85237	• 85344	• 85539	• 85629	• 85739	• 86022	• 86329	• 86443
• 85239	• 85346	• 85540	• 85630	• 85740	• 86023	• 86330	• 86444
• 85247	• 85347	85542	85631	 85911 	• 86024	• 86331	• 86445
• 85262	• 85348	• 85543	• 85632	85912	• 86025	• 86332	86446
• 85263	• 85349	85544	• 85633	• 85920	• 86028	• 86333	• 86502
• 85264	• 85350	• 85545	• 85634	• 85922	• 86029	• 86334	• 86504
• 85268	• 85352	85547	85637	• 85923	• 86030	• 86336	• 86506
• 85269	• 85354	• 85550	• 85638	• 85924	• 86031	• 86337	• 86507
• 85272	• 85356	• 85551	• 85639	• 85925	• 86032	• 86338	• 86508
• 85273	• 85357	• 85552	• 85640	85926	• 86033	• 86339	 86510
• 85279	• 85358	• 85553	• 85641	• 85927	• 86034	• 86340	• 86511
• 85290	• 85359	• 85554	85643	85928	• 86035	• 86341	 86512
• 85291	• 85360	• 85601	• 85644	• 85929	• 86036	• 86342	• 86514
• 85292	85361	• 85602	85645	• 85930	• 86038	• 86343	 86515
• 85320	• 85362	• 85605	 85646 	• 85931	• 86039	• 86351	• 86520
• 85321	• 85365	• 85606	85648	• 85932	• 86040	• 86404	• 86535
• 85322	• 85366	• 85609	 85652 	• 85933	• 86042	• 86405	• 86538
• 85324	85367	• 85610	• 85653	• 85934	• 86043	• 86406	• 86540
• 85325	• 85369	• 85611	85654	• 85935	• 86044	• 86411	• 86544
• 85326	 85371 	 85613 	85670	85936	• 86046	• 86412	 86545
• 85327	• 85375	• 85614	• 85720	• 85937	• 86047	• 86413	86547
• 85328	• 85376	• 85615	• 85721	• 85938	• 86052	• 86426	• 86549
• 85329	• 85377	• 85616	• 85722	• 85939	• 86053	• 86427	• 86556
• 85331	• 85387	• 85617	• 85723	• 85940	• 86054	• 86432	
• 85332	• 85390	• 85618	• 85724	• 85941	• 86305	• 86433	

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
85001	Phoenix	AZ	Maricopa	Base Rate
85002	Phoenix	AZ	Maricopa	Base Rate
85003	Phoenix	AZ	Maricopa	Base Rate
85004	Phoenix	AZ	Maricopa	Base Rate
85005	Phoenix	AZ	Maricopa	Base Rate
85006	Phoenix	AZ	Maricopa	Base Rate
85007	Phoenix	AZ	Maricopa	Base Rate
85008	Phoenix	AZ	Maricopa	Base Rate
85009	Phoenix	AZ	Maricopa	Base Rate
85012	Phoenix	AZ	Maricopa	Base Rate
85013	Phoenix	AZ	Maricopa	Base Rate
85014	Phoenix	AZ	Maricopa	Base Rate
85015	Phoenix	AZ	Maricopa	Base Rate
85016	Phoenix	AZ	Maricopa	Base Rate
85017	Phoenix	AZ	Maricopa	Base Rate
85018	Phoenix	AZ	Maricopa	Base Rate
85019	Phoenix	AZ	Maricopa	Base Rate
85020	Phoenix	AZ	Maricopa	Base Rate
85021	Phoenix	AZ	Maricopa	Base Rate
85022	Phoenix	AZ	Maricopa	Base Rate
85023	Phoenix	AZ	Maricopa	Base Rate
85024	Phoenix	AZ	Maricopa	Base Rate
85027	Phoenix	AZ	Maricopa	Base Rate
85028	Phoenix	AZ	Maricopa	Base Rate
85029	Phoenix	AZ	Maricopa	Base Rate
85031	Phoenix	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85032	Phoenix	ΑZ	Maricopa	Base Rate
85033	Phoenix	AZ	Maricopa	Base Rate
85034	Phoenix	AZ	Maricopa	Base Rate
85035	Phoenix	AZ	Maricopa	Base Rate
85036	Phoenix	AZ	Maricopa	Base Rate
85037	Phoenix	AZ	Maricopa	Base Rate
85039	Phoenix	AZ	Maricopa	Base Rate
85040	Phoenix	AZ	Maricopa	Base Rate
85041	Phoenix	AZ	Maricopa	Base Rate
85042	Phoenix	AZ	Maricopa	Base Rate
85043	Phoenix	AZ	Maricopa	Base Rate
85044	Phoenix	AZ	Maricopa	Base Rate
85045	Phoenix	AZ	Maricopa	Base Rate
85048	Phoenix	AZ	Maricopa	Base Rate
85050	Phoenix	AZ	Maricopa	Base Rate
85051	Phoenix	AZ	Maricopa	Base Rate
85053	Phoenix	AZ	Maricopa	Base Rate
85054	Phoenix	AZ	Maricopa	Base Rate
85063	Phoenix	AZ	Maricopa	Base Rate
85064	Phoenix	AZ	Maricopa	Base Rate
85066	Phoenix	AZ	Maricopa	Base Rate
85068	Phoenix	AZ	Maricopa	Base Rate
85069	Phoenix	AZ	Maricopa	Base Rate
85071	Phoenix	AZ	Maricopa	Base Rate
85072	Phoenix	AZ	Maricopa	Base Rate
85074	Phoenix	AZ	Maricopa	Base Rate

