

Division of Developmental Disabilities

# **RATE BOOK**

### **Effective Date**

January 1, 2025

### **Revision Date**

January 1, 2025

### **Division of Developmental Disabilities**

1789 W Jefferson St. Phoenix, AZ 85007

### Arizona Department of Economic Security, Division of Developmental Disabilities

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### Introduction

### **Purpose of This Schedule**

This schedule contains the rates for services with dates of service on or after January 1, 2025. 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.

Summary of Changes

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

### January 1, 2025

- Updated Incentive Funding qualifications for Behavioral-Supported Group Homes.
- Updated approval process for enhanced transportation rates.
- Added Preventing Abuse, Neglect, and Exploitation Training reimbursement and process.
- Updated Services to align with RFQVA DDD-2024
  - Added rates for new service, Pathways to Employment.
  - Removed rates for Transition to Employment and Career Preparation and Readiness.
  - Changed service name for "Individually Designed Living Arrangement" to "Supported Living".
  - Changed service names for Day Treatment and Training, Adult and Day Treatment and Training, Children (After School) to Day Services, Adult and Day Services, Child.
  - Removed rates for Day Treatment and Training, Children (Summer).

Summarized Listing of Rates by Service

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2025 Adopted Rate
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	\$6.21
T2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	\$7.21
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	\$5.63
S5150	RSP	Statewide	Respite	Per 15 Minutes	\$6.11
S5151	RSD	Statewide	Respite, Daily	Day	\$473.72
HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2025 Adopted Rate
T2017	HAI	Statewide	Habilitation, Supported Living, Hourly	Per 15 Minutes	\$7.57
T2016	HID	Statewide	Habilitation, Supported Living, Daily	Day	\$30.02

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2025 Adopted Rate
T2021	DTA	Statewide	Day Services, Adult (1:3.5)	Per 15 Minutes	\$3.16
T2021	DTA	Statewide	Day Services, Adult (1:5.5)	Per 15 Minutes	\$2.38
T2021	DTA	Statewide	Day Services, Adult (1:7.5)	Per 15 Minutes	\$2.02
T2021	DTT	Statewide	Day Services, Child (1:3.5)	Per 15 Minutes	\$3.51
T2021	DTT	Statewide	Day Services, Child (1:5.5)	Per 15 Minutes	\$2.78
T2021	DTT	Statewide	Day Services, Child (1:7.5)	Per 15 Minutes	\$2.46
T2021	DTA	Statewide	Day Services, Adult - Rural (1:3.5)	Per 15 Minutes	\$3.43
T2021	DTA	Statewide	Day Services, Adult - Rural (1:5.5)	Per 15 Minutes	\$2.58
T2021	DTA	Statewide	Day Services, Adult - Rural (1:7.5)	Per 15 Minutes	\$2.16

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2025 Adopted Rate
T2021	DTT	Statewide	Day Services, Child - Rural (1:3.5)	Per 15 Minutes	\$3.87
T2021	DTT	Statewide	Day Services, Child (1:5.5)	Per 15 Minutes	\$3.20
T2021	DTT	Statewide	Day Services, Child (1:7.5)	Per 15 Minutes	\$2.91
T2021	DTA	Statewide	Day Services, Adult (1:1)	Per 15 Minutes	\$9.48
T2021	DTA	Statewide	Day Services, Adult (1:2)	Per 15 Minutes	\$4.76
T2021	DTA	Statewide	Day Services, Adult (2:1)	Per 15 Minutes	\$18.96

HCPCS	Service Code	Statewide or Flagstaff	Sign Language or Oral Interpretive Service Description	Unit of Service	01/01/2025 Adopted Rate
T1013	T1013	Statewide	Sign Language or Oral Interpretive Services	Per 15 Minutes	\$24.76

HCPCS	Service Code	Statewide or Flagstaff	Developmental Home Services Description	Unit of Service	01/01/2025 Adopted Rate
T2016	HBA	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	01/01/2025 Adopted Rate
T2016	HPD	Statewide	Habilitation, Community Protection and Treatment Group Home	Day	\$37.61
T2016	НАВ	Statewide	Habilitation, Group Home, Residents: 1	Day	\$24.13
T2016	НАВ	Statewide	Habilitation, Group Home, Residents: 2	Day	\$25.25
T2016	НАВ	Statewide	Habilitation, Group Home, Residents: 3+	Day	\$28.20
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home, Level I	Day	\$474.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home, Level II	Day	\$561.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home, Level III	Day	\$625.39
A9270	RRB	Statewide	Room and Board, All Group Homes (Maricopa/Urban) 3BR	Day	\$23.58
A9270	RRB	Statewide	Room and Board, All Group Homes (Maricopa/Urban) 4BR	Day	\$21.01
A9270	RRB	Statewide	Room and Board, All Group Homes (Pima/Urban) 3BR	Day	\$21.73
A9270	RRB	Statewide	Room and Board, All Group Homes (Pima/Urban) 4BR	Day	\$19.45
A9270	RRB	Statewide	Room and Board, All Group Homes (Yuma/Rural) 3BR	Day	\$21.02
A9270	RRB	Statewide	Room and Board, All Group Homes (Yuma/Rural) 4BR	Day	\$18.38

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2025 Adopted Rate		
T1021	HHA	Statewide	Home Health Aide	Per Visit	\$48.13		
T1021	ННА	Statewide	Licensed Health Aide (LHA)	Per Visit	\$70.03		
G0299	G0300/G0299	Statewide	Nursing Visit (RN)	15 Minutes*	\$50.00		
G0299	G0300/G0299	Statewide	Nursing Visit (RN)	Per 15 Minutes	\$29.44		
G0300	G0300	Statewide	Nursing Visit (LPN)	15 Minutes*	\$43.86		
G0300	G0300	Statewide	Nursing Visit (LPN)	Per 15 Minutes	\$25.80		
G0299	G0300/G0299	Statewide	Nursing, Intermittent (RN)	15 Minutes*	\$50.00		
G0299	G0300/G0299	Statewide	Nursing, Intermittent (RN)	Per 15 Minutes	\$29.44		
G0300	G0300	Statewide	Nursing, Intermittent (LPN)	15 Minutes*	\$43.86		
G0300	G0300	Statewide	Nursing, Intermittent (LPN)	Per 15 Minutes	\$25.80		
S9123	S9123/S9124	Statewide	Nursing, Continuous (RN)	Per Hour	\$64.63		
S9124	S9124	Statewide	Nursing, Continuous (LPN)	Per Hour	\$48.73		
S5150	HNR	Statewide	Nursing, Respite (RN)	Per 15 Minutes	\$16.16		
S5150	HNR	Statewide	Nursing, Respite (LPN)	Per 15 Minutes	\$12.19		
S5150	HNR	Statewide	LHA, Respite	Per 15 Minutes	\$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			
15 min	\$29.44	\$50.00	1	\$29.44			
30 min	\$29.44	\$29.44	2	\$58.88			
45 min	\$29.44	\$29.44	3	\$88.32			
60 min	\$29.44	\$29.44	4	\$117.76			

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2025 Adopted Rate
97535	ΟΤΑ	Statewide	Occupational Therapy (Clinic, Base Rate)	Occupational Therapy (Clinic, Base Rate) Per 15 Minutes	
97535	ΟΤΑ	Statewide	Occupational Therapy (Natural, Base Rate)	Occupational Therapy (Natural, Base Rate) Per 15 Minutes	
97535	ΟΤΑ	Statewide	Occupational Therapy (Teletherapy, Base Rate)	Per 15 Minutes	\$23.64
97166	OEA	Statewide	Occupational Therapy Evaluation (Clinic)	Occupational Therapy Evaluation (Clinic) Per Evaluation	
97166	OEA	Statewide	Occupational Therapy Evaluation (Natural)	Per Evaluation	\$196.24
97166	OEA	Statewide	Occupational Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
97535	ΟΤΑ	Statewide	Occupational Therapy Assistant (Clinic, Base Rate)	Rate) Per 15 Minutes	
97535	ΟΤΑ	Statewide	Occupational Therapy Assistant (Natural, Base Rate) Per 15 Minutes		\$28.13
97535	ΟΤΑ	Statewide	Occupational Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description Unit of Service		01/01/2025 Adopted Rate
97530	ΡΤΑ	Statewide	Physical Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06
97530	ΡΤΑ	Statewide	Physical Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59
97530	ΡΤΑ	Statewide	Physical Therapy (Teletherapy, Base Rate)	Per 15 Minutes	\$23.64
97001	PEA	Statewide	Physical Therapy Evaluation (Clinic)	Per Evaluation	\$175.52
97001	PEA	Statewide	Physical Therapy Evaluation (Natural)	Per Evaluation	\$196.24
97161	PEA	Statewide	Physical Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
97530	ΡΤΑ	Statewide	Physical Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70
97530	ΡΤΑ	Statewide	Physical Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13
97530	ΡΤΑ	Statewide	Physical Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2025 Adopted Rate
92507	STA	Statewide	Speech Therapy (Clinic, Base Rate)	Per Visit	\$92.24
92507	STA	Statewide	Speech Therapy (Natural, Base Rate)	Speech Therapy (Natural, Base Rate) Per Visit	
92507	STA	Statewide	Speech Therapy (Teletherapy, Base Rate)	Per Visit	\$94.56
92526	92526	Statewide	Feeding Therapy (Teletherapy, Base Rate)	Per Visit	\$94.56
92506	SEA	Statewide	Speech Therapy Evaluation (Clinic)	Per Evaluation	\$175.52
92506	SEA	Statewide	Speech Therapy Evaluation (Natural)	Per Evaluation	\$196.24
92623	SEA	Statewide	Speech Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
92610	SEA	Statewide	Speech Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
92507	STA	Statewide	Speech Language Pathology Assistant (Clinic)	Per Visit	\$78.80
92507	STA	Statewide	Speech Language Pathology Assistant (Natural)	Per Visit	\$112.52
92507	STA	Statewide	Speech Language Pathology Assistant (Teletherapy)	Teletherapy) Per Visit	
92526	92526	Statewide	Feeding Therapy Assistant (Teletherapy)	Per Visit	\$80.48
S5181	RP1	Statewide	Respiratory Therapy (Natural)	Per Day	\$52.40

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description	Unit of Service	01/01/2025 Adopted Rate
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:6)	Per 15 Minutes	\$1.76
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:6)	Per 15 Minutes	\$1.89
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:5)	Per 15 Minutes	\$2.12
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:5)	Per 15 Minutes	\$2.27
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:4)	Per Evaluation	\$2.65
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:4)	Per Evaluation	\$2.84
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:3)	Per 15 Minutes	\$3.53
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:3)	Per 15 Minutes	\$3.78
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:2)	Per 15 Minutes	\$5.30
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:2)	Per 15 Minutes	\$5.67
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:1)	Per 15 Minutes	\$10.60
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:1)	Per 15 Minutes	\$11.35
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:2)	Per 15 Minutes	\$6.28
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:2)	Per 15 Minutes	\$6.65
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:3)	Per 15 Minutes	\$4.43
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:3)	Per 15 Minutes	\$4.82
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:4)	Per 15 Minutes	\$3.49

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description Unit of Service		01/01/2025 Adopted Rate
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:4)	Per 15 Minutes	\$3.90
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:5)	Per 15 Minutes	\$2.93
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:5)	Per Evaluation	\$3.35
T2019	GSE	Statewide	Group Supported Employment (Urban) (1:6)	Per Evaluation	\$2.56
T2019	GSE	Statewide	Group Supported Employment (Rural) (1:6)	Per 15 Minutes	\$2.98
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching (Urban)	Per 15 Minutes	\$11.91
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching (Rural)	Per 15 Minutes	\$14.07
T2019	ISE	Statewide	Individual Supported Employment, Job Development (Urban)	Per 15 Minutes	\$11.03
T2019	ISE	Statewide	Individual Supported Employment, Job Development (Rural)	Per 15 Minutes	\$11.49
T2019	ESA	Statewide	Employment Support Aide - GSE/ISE (Urban)	Per 15 Minutes	\$9.08
T2019	ESA	Statewide	Employment Support Aide - GSE/ISE (Rural)	Per 15 Minutes	\$10.62
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 1	Per 15 Minutes	\$10.13
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 1	Per 15 Minutes	\$11.29
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 2	Per 15 Minutes	\$5.06
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 2	Per 15 Minutes	\$5.64
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 3	Per 15 Minutes	\$3.37
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 3	Per 15 Minutes	\$3.76
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 4	Per 15 Minutes	\$2.54
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 4	Per 15 Minutes	\$2.82

HCPC	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	01/01/2025 Adopted Rate
T2017	HAM	Statewide	Habilitation with Music Therapy	Per 15 Minutes	\$11.87

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description Unit of S		01/01/2025 Adopted Rate
A0120	TRA	Statewide	Regular Scheduled Daily Transportation (Day Program)	Per Trip	\$14.73
A0120	TRE	Statewide	Regular Scheduled Daily Transportation (Employment Program)	egular Scheduled Daily Transportation (Employment Program) Per Trip	
A0120	TRE	Statewide	Regular Scheduled Daily Transportation, Rural (Employment Program)	Per Trip	\$25.33
A0120	TRA	Statewide	Regular Scheduled Daily Transportation, Rural (Day Program)	egular Scheduled Daily Transportation, Rural (Day Program) Per Trip	
A0120	TRA	Statewide	Single Person Modified Rate, Urban Per Trip		\$34.29
A0120	TRA	Statewide	Single Person Modified Rate, Rural	Per Trip	\$46.44
A0120	TRA	Statewide	Extensive Distance Modified Rate, Urban	Per Trip	\$52.66
A0120	TRA	Statewide	Extensive Distance Modified Rate, Rural	Per Trip	\$52.66
A0120	TRE	Statewide	Single Person Modified Rate, Urban	Per Trip	\$34.29
A0120	TRE	Statewide	Single Person Modified Rate, Rural	Per Trip	\$46.44
A0120	TRE	Statewide	Extensive Distance Modified Rate, Urban	Per Trip	\$52.66
A0120	TRE	Statewide	Extensive Distance Modified Rate, Rural	Per Trip	\$52.66

