

Division of Developmental Disabilities

RATE BOOK

Effective Date

October 1, 2022

Revision Date

August 22, 2023

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 October 1, 2021. 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. The following list summarizes the changes when compared to the set of schedules published August 2022 and provides other important information:

August 18, 2023

- Added additional Sign Language and Interpreting rates and < 15 minutes Nursing rates.
- Consolidated HID, Therapy, HPD, and HAB rates for brevity.

January 1, 2023

- Updated rates for the January 1, 2023 vendor rate increases to relevant services.
- Added more Group Home ranges.

October 31, 2022

- Updated rates for HID for range 15-22, residents: 1 for Statewide; and range 14-22, residents: 1 for Flagstaff
- Updated the rate for OTA Occupational Therapy (Natural, Base Rate) and for PTA Physical Therapy (Natural, Base Rate) October 7, 2022
 - Updated service HCPCSS/CPT codes and unit of measurements to align with National Correct Coding Initiative
 - Updated billing guidance for the following:
 - In-Home Services
 - Group Home
 - Room/Board
 - Transportation
 - Nursing
 - Added more Group Home ranges

October 1, 2022

• Updated rates for the October 1, 2022 vendor rate increases.

Summarized Listing of Rates by Service

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|--------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| S5125 | ATC | Statewide | Attendant Care | Per 15 Minutes | \$5.13 | \$5.89 | \$6.12 |
| T2017 | НАН | Statewide | Habilitation, Support | Per 15 Minutes | \$6.13 | \$6.89 | \$7.12 |
| S5130 | HSK | Statewide | Homemaker | Per 15 Minutes | \$4.55 | \$5.31 | \$5.54 |
| S5150 | RSP | Statewide | Respite | Per 15 Minutes | \$5.03 | \$5.79 | \$6.02 |
| S5151 | RSD | Statewide | Respite, Daily | Day | \$386.80 | \$447.80 | \$465.80 |
| HCPCS | Service Code | Statewide or Flagstaff | Home Based Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
| T2017 | HAI | Statewide | Habilitation, Individually Designed Living Arrangement, Hourly | Per 15 Minutes | \$7.25 | \$7.48 | \$7.48 |
| T2016 | HID | Statewide | Habilitation, Individually Designed Living Arrangement, Daily | Day | \$28.76 | \$29.66 | \$29.66 |

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| T2021 | DTA | Statewide | Day Treatment and Training, Adult (1:3.5) | Per 15 Minutes | \$3.07 | \$3.13 | \$3.13 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult (1:5.5) | Per 15 Minutes | \$2.32 | \$2.36 | \$2.36 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult (1:7.5) | Per 15 Minutes | \$1.98 | \$2.01 | \$2.01 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children (After- School) (1:3.5) | Per 15 Minutes | \$3.41 | \$3.48 | \$3.48 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children (After- School) (1:5.5) | Per 15 Minutes | \$2.72 | \$2.76 | \$2.76 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children (After- School) (1:7.5) | Per 15 Minutes | \$2.42 | \$2.45 | \$2.45 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children (Summer) (1:3.5) | Per 15 Minutes | \$3.41 | \$3.41 | \$3.41 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children (Summer) (1:5.5) | Per 15 Minutes | \$2.72 | \$2.72 | \$2.72 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children (Summer) (1:7.5) | Per 15 Minutes | \$2.42 | \$2.42 | \$2.42 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult - Rural (1:3.5) | Per 15 Minutes | \$3.34 | \$3.40 | \$3.40 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult - Rural (1:5.5) | Per 15 Minutes | \$2.51 | \$2.56 | \$2.56 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult - Rural (1:7.5) | Per 15 Minutes | \$2.12 | \$2.15 | \$2.15 |

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|-------------------|----------------------------|----------------------------|----------------------------|
| T2021 | DTT/DTS | Statewide | Day Treatment and Training, Children - Rural (1:3.5) | Per 15 Minutes | \$3.77 | \$3.84 | \$3.84 |
| T2021 | DTT/DTS | Statewide | Day Treatment and Training, Children - Rural (1:5.5) | Per 15 Minutes | \$3.14 | \$3.18 | \$3.18 |
| T2021 | DTT/DTS | Statewide | Day Treatment and Training, Children - Rural (1:7.5) | Per 15 Minutes | \$2.87 | \$2.90 | \$2.90 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult (1:1) | Per 15 Minutes | \$9.20 | \$9.39 | \$9.39 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult (1:2) | Per 15 Minutes | \$4.60 | \$4.70 | \$4.70 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult (2:1) | Per 15 Minutes | \$18.39 | \$18.78 | \$18.78 |