Appendix 2

LISTING OF THE 7 NOSIGNITIES OF LIP COUL	Listing (of Tier	Assignment	by Zi	p Code
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ZIP	City	St	County	Tier
85075	Phoenix	AZ	Maricopa	Base Rate
85076	Phoenix	AZ	Maricopa	Base Rate
85083	Phoenix	AZ	Maricopa	Base Rate
85085	Phoenix	AZ	Maricopa	Base Rate
85086	Phoenix	AZ	Maricopa	Base Rate
85087	New River	AZ	Maricopa	Tier 1
85117	Apache Junction	AZ	Pinal	Tier 1
85118	Apache Junction	AZ	Pinal	Tier 1
85119	Apache Junction	AZ	Pinal	Tier 1
85120	Apache Junction	AZ	Pinal	Tier 1
85121	Bapchule	AZ	Pinal	Tier 2
85122	Casa Grande	AZ	Pinal	Tier 2
85123	Arizona City	AZ	Pinal	Tier 2
85128	Coolidge	AZ	Pinal	Tier 2
85130	Casa Grande	AZ	Pinal	Tier 2
85131	Eloy	AZ	Pinal	Tier 2
85132	Florence	AZ	Pinal	Tier 2
85135	Hayden	AZ	Pinal	Tier 2
85137	Kearny	AZ	Pinal	Tier 2
85138	Maricopa	AZ	Pinal	Tier 2
85139	Maricopa	AZ	Pinal	Tier 2
85140	Queen Creek	AZ	Maricopa	Tier 1
85141	Picacho	AZ	Pinal	Tier 2
85142	Queen Creek	AZ	Maricopa	Tier 1
85143	Queen Creek	AZ	Maricopa	Tier 1
85145	Red Rock	AZ	Pinal	Tier 2
85147	Sacaton	AZ	Pinal	Tier 2

ZIP	City	St	County	Tier
85172	Stanfield	AZ	Pinal	Tier 2
85173	Superior	AZ	PInal	Tier 3
85179	Florence	AZ	Pinal	Tier 2
85191	Valley Farms	AZ	Pinal	Tier 2
85192	Winkleman	AZ	Gila	Tier 3
85201	Mesa	AZ	Maricopa	Base Rate
85202	Mesa	AZ	Maricopa	Base Rate
85203	Mesa	AZ	Maricopa	Base Rate
85204	Mesa	AZ	Maricopa	Base Rate
85205	Mesa	AZ	Maricopa	Base Rate
85206	Mesa	AZ	Maricopa	Base Rate
85207	Mesa	AZ	Maricopa	Base Rate
85208	Mesa	AZ	Maricopa	Base Rate
85209	Mesa	AZ	Maricopa	Base Rate
85210	Mesa	AZ	Maricopa	Base Rate
85211	Mesa	AZ	Maricopa	Base Rate
85212	Mesa	AZ	Maricopa	Base Rate
85213	Mesa	AZ	Maricopa	Base Rate
85214	Mesa	AZ	Maricopa	Base Rate
85215	Mesa	AZ	Maricopa	Tier 1
85216	Mesa	AZ	Maricopa	Base Rate
85224	Chandler	AZ	Maricopa	Base Rate
85225	Chandler	AZ	Maricopa	Base Rate
85226	Chandler	ΑZ	Maricopa	Base Rate
85227	Chandler Heights	AZ	Maricopa	Base Rate
85233	Gilbert	AZ	Maricopa	Base Rate
85234	Gilbert	AZ	Maricopa	Base Rate