HCPCS	Service Code	Statewide or Flagstaff	Home Based Services Description	Unit of Service	01/01/2025 Adopted Rate
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	\$7.11
T2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	\$8.17
S5130	HSK	Flagstaff	Homemaker Per 15 Minutes		\$6.49
S5150	RSP	Flagstaff	Respite	Per 15 Minutes	\$7.00
S5151	RSD	Flagstaff	Respite, Daily	Day	\$528.28
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	\$56.38
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	\$82.02
T2017	ECH	Flagstaff	Habilitation, Early Childhood Autism Spec Hourly Habilitation	Per 15 Minutes	\$6.74
HCPCS	Service Code	Statewide or Flagstaff	Independent Living Services Description	Unit of Service	01/01/2025 Adopted Rate
T2017	HAI	Flagstaff	Habilitation, Supported Living, Hourly	Per 15 Minutes	\$8.30
T2016	HID	Flagstaff	Habilitation, Supported Living, Daily	Day	\$31.33
T2016	HAB	Flagstaff	Habilitation, Group Home, Residents: 1	Day	\$27.19
T2016	HAB	Flagstaff	Habilitation, Group Home, Residents: 2	Habilitation, Group Home, Residents: 2 Day	
T2016	НАВ	Flagstaff	Habilitation, Group Home, Residents: 3+	Day	\$31.32

HCPCS	Service Code	Statewide or Flagstaff	Day Services Description	Day Services Description Unit of Service	
T2021	DTA	Flagstaff	Day Services, Adult (1:3.5)	Per 15 Minutes	\$3.42
T2021	DTA	Flagstaff	Day Services, Adult (1:5.5)	Per 15 Minutes	\$2.54
T2021	DTA	Flagstaff	Day Services, Adult (1:7.5)	Per 15 Minutes	\$2.14
T2021	DTA	Flagstaff	Day Services, Adult (1:1)	Per 15 Minutes	\$10.25
T2021	DTA	Flagstaff	Day Services, Adult (1:2)	Per 15 Minutes	\$5.14
T2021	DTA	Flagstaff	Day Services, Adult (2:1)	Per 15 Minutes	\$20.49
T2021	DTT	Flagstaff	Day Services, Child (1:3.5)	Per 15 Minutes	\$3.77
T2021	DTT	Flagstaff	Day Services, Child (1:5.5)	Per 15 Minutes	\$2.95
T2021	DTT	Flagstaff	Day Services, Child (1:7.5)	Per 15 Minutes	\$2.58
HCPCS	Service Code	Statewide or Flagstaff	Developmental Home Services Description	Unit of Service	01/01/2025 Adopted Rate
T2016	HBA	Flagstaff	Habilitation, Vendor Supported Developmental Home (Adult)	Per Day	\$148.57
T2016	HBC	Flagstaff	Habilitation, Vendor Supported Developmental Home (Child)	ilitation, Vendor Supported Developmental Home (Child) Per Day	
A9270	RBD	Flagstaff	Room and Board, Vendor Supported Developmental Home	Per Day	\$14.58

HCPCS	Service Code	Statewide or Flagstaff	Day Services Description Unit of Service		01/01/2025 Adopted Rate		
T2016	HPD	Flagstaff	Habilitation, Community Protection and Treatment Group Home	Day	\$37.61		
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home, Level I	Habilitation, Nursing Supported Group Home, Level I Day			
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home, Level II	Habilitation, Nursing Supported Group Home, Level II Day			
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home, Level III	Day	\$638.23		
A9270	RRB	Flagstaff	agstaff Room and Board, All Group Homes 3BR Day		\$24.08		
A9270	RRB	Flagstaff	Room and Board, All Group Homes 4BR	Day	\$21.45		

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2025 Adopted Rate
G0299	G0300 G0299	Flagstaff	Nursing Visit (RN)	15 Minutes*	\$50.00
G0299	G0300 G0299	Flagstaff	Nursing Visit (RN)	Per 15 Minutes	\$29.44
G0300	G0300	Flagstaff	Nursing Visit (LPN)	15 Minutes*	\$43.86
G0300	G0300	Flagstaff	Nursing Visit (LPN)	Per 15 Minutes	\$25.80
G0299	G0300 G0299	Flagstaff	Nursing, Intermittent (RN)	15 Minutes*	\$50.00
G0299	G0300 G0299	Flagstaff	Nursing, Intermittent (RN)	Per 15 Minutes	\$29.44
G0300	G0300	Flagstaff	Nursing, Intermittent (LPN)	15 Minutes*	\$43.86
G0300	G0300	Flagstaff	Nursing, Intermittent (LPN)	Per 15 Minutes	\$25.80
S9123	S9123 S9124	Flagstaff	Nursing, Continuous (RN)	Per Hour	\$64.63
S9124	S9124	Flagstaff	Nursing, Continuous (LPN)	Per Hour	\$48.73
S5150	HNR	Flagstaff	Nursing, Respite (RN)	Per 15 Minutes	\$16.16
S5150	HNR	Flagstaff	Nursing, Respite (LPN)	Per 15 Minutes	\$12.19
S5150	HNR	Flagstaff	LHA, Respite	Per 15 Minutes	\$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	01/01/2025 Adopted Rate
97535	ΟΤΑ	Flagstaff	Occupational Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06
97535	ΟΤΑ	Flagstaff	Occupational Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59
97535	ΟΤΑ	Flagstaff	Occupational Therapy (Teletherapy, Base Rate)	Per 15 Minutes	\$23.64
97166	OEA	Flagstaff	Occupational Therapy Evaluation (Clinic)	Per Evaluation	\$175.52
97166	OEA	Flagstaff	Occupational Therapy Evaluation (Natural)	Per Evaluation	\$196.24
97166	OEA	Flagstaff	Occupational Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
97535	ΟΤΑ	Flagstaff	Occupational Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70
97535	ΟΤΑ	Flagstaff	Occupational Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13
97535	ΟΤΑ	Flagstaff	Occupational Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2025 Adopted Rate
97530	ΡΤΑ	Flagstaff	Physical Therapy (Clinic, Base Rate)	Per 15 Minutes	\$23.06
97530	РТА	Flagstaff	Physical Therapy (Natural, Base Rate)	Per 15 Minutes	\$30.59
97530	РТА	Flagstaff	Physical Therapy (Teletherapy, Base Rate)	Per 15 Minutes	\$23.64
97162	PEA	Flagstaff	Physical Therapy Evaluation (Clinic)	Per Evaluation	\$175.52
97162	PEA	Flagstaff	Physical Therapy Evaluation (Natural)	Per Evaluation	\$196.24
97161	PEA	Flagstaff	Physical Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
97530	РТА	Flagstaff	Physical Therapy Assistant (Clinic, Base Rate)	Per 15 Minutes	\$19.70
97530	РТА	Flagstaff	Physical Therapy Assistant (Natural, Base Rate)	Per 15 Minutes	\$28.13
97530	ΡΤΑ	Flagstaff	Physical Therapy Assistant (Teletherapy, Base Rate)	Per 15 Minutes	\$20.12

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	01/01/2025 Adopted Rate
92507	STA	Flagstaff	Speech Therapy (Clinic, Base Rate)	Per Visit	\$92.24
92507	STA	Flagstaff	Speech Therapy (Natural, Base Rate)	Per Visit	\$122.32
92507	STA	Flagstaff	Speech Therapy (Teletherapy, Base Rate)	Per Visit	\$94.56
92526	92526	Flagstaff	Feeding Therapy (Teletherapy, Base Rate)	Per Visit	\$94.56
92523	SEA	Flagstaff	Speech Therapy Evaluation (Clinic)	Per Evaluation	\$175.52
92523	SEA	Flagstaff	Speech Therapy Evaluation (Natural)	Per Evaluation	\$196.24
92523	SEA	Flagstaff	Speech Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
92610	92610	Flagstaff	Feeding Therapy Evaluation (Teletherapy)	Per Evaluation	\$179.97
92507	STA	Flagstaff	Speech Language Pathology Assistant (Clinic)	Per Visit	\$78.80
92507	STA	Flagstaff	Speech Language Pathology Assistant (Natural)	Per Visit	\$112.52
92507	STA	Flagstaff	Speech Language Pathology Assistant (Teletherapy)	Per Visit	\$80.48
92526	92526	Flagstaff	Feeding Therapy Assistant (Teletherapy)	Per Visit	\$80.48
S5181	RP1	Flagstaff	Respiratory Therapy (Clinic)	Per Day	\$40.68
S5181	RP1	Flagstaff	Respiratory Therapy (Natural)	Per Day	\$52.40

HCPCS	Service Code	Statewide or Flagstaff	Employment Support Services Description	Unit of Service	01/01/2025 Adopted Rate
T2019	GSE	Flagstaff	Group Supported Employment (1:2)	Per 15 Minutes	\$6.38
T2019	GSE	Flagstaff	Group Supported Employment (1:3)	Per 15 Minutes	\$4.49
T2019	GSE	Flagstaff	Group Supported Employment (1:4)	Per 15 Minutes	\$3.57
T2019	GSE	Flagstaff	Group Supported Employment (1:5)	Per 15 Minutes	\$2.94
T2019	GSE	Flagstaff	Group Supported Employment (1:6)	Per 15 Minutes	\$2.63
T2019	ISE	Flagstaff	Individual Supported Employment, Job Coaching	Per 15 Minutes	\$12.82
T2019	ISE	Flagstaff	Individual Supported Employment, Job Development	Per 15 Minutes	\$12.34
T2019	ESA	Flagstaff	Employment Support Aide - GSE/ISE	Per 15 Minutes	\$10.62
T2019	PTW	Flagstaff	Pathways to Employment, Urban (High Density): 1	Per 15 Minutes	\$10.22
T2019	PTW	Flagstaff	Pathways to Employment, Urban (High Density): 2	Per 15 Minutes	\$5.11
T2019	PTW	Flagstaff	Pathways to Employment, Urban (High Density): 3	Per 15 Minutes	\$3.41
T2019	PTW	Flagstaff	Pathways to Employment, Urban (High Density): 4	Per 15 Minutes	\$2.56

HCPCS	Service Code	Statewide or Flagstaff	Specialized Habilitation Services Description	Unit of Service	01/01/2025 Adopted Rate
T2017	HAM	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	\$11.87

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description	Unit of Service	01/01/2025 Adopted Rate
A0120	TRA	Flagstaff	Regular Scheduled Daily Transportation (Day Program)	Per Trip	\$25.33
A0120	TRE	Flagstaff	Regular Scheduled Daily Transportation (Employment Program)	Per Trip	\$25.33
A0120	TRA	Flagstaff	Single Person Modified Rate	Per Trip	\$34.29
A0120	TRA	Flagstaff	Extensive Distance Modified Rate	Per Trip	\$52.66
A0120	TRE	Flagstaff	Single Person Modified Rate	Per Trip	\$34.29
A0120	TRE	Flagstaff	Extensive Distance Modified Rate	Per Trip	\$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.

**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 Provided8 hoursServices Billed32 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					

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	1	\$6.21
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	2	\$3.88
S5125	ATC	Statewide	Attendant Care	Per 15 Minutes	3	\$3.10
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	1	\$7.11
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	2	\$4.45
S5125	ATC	Flagstaff	Attendant Care	Per 15 Minutes	3	\$3.55

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
H2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	1	\$7.21
H2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	2	\$4.50
H2017	НАН	Statewide	Habilitation, Support	Per 15 Minutes	3	\$3.60
H2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	1	\$8.17
H2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	2	\$5.11
H2017	НАН	Flagstaff	Habilitation, Support	Per 15 Minutes	3	\$4.08

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S5130	НЅК	Statewide	Homemaker	Per 15 Minutes	1	\$5.63
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	2	\$3.52
S5130	HSK	Statewide	Homemaker	Per 15 Minutes	3	\$2.81
S5130	HSK	Flagstaff	Homemaker	Per 15 Minutes	1	\$6.49
S5130	HSK	Flagstaff	Homemaker	Per 15 Minutes	2	\$4.06
S5130	НЅК	Flagstaff	Homemaker	Per 15 Minutes	3	\$3.24
S5150	RSP	Statewide	Respite, Hourly	Per 15 Minutes	1	\$6.11
S5150	RSP	Statewide	Respite, Hourly	Per 15 Minutes	2	\$3.82
S5150	RSP	Statewide	Respite, Hourly	Per 15 Minutes	3	\$3.05
S5150	RSP	Flagstaff	Respite, Hourly	Per 15 Minutes	1	\$7.00
S5150	RSP	Flagstaff	Respite, Hourly	Per 15 Minutes	2	\$4.37
S5150	RSP	Flagstaff	Respite, Hourly	Per 15 Minutes	3	\$3.50

HCPCS	Service Code	Statewide or Flagstaff	Home Based Service Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S5151	RSD	Statewide	Respite, Daily	Day	1	\$473.72
S5151	RSD	Statewide	Respite, Daily	Day	2	\$296.51
\$5151	RSD	Statewide	Respite, Daily	Day	3	\$236.42
\$5151	RSD	Flagstaff	Respite, Daily	Day	1	\$528.28
S5151	RSD	Flagstaff	Respite, Daily	Day	2	\$330.61
S5151	RSD	Flagstaff	Respite, Daily	Day	3	\$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, Supported Living 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, Supported Living 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, Supported Living 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	01/01/2025 Adopted Rate
T2017	HAI	Statewide	Habilitation, Supported Living	Per 15 Minutes	1	\$7.57
T2017	HAI	Statewide	Habilitation, Supported Living	Per 15 Minutes	2	\$4.73
T2017	HAI	Statewide	Habilitation, Supported Living	Per 15 Minutes	3	\$3.78
T2017	HID	Statewide	Habilitation, Supported Living, Daily	Day	1	\$30.02
T2017	HAI	Flagstaff	Habilitation, Supported Living	Per 15 Minutes	1	\$8.30
T2017	HAI	Flagstaff	Habilitation, Supported Living	Per 15 Minutes	2	\$5.19
T2017	HAI	Flagstaff	Habilitation, Supported Living	Per 15 Minutes	3	\$4.15
T2016	HID	Flagstaff	Habilitation, Supported Living, Daily	Day	1	\$31.33