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

| HCPCS | Service Code | Statewide or Flagstaff | Developmental Home Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| T2016 | HBA | Statewide | Habilitation, Vendor Supported Developmental Home (Adult) | Day | \$148.57 | \$148.57 | \$148.57 |
| T2016 | HBC | Statewide | Habilitation, Vendor Supported Developmental Home (Child) | Day | \$148.57 | \$148.57 | \$148.57 |
| A9270 | RBD | Statewide | Room and Board, Vendor Supported Developmental Home | Day | \$14.58 | \$14.58 | \$14.58 |

| HCPCS | Service Code | Statewide or Flagstaff | Developmental Home Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------------------------|----------------------------|----------------------------|
| T2016 | HPD | Statewide | Habilitation, Community Protection and Treatment Group Home | Day | \$36.71 | \$37.61 | \$37.61 |
| T2016 | НАВ | Statewide | Habilitation, Group Home, Residents: 1 | Day | \$23.54 | \$23.77 | \$23.77 |
| T2016 | НАВ | Statewide | Habilitation, Group Home, Residents: 2 | Day | \$24.63 | \$24.86 | \$24.86 |
| T2016 | НАВ | Statewide | Habilitation, Group Home, Residents: 3+ | Day | \$26.70 | \$27.78 | \$27.78 |
| T2016 | HAN | Statewide | Habilitation, Nursing Supported Group Home, Level I | Day | \$474.32 | \$474.32 | \$474.32 |
| T2016 | HAN | Statewide | Habilitation, Nursing Supported Group Home, Level II | Day | \$561.32 | \$561.32 | \$561.32 |
| T2016 | HAN | Statewide | Habilitation, Nursing Supported Group Home, Level III | Day | \$625.39 | \$625.39 | \$625.39 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes (Maricopa/Urban) 3BR | Day | \$23.58 | \$23.58 | \$23.58 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes (Maricopa/Urban) 4BR | Day | \$21.01 | \$21.01 | \$21.01 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes (Pima/Urban) 3BR | Day | \$21.73 | \$21.73 | \$21.73 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes (Pima/Urban) 4BR | Day | \$19.45 | \$19.45 | \$19.45 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes (Yuma/Rural) 3BR | Day | \$21.02 | \$21.02 | \$21.02 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes (Yuma/Rural) 4BR | Day | \$18.38 | \$18.38 | \$18.38 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | 10/1/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|---------------|------------------------|---------------------------|--|------------------------|---------------------------|----------------------------|----------------------------|
| T1021 | ННА | Statewide | Home Health Aide | Per Visit | \$48.13 | \$48.13 | \$48.13 |
| T1021 | ННА | Statewide | Licensed Health Aide | Per Visit | \$70.03 | \$70.03 | \$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 | \$29.44 | \$29.44 |
| G0300 | G0300 | Statewide | Nursing Visit (LPN) | 15 Minutes* | - | - | \$43.86 |
| G0300 | G0300 | Statewide | Nursing Visit (LPN) | Per 15 Minutes | \$25.80 | \$25.80 | \$25.80 |
| G0299 | G0300/G0299 | Statewide | Nursing, Intermittent (RN) | 15 Minutes* | - | - | \$50.00 |
| G0299 | G0300/G0299 | Statewide | Nursing, Intermittent (RN) | Per 15 Minutes | \$29.44 | \$29.44 | \$29.44 |
| G0300 | G0300 | Statewide | Nursing, Intermittent (LPN) | 15 Minutes* | - | - | \$43.86 |
| G0300 | G0300 | Statewide | Nursing, Intermittent (LPN) | Per 15 Minutes | \$25.80 | \$25.80 | \$25.80 |
| S9123 | S9123/S9124 | Statewide | Nursing, Continuous(RN) | Per Hour | \$64.63 | \$64.63 | \$64.63 |
| S9124 | S9124 | Statewide | Nursing, Continuous (LPN) | Per Hour | \$48.73 | \$48.73 | \$48.73 |
| S5150 | HNR | Statewide | Nursing, Respite (RN) | Per 15 Minutes | \$16.16 | \$16.16 | \$16.16 |
| S5150 | HNR | Statewide | Nursing, Respite (LPN) | Per 15 Minutes | \$12.19 | \$12.19 | \$12.19 |
| *This rate is | s only applicable to v | isits that are 22 | minutes or less. For visits 23 minutes or more, th | ne Per 15 Minutes rate | e will be used. Please | e see the example be | elow. |
| 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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------------------------|----------------------------|----------------------------|
| 97535 | ΟΤΑ | Statewide | Occupational Therapy (Clinic, Base Rate) | Per 15 Minutes | \$23.06 | \$23.06 | \$23.06 |