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
85236	Higley	AZ	Maricopa	Base Rate
85244	Chandler	AZ	Maricopa	Base Rate
85246	Chandler	AZ	Maricopa	Base Rate
85248	Chandler	AZ	Maricopa	Base Rate
85249	Chandler	AZ	Maricopa	Base Rate
85250	Scottsdale	AZ	Maricopa	Base Rate
85251	Scottsdale	AZ	Maricopa	Base Rate
85253	Paradise Valley	AZ	Maricopa	Base Rate
85254	Scottsdale	AZ	Maricopa	Base Rate
85255	Scottsdale	AZ	Maricopa	Base Rate
85256	Scottsdale	AZ	Maricopa	Base Rate
85257	Scottsdale	AZ	Maricopa	Base Rate
85258	Scottsdale	AZ	Maricopa	Base Rate
85259	Scottsdale	AZ	Maricopa	Base Rate
85260	Scottsdale	AZ	Maricopa	Base Rate
85262	Scottsdale	AZ	Maricopa	Base Rate
85263	Rio Verde	AZ	Maricopa	Base Rate
85264	Fort McDowell	AZ	Maricopa	Base Rate
85266	Scottsdale	AZ	Maricopa	Base Rate
85267	Scottsdale	AZ	Maricopa	Base Rate
85268	Fountain Hills	AZ	Maricopa	Base Rate
85269	Fountain Hills	AZ	Maricopa	Base Rate
85271	Scottsdale	AZ	Maricopa	Base Rate
85277	Mesa	AZ	Maricopa	Base Rate
85278	Apache Junction	AZ	Maricopa	Tier 1
85280	Tempe	ΑZ	Maricopa	Base Rate
85281	Tempe	AZ	Maricopa	Base Rate

ZIP	City	St	County	Tier
85282	Tempe	ΑZ	Maricopa	Base Rate
85283	Tempe	ΑZ	Maricopa	Base Rate
85284	Tempe	AZ	Maricopa	Base Rate
85285	Tempe	ΑZ	Maricopa	Base Rate
85286	Chandler	ΑZ	Maricopa	Base Rate
85295	Gilbert	AZ	Maricopa	Base Rate
85296	Gilbert	ΑZ	Maricopa	Base Rate
85297	Gilbert	ΑZ	Maricopa	Base Rate
85298	Gilbert	AZ	Maricopa	Base Rate
85299	Gilbert	AZ	Maricopa	Base Rate
85301	Glendale	ΑZ	Maricopa	Base Rate
85302	Glendale	AZ	Maricopa	Base Rate
85303	Glendale	AZ	Maricopa	Base Rate
85304	Glendale	ΑZ	Maricopa	Base Rate
85305	Glendale	AZ	Maricopa	Base Rate
85306	Glendale	ΑZ	Maricopa	Base Rate
85307	Glendale	AZ	Maricopa	Base Rate
85308	Glendale	AZ	Maricopa	Base Rate
85309	Luke AFB	AZ	Maricopa	Base Rate
85310	Glendale	ΑZ	Maricopa	Base Rate
85311	Glendale	AZ	Maricopa	Base Rate
85312	Glendale	AZ	Maricopa	Base Rate
85318	Glendale	ΑZ	Maricopa	Base Rate
85320	Aguila	ΑZ	Maricopa	Tier 2
85321	Ajo	ΑZ	Pima	Tier 3
85322	Arlington	AZ	Maricopa	Tier 1
85323	Avoldale	AZ	Maricopa	Base Rate