HCPCS	Service Code	Independent Living Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	1	16	20	29.99	1	\$85.77	\$89.51
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	1	16	20	29.99	2	\$42.88	\$44.75
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	1	16	20	29.99	3	\$28.59	\$29.83
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	1	16	20	29.99	4	\$21.44	\$22.37
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	1	16	20	29.99	5	\$17.15	\$17.90
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	1	16	20	29.99	6	\$14.29	\$14.91
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	2	30	40	49.99	1	\$171.54	\$179.02
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	2	30	40	49.99	2	\$85.78	\$89.52
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	2	30	40	49.99	3	\$57.18	\$59.67
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	2	30	40	49.99	4	\$42.89	\$44.76
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	2	30	40	49.99	5	\$34.30	\$35.80
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	3	50	60	69.99	1	\$257.31	\$268.54
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	3	50	60	69.99	2	\$128.65	\$134.27
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	3	50	60	69.99	3	\$85.79	\$89.53
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	3	50	60	69.99	4	\$64.32	\$67.13
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	3	50	60	69.99	5	\$51.46	\$53.70
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	3	50	60	69.99	6	\$42.90	\$44.77
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	4	70	80	89.99	1	\$343.08	\$358.05
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	4	70	80	89.99	2	\$171.55	\$179.03
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	4	70	80	89.99	3	\$114.36	\$119.35
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	4	70	80	89.99	4	\$85.80	\$89.54
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	4	70	80	89.99	5	\$68.61	\$71.61
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	5	90	100	109.99	1	\$428.85	\$447.57
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	5	90	100	109.99	2	\$214.42	\$223.78
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	5	90	100	109.99	3	\$142.95	\$149.19
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	5	90	100	109.99	4	\$107.21	\$111.89
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	5	90	100	109.99	5	\$85.81	\$89.55
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	5	90	100	109.99	6	\$71.47	\$74.59
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	6	110	120	129.99	1	\$514.62	\$537.08
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	6	110	120	129.99	2	\$257.32	\$268.55
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	6	110	120	129.99	3	\$171.56	\$179.04
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	6	110	120	129.99	4	\$128.66	\$134.28
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	6	110	120	129.99	5	\$102.92	\$107.41
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	7	130	140	149.99	1	\$600.40	\$626.60
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	7	130	140	149.99	2	\$300.20	\$313.30
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	7	130	140	149.99	3	\$200.13	\$208.86
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	7	130	140	149.99	4	\$150.10	\$156.65
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	7	130	140	149.99	5	\$120.08	\$125.32
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	7	130	140	149.99	6	\$100.06	\$104.43
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	8	150	160	169.99	1	\$686.17	\$716.11
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	8	150	160	169.99	2	\$343.09	\$358.06
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	8	150	160	169.99	3	\$228.72	\$238.70
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	8	150	160	169.99	4	\$171.57	\$179.05
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	8	150	160	169.99	5	\$137.23	\$143.22
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	9	170	180	189.99	1	\$771.94	\$805.62
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	9	170	180	189.99	2	\$385.97	\$402.81
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	9	170	180	189.99	3	\$257.33	\$268.56
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	9	170	180	189.99	4	\$192.98	\$201.40
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	9	170	180	189.99	5	\$154.38	\$161.12
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	9	170	180	189.99	6	\$128.67	\$134.29
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	10	190	200	209.99	1	\$857.71	\$895.14
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	10	190	200	209.99	2	\$428.86	\$447.58
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	10	190	200	209.99	3	\$285.90	\$298.38
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	10	190	200	209.99	4	\$214.43	\$223.79
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	10	190	200	209.99	5	\$171.58	\$179.06
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	11	210	220	229.99	1	\$943.48	\$984.65
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	11	210	220	229.99	2	\$471.74	\$492.32
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	11	210	220	229.99	3	\$314.49	\$328.21
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	11	210	220	229.99	4	\$235.87	\$246.16
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	11	210	220	229.99	5	\$188.69	\$196.93
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	11	210	220	229.99	6	\$157.24	\$164.10
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	12	230	240	249.99	1	\$1,016.91	\$1,061.82
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	12	230	240	249.99	2	\$514.63	\$537.09
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	12	230	240	249.99	3	\$343.10	\$358.07
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	12	230	240	249.99	4	\$257.34	\$268.57
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	12	230	240	249.99	5	\$205.85	\$214.83
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	13	250	260	269.99	1	\$1,101.65	\$1,150.31
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	13	250	260	269.99	2	\$557.51	\$581.84
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	13	250	260	269.99	3	\$371.67	\$387.89
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	13	250	260	269.99	4	\$278.75	\$290.92
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	13	250	260	269.99	5	\$223.00	\$232.73
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	13	250	260	269.99	6	\$185.83	\$193.94
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	14	270	280	289.99	1	\$1,186.40	\$1,238.80
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	14	270	280	289.99	2	\$600.41	\$626.61
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	14	270	280	289.99	3	\$400.26	\$417.73
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	14	270	280	289.99	4	\$300.21	\$313.31
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	14	270	280	289.99	5	\$240.16	\$250.64
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	15	290	300	309.99	1	\$1,271.14	\$1,327.28
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	15	290	300	309.99	2	\$643.28	\$671.35
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	15	290	300	309.99	3	\$428.87	\$447.59
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	15	290	300	309.99	4	\$321.64	\$335.67
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	15	290	300	309.99	5	\$257.35	\$268.58
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	15	290	300	309.99	6	\$214.44	\$223.80
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	16	310	320	329.99	1	\$1,355.88	\$1,415.77
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	16	310	320	329.99	2	\$686.18	\$716.12
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	16	310	320	329.99	3	\$457.44	\$477.40
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	16	310	320	329.99	4	\$343.11	\$358.08
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	16	310	320	329.99	5	\$274.46	\$286.44
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	17	330	340	349.99	1	\$1,440.62	\$1,504.25
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	17	330	340	349.99	2	\$729.05	\$760.87
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	17	330	340	349.99	3	\$486.03	\$507.24
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	17	330	340	349.99	4	\$364.52	\$380.43
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	17	330	340	349.99	5	\$291.62	\$304.34
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	17	330	340	349.99	6	\$243.01	\$253.62
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	18	350	360	369.99	1	\$1,525.37	\$1,592.74
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	18	350	360	369.99	2	\$771.95	\$805.63
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	18	350	360	369.99	3	\$514.64	\$537.10
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	18	350	360	369.99	4	\$385.98	\$402.82
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	18	350	360	369.99	5	\$308.77	\$322.25
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	19	370	380	389.99	1	\$1,610.11	\$1,681.22
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	19	370	380	389.99	2	\$814.82	\$850.38
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	19	370	380	389.99	3	\$543.21	\$566.92
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	19	370	380	389.99	4	\$407.41	\$425.19
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	19	370	380	389.99	5	\$325.93	\$340.15
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	19	370	380	389.99	6	\$271.60	\$283.46
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	20	390	400	409.99	1	\$1,694.85	\$1,769.71
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	20	390	400	409.99	2	\$857.72	\$895.15
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	20	390	400	409.99	3	\$571.80	\$596.76
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	20	390	400	409.99	4	\$428.88	\$447.60
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	20	390	400	409.99	5	\$343.12	\$358.09
T2016	HID	Habilitation, Supported Living	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	21	410	420	429.99	1	\$1,779.60	\$1,858.20
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	21	410	420	429.99	2	\$900.60	\$939.90
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	21	410	420	429.99	3	\$600.42	\$626.62
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	21	410	420	429.99	4	\$450.30	\$469.95
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	21	410	420	429.99	5	\$360.24	\$375.96
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	21	410	420	429.99	6	\$300.22	\$313.32
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	22	430	440	449.99	1	\$1,864.34	\$1,946.68
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	22	430	440	449.99	2	\$943.49	\$984.66
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	22	430	440	449.99	3	\$628.99	\$656.43
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	22	430	440	449.99	4	\$471.75	\$492.33
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	22	430	440	449.99	5	\$377.39	\$393.86
T2016	HID	Habilitation, Supported Living	Per Resident Per Day	22	430	440	449.99	6	\$314.50	\$328.22

**Day 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 Services, 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 Services, 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.

**Day Services** 

HCPCS	Service Code	Statewide or Flagstaff	Day Services Description	Unit of Service	01/01/2025 Adopted Rate
T2021	DTA	Statewide	Day Services, Adult - Staff Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.16
T2021	DTA	Statewide	Day Services, Adult - Staff Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.38
T2021	DTA	Statewide	Day Services, Adult - Staff Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.02
T2021	DTA	Flagstaff	Day Services, Adult - Staff Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.42
T2021	DTA	Flagstaff	Day Services, Adult - Staff Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.54
T2021	DTA	Flagstaff	Day Services, Adult - Staff Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.14

Day Services

HCPCS	Service Code	Statewide or Flagstaff	Day Services Description	Unit of Service	01/01/2025 Adopted Rate
T2021	DTT	Statewide	Day Services, Child - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.51
T2021	DTT	Statewide	Day Services, Child - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.78
T2021	DTT	Statewide	Day Services, Child - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.46
T2021	DTT	Flagstaff	Day Services, Child - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.77
T2021	DTT	Flagstaff	Day Services, Child - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.95
T2021	DTT	Flagstaff	Day Services, Child - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.58
T2021	DTA	Statewide	Day Services, Adult, Rural - Staff : Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.43
T2021	DTA	Statewide	Day Services, Adult, Rural - Staff : Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.58
T2021	DTA	Statewide	Day Services, Adult, Rural - Staff : Member Ratio Of 1:6.51 To 1:8.5	Per 15 Minutes	\$2.16
T2021	DTT	Statewide	Day Services, Child, Rural - Staff: Member Ratio Of 1:2.5 To 1:4.5	Per 15 Minutes	\$3.87
T2021	DTT	Statewide	Day Services, Child, Rural - Staff: Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$3.20
T2021	DTT	Statewide	Day Services, Child, Rural - Staff: Member Ratio Of 1:4.51 To 1:6.5	Per 15 Minutes	\$2.91

**Day Services** 

HCPCS	Service Code	Statewide or Flagstaff	Day Services Description	Unit of Service	01/01/2025 Adopted Rate
T2021	DTA	Statewide	Behaviorally or Medically Intense Day Services, Adult - Staff: Member Ratio Of 1:1	Per 15 Minutes	\$9.48
T2021	DTA	Statewide	Behaviorally or Medically Intense Day Services, Adult - Staff: Member Ratio Of 1:2	Per 15 Minutes	\$4.76
T2021	DTT	Statewide	Behaviorally or Medically Intense Day Services, Child - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$9.48
T2021	DTT	Statewide	Behaviorally or Medically Intense Day Services, Child - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$4.76
T2021	DTA	Flagstaff	Behaviorally or Medically Intense Day Services, Adult - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$10.25
T2021	DTA	Flagstaff	Behaviorally or Medically Intense Day Services, Adult - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$5.14
T2021	DTT	Flagstaff	Behaviorally or Medically Intense Day Services, Child - Staff : Member Ratio Of 1:1	Per 15 Minutes	\$10.25
T2021	DTT	Flagstaff	Behaviorally or Medically Intense Day Services, Child - Staff : Member Ratio Of 1:2	Per 15 Minutes	\$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. 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	Staff Ratio	01/01/2025 Adopted Rate
T1013	T1013	Statewide	Sign Language or Oral Interpretive Services	15 Minutes	1	\$24.76
T1013	T1013	Statewide	Sign Language or Oral Interpretive Services	15 Minutes	2	\$49.52
T1013	T1013	Statewide	Sign Language Services with a Certified Deaf Interpreter (CDI)	15 Minutes	3	\$74.28

**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	01/01/2025 Adopted Rate
T2016	HBA	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**

- 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	01/01/2025 Adopted Rate
T2016	HPD	Statewide	Habilitation, Behavioral-Supported Group Home*	Day	All	N/A	N/A	\$37.61
T2016	НАВ	Statewide	Habilitation, Group Home*	Day	All	N/A	N/A	\$28.20
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	\$474.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	\$561.32
T2016	HAN	Statewide	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	\$625.39
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home - Level I	Day	All	N/A	N/A	\$483.95
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home - Level II	Day	All	N/A	N/A	\$574.17
T2016	HAN	Flagstaff	Habilitation, Nursing Supported Group Home - Level III	Day	All	N/A	N/A	\$638.23
T2016	НАВ	Flagstaff	Habilitation, Group Home*	Day	All	N/A	N/A	\$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	01/01/2025 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	01/01/2025 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	01/01/2025 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	01/01/2025 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	01/01/2025 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	01/01/2025 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	01/01/2025 Adopted Rate
A9270	RRB	Statewide	Room and Board, All Group Homes		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	01/01/2025 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).