| 97535 | ΟΤΑ | Statewide | Occupational Therapy (Natural, Base Rate) | Per 15 Minutes | \$30.59 | \$30.59 | \$30.59 |
| 97535 | ΟΤΑ | Statewide | Occupational Therapy (Teletherapy, Base Rate) | Per 15 Minutes | - | - | \$23.64 |
| 97166 | OEA | Statewide | Occupational Therapy Evaluation (Clinic) | Per Evaluation | \$175.52 | \$175.52 | \$175.52 |
| 97166 | OEA | Statewide | Occupational Therapy Evaluation (Natural) | Per Evaluation | \$196.24 | \$196.24 | \$196.24 |
| 97166 | OEA | Statewide | Occupational Therapy Evaluation (Teletherapy) | Per Evaluation | - | - | \$179.97 |
| 97535 | ΟΤΑ | Statewide | Occupational Therapy Assistant (Clinic, Base Rate) | Per 15 Minutes | \$19.70 | \$19.70 | \$19.70 |
| 97535 | ΟΤΑ | Statewide | Occupational Therapy Assistant (Natural, Base Rate) | Per 15 Minutes | \$28.13 | \$28.13 | \$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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| 97530 | ΡΤΑ | Statewide | Physical Therapy (Clinic, Base Rate) | Per 15 Minutes | \$23.06 | \$23.06 | \$23.06 |
| 97530 | ΡΤΑ | Statewide | Physical Therapy (Natural, Base Rate) | Per 15 Minutes | \$30.59 | \$30.59 | \$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 | \$175.52 | \$175.52 |
| 97001 | PEA | Statewide | Physical Therapy Evaluation (Natural) | Per Evaluation | \$196.24 | \$196.24 | \$196.24 |
| 97161 | PEA | Statewide | Physical Therapy Evaluation (Teletherapy) | Per Evaluation | - | - | \$179.97 |
| 97530 | ΡΤΑ | Statewide | Physical Therapy Assistant (Clinic, Base Rate) | Per 15 Minutes | \$19.70 | \$19.70 | \$19.70 |
| 97530 | ΡΤΑ | Statewide | Physical Therapy Assistant (Natural, Base Rate) | Per 15 Minutes | \$28.13 | \$28.13 | \$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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------------------------|----------------------------|----------------------------|
| 92507 | STA | Statewide | Speech Therapy (Clinic, Base Rate) | Per Visit | \$92.24 | \$92.24 | \$92.24 |
| 92507 | STA | Statewide | Speech Therapy (Natural, Base Rate) | Per Visit | \$122.32 | \$122.32 | \$122.32 |
| 92507 | STA | Statewide | Speech Therapy (Teletherapy, Base Rate) | Per Visit | - | - | \$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 | \$175.52 | \$175.52 |
| 92506 | SEA | Statewide | Speech Therapy Evaluation (Natural) | Per Evaluation | \$196.24 | \$196.24 | \$196.24 |
| 92623 | SEA | Statewide | Speech Therapy Evaluation (Teletherapy) | Per Evaluation | - | - | \$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 | \$78.80 | \$78.80 |
| 92507 | STA | Statewide | Speech Language Pathology Assistant (Natural) | Per Visit | \$112.52 | \$112.52 | \$112.52 |
| 92507 | STA | Statewide | Speech Language Pathology Assistant (Teletherapy) | Per Visit | - | - | \$80.48 |
| 92526 | 92526 | Statewide | Feeding Therapy Assistant (Teletherapy) | Per Visit | - | - | \$80.48 |
| S5181 | RP1 | Statewide | Respiratory Therapy (Natural) | Per Day | \$52.40 | \$52.40 | \$52.40 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Support Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:6) | Per 15 Minutes | \$1.71 | \$1.75 | \$1.75 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:6) | Per 15 Minutes | \$1.84 | \$1.88 | \$1.88 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:5) | Per 15 Minutes | \$2.06 | \$2.11 | \$2.11 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:5) | Per 15 Minutes | \$2.21 | \$2.26 | \$2.26 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:4) | Per Evaluation | \$2.57 | \$2.63 | \$2.63 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:4) | Per Evaluation | \$2.76 | \$2.82 | \$2.82 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:3) | Per 15 Minutes | \$3.43 | \$3.50 | \$3.50 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:3) | Per 15 Minutes | \$3.68 | \$3.75 | \$3.75 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:2) | Per 15 Minutes | \$5.14 | \$5.26 | \$5.26 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:2) | Per 15 Minutes | \$5.52 | \$5.63 | \$5.63 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:1) | Per 15 Minutes | \$10.29 | \$10.51 | \$10.51 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:1) | Per 15 Minutes | \$11.04 | \$11.26 | \$11.26 |
| T2019 | GSE | Statewide | Group Supported Employment (Urban) (1:2) | Per 15 Minutes | \$6.13 | \$6.24 | \$6.24 |