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
85324	Black Canyon City	AZ	Yavapai	Tier 2
85325	Bouse	AZ	La Paz	Tier 2
85326	Buckeye	AZ	Maricopa	Tier 1
85327	Cave Creek	AZ	Maricopa	Base Rate
85328	Cibola	AZ	La Paz	Tier 2
85329	Cashion	AZ	Maricopa	Base Rate
85331	Cave Creek	AZ	Maricopa	Base Rate
85332	Congress	AZ	Yavapai	Tier 2
85333	Dateland	AZ	Yuma	Tier 3
85335	El Mirage	AZ	Maricopa	Base Rate
85336	Gadsden	AZ	Yuma	Tier 2
85337	Gila Bend	AZ	Maricopa	Tier 1
85338	Goodyear	AZ	Maricopa	Base Rate
85339	Laveen	AZ	Maricopa	Base Rate
85340	Litchfield Park	AZ	Maricopa	Base Rate
85341	Lukeville	AZ	Pima	Base Rate
85342	Morristown	AZ	Maricopa	Tier 2
85343	Palo Verde	AZ	Maricopa	Tier 1
85344	Parker	AZ	La Paz	Tier 3
85345	Peoria	AZ	Maricopa	Base Rate
85346	Quartzite	AZ	La Paz	Tier 3
85347	Roll	AZ	Yuma	Tier 2
85348	Salome	AZ	La Paz	Tier 2
85349	San Luis	AZ	Yuma	Tier 3
85350	Somerton	ΑZ	Yuma	Tier 3
85351	Sun City	ΑZ	Maricopa	Base Rate
85352	Tacna	AZ	Yuma	Tier 3

ZIP	City	St	County	Tier
85353	Tolleson	AZ	Maricopa	Base Rate
85354	Tonopah	AZ	Maricopa	Tier 2
85355	Waddell	AZ	Maricopa	Base Rate
85356	Wellton	AZ	Yuma	Tier 3
85357	Tenden	AZ	La Paz	Tier 2
85358	Wickenburg	AZ	Maricopa	Tier 1
85359	Quartzite	AZ	La Paz	Tier 3
85360	Wikieup	AZ	Mohave	Tier 3
85361	Wittmann	ΑZ	Maricopa	Tier 1
85362	Yarnell	AZ	Yavapai	Tier 3
85363	Youngtown	AZ	Maricopa	Base Rate
85364	Yuma	AZ	Yuma	Tier 3
85365	Yuma	AZ	Yuma	Tier 3
85366	Yuma	AZ	Yuma	Tier 3
85367	Yuma	AZ	Yuma	Tier 3
85371	Poston	AZ	La Paz	Tier 3
85373	Sun City	AZ	Maricopa	Base Rate
85374	Surprise	AZ	Maricopa	Base Rate
85375	Sun City West	AZ	Maricopa	Base Rate
85376	Sun City West	AZ	Maricopa	Base Rate
85377	Carefree	AZ	Maricopa	Base Rate
85379	Surprise	AZ	Maricopa	Base Rate
85380	Peoria	AZ	Maricopa	Base Rate
85381	Peoria	AZ	Maricopa	Base Rate
85382	Peoria	AZ	Maricopa	Base Rate
85383	Peoria	ΑZ	Maricopa	Base Rate
85385	Peoria	AZ	Maricopa	Base Rate

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
85387	Surprise	AZ	Maricopa	Base Rate
85388	Surprise	AZ	Maricopa	Base Rate
85390	Wickenburg	AZ	Maricopa	Tier 1
85392	Avondale	AZ	Maricopa	Base Rate
85395	Goodyear	AZ	Maricopa	Base Rate
85396	Buckeye	AZ	Maricopa	Tier 1
85501	Globe	AZ	Gila	Tier 3
85502	Globe	AZ	Gila	Tier 3
85530	Bylas	AZ	Graham	Tier 3
85531	Central	AZ	Graham	Tier 3
85532	Claypool	AZ	Gila	Tier 3
85533	Clifton	AZ	Greenlee	Tier 3
85534	Duncan	AZ	Greenlee	Tier 3
85535	Eden	AZ	Graham	Tier 3
85536	Fort Thomas	AZ	Graham	Tier 3
85539	Miami	AZ	Gila	Tier 3
85540	Morenci	AZ	Greenlee	Tier 3
85541	Payson	AZ	Gila	Tier 2
85542	Peridot	AZ	Gila	Tier 3
85543	Pima	AZ	Graham	Tier 3
85544	Pine	AZ	Gila	Tier 2
85545	Roosevelt	AZ	Gila	Tier 3
85546	Safford	AZ	Graham	Tier 3
85547	Payson	AZ	Gila	Tier 2
85548	Safford	AZ	Graham	Tier 3
85550	San Carlos	ΑZ	Gila	Tier 3
85551	Solomon	ΑZ	Graham	Tier 3
85552	Thatcher	AZ	Graham	Tier 3