**Professional Services** 

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
T1021	ННА	Statewide	Home Health Aide	Per Visit	1	\$48.13
T1021	ННА	Statewide	Home Health Aide	Per Visit	2	\$30.08
T1021	ННА	Statewide	Home Health Aide	Per Visit	3	\$24.07
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	1	\$56.38
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	2	\$35.24
T1021	ННА	Flagstaff	Home Health Aide	Per Visit	3	\$28.19
T1021	ННА	Statewide	Licensed Health Aide	Per Visit	1	\$70.03
T1021	ННА	Statewide	Licensed Health Aide	Per Visit	2	\$43.77
T1021	ННА	Statewide	Licensed Health Aide	Per Visit	3	\$35.02
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	1	\$82.02
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	2	\$35.24
T1021	ННА	Flagstaff	Licensed Health Aide	Per Visit	3	\$28.19

### Nursing Visit, 8-22 Minutes Only

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	15 Minutes*	1	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	15 Minutes*	2	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	15 Minutes*	3	\$25.02
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$31.28
G0299	G0300/ G0299	Statewide	tatewide Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles		3	\$25.02
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$31.28
G0299	G0300/ G0299 Statewide Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles		15 Minutes*	3	\$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	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	01/01/2025 Adopted Rate
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	15 Minutes*	1	\$43.86
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	15 Minutes*	2	\$27.42
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	15 Minutes*	3	\$21.93
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$43.86
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$27.42
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$21.93
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$43.86
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$27.42
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$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	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	01/01/2025 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	Per 15 Minutes	1	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	Per 15 Minutes	2	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN, Base Rate	Per 15 Minutes	3	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$14.72

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	Per 15 Minutes	1	\$25.80
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	Per 15 Minutes	2	\$16.13
G0300	G0300	Statewide	Nursing, Visit, LPN, Base Rate	Per 15 Minutes	3	\$12.90
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$25.80
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$16.13
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$12.90
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$25.80
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$16.13
G0300	G0300	Statewide	Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$12.90

### Nursing Intermittent, 8-22 Minutes Only

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	15 Minutes*	1	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	15 Minutes*	2	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	15 Minutes*	3	\$25.02
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$25.02
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$50.00
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$31.28
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$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	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	01/01/2025 Adopted Rate
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	15 Minutes*	1	\$43.86
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	15 Minutes*	2	\$27.42
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	15 Minutes*	3	\$21.93
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	1	\$43.86
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	2	\$27.42
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	15 Minutes*	3	\$21.93
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	1	\$43.86
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	2	\$27.42
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	15 Minutes*	3	\$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	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	01/01/2025 Adopted Rate
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	Per 15 Minutes	1	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	Per 15 Minutes	2	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN, Base Rate	Per 15 Minutes	3	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$14.72
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$29.44
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$18.40
G0299	G0300/ G0299	Statewide	Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$14.72

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	Per 15 Minutes	1	\$25.80
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	Per 15 Minutes	2	\$16.13
G0300	G0300	Statewide	Nursing, Intermittent, LPN, Base Rate	Per 15 Minutes	3	\$12.90
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$25.80
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$16.13
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$12.90
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$25.80
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$16.13
G0300	G0300	Statewide	Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$12.90

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S9123	S9123	Statewide	Nursing, Continuous, RN, Base Rate	Client Hour	1	\$64.63
S5150	HNR	Statewide	Nursing, Respite, RN, Base Rate	Per 15 Minutes	1	\$16.16
S9123	S9123	Statewide	Nursing, Continuous, RN, Base Rate	Client Hour	2	\$40.40
S5150	HNR	Statewide	Nursing, Respite, RN, Base Rate	Per 15 Minutes	2	\$10.10
S9123	S9123	Statewide	Nursing, Continuous, RN, Base Rate	Client Hour	3	\$32.32
S5150	HNR	Statewide	Nursing, Respite, RN, Base Rate	Per 15 Minutes	3	\$8.08

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	1	\$66.40
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$16.60
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	\$41.52
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$10.38
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	\$33.20
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$8.30

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	1	\$70.24
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$17.56
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	\$43.88
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$10.98
S9123	S9123	Statewide	Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	\$35.12
S5150	HNR	Statewide	Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$9.78

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S9124	S9124	Statewide	Nursing, Continuous, LPN, Base Rate	Client Hour	1	\$48.73
S5150	HNR	Statewide	Nursing, Respite, LPN, Base Rate	Per 15 Minutes	1	\$12.19
S9124	S9124	Statewide	Nursing, Continuous, LPN, Base Rate	Client Hour	2	\$30.46
S5150	HNR	Statewide	Nursing, Respite, LPN, Base Rate	Per 15 Minutes	2	\$7.62
S9124	S9124	Statewide	Nursing, Continuous, LPN, Base Rate	Client Hour	3	\$24.37
S5150	HNR	Statewide	Nursing,Respite, LPN, Base Rate	Per 15 Minutes	3	\$6.10
S9124	S9124	Statewide	Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	1	\$50.12
S5150	HNR	Statewide	Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	1	\$12.53
S9124	S9124	Statewide	Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	2	\$31.32
S5150	HNR	Statewide	Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	2	\$7.83
S9124	S9124	Statewide	Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Client Hour	3	\$25.08
S5150	HNR	Statewide	Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles	Per 15 Minutes	3	\$6.27

HCPCS	Service Code	Statewide or Flagstaff	Professional Services Description	Unit of Service	Multiple Clients	01/01/2025 Adopted Rate
S9124	S9124	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	1	\$55.84
S5150	HNR	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	1	\$13.96
S9124	S9124	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	2	\$34.92
S5150	HNR	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	2	\$8.73
S9124	S9124	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Client Hour	3	\$27.96
\$5150	HNR	Statewide	Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles	Per 15 Minutes	3	\$6.99

HCPCS	Service Code	Professional Services Description	Unit of Service	Multiple Clients	Base Rate	Tier 1	Tier 2	Tier 3
97535	ΟΤΑ	Occupational Therapy, Clinical Setting	Per 15 Minutes	1	\$23.06	\$25.36	\$28.82	\$34.59
97535	ΟΤΑ	Occupational Therapy, Clinical Setting	Per 15 Minutes	2	\$14.41	\$15.85	\$18.01	\$21.62
97535	OTA	Occupational Therapy, Clinical Setting	Per 15 Minutes	3	\$11.53	\$12.68	\$14.41	\$17.29
97535	OTA	Occupational Therapy, Natural Setting	Per 15 Minutes	1	\$30.59	\$33.64	\$38.23	\$45.88
97535	OTA	Occupational Therapy, Natural Setting	Per 15 Minutes	2	\$19.11	\$21.02	\$23.89	\$28.67
97535	OTA	Occupational Therapy, Natural Setting	Per 15 Minutes	3	\$15.29	\$16.82	\$19.11	\$22.94
97535	OTA	Occupational Therapy, Teletherapy Setting	Per 15 Minutes	1	\$23.64	\$26.00	\$29.55	\$35.46
97535	OTA	Occupational Therapy Assistant, Clinical Setting	Per 15 Minutes	1	\$19.70	\$21.68	\$24.63	\$29.56
97535	ΟΤΑ	Occupational Therapy Assistant, Clinical Setting	Per 15 Minutes	2	\$12.32	\$13.55	\$15.39	\$18.47
97535	OTA	Occupational Therapy Assistant, Clinical Setting	Per 15 Minutes	3	\$9.85	\$10.84	\$12.32	\$14.78
97535	OTA	Occupational Therapy Assistant, Natural Setting	Per 15 Minutes	1	\$28.13	\$30.95	\$35.17	\$42.20
97535	OTA	Occupational Therapy Assistant, Natural Setting	Per 15 Minutes	2	\$17.58	\$19.34	\$21.98	\$26.38
97535	OTA	Occupational Therapy Assistant, Natural Setting	Per 15 Minutes	3	\$14.07	\$15.47	\$17.58	\$21.10
97535	ΟΤΑ	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	ΡΤΑ	Physical Therapy, Clinical Setting	Per 15 Minutes	1	\$23.06	\$25.36	\$28.82	\$34.59
97530	ΡΤΑ	Physical Therapy, Clinical Setting	Per 15 Minutes	2	\$14.41	\$15.85	\$18.01	\$21.62
97530	ΡΤΑ	Physical Therapy, Clinical Setting	Per 15 Minutes	3	\$11.53	\$12.68	\$14.41	\$17.29
97530	ΡΤΑ	Physical Therapy, Natural Setting	Per 15 Minutes	1	\$30.59	\$33.64	\$38.23	\$45.88
97530	ΡΤΑ	Physical Therapy, Natural Setting	Per 15 Minutes	2	\$19.11	\$21.02	\$23.89	\$28.67
97530	ΡΤΑ	Physical Therapy, Natural Setting	Per 15 Minutes	3	\$15.29	\$16.82	\$19.11	\$22.94
97530	ΡΤΑ	Physical Therapy, Teletherapy Setting	Per 15 Minutes	1	\$23.64	\$26.00	\$29.55	\$35.46
97530	ΡΤΑ	Physical Therapy Assistant, Clinical Setting	Per 15 Minutes	1	\$19.70	\$21.68	\$24.63	\$29.56
97530	ΡΤΑ	Physical Therapy Assistant, Clinical Setting	Per 15 Minutes	2	\$12.32	\$13.55	\$15.39	\$18.47
97530	ΡΤΑ	Physical Therapy Assistant, Clinical Setting	Per 15 Minutes	3	\$9.85	\$10.84	\$12.32	\$14.78
97530	ΡΤΑ	Physical Therapy Assistant, Natural Setting	Per 15 Minutes	1	\$28.13	\$30.95	\$35.17	\$42.20
97530	ΡΤΑ	Physical Therapy Assistant, Natural Setting	Per 15 Minutes	2	\$17.58	\$19.34	\$21.98	\$26.38
97530	ΡΤΑ	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	01/01/2025 Adopted Rate
97166	OEA	Statewide	Occupational Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52
97166	OEA	Statewide	Occupational Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24
97166	OEA	Statewide	Occupational Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97
97162	PEA	Statewide	Physical Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52
97162	PEA	Statewide	Physical Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24
97162	PEA	Statewide	Physical Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97
92523	SEA	Statewide	Speech Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52
92523	SEA	Statewide	Speech Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24
92523	SEA	Statewide	Speech Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$179.97
92610	92610	Statewide	Feeding Therapy Evaluation, Clinical Setting	Per Evaluation	1	\$175.52
92610	92610	Statewide	Feeding Therapy Evaluation, Natural Setting	Per Evaluation	1	\$196.24
92610	92610	Statewide	Feeding Therapy Evaluation, Teletherapy Setting	Per Evaluation	1	\$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 Direct Support Professional 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.

### **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	01/01/2025 Adopted Rate
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:6)	Per 15 Minutes	\$1.76
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:6)	Per 15 Minutes	\$1.89
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:5)	Per 15 Minutes	\$2.12
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:5)	Per 15 Minutes	\$2.27
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:4)	Per Evaluation	\$2.65
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:4)	Per Evaluation	\$2.84
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:3)	Per 15 Minutes	\$3.53
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:3)	Per 15 Minutes	\$3.78
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:2)	Per 15 Minutes	\$5.30
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:2)	Per 15 Minutes	\$5.67
T2019	CBE	Statewide	Center-Based Employment (High Density) (1:1)	Per 15 Minutes	\$10.60
T2019	CBE	Statewide	Center-Based Employment (Low Density) (1:1)	Per 15 Minutes	\$11.35
T2019	GSE	Statewide	Group Supported Employment-High Density versus Urban Staff: member Ratio Of 1:2 To 1:2.5	Per 15 Minutes	\$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	\$6.65
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:2.51 To 1:3.5	Per 15 Minutes	\$4.43
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:2.51 To 1:3.5	Per 15 Minutes	\$4.82
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:3.51 To 1:4.5	Per 15 Minutes	\$3.49
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:3.51 To 1:4.5	Per 15 Minutes	\$3.90

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	01/01/2025 Adopted Rate
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:4.51 To 1:5.5	Per 15 Minutes	\$2.93
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:4.51 To 1:5.5	Per 15 Minutes	\$3.35
T2019	GSE	Statewide	Group Supported Employment-High Density: member Ratio Of 1:5.51 To 1:6.5	Per 15 Minutes	\$2.56
T2019	GSE	Statewide	Group Supported Employment-Low Density: member Ratio Of 1:5.51 To 1:6.5	Per 15 Minutes	\$2.98
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:2 To 1:2.5	Per 15 Minutes	\$6.38
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:2.51 To 1:3.5	Per 15 Minutes	\$4.49
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:3.51 To 1:4.5	Per 15 Minutes	\$3.57
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:4.51 To 1:5.5	Per 15 Minutes	\$2.94
T2019	GSE	Flagstaff	Group Supported Employment-High Density: member Ratio Of 1:5.51 To 1:6.5	Per 15 Minutes	\$2.63

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	Region	01/01/2025 Adopted Rate
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching	Per 15 Minutes	Urban	\$11.91
T2019	ISE	Statewide	Individual Supported Employment, Job Coaching	Per 15 Minutes	Rural	\$14.07
T2019	ISE	Statewide	Individual Supported Employment, Job Development	Per 15 Minutes	Urban	\$11.03
T2019	ISE	Statewide	Individual Supported Employment, Job Development	Per 15 Minutes	Rural	\$11.49
T2019	ISE	Flagstaff	Individual Supported Employment, Job Coaching	Per 15 Minutes	All	\$12.82
T2019	ISE	Flagstaff	Individual Supported Employment, Job Coaching	Per 15 Minutes	All	\$12.34
T2019	ESA	Statewide	Employment Supported Aide (GSE/ISE)	Per 15 Minutes	Urban	\$9.08
T2019	ESA	Statewide	Employment Supported Aide (GSE/ISE)	Per 15 Minutes	Rural	\$10.62
T2019	ESA	Flagstaff	Employment Supported Aide (GSE/ISE)	Per 15 Minutes	Urban	\$10.62

HCPCS	Service Code	Statewide or Flagstaff	Employment Services Description	Unit of Service	01/01/2025 Adopted Rate
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 1	Per 15 Minutes	\$10.13
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 1	Per 15 Minutes	\$11.29
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 2	Per 15 Minutes	\$5.06
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 2	Per 15 Minutes	\$5.64
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 3	Per 15 Minutes	\$3.37
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 3	Per 15 Minutes	\$3.76
T2019	PTW	Statewide	Pathways to Employment, Urban (High Density): 4	Per 15 Minutes	\$2.54
T2019	PTW	Statewide	Pathways to Employment, Rural (Low Density): 4	Per 15 Minutes	\$2.82

Specialized Habilitation Services

#### **Unit of Service**

- 1. The basis of payment for Specialized Habilitation Services 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 Habilitation with Music Therapy 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.