| T2019 | GSE | Statewide | Group Supported Employment (Rural) (1:2) | Per 15 Minutes | \$6.50 | \$6.61 | \$6.61 |
| T2019 | GSE | Statewide | Group Supported Employment (Urban) (1:3) | Per 15 Minutes | \$4.32 | \$4.40 | \$4.40 |
| T2019 | GSE | Statewide | Group Supported Employment (Rural) (1:3) | Per 15 Minutes | \$4.72 | \$4.79 | \$4.79 |
| T2019 | GSE | Statewide | Group Supported Employment (Urban) (1:4) | Per 15 Minutes | \$3.42 | \$3.47 | \$3.47 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Support Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|-----------------|----------------------------|----------------------------|----------------------------|
| T2019 | GSE | Statewide | Group Supported Employment (Rural) (1:4) | Per 15 Minutes | \$3.83 | \$3.88 | \$3.88 |
| T2019 | GSE | Statewide | Group Supported Employment (Urban) (1:5) | Per 15 Minutes | \$2.88 | \$2.92 | \$2.92 |
| T2019 | GSE | Statewide | Group Supported Employment (Rural) (1:5) | Per Evaluation | \$3.30 | \$3.34 | \$3.34 |
| T2019 | GSE | Statewide | Group Supported Employment (Urban) (1:6) | Per Evaluation | \$2.51 | \$2.55 | \$2.55 |
| T2019 | GSE | Statewide | Group Supported Employment (Rural) (1:6) | Per 15 Minutes | \$2.93 | \$2.97 | \$2.97 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Coaching (Urban) | Per 15 Minutes | \$11.91 | \$11.91 | \$11.91 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Coaching (Rural) | Per 15 Minutes | \$14.07 | \$14.07 | \$14.07 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Development (Urban) | Per 15 Minutes | \$11.03 | \$11.03 | \$11.03 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Development (Rural) | Per 15 Minutes | \$11.49 | \$11.49 | \$11.49 |
| T2019 | TTE | Statewide | Transition to Employment (1:1), Urban | Per 15 Minutes | \$11.04 | \$11.92 | \$11.92 |
| T2019 | TTE | Statewide | Transition to Employment (1:1), Rural | Per 15 Minutes | \$11.81 | \$12.76 | \$12.76 |
| T2019 | TTE | Statewide | Transition to Employment (1:2), Urban | Per 15 Minutes | \$5.52 | \$5.96 | \$5.96 |
| T2019 | TTE | Statewide | Transition to Employment (1:2), Rural | Per 15 Minutes | \$5.91 | \$6.38 | \$6.38 |
| T2019 | TTE | Statewide | Transition to Employment (1:4), Urban | Per 15 Minutes | \$2.98 | \$2.98 | \$2.98 |
| T2019 | TTE | Statewide | Transition to Employment (1:4), Rural | Per 15 Minutes | \$3.19 | \$3.19 | \$3.19 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Support Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------------------------|----------------------------|----------------------------|
| T2019 | ESA | Statewide | Employment Support Aide - GSE/ISE (Urban) | Per 15 Minutes | \$9.08 | \$9.08 | \$9.08 |
| T2019 | ESA | Statewide | Employment Support Aide - GSE/ISE (Rural) | Per 15 Minutes | \$10.62 | \$10.62 | \$10.62 |
| T2019 | CPR | Statewide | Career Preparation & Readiness (Urban) | Per 15 Minutes | \$9.08 | \$9.08 | \$9.08 |
| T2019 | CPR | Statewide | Career Preparation & Readiness (Rural) | Per 15 Minutes | \$9.63 | \$9.63 | \$9.63 |
| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
| T2017 | НАМ | Statewide | Habilitation with Music Therapy | Per 15 Minutes | \$11.87 | \$11.87 | \$11.87 |
| 97153 | НСМ | Statewide | Habilitation, Consultation Licensed Psychologist BCBA-D (Urban) | Per 15 Minutes | \$8.47 | \$8.47 | \$8.47 |
| 97153 | НСМ | Statewide | Habilitation, Consultation Licensed Psychologist BCBA-D (Rural) | Per 15 Minutes | \$10.17 | \$10.17 | \$10.17 |
| 97153 | НСМ | Statewide | Habilitation, Consultation Licensed Behavior Analyst (Urban) | Per 15 Minutes | \$5.09 | \$5.09 | \$5.09 |
| 97153 | НСМ | Statewide | Habilitation, Consultation Licensed Behavior Analyst (Rural) | Per 15 Minutes | \$6.19 | \$6.19 | \$6.19 |
| 97153 | НСМ | Statewide | Habilitation, Consultation Board Certified Behavior Analyst (Urban) | Per 15 Minutes | \$5.09 | \$5.09 | \$5.09 |
| 97153 | НСМ | Statewide | Habilitation, Consultation Board Certified Behavior Analyst (Rural) | Per 15 Minutes | \$6.19 | \$6.19 | \$6.19 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Bachelors Level (Urban) | Per 15 Minutes | \$2.87 | \$2.87 | \$2.87 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Bachelors Level (Rural) | Per 15 Minutes | \$3.54 | \$3.54 | \$3.54 |

| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|----------------|-----------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| 97151 97152 | НСА | Statewide | Habilitation, Consultation Assessment & Planning (Urban) | Per 15 Minutes | \$5.09 | \$5.09 | \$5.09 |
| 97151 97152 | НСА | Statewide | Habilitation, Consultation Assessment & Planning (Rural) | Per 15 Minutes | \$6.19 | \$6.19 | \$6.19 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized (BCBA-D) (Urban) | Per 15 Minutes | \$31.20 | \$31.20 | \$31.20 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized (BCBA-D) (Rural) | Per 15 Minutes | \$36.06 | \$36.06 | \$36.06 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized (Lic. Beh. Analyst) | Per 15 Minutes | \$20.45 | \$20.45 | \$20.45 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized (Masters) | Per 15 Minutes | \$18.87 | \$18.87 | \$18.87 |
| 97153 | ECB | Statewide | Habilitation, Early Childhood Autism Specialized (Bachelors) | Per 15 Minutes | \$11.46 | \$11.46 | \$11.46 |
| T2017 | ECH | Statewide | Habilitation, Early Childhood Autism Specialized Hourly Habilitation | Per 15 Minutes | \$6.42 | \$6.42 | \$6.42 |

| HCPCS | Service Code | Statewide or Flagstaff | Transportation Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| A0120 | TRA | Statewide | Regular Scheduled Daily Transportation (Day Program) | Per Trip | \$13.67 | \$14.57 | \$14.57 |
| A0120 | TRE | Statewide | Regular Scheduled Daily Transportation (Employment Program) | Per