ZIP	City	St	County	Tier
85553	Tonto Basin	AZ	Gila	Tier 2
85601	Arivaca	AZ	Pima	Tier 2
85602	Benson	ΑZ	Cochise	Tier 2
85603	Bisbee	AZ	Cochise	Tier 3
85605	Bowie	ΑZ	Cochise	Tier 2
85606	Cochise	ΑZ	Cochise	Tier 2
85607	Douglas	AZ	Cochise	Tier 3
85608	Douglas	ΑZ	Cochise	Tier 3
85610	Elfrida	ΑZ	Cochise	Tier 3
85611	Elgin	AZ	Santa Cruz	Tier 2
85613	Fort Huachuca	ΑZ	Cochise	Base Rate
85614	Green Valley	AZ	Pima	Tier 2
85615	Hereford	AZ	Cochise	Tier 3
85616	Huachuca City	ΑZ	Cochise	Tier 2
85617	McNeal	AZ	Cochise	Tier 3
85618	Mammoth	AZ	Pinal	Tier 3
85619	Mount Lemmon	ΑZ	Pima	Base Rate
85620	Naco	ΑZ	Cochise	Tier 2
85621	Nogales	AZ	Santa Cruz	Tier 2
85622	Green Valley	ΑZ	Pima	Base Rate
85623	Oracle	ΑZ	Pinal	Tier 3
85624	Patagonia	AZ	Santa Cruz	Tier 2
85625	Pearce	ΑZ	Cochise	Tier 2
85626	Pirtleville	AZ	Cochise	Tier 2
85627	Pomerene	AZ	Cochise	Tier 2
85628	Nogales	AZ	Santa Cruz	Tier 2
85629	Sahuartia	ΑZ	Pima	Base Rate
85630	Saint David	ΑZ	Cochise	Tier 3

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
85631	San Manuel	AZ	Pinal	Tier 3
85632	San Simon	AZ	Cochise	Tier 2
85634	Sells	AZ	Pima	Tier 3
85635	Sierra Vista	AZ	Cochise	Tier 3
85636	Sierra Vista	AZ	Cochise	Tier 2
85637	Sonoita	AZ	Santa Cruz	Tier 2
85638	Tombstone	AZ	Coshise	Tier 3
85639	Topawa	AZ	Pima	Tier 2
85640	Tumacacori	AZ	Santa Cruz	Tier 2
85641	Vail	AZ	Pima	Base Rate
85643	Willcox	AZ	Cochise	Tier 2
85645	Amado	ΑZ	Santa Cruz	Tier 2
85646	Tubac	AZ	Santa Cruz	Tier 2
85648	Rio Rico	AZ	Santa Cruz	Tier 3
85650	Sierra Vista	AZ	Cochise	Base Rate
85652	Cortaro	AZ	Pima	Base Rate
85653	Marana	AZ	Pima	Base Rate
85670	Fort Huachuca	AZ	Cochise	Base Rate
85701	Tucson	AZ	Pima	Base Rate
85702	Tucson	AZ	Pima	Base Rate
85703	Tucson	AZ	Pima	Base Rate
85704	Tucson	AZ	Pima	Base Rate
85705	Tucson	AZ	Pima	Base Rate
85706	Tucson	AZ	Pima	Base Rate
85707	Tucson	AZ	Pima	Base Rate
85708	Tucson	ΑZ	Pima	Base Rate
85710	Tucson	ΑZ	Pima	Base Rate
85711	Tucson	AZ	Pima	Base Rate

ZIP	City	St	County	Tier
85712	Tucson	AZ	Pima	Base Rate
85713	Tucson	ΑZ	Pima	Base Rate
85714	Tucson	ΑZ	Pima	Base Rate
85715	Tucson	AZ	Pima	Base Rate
85716	Tucson	ΑZ	Pima	Base Rate
85717	Tucson	AZ	Pima	Base Rate
85718	Tucson	AZ	Pima	Base Rate
85719	Tucson	ΑZ	Pima	Base Rate
85724	Tucson	ΑZ	Pima	Base Rate
85726	Tucson	ΑZ	Pima	Base Rate
85728	Tucson	ΑZ	Pima	Base Rate
85730	Tucson	ΑZ	Pima	Base Rate
85731	Tucson	AZ	Pima	Base Rate
85732	Tucson	ΑZ	Pima	Base Rate
85733	Tucson	AZ	Pima	Base Rate
85734	Tucson	ΑZ	Pima	Base Rate
85735	Tucson	ΑZ	Pima	Base Rate
85736	Tucson	ΑZ	Pima	Base Rate
85737	Tucson	ΑZ	Pima	Base Rate
85739	Tucson	ΑZ	Pima	Base Rate
85740	Tucson	ΑZ	Pima	Base Rate
85741	Tucson	ΑZ	Pima	Base Rate
85742	Tucson	ΑZ	Pima	Base Rate
85743	Tucson	AZ	Pima	Base Rate
85745	Tucson	ΑZ	Pima	Base Rate
85746	Tucson	ΑZ	Pima	Base Rate
85747	Tucson	AZ	Pima	Base Rate
85748	Tucson	ΑZ	Pima	Base Rate