#### 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	01/01/2025 Adopted Rate
T2017	HAM	Statewide	Habilitation with Music Therapy	Per 15 Minutes	1	\$11.87
T2017	HAM	Statewide	Habilitation with Music Therapy	Per 15 Minutes	2	\$7.42
T2017	HAM	Statewide	Habilitation with Music Therapy	Per 15 Minutes	3	\$5.94
T2017	HAM	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	1	\$11.87
T2017	НАМ	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	2	\$7.42
T2017	НАМ	Flagstaff	Habilitation with Music Therapy	Per 15 Minutes	3	\$5.94

### **Transportation Services**

#### Rates

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

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

#### **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	01/01/2025 Adopted Rate
A0120	TRA	Statewide	Regularly Scheduled Daily Transportation (Day Services)	Per Trip	Urban	\$14.73
A0120	TRE	Statewide	Regularly Scheduled Daily Transportation (Employment Program)	Per Trip	Urban	\$14.73
A0120	TRA	Statewide	Regularly Scheduled Daily Transportation, (Day Services)	Per Trip	Rural	\$25.33
A0120	TRE	Statewide	Regularly Scheduled Daily Transportation, (Employment Program)	Per Trip	Rural	\$25.33
A0120	TRA	Flagstaff	Regularly Scheduled Daily Transportation (Day Services)	Per Trip	All	\$25.33
A0120	TRE	Flagstaff	Regularly Scheduled Daily Transportation (Employment Program)	Per Trip	All	\$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 Network team must approve the request for the single person modified rate.

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description	Unit of Service	Location	01/01/2025 Adopted Rate
A0120	TRA	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$34.29
A0120	TRE	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$34.29
A0120	TRA	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$46.44
A0120	TRE	Statewide	Single Person Modified, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$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.

HCPCS	Service Code	Statewide or Flagstaff	Transportation Services Description	Unit of Service	Location	01/01/2025 Adopted Rate
A0120	TRA	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$52.66
A0120	TRE	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Urban	\$52.66
A0120	TRA	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$52.66
A0120	TRE	Statewide	Extensive Distance, Regularly Scheduled Daily Transportation*	Per Trip	Rural	\$52.66

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

Habilitation, Behavioral-Supported 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, Behavioral-Supported 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, Behavioral-Supported 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, Behavioral-Supported Group Home direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Behavioral-Supported 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.

### **Behavioral-Supported Group Home Network Expansion - Value-Based Incentives**

The Value Based Incentives- Behavioral-Supported Group Home Network Expansion provides funding to eligible qualified vendors to expand the Behavioral-Supported Group Home (BSGH) 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 Behavioral-Supported 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 initial written award of an BSGH expansion home. The Qualified Vendor must meet all required criteria within the Award Letter. The Vendor must accept an authorization and begin serving members within 9 months of award or the funds are subject to recoupment. BSGH homes that receive initial incentive funding and then relocate are not eligible to receive additional initial funding incentives.
- 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 BSGH setting. Members who are placed in or transitioned out mid-month will result in a prorated payment based on the number of days of occupancy. Incentive funds may be used towards ensuring appropriate staffing levels for the home are available for when members return from temporary absences. Qualifying absences longer than fourteen continuous days will be prorated. Qualified Vendors must meet requirements outlined in policy and service specifications. Failure to meet these conditions may result in recoupment or withholding of incentive funds.
- 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. Qualified Vendors must provide support for the transition as outlined in the member's transition plan. Failure to participate in all of the member's transition plan activities may result in incentive funding recoupment.

Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	1	50	60	69.99	1	\$322.37	\$322.37
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	1	50	60	69.99	2	\$161.18	\$161.18
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	1	50	60	69.99	3	\$107.45	\$107.45
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	2	70	80	89.99	1	\$429.82	\$429.82
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	2	70	80	89.99	2	\$214.91	\$214.91
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	2	70	80	89.99	3	\$143.27	\$143.27
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	3	90	100	109.99	1	\$537.28	\$537.28
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	3	90	100	109.99	2	\$268.64	\$268.64
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	3	90	100	109.99	3	\$179.09	\$179.09

### Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	4	110	120	129.99	1	\$644.74	\$644.74
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	4	110	120	129.99	2	\$322.38	\$322.38
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	4	110	120	129.99	3	\$214.92	\$214.92
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	5	130	140	149.99	1	\$752.20	\$752.20
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	5	130	140	149.99	2	\$376.10	\$376.10
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	5	130	140	149.99	3	\$250.73	\$250.73
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	6	150	160	169.99	1	\$859.65	\$859.65
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	6	150	160	169.99	2	\$429.83	\$429.83
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	6	150	160	169.99	3	\$286.55	\$286.55

Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	7	170	180	189.99	1	\$967.11	\$967.11
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	7	170	180	189.99	2	\$483.55	\$483.55
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	7	170	180	189.99	3	\$322.39	\$322.39
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	8	190	200	209.99	1	\$1,074.57	\$1,074.57
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	8	190	200	209.99	2	\$537.29	\$537.29
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	8	190	200	209.99	3	\$358.19	\$358.19
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	9	210	220	229.99	1	\$1,182.02	\$1,182.02
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	9	210	220	229.99	2	\$591.01	\$591.01
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	9	210	220	229.99	3	\$394.00	\$394.00

### Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	10	230	240	249.99	1	\$1,289.48	\$1,289.48
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	10	230	240	249.99	2	\$644.75	\$644.75
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	10	230	240	249.99	3	\$429.84	\$429.84
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	11	250	260	269.99	1	\$1,396.94	\$1,396.94
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	11	250	260	269.99	2	\$698.47	\$698.47
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	11	250	260	269.99	3	\$465.64	\$465.64
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	12	270	280	289.99	1	\$1,504.40	\$1,504.40
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	12	270	280	289.99	2	\$752.21	\$752.21
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	12	270	280	289.99	3	\$501.46	\$501.46

### Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	13	290	300	309.99	1	\$1,611.85	\$1,611.85
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	13	290	300	309.99	2	\$805.92	\$805.92
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	13	290	300	309.99	3	\$537.30	\$537.30
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	14	310	320	329.99	1	\$1,719.31	\$1,719.31
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	14	310	320	329.99	2	\$859.66	\$859.66
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	14	310	320	329.99	3	\$573.10	\$573.10
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	15	330	340	349.99	1	\$1,826.77	\$1,826.77
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	15	330	340	349.99	2	\$913.38	\$913.38
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	15	330	340	349.99	3	\$608.92	\$608.92

#### Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	16	350	360	369.99	1	\$1,934.22	\$1,934.22
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	16	350	360	369.99	2	\$967.12	\$967.12
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	16	350	360	369.99	3	\$644.76	\$644.76
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	17	370	380	389.99	1	\$2,041.68	\$2,041.68
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	17	370	380	389.99	2	\$1,020.84	\$1,020.84
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	17	370	380	389.99	3	\$680.56	\$680.56
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	18	390	400	409.99	1	\$2,149.14	\$2,149.14
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	18	390	400	409.99	2	\$1,074.58	\$1,074.58
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	18	390	400	409.99	3	\$716.38	\$716.38

#### Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	19	410	420	429.99	1	\$2,256.60	\$2,256.60
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	19	410	420	429.99	2	\$1,128.30	\$1,128.30
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	19	410	420	429.99	3	\$752.22	\$752.22
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	20	430	440	449.99	1	\$2,364.05	\$2,364.05
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	20	430	440	449.99	2	\$1,182.03	\$1,182.03
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	20	430	440	449.99	3	\$788.01	\$788.01
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	21	450	460	229.99	1	\$2,471.51	\$2,471.51
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	21	450	460	229.99	2	\$1,235.75	\$1,235.75
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	21	450	460	229.99	3	\$823.83	\$823.83

#### Habilitation, Behavioral-Supported Group Home

HCPCS	Service Code	Habilitation, Group Home Services Description	Unit of Service	Range	Low Hours	Authorized Hours/Week	High Hours	Number Residents	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	22	470	480	249.99	1	\$2,578.97	\$2,578.97
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	22	470	480	249.99	2	\$1,289.49	\$1,289.49
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	22	470	480	249.99	3	\$859.67	\$859.67
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	23	490	500	269.99	1	\$2,686.42	\$2,686.42
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	23	490	500	269.99	2	\$1,343.21	\$1,343.21
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	23	490	500	269.99	3	\$895.47	\$895.47
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	24	510	520	289.99	1	\$2,793.88	\$2,793.88
T2016	HPD	Habilitation, Behavioral-Supported Group Home	Per Resident Per Day	24	510	520	289.99	2	\$1,396.95	\$1,396.95
T2016	HPD	Habilitation, Behavioral-Supported 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	22	470	480	489.99	2	\$966.86	\$1,059.43
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	23	490	500	509.99	1	\$1,984.28	\$2,207.14
T2016	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	29	610	620	629.99	1	\$2 <i>,</i> 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	50	60	69.99	3	\$80.57	\$89.48
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	4	\$60.42	\$67.11
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	5	\$48.34	\$53.69
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	1	50	60	69.99	6	\$40.28	\$44.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	1	\$275.77	\$310.74
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	2	\$144.28	\$161.88
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	3	\$107.42	\$119.31
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	4	\$80.58	\$89.49
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	5	\$64.45	\$71.58
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	2	70	80	89.99	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	2	\$360.71	\$404.71
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	8	190	200	209.99	3	\$268.57	\$298.28
T2016	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	2	\$649.28	\$728.48
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	16	350	360	369.99	3	\$483.44	\$536.93
T2016	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	2	\$793.57	\$890.37
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	20	430	440	449.99	3	\$590.85	\$656.22
T2016	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	1	\$1,765.77	\$1,993.08
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	24	510	520	529.99	2	\$937.85	\$1,037.77
T2016	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	1	\$1,901.60	\$2,146.40
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	2	\$1,000.01	\$1,117.60
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	26	550	560	569.99	3	\$752.00	\$835.20
T2016	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	\$1,000.57
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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	НАВ	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	НАВ	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	2	\$1,278.51	\$1,436.91
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	34	710	720	729.99	3	\$966.87	\$1,059.44
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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	\$1,031.84	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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	\$1,111.22	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 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	НАВ	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	НАВ	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	890	900	909.99	1	\$3,056.14	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	890	900	909.99	2	\$1,598.14	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	890	900	909.99	3	\$1,190.59	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	890	900	909.99	4	\$906.42	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	890	900	909.99	5	\$725.18	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	43	890	900	909.99	6	\$604.30	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	910	920	929.99	1	\$3,124.05	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	910	920	929.99	2	\$1,633.65	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	910	920	929.99	3	\$1,217.02	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	910	920	929.99	4	\$926.58	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	910	920	929.99	5	\$741.25	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	44	910	920	929.99	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	01/01/2025 Adopted Rate (Statewide)	01/01/2025 Adopted Rate (Flagstaff)
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	930	940	949.99	1	\$3,191.97	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	930	940	949.99	2	\$1,669.17	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	930	940	949.99	3	\$1,243.48	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	930	940	949.99	4	\$946.71	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	930	940	949.99	5	\$757.37	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	45	930	940	949.99	6	\$631.14	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	950	960	969.99	1	\$3,259.88	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	950	960	969.99	2	\$1,704.68	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	950	960	969.99	3	\$1,269.96	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	950	960	969.99	4	\$966.88	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	950	960	969.99	5	\$773.48	NA
T2016	НАВ	Habilitation, Group Home	Per Resident Per Day	46	950	960	969.99	6	\$644.62	NA

## Arizona Department of Economic Security, Division of Developmental Disabilities Prevention of Abuse, Neglect, and Exploitation Training

#### **Reimbursement Instructions**

The <u>Division Provider Policy Manual Chapter 64</u>: <u>Preventing Member Abuse, Neglect and Exploitation</u> policy requires Qualified Vendors who provide residential and day services to train staff and offer training to interested members regarding the prevention of abuse, neglect and exploitation. In response to the comments received during the public comment period relating to the additional costs to provide the required training, the Division will provide funding to Qualified Vendors to deliver this training to staff and members. In addition, the Division will reimburse each Qualified Vendor a flat rate of \$250.00 per person for each staff and member trained, effective on or after July 14, 2021.

In order to be reimbursed, Qualified Vendors must submit detailed information regarding training conducted. The Division has created a billing template with the required information. The template can be found at <a href="https://des.az.gov/sites/default/files/Billing\_Template\_Training\_Abuse\_and\_Neglect.xls">https://des.az.gov/sites/default/files/Billing\_Template\_Training\_Abuse\_and\_Neglect.xls</a>.

Completed forms should be uploaded using the same FTP site Qualified Vendors currently use to upload billing submissions. Qualified Vendors will see a folder labeled "reports" when logging into the billing area of the FTP server. In the "reports" folder is a subfolder titled "TrainingBill" which should be used to upload all training billing templates.

Qualified Vendors must use the following naming convention in order to ensure Division-automated processes will properly pick up the submission for processing. The naming convention to be used is as follows:

- XXXX\_ANTRAINING\_YYYYMMDD.xls (DDD will accept both .xls or .xlsx file types)
- XXXX = VENDOR 4 character PBS code
- YYYYMMDD = The year, month, date of submission.

Example: ABCD\_ANTRAINING\_20210715.xls

• ABCD would be the Qualified Vendor's specific 4 character PBS code.

#### **File Processing Schedule**

Files will be retrieved once a week and must be submitted prior to 3:00 p.m. on Fridays to be processed for the following week. The file will be removed from the folder for processing when it has been retrieved. Payments will be created outside of FOCUS and will not be included on the Billing Detail Reports. The Division's finance team will process the payments manually through the state accounting system. Vendors can track payments via the State system at <a href="https://www.venpay.gao.azdoa.gov/">https://www.venpay.gao.azdoa.gov/</a>. The description for the payment will appear as "Abuse/Neglect Training" so it can be easily identified.

The Policy and associated training resources can be found here:

- Policy: <u>https://bit.ly/dddprovider64</u>
- Training Resources: <u>https://bit.ly/dddqvtraining</u>

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

Introduction

#### **Purpose of This Schedule**

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

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

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

- 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 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.

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

Adopted Rates

SFY 04 Rates	Habilitation, Support (HAH)	Habilitation, Supported Living (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 1	\$15.07	\$11.90	\$11.79	\$10.02	\$9.94	\$11.87	\$145.12

SFY 05 Rates	Habilitation, Support (HAH)	Habilitation, Supported Living (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, Supported Living (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, Supported Living (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, Supported Living (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, Supported Living (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, Supported Living (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, Supported Living (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, Supported Living (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, Supported Living (HAI)	Attendant Care (ANC)	Attendant Care Family (AFC)	Homemaker (HSK)	Respite (RSP)	Respite <i>,</i> 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, Supported Living (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 18 Rates-Phase 3 (Effective 1/01/2018- 6/30/2018)	Habilitation, Support (HAH)	Habilitation, Supported Living (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

SFY 16 Rates-Phase 3 (Effective 10/01/2015- 6/30/2016)	Habilitation, Support (HAH)	Habilitation, Supported Living (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, Supported Living (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	\$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, Supported Living (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

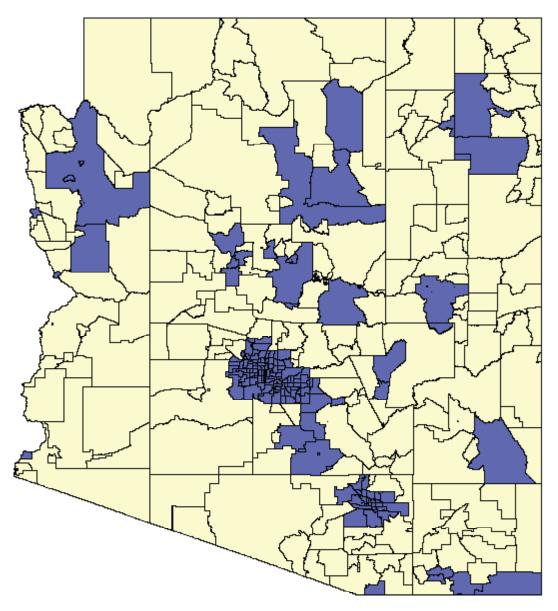
## Appendix 1

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** ٠
- Arizona City ٠
- Avondale ٠
- Bisbee .
- Bullhead City ٠
- Camp Verde •
- Casa Grande ٠
- Chandler ٠
- Chinle ٠
- Chino Valley .
- Chloride ٠

#### Low Density Cities

- Aguila ٠
- Ajo •
- Alpine ٠
- Amado .
- Apache Junction ٠
- Arivaca ٠
- Arlington ٠
- Ash Fork •
- Bagdad ٠
- Bapchule .
- Bellemont ٠
- Benson .
- Black Canyon City ٠
- Blue •
- Blue Gap .
- Bouse .
- Bowie ٠
- Buckeye .
- **Bylas** .

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Cameron ٠

- Coolidge ٠
- Cottonwood
- Douglas ٠
- El Mirage ٠
- Elov ٠
- Flagstaff ٠
- Ganado ٠
- Gilbert •
- Glendale .
- Globe .
- Goodyear ٠

- Cortaro ٠ •
- Casa Grande
- Cashion ٠

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- Catalina •
- Cave Creek ٠

Carefree

- ٠ Central
- Chambers ٠
- Chandler Heights ٠
- Cibecue ٠
- Cibola ٠
- Citv ٠
- Clarkdale ٠
- **Clay Springs** ٠
- Claypool •
- Clifton ٠
- Cochise .
- Colorado City •
- Concho ٠
- Congress ٠
- Cornville ٠

- Higley ٠
- Kingman •
- Lake Havasu City ٠
- Laveen •
- Litchfield Park ٠
- Luke AFB ٠
- Prescott ٠
- Mesa •
- Naco •
- Nogales •
- Paradise Valley •
  - Fort Thomas ٠
  - **Crown King**
- Dateland •
- Dennehotso •
- Dewey ٠
- **Dolan Springs** •
- Dragoon •
- Duncan ٠
- Eagar ٠
- Eden •
- Ehrenberg ٠
- Elfrida ٠
- Elgin ٠
- Florence ٠
- Forest Lakes •
- Fort Apache ٠
- Fort Defiance •
- Fort Huachuca •
- Fort Mcdowell ٠

Revision Date January 1, 2025

Fort Mohave ٠

Payson ٠

Sierra Vista

Sun City

Surprise

Tolleson

Tuba City

Tucson

Yuma

Waddell

Hualapai

Humboldt

Indian Wells

**Iron Springs** 

Joseph City

**Keams** Canyon

Jerome

Kaibito

Kaventa

Kearny

Kirkland

Lakeside

Littlefield

Lukeville

Lupton

Lukachukai

Leupp

Kykotsmovi

Lake Havasu City

Lake Montezuma

Effective January 1, 2025

Youngtown

Tempe

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- Peoria
- Phoenix ٠

Queen Creek

Red Rock

Rimrock

Scottsdale

Show Low

Fountain Hills

Golden Valley

Grand Canyon

**Gray Mountain** 

**Gray Mountain** 

Green Valley

Hackberry

Hayden

Hereford

Holbrook

Hotevilla

Huachuca City

Houck

Heber

Happy Jack

Greer

Fredonia

Gadsden

Gila Bend

Safford

Picacho ٠ Prescott Valley

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- Mammoth ٠
- Many Farms .
- Marana ٠
- Marble Canyon ٠
- Maricopa •
- Marina ٠
- Mayer .
- Mcnary ٠
- Mcneal .
- Meadview ٠
- Miami ٠
- Mohave Valley ٠
- Morenci .
- Mormon Lake ٠
- Morristown •
- Mount Lemmon •
- Munds Park •
- Nazlini •
- New River •
- North Rim .
- Nutrioso ٠
- Oatman •
- Oracle ٠
- Overgaard •
- Page ٠
- Palo •

- Parker •
- ٠ Parks
- ٠ Patagonia
- Paulden ٠
- Payson •
- Peach Springs ٠
- Pearce ٠
- Peridot ٠
- Petrified Forest ٠ National Park
- Pima •
- Pine ٠
- Pinedale ٠
- Pinetop •
- Pinon ٠
- Pirtleville •
- Polacca ٠
- Pomoerne •
- Poston •
- Prescott ٠
- Prescott Valley ٠
- Quartzsite ٠
- **Red Valley** ٠
- Rillito •
- **Rio Rico** ٠
- Rio Verde ٠

- **Rock Point** •
- Roll •
- Roosevelt •
- Round Rock •
- Sacaton •
- Sahuarita •
- Saint David •
- Saint Johns •
- Saint Michaels •
- Salome •
- San Carlos •
- San Luis ٠
- San Manuel •
- San Simon •
- Sanders •
- Sasabe •
- Sawmill •
- Scottsdale •
- Second Mesas •
- Sedona •
- Seligman ٠
- Sells •
- Shonto ٠
- Skull Valley •
- Snowflake ٠

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Solomon ٠

Somerton ٠

Valentine

Vernon

Village

Wellton

Wenden

Whiteriver

Wikieup

Willcox

Williams

Wickenburg

Willow Beach

Window Rock

Winkelman

Winslow

Wittmann

Woodruff

Yarnell

Young

Yucca

Yuma

Effective January 1, 2025

White Mountain Lake

Valley Farms

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- ٠ Sonoita
- Springerville •
- Springs •
- Stanfield •
- Sun City West ٠
- Sun Valley ٠
- Supai ٠
- Superior •
- Surprise •
- Tacna ٠
- Taylor .
- **Temple Bar Marina** .
- Thatcher ٠
- Tombstone ٠
- Tonalea •
- Tonopah .
- **Tonto Basin** .
- Topawa ٠
- Topock •
- **Tortilla Flats** .

Tucson

Tumacacori

Tsaile • Tubac

Vail

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### **High Density Zip Codes**

•	85001	•	85035	•	85078	•	85231	•	85283	•	85363	•	85704	•	85752
•	85002	٠	85036	•	85079	•	85233	•	85284	•	85364	•	85705	•	85754
٠	85003	٠	85037	٠	85080	•	85234	٠	85285	٠	85372	٠	85706	٠	85775
•	85004	٠	85038	•	85082	•	85236	•	85287	•	85373	•	85707	•	85777
•	85005	٠	85040	•	85085	•	85241	•	85288	•	85374	•	85708	•	85901
٠	85006	•	85041	•	85086	•	85242	•	85289	•	85378	•	85709	•	85902
•	85007	•	85042	•	85098	•	85244	•	85296	•	85379	•	85710	•	86001
٠	85008	٠	85043	٠	85099	•	85245	٠	85297	٠	85380	٠	85711	•	86002
٠	85009	٠	85044	٠	85201	•	85246	٠	85299	٠	85381	٠	85712	٠	86003
٠	85010	٠	85045	٠	85202	•	85248	٠	85301	٠	85382	٠	85713	•	86004
٠	85011	٠	85046	٠	85203	•	85249	٠	85302	٠	85383	٠	85714	٠	86011
٠	85012	٠	85048	٠	85204	٠	85250	٠	85303	٠	85385	٠	85715	٠	86045
٠	85013	٠	85050	٠	85205	٠	85251	٠	85304	٠	85501	٠	85716	٠	86301
٠	85014	٠	85051	٠	85206	•	85252	•	85305	٠	85502	٠	85717	•	86302
٠	85015	٠	85053	٠	85207	•	85253	•	85306	٠	85541	٠	85718	•	86303
٠	85016	٠	85054	٠	85208	•	85254	٠	85307	٠	85546	٠	85719	•	86304
٠	85017	٠	85060	٠	85210	•	85255	•	85308	٠	85548	٠	85725	•	86314
٠	85018	٠	85061	٠	85211	•	85256	٠	85309	٠	85603	٠	85726	•	86315
٠	85019	٠	85062	٠	85212	٠	85257	٠	85310	٠	85607	٠	85728	٠	86322
٠	85020	٠	85063	٠	85213	•	85258	٠	85311	٠	85608	٠	85730	•	86323
٠	85021	٠	85064	٠	85214	٠	85259	٠	85312	٠	85620	٠	85737	٠	86326
٠	85022	٠	85066	٠	85215	٠	85260	٠	85313	٠	85621	٠	85741	٠	86335
٠	85023	٠	85067	٠	85216	٠	85261	٠	85318	٠	85628	٠	85742	٠	86401
٠	85024	٠	85068	٠	85217	•	85267	٠	85323	٠	85635	٠	85743	٠	86402
٠	85027	٠	85069	٠	85219	٠	85271	٠	85335	٠	85636	٠	85744	٠	86403
٠	85028	٠	85070	٠	85220	•	85274	٠	85338	٠	85650	٠	85745	٠	86429
٠	85029	٠	85071	٠	85222	٠	85275	٠	85339	٠	85655	٠	85746	٠	86430
٠	85030	٠	85072	٠	85223	•	85277	•	85340	٠	85662	٠	85747	٠	86431
٠	85031	•	85074	٠	85224	•	85278	٠	85345	٠	85671	٠	85748	•	86439
٠	85032	•	85075	٠	85225	•	85280	٠	85351	٠	85701	٠	85749	•	86442
٠	85033	•	85076	٠	85226	•	85281	٠	85353	٠	85702	٠	85750	•	86503
٠	85034	٠	85077	٠	85228	•	85282	•	85355	٠	85703	٠	85751	•	86505