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
85749	Tucson	ΑZ	Pima	Base Rate
85750	Tucson	AZ	Pima	Base Rate
85751	Tucson	AZ	Pima	Base Rate
85752	Tucson	ΑZ	Pima	Base Rate
85755	Tucson	ΑZ	Pima	Base Rate
85757	Tucson	AZ	Pima	Base Rate
85901	Show Low	ΑZ	Navajo	Tier 3
85902	Show Low	ΑZ	Navajo	Tier 3
85911	Cibecue	AZ	Navajo	Tier 3
85912	White Mountain Lake	ΑZ	Navajo	Tier 3
85920	Alpine	ΑZ	Apache	Tier 3
85922	Blue	AZ	Greenlee	Tier 3
85923	Clay Springs	ΑZ	Navajo	Tier 3
85924	Concho	ΑZ	Apache	Tier 3
85925	Eagar	ΑZ	Apache	Tier 3
85926	Fort Apache	ΑZ	Navajo	Tier 3
85927	Greer	ΑZ	Apache	Tier 3
85928	Heber	ΑZ	Navajo	Tier 3
85929	Lakeside	ΑZ	Navajo	Tier 3
85930	McNary	ΑZ	Apache	Tier 3
85932	Nutrioso	ΑZ	Apache	Tier 3
85933	Overgaard	ΑZ	Navajo	Tier 3
85934	Pinedale	ΑZ	Navajo	Tier 3
85935	Pinetop	ΑZ	Navajo	Tier 3
85936	Saint Johns	ΑZ	Apache	Tier 3
85937	Snowflake	ΑZ	Navajo	Tier 3
85938	Springerville	ΑZ	Apache	Tier 3
85939	Taylor	AZ	Navajo	Tier 3

ZIP	City	St	County	Tier
85940	Vernon	ΑZ	Apache	Tier 3
85941	Whiteriver	ΑZ	Navajo	Tier 3
85942	Woodruff	ΑZ	Navajo	Tier 3
86001	Flagstaff	ΑZ	Coconino	Base Rate
86002	Flagstaff	ΑZ	Coconino	Base Rate
86003	Flagstaff	ΑZ	Coconino	Base Rate
86004	Flagstaff	ΑZ	Coconino	Base Rate
86005	Flagstaff	ΑZ	Coconino	Base Rate
86011	Flagstaff	ΑZ	Coconino	Base Rate
86015	Bellemont	ΑZ	Coconino	Base Rate
86017	Munds Park	ΑZ	Coconino	Base Rate
86018	Parks	ΑZ	Coconino	Base Rate
86020	Cameron	ΑZ	Navajo	Tier 2
86021	Colorado City	ΑZ	Mohave	Tier 3
86022	Fredonia	ΑZ	Coconino	Tier 3
86023	Grand Canyon	ΑZ	Coconino	Tier 2
86024	Happy Jack	ΑZ	Coconino	Tier 2
86025	Holbrook	ΑZ	Navajo	Tier 3
86029	Sun Valley	ΑZ	Navajo	Tier 3
86030	Hotevilla	ΑZ	Navajo	Tier 3
86031	Indian Wells	ΑZ	Navajo	Tier 3
86032	Joseph City	ΑZ	Navajo	Tier 3
86033	Kayenta	ΑZ	Navajo	Tier 3
86034	Keams Canyon	ΑZ	Navajo	Tier 3
86035	Leupp	ΑZ	Coconino	Tier 2
86036	Marble Canyon	ΑZ	Coconino	Tier 3
86038	Mormon Canyon	ΑZ	Coconino	Base Rate
86039	Kykotsmovi Village	AZ	Navajo	Tier 3