### Low Density Zip Codes

			0-000				0-000		000						
•	85087	٠	85332	•	85530	•	85622	•	85732	•	86016	•	86321	٠	86438
٠	85144	٠	85333	•	85531	٠	85623	٠	85733	•	86017	٠	86324	٠	86440
٠	85149	٠	85334	٠	85532	٠	85624	٠	85734	٠	86018	٠	86325	٠	86441
٠	85218	٠	85336	٠	85533	٠	85625	٠	85735	•	86020	٠	86327	٠	86443
٠	85221	٠	85337	٠	85534	٠	85626	٠	85736	•	86021	٠	86329	٠	86444
٠	85227	٠	85341	٠	85535	٠	85627	٠	85738	•	86022	٠	86330	٠	86445
٠	85230	٠	85342	•	85536	٠	85629	٠	85739	•	86023	٠	86331	٠	86446
٠	85232	٠	85343	٠	85539	٠	85630	٠	85740	٠	86024	٠	86332	٠	86502
٠	85235	٠	85344	٠	85540	٠	85631	٠	85911	٠	86025	٠	86333	٠	86504
٠	85237	٠	85346	٠	85542	٠	85632	٠	85912	٠	86028	٠	86334	٠	86506
•	85239	•	85347	•	85543	٠	85633	٠	85920	•	86029	•	86336	٠	86507
•	85247	•	85348	•	85544	٠	85634	٠	85922	•	86030	•	86337	٠	86508
٠	85262	٠	85349	٠	85545	٠	85637	٠	85923	٠	86031	٠	86338	٠	86510
٠	85263	٠	85350	٠	85547	٠	85638	٠	85924	٠	86032	٠	86339	٠	86511
٠	85264	٠	85352	٠	85550	٠	85639	٠	85925	٠	86033	٠	86340	٠	86512
٠	85268	•	85354	•	85551	•	85640	•	85926	•	86034	•	86341	•	86514
٠	85269	•	85356	•	85552	•	85641	•	85927	•	86035	•	86342	•	86515
•	85272	•	85357	•	85553	•	85643	•	85928	•	86036	•	86343	•	86520
٠	85273	•	85358	•	85554	•	85644	•	85929	•	86038	•	86351	•	86535
•	85279	•	85359	•	85601	•	85645	•	85930	•	86039	•	86404	•	86538
•	85290	•	85360	•	85602	•	85646	•	85931	•	86040	•	86405	•	86540
٠	85291	•	85361	•	85605	•	85648	•	85932	•	86042	•	86406	•	86544
•	85292	٠	85362	٠	85606	٠	85652	٠	85933	•	86043	٠	86411	•	86545
٠	85320	•	85365	•	85609	•	85653	•	85934	•	86044	•	86412	•	86547
٠	85321	٠	85366	٠	85610	٠	85654	٠	85935	٠	86046	٠	86413	٠	86549
٠	85322	•	85367	•	85611	•	85658	•	85936	•	86047	•	86426	•	86556
٠	85324	•	85369	•	85613	•	85670	•	85937	•	86052	•	86427		
•	85325	•	85371	•	85614	•	85720	•	85938	•	86053	•	86432		
•	85326	•	85375	•	85615	•	85721	•	85939	•	86054	•	86433		
•	85327	•	85376	•	85616	•	85722	•	85940	•	86305	•	86434		
•	85328	•	85377	•	85617	•	85723	•	85941	•	86312	•	86435		
•	85329	•	85387	•	85618	•	85724	•	85942	•	86313	•	86436		
•	85331	•	85390	•	85619	•	85731	•	86015	•	86320	•	86437		
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ZIP	City	St	County	Tier	ZIP	City	St	County	Tier
85001	Phoenix	AZ	Maricopa	Base Rate	85032	Phoenix	AZ	Maricopa	Base
85002	Phoenix	AZ	Maricopa	Base Rate	85033	Phoenix	AZ	Maricopa	Base
85003	Phoenix	AZ	Maricopa	Base Rate	85034	Phoenix	AZ	Maricopa	Base
85004	Phoenix	AZ	Maricopa	Base Rate	85035	Phoenix	AZ	Maricopa	Base
85005	Phoenix	AZ	Maricopa	Base Rate	85036	Phoenix	AZ	Maricopa	Base
85006	Phoenix	AZ	Maricopa	Base Rate	85037	Phoenix	AZ	Maricopa	Base
85007	Phoenix	AZ	Maricopa	Base Rate	85039	Phoenix	AZ	Maricopa	Base
85008	Phoenix	AZ	Maricopa	Base Rate	85040	Phoenix	AZ	Maricopa	Base
85009	Phoenix	AZ	Maricopa	Base Rate	85041	Phoenix	AZ	Maricopa	Base
85012	Phoenix	AZ	Maricopa	Base Rate	85042	Phoenix	AZ	Maricopa	Base
85013	Phoenix	AZ	Maricopa	Base Rate	85043	Phoenix	AZ	Maricopa	Base
85014	Phoenix	AZ	Maricopa	Base Rate	85044	Phoenix	AZ	Maricopa	Base
85015	Phoenix	AZ	Maricopa	Base Rate	85045	Phoenix	AZ	Maricopa	Base
85016	Phoenix	AZ	Maricopa	Base Rate	85048	Phoenix	AZ	Maricopa	Base
85017	Phoenix	AZ	Maricopa	Base Rate	85050	Phoenix	AZ	Maricopa	Base
85018	Phoenix	AZ	Maricopa	Base Rate	85051	Phoenix	AZ	Maricopa	Base
85019	Phoenix	AZ	Maricopa	Base Rate	85053	Phoenix	AZ	Maricopa	Base
85020	Phoenix	AZ	Maricopa	Base Rate	85054	Phoenix	AZ	Maricopa	Base
85021	Phoenix	AZ	Maricopa	Base Rate	85063	Phoenix	AZ	Maricopa	Base
85022	Phoenix	AZ	Maricopa	Base Rate	85064	Phoenix	AZ	Maricopa	Base
85023	Phoenix	AZ	Maricopa	Base Rate	85066	Phoenix	AZ	Maricopa	Base
85024	Phoenix	AZ	Maricopa	Base Rate	85068	Phoenix	AZ	Maricopa	Base
85027	Phoenix	AZ	Maricopa	Base Rate	85069	Phoenix	AZ	Maricopa	Base
85028	Phoenix	AZ	Maricopa	Base Rate	85071	Phoenix	AZ	Maricopa	Base
85029	Phoenix	AZ	Maricopa	Base Rate	85072	Phoenix	AZ	Maricopa	Base
85031	Phoenix	AZ	Maricopa	Base Rate	85074	Phoenix	AZ	Maricopa	Base

ZIP	City	St	County	Tier	ZIP	City	St	County	Tier
85075	Phoenix	AZ	Maricopa	Base Rate	85147	Sacaton	AZ	Pinal	Tier
85076	Phoenix	AZ	Maricopa	Base Rate	85149	San Tan Valley	AZ	Pinal	Tier :
85083	Phoenix	AZ	Maricopa	Base Rate	85172	Stanfield	AZ	Pinal	Tier 2
85085	Phoenix	AZ	Maricopa	Base Rate	85173	Superior	AZ	PInal	Tier 3
85086	Phoenix	AZ	Maricopa	Base Rate	85179	Florence	AZ	Pinal	Tier 2
85087	New River	AZ	Maricopa	Tier 1	85191	Valley Farms	AZ	Pinal	Tier 2
85117	Apache Junction	AZ	Pinal	Tier 1	85192	Winkleman	AZ	Gila	Tier 3
85118	Apache Junction	AZ	Pinal	Tier 1	85201	Mesa	AZ	Maricopa	Base
85119	Apache Junction	AZ	Pinal	Tier 1	85202	Mesa	AZ	Maricopa	Base
85120	Apache Junction	AZ	Pinal	Tier 1	85203	Mesa	AZ	Maricopa	Base
85121	Bapchule	AZ	Pinal	Tier 2	85204	Mesa	AZ	Maricopa	Base
85122	Casa Grande	AZ	Pinal	Tier 2	85205	Mesa	AZ	Maricopa	Base
85123	Arizona City	AZ	Pinal	Tier 2	85206	Mesa	AZ	Maricopa	Base
85128	Coolidge	AZ	Pinal	Tier 2	85207	Mesa	AZ	Maricopa	Base
85130	Casa Grande	AZ	Pinal	Tier 2	85208	Mesa	AZ	Maricopa	Base
85131	Eloy	AZ	Pinal	Tier 2	85209	Mesa	AZ	Maricopa	Base
85132	Florence	AZ	Pinal	Tier 2	85210	Mesa	AZ	Maricopa	Base
85135	Hayden	AZ	Pinal	Tier 2	85211	Mesa	AZ	Maricopa	Base
85137	Kearny	AZ	Pinal	Tier 2	85212	Mesa	AZ	Maricopa	Base
85138	Maricopa	AZ	Pinal	Tier 2	85213	Mesa	AZ	Maricopa	Base
85139	Maricopa	AZ	Pinal	Tier 2	85214	Mesa	AZ	Maricopa	Base
85140	Queen Creek	AZ	Maricopa	Tier 1	85215	Mesa	AZ	Maricopa	Tier 1
85141	Picacho	AZ	Pinal	Tier 2	85216	Mesa	AZ	Maricopa	Base
85142	Queen Creek	AZ	Maricopa	Tier 1	85224	Chandler	AZ	Maricopa	Base
85143	Queen Creek	AZ	Maricopa	Tier 1	85225	Chandler	AZ	Maricopa	Base
85144	San Tan Valley	AZ	Pinal	Tier 1	85226	Chandler	AZ	Maricopa	Base
85145	Red Rock	AZ	Pinal	Tier 2	85227	Chandler Heights	AZ	Maricopa	Base

ZIP	City	St	County	Tier	ZIP	City	St	С	ounty
85233	Gilbert	AZ	Maricopa	Base Rate	85280	Тетре	AZ	Ν	Aaricopa
85234	Gilbert	AZ	Maricopa	Base Rate	85281	Тетре	AZ	Ī	Maricopa
85236	Higley	AZ	Maricopa	Base Rate	85282	Тетре	AZ		Maricopa
85244	Chandler	AZ	Maricopa	Base Rate	85283	Tempe	AZ	Τ	Maricopa
85246	Chandler	AZ	Maricopa	Base Rate	85284	Тетре	AZ		Maricopa
85248	Chandler	AZ	Maricopa	Base Rate	85285	Tempe	AZ		Maricopa
85249	Chandler	AZ	Maricopa	Base Rate	85286	Chandler	AZ		Maricopa
85250	Scottsdale	AZ	Maricopa	Base Rate	85288	Тетре	AZ	Τ	Maricopa
85251	Scottsdale	AZ	Maricopa	Base Rate	85295	Gilbert	AZ		Maricopa
85253	Paradise Valley	AZ	Maricopa	Base Rate	85296	Gilbert	AZ		Maricopa
85254	Scottsdale	AZ	Maricopa	Base Rate	85297	Gilbert	AZ		Maricopa
85255	Scottsdale	AZ	Maricopa	Base Rate	85298	Gilbert	AZ		Maricopa
85256	Scottsdale	AZ	Maricopa	Base Rate	85299	Gilbert	AZ		Maricopa
85257	Scottsdale	AZ	Maricopa	Base Rate	85301	Glendale	AZ		Maricopa
85258	Scottsdale	AZ	Maricopa	Base Rate	85302	Glendale	AZ		Maricopa
85259	Scottsdale	AZ	Maricopa	Base Rate	85303	Glendale	AZ		Maricopa
85260	Scottsdale	AZ	Maricopa	Base Rate	85304	Glendale	AZ		Maricopa
85262	Scottsdale	AZ	Maricopa	Base Rate	85305	Glendale	AZ		Maricopa
85263	Rio Verde	AZ	Maricopa	Base Rate	85306	Glendale	AZ		Maricopa
85264	Fort McDowell	AZ	Maricopa	Base Rate	85307	Glendale	AZ		Maricopa
85266	Scottsdale	AZ	Maricopa	Base Rate	85308	Glendale	AZ		Maricopa
85267	Scottsdale	AZ	Maricopa	Base Rate	85309	Luke AFB	AZ		Maricopa
85268	Fountain Hills	AZ	Maricopa	Base Rate	85310	Glendale	AZ		Maricopa
85269	Fountain Hills	AZ	Maricopa	Base Rate	85311	Glendale	AZ	ſ	Maricopa
85271	Scottsdale	AZ	Maricopa	Base Rate	85312	Glendale	AZ	Ν	Лаricopa
85277	Mesa	AZ	Maricopa	Base Rate	85318	Glendale	AZ	N	1aricopa
85278	Apache Junction	AZ	Maricopa	Tier 1	85320	Aguila	AZ	Ma	iricopa

ZIP	City	St	County	Tier	ZIP	City	St	County	Tier
85321	Ajo	AZ	Pima	Tier 3	85350	Somerton	AZ	Yuma	Tier 3
85322	Arlington	AZ	Maricopa	Tier 1	85351	Sun City	AZ	Maricopa	Base Ra
85323	Avoldale	AZ	Maricopa	Base Rate	85352	Таспа	AZ	Yuma	Tier 3
85324	Black Canyon City	AZ	Yavapai	Tier 2	85353	Tolleson	AZ	Maricopa	Base Ra
85325	Bouse	AZ	La Paz	Tier 2	85354	Tonopah	AZ	Maricopa	Tier 2
85326	Buckeye	AZ	Maricopa	Tier 1	85355	Waddell	AZ	Maricopa	Base Ra
85327	Cave Creek	AZ	Maricopa	Base Rate	85356	Wellton	AZ	Yuma	Tier 3
85328	Cibola	AZ	La Paz	Tier 2	85357	Tenden	AZ	La Paz	Tier 2
85329	Cashion	AZ	Maricopa	Base Rate	85358	Wickenburg	AZ	Maricopa	Tier 1
85331	Cave Creek	AZ	Maricopa	Base Rate	85359	Quartzite	AZ	La Paz	Tier 3
85332	Congress	AZ	Yavapai	Tier 2	85360	Wikieup	AZ	Mohave	Tier 3
85333	Dateland	AZ	Yuma	Tier 3	85361	Wittmann	AZ	Maricopa	Tier 1
85335	El Mirage	AZ	Maricopa	Base Rate	85362	Yarnell	AZ	Yavapai	Tier 3
85336	Gadsden	AZ	Yuma	Tier 2	85363	Youngtown	AZ	Maricopa	Base Ra
85337	Gila Bend	AZ	Maricopa	Tier 1	85364	Yuma	AZ	Yuma	Tier 3
85338	Goodyear	AZ	Maricopa	Base Rate	85365	Yuma	AZ	Yuma	Tier 3
85339	Laveen	AZ	Maricopa	Base Rate	85366	Yuma	AZ	Yuma	Tier 3
85340	Litchfield Park	AZ	Maricopa	Base Rate	85367	Yuma	AZ	Yuma	Tier 3
85341	Lukeville	AZ	Pima	Base Rate	85371	Poston	AZ	La Paz	Tier 3
85342	Morristown	AZ	Maricopa	Tier 2	85373	Sun City	AZ	Maricopa	Base Ra
85343	Palo Verde	AZ	Maricopa	Tier 1	85374	Surprise	AZ	Maricopa	Base Ra
85344	Parker	AZ	La Paz	Tier 3	85375	Sun City West	AZ	Maricopa	Base Ra
85345	Peoria	AZ	Maricopa	Base Rate	85376	Sun City West	AZ	Maricopa	Base Ra
85346	Quartzite	AZ	La Paz	Tier 3	85377	Carefree	AZ	Maricopa	Base Ra
85347	Roll	AZ	Yuma	Tier 2	85379	Surprise	AZ	Maricopa	Base Ra
85348	Salome	AZ	La Paz	Tier 2	85380	Peoria	AZ	Maricopa	Base Ra
85349	San Luis	AZ	Yuma	Tier 3	85381	Peoria	AZ	Maricopa	Base Ra

ZIP	City	St	County	Tier	ZIP	City	St	County	Tier
85382	Peoria	AZ	Maricopa	Base Rate	85550	San Carlos	AZ	Gila	Tier 3
85383	Peoria	AZ	Maricopa	Base Rate	85551	Solomon	AZ	Graham	Tier 3
85385	Peoria	AZ	Maricopa	Base Rate	85552	Thatcher	AZ	Graham	Tier 3
85387	Surprise	AZ	Maricopa	Base Rate	85553	Tonto Basin	AZ	Gila	Tier 2
85388	Surprise	AZ	Maricopa	Base Rate	85601	Arivaca	AZ	Pima	Tier 2
85390	Wickenburg	AZ	Maricopa	Tier 1	85602	Benson	AZ	Cochise	Tier 2
85392	Avondale	AZ	Maricopa	Base Rate	85603	Bisbee	AZ	Cochise	Tier 3
85395	Goodyear	AZ	Maricopa	Base Rate	85605	Bowie	AZ	Cochise	Tier 2
85396	Buckeye	AZ	Maricopa	Tier 1	85606	Cochise	AZ	Cochise	Tier 2
85501	Globe	AZ	Gila	Tier 3	85607	Douglas	AZ	Cochise	Tier 3
85502	Globe	AZ	Gila	Tier 3	85608	Douglas	AZ	Cochise	Tier 3
85530	Bylas	AZ	Graham	Tier 3	85610	Elfrida	AZ	Cochise	Tier 3
85531	Central	AZ	Graham	Tier 3	85611	Elgin	AZ	Santa Cruz	Tier 2
85532	Claypool	AZ	Gila	Tier 3	85613	Fort Huachuca	AZ	Cochise	Base Rate
85533	Clifton	AZ	Greenlee	Tier 3	85614	Green Valley	AZ	Pima	Tier 2
85534	Duncan	AZ	Greenlee	Tier 3	85615	Hereford	AZ	Cochise	Tier 3
85535	Eden	AZ	Graham	Tier 3	85616	Huachuca City	AZ	Cochise	Tier 2
85536	Fort Thomas	AZ	Graham	Tier 3	85617	McNeal	AZ	Cochise	Tier 3
85539	Miami	AZ	Gila	Tier 3	85618	Mammoth	AZ	Pinal	Tier 3
85540	Morenci	AZ	Greenlee	Tier 3	85619	Mount Lemmon	AZ	Pima	Base Rate
85541	Payson	AZ	Gila	Tier 2	85620	Naco	AZ	Cochise	Tier 2
85542	Peridot	AZ	Gila	Tier 3	85621	Nogales	AZ	Santa Cruz	Tier 2
85543	Pima	AZ	Graham	Tier 3	85622	Green Valley	AZ	Pima	Base Rate
85544	Pine	AZ	Gila	Tier 2	85623	Oracle	AZ	Pinal	Tier 3
85545	Roosevelt	AZ	Gila	Tier 3	85624	Patagonia	AZ	Santa Cruz	Tier 2
85546	Safford	AZ	Graham	Tier 3	85625	Pearce	AZ	Cochise	Tier 2
85547	Payson	AZ	Gila	Tier 2	85626	Pirtleville	AZ	Cochise	Tier 2
85548	Safford	AZ	Graham	Tier 3	85627	Pomerene	AZ	Cochise	Tier 2

ZIP	City	St	County	Tier	ZIP	City	St	County	Tier
85628	Nogales	AZ	Santa Cruz	Tier 2	85707	Tucson	AZ	Pima	Base R
85629	Sahuartia	AZ	Pima	Base Rate	85708	Tucson	AZ	Pima	Base Ra
85630	Saint David	AZ	Cochise	Tier 3	85710	Tucson	AZ	Pima	Base R
85631	San Manuel	AZ	Pinal	Tier 3	85711	Tucson	AZ	Pima	Base R
85632	San Simon	AZ	Cochise	Tier 2	85712	Tucson	AZ	Pima	Base R
85634	Sells	AZ	Pima	Tier 3	85713	Tucson	AZ	Pima	Base R
85635	Sierra Vista	AZ	Cochise	Tier 3	85714	Tucson	AZ	Pima	Base R
85636	Sierra Vista	AZ	Cochise	Tier 2	85715	Tucson	AZ	Pima	Base R
85637	Sonoita	AZ	Santa Cruz	Tier 2	85716	Tucson	AZ	Pima	Base R
85638	Tombstone	AZ	Coshise	Tier 3	85717	Tucson	AZ	Pima	Base R
85639	Тораwа	AZ	Pima	Tier 2	85718	Tucson	AZ	Pima	Base R
85640	Tumacacori	AZ	Santa Cruz	Tier 2	85719	Tucson	AZ	Pima	Base R
85641	Vail	AZ	Pima	Base Rate	85724	Tucson	AZ	Pima	Base R
85643	Willcox	AZ	Cochise	Tier 2	85726	Tucson	AZ	Pima	Base R
85645	Amado	AZ	Santa Cruz	Tier 2	85728	Tucson	AZ	Pima	Base R
85646	Tubac	AZ	Santa Cruz	Tier 2	85730	Tucson	AZ	Pima	Base R
85648	Rio Rico	AZ	Santa Cruz	Tier 3	85731	Tucson	AZ	Pima	Base R
85650	Sierra Vista	AZ	Cochise	Base Rate	85732	Tucson	AZ	Pima	Base R
85652	Cortaro	AZ	Pima	Base Rate	85733	Tucson	AZ	Pima	Base R
85653	Marana	AZ	Pima	Base Rate	85734	Tucson	AZ	Pima	Base R
85658	Marana	AZ	Pima	Base Rate	85735	Tucson	AZ	Pima	Base Ra
85670	Fort Huachuca	AZ	Cochise	Base Rate	85736	Tucson	AZ	Pima	Base Ra
85701	Tucson	AZ	Pima	Base Rate	85737	Tucson	AZ	Pima	Base R
85702	Tucson	AZ	Pima	Base Rate	85739	Tucson	AZ	Pima	Base R
85703	Tucson	AZ	Pima	Base Rate	85740	Tucson	AZ	Pima	Base R
85704	Tucson	AZ	Pima	Base Rate	85741	Tucson	AZ	Pima	Base R
85705	Tucson	AZ	Pima	Base Rate	85742	Tucson	AZ	Pima	Base R
85706	Tucson	AZ	Pima	Base Rate	85743	Tucson	AZ	Pima	Base R

ZIP	City	St	County	Tier	ZIP	City	St	County	Tier
85745	Tucson	AZ	Pima	Base Rate	85936	Saint Johns	AZ	Apache	Tier 3
85746	Tucson	AZ	Pima	Base Rate	85937	Snowflake	AZ	Navajo	Tier 3
85747	Tucson	AZ	Pima	Base Rate	85938	Springerville	AZ	Apache	Tier 3
85748	Tucson	AZ	Pima	Base Rate	85939	Taylor	AZ	Navajo	Tier 3
85749	Tucson	AZ	Pima	Base Rate	85940	Vernon	AZ	Apache	Tier 3
85750	Tucson	AZ	Pima	Base Rate	85941	Whiteriver	AZ	Navajo	Tier 3
85751	Tucson	AZ	Pima	Base Rate	85942	Woodruff	AZ	Navajo	Tier 3
85752	Tucson	AZ	Pima	Base Rate	86001	Flagstaff	AZ	Coconino	Base Rate
85755	Tucson	AZ	Pima	Base Rate	86002	Flagstaff	AZ	Coconino	Base Rate
85757	Tucson	AZ	Pima	Base Rate	86003	Flagstaff	AZ	Coconino	Base Rate
85901	Show Low	AZ	Navajo	Tier 3	86004	Flagstaff	AZ	Coconino	Base Rate
85902	Show Low	AZ	Navajo	Tier 3	86005	Flagstaff	AZ	Coconino	Base Rate
85911	Cibecue	AZ	Navajo	Tier 3	86011	Flagstaff	AZ	Coconino	Base Rate
85912	White Mountain Lake	AZ	Navajo	Tier 3	86015	Bellemont	AZ	Coconino	Base Rate
85920	Alpine	AZ	Apache	Tier 3	86017	Munds Park	AZ	Coconino	Base Rate
85922	Blue	AZ	Greenlee	Tier 3	86018	Parks	AZ	Coconino	Base Rate
85923	Clay Springs	AZ	Navajo	Tier 3	86020	Cameron	AZ	Navajo	Tier 2
85924	Concho	AZ	Apache	Tier 3	86021	Colorado City	AZ	Mohave	Tier 3
85925	Eagar	AZ	Apache	Tier 3	86022	Fredonia	AZ	Coconino	Tier 3
85926	Fort Apache	AZ	Navajo	Tier 3	86023	Grand Canyon	AZ	Coconino	Tier 2
85927	Greer	AZ	Apache	Tier 3	86024	Happy Jack	AZ	Coconino	Tier 2
85928	Heber	AZ	Navajo	Tier 3	86025	Holbrook	AZ	Navajo	Tier 3
85929	Lakeside	AZ	Navajo	Tier 3	86029	Sun Valley	AZ	Navajo	Tier 3
85930	McNary	AZ	Apache	Tier 3	86030	Hotevilla	AZ	Navajo	Tier 3
85932	Nutrioso	AZ	Apache	Tier 3	86031	Indian Wells	AZ	Navajo	Tier 3
85933	Overgaard	AZ	Navajo	Tier 3	86032	Joseph City	AZ	Navajo	Tier 3
85934	Pinedale	AZ	Navajo	Tier 3	86033	Kayenta	AZ	Navajo	Tier 3
85935	Pinetop	AZ	Navajo	Tier 3	86034	Keams Canyon	AZ	Navajo	Tier 3

ZIP Cit	ity	St	County	Tier	ZIP	City	St	County	Tier
86035 Le	eupp	AZ	Coconino	Tier 2	86326	Cottonwood	AZ	Yavapai	Base R
86036 Ma	larble Canyon	AZ	Coconino	Tier 3	86327	Dewey	AZ	Yavapai	Base Ra
86038 M	lormon Canyon	AZ	Coconino	Base Rate	86329	Humboldt	AZ	Yavapai	Base Ra
86039 Ky	ykotsmovi Village	AZ	Navajo	Tier 3	86332	Kirkland	AZ	Yavapai	Tier 2
86040 Pa	age	AZ	Coconino	Tier 3	86333	Mayer	AZ	Yavapai	Base Ra
86042 Po	olaca	AZ	Navajo	Tier 3	86334	Paulden	AZ	Yavapai	Tier 3
86043 Se	econd Mesa	AZ	Navajo	Tier 3	86335	Rimrock	AZ	Yavapai	Base Ra
86044 To	onalea	AZ	Coconino	Tier 3	86336	Sedona	AZ	Coconino	Base Ra
86045 Tu	uba City	AZ	Coconino	Tier 3	86337	Seligman	AZ	Yavapai	Tier 2
86046 Wi	/illiams	AZ	Coconino	Tier 3	86338	Skull Valley	AZ	Yavapai	Tier 3
86047 Wi	/inslow	AZ	Navajo	Tier 3	86339	Sedona	AZ	Coconino	Base Ra
86053 Ka	aibito	AZ	Coconino	Tier 3	86340	Sedona	AZ	Coconino	Base Ra
86054 Sh	noton	AZ	Navajo	Tier 3	86341	Sedona	AZ	Coconino	Base Ra
86301 Pre	rescott	AZ	Yavapai	Base Rate	86342	Lake Montezuma	AZ	Yavapai	Base Ra
86302 Pre	rescott	AZ	Yavapai	Base Rate	86343	Crown King	AZ	Yavapai	Tier 2
86303 Pre	rescott	AZ	Yavapai	Base Rate	86351	Sedona	AZ	Coconino	Tier 2
86304 Pre	rescott	AZ	Yavapai	Base Rate	86401	Kingman	AZ	Mohave	Tier 3
86305 Pre	rescott	AZ	Yavapai	Base Rate	86402	Kingman	AZ	Mohave	Tier 3
86312 Pre	rescott Valley	AZ	Yavapai	Base Rate	86403	Lake Havasu City	AZ	Mohave	Tier 3
86314 Pre	rescott Valley	AZ	Yavapai	Base Rate	86404	Lake Havasu City	AZ	Mohave	Tier 3
86315 Pre	rescott Valley/Chino	AZ	Yavapai	Base Rate	86405	Lake Havasu City	AZ	Mohave	Tier 3
Va	alley		Tavapar		86406	Lake Havasu City	AZ	Mohave	Tier 3
	sh Fork	AZ	Yavapai	Tier 3	86409	Kingman	AZ	Mohave	Tier 3
	agdad	AZ	Yavapai	Tier 3	86413	Golden Valley	AZ	Mohave	Tier 3
86322 Ca	amp Verde	AZ	Yavapai	Base Rate	86426	Fort Mohave	AZ	Mohave	Tier 3
86323 Ch	hino Valley	AZ	Yavapai	Base Rate	86427	Fort Mohave	AZ	Mohave	Tier 3
86324 Cla	larkdale	AZ	Yavapai	Base Rate	86429	Bullhead City	AZ	Mohave	Tier 3
86325 Co	ornville	AZ	Yavapai	Base Rate					

ZIP	City	St	County	Tier
86430	Bullhead City	AZ	Mohave	Tier 3
86432	Littlefield	AZ	Mohave	Tier 3
86433	Oatman	AZ	Mohave	Tier 3
86434	Peach Springs	AZ	Mohave	Tier 3
86435	Suapai	AZ	Coconino	Tier 3
86436	Topock	AZ	Mohave	Tier 3
86438	Үисса	AZ	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

ZIP	City	St	County	Tier
86507	Lukachukai	AZ	Apache	Tier 3
86508	Lupton	AZ	Apache	Tier 3
86510	Pinon	AZ	Navajo	Tier 3
86511	Saint Michaels	AZ	Apache	Tier 3
86512	Sanders	AZ	Apache	Tier 3
86514	Teec Nos Pos	AZ	Apache	Tier 3
86515	Window Rock	AZ	Apache	Tier 3
86520	Blue Gap	AZ	Navajo	Tier 3
86535	Dennehotso	AZ	Apache	Tier 3
86538	Many Farms	AZ	Apache	Tier 3
86540	Nazlini	AZ	Apache	Tier 3
86544	Red Valley	AZ	Apache	Tier 3
86545	Rock Point	AZ	Apache	Tier 3
86547	Round Rock	AZ	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		