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
86040	Page	AZ	Coconino	Tier 3
86042	Polaca	AZ	Navajo	Tier 3
86043	Second Mesa	AZ	Navajo	Tier 3
86044	Tonalea	AZ	Coconino	Tier 3
86045	Tuba City	ΑZ	Coconino	Tier 3
86046	Williams	AZ	Coconino	Tier 3
86047	Winslow	AZ	Navajo	Tier 3
86053	Kaibito	ΑZ	Coconino	Tier 3
86054	Shoton	AZ	Navajo	Tier 3
86301	Prescott	AZ	Yavapai	Base Rate
86302	Prescott	AZ	Yavapai	Base Rate
86303	Prescott	AZ	Yavapai	Base Rate
86304	Prescott	AZ	Yavapai	Base Rate
86305	Prescott	AZ	Yavapai	Base Rate
86312	Prescott Valley	AZ	Yavapai	Base Rate
86314	Prescott Valley	AZ	Yavapai	Base Rate
86320	Ash Fork	AZ	Yavapai	Tier 3
86321	Bagdad	AZ	Yavapai	Tier 3
86322	Camp Verde	AZ	Yavapai	Base Rate
86323	Chino Valley	AZ	Yavapai	Base Rate
86324	Clarkdale	AZ	Yavapai	Base Rate
86325	Cornville	AZ	Yavapai	Base Rate
86326	Cottonwood	AZ	Yavapai	Base Rate
86327	Dewey	AZ	Yavapai	Base Rate
86329	Humboldt	AZ	Yavapai	Base Rate
86332	Kirkland	ΑZ	Yavapai	Tier 2
86333	Mayer	AZ	Yavapai	Base Rate

ZIP	City	St	County	Tier
86334	Paulden	AZ	Yavapai	Tier 3
86335	Rimrock	AZ	Yavapai	Base Rate
86336	Sedona	AZ	Coconino	Base Rate
86337	Seligman	AZ	Yavapai	Tier 2
86338	Skull Valley	AZ	Yavapai	Tier 3
86339	Sedona	AZ	Coconino	Base Rate
86340	Sedona	AZ	Coconino	Base Rate
86341	Sedona	AZ	Coconino	Base Rate
86342	Lake Montezuma	AZ	Yavapai	Base Rate
86343	Crown King	AZ	Yavapai	Tier 2
86351	Sedona	AZ	Coconino	Tier 2
86401	Kingman	AZ	Mohave	Tier 3
86402	Kingman	AZ	Mohave	Tier 3
86403	Lake Havasu City	AZ	Mohave	Tier 3
86404	Lake Havasu City	AZ	Mohave	Tier 3
86405	Lake Havasu City	AZ	Mohave	Tier 3
86406	Lake Havasu City	AZ	Mohave	Tier 3
86409	Kingman	AZ	Mohave	Tier 3
86413	Golden Valley	AZ	Mohave	Tier 3
86426	Fort Mohave	AZ	Mohave	Tier 3
86427	Fort Mohave	AZ	Mohave	Tier 3
86429	Bullhead City	AZ	Mohave	Tier 3
86430	Bullhead City	AZ	Mohave	Tier 3
86432	Littlefield	ΑZ	Mohave	Tier 3
86433	Oatman	ΑZ	Mohave	Tier 3
86434	Peach Springs	ΑZ	Mohave	Tier 3
86435	Suapai	AZ	Coconino	Tier 3

Appendix 2Listing of Tier Assignment by Zip Code

ZIP	City	St	County	Tier
86436	Topock	AZ	Mohave	Tier 3
86438	Yucca	ΑZ	Mohave	Tier 3
86439	Bullhead City	AZ	Mohave	Tier 3
86440	Mohave Valley	AZ	Mohave	Tier 3
86441	Dolan Springs	AZ	Mohave	Tier 3
86442	Bullhead City	AZ	Mohave	Tier 3
86444	Meadview	AZ	Mohave	Tier 3
86502	Chambers	AZ	Apache	Tier 3
86503	Chinle	AZ	Apache	Tier 3
86504	Fort Defiance	AZ	Apache	Tier 3
86505	Ganado	AZ	Apache	Tier 3
86506	Houck	AZ	Apache	Tier 3
86507	Lukachukai	AZ	Apache	Tier 3
86508	Lupton	ΑZ	Apache	Tier 3

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

Appendix 3

Listing of Urban-Rural Assignments by County

General Definition

Applies to:

- Day Treatment and Training Services
- Room & Board, All Group Homes
- 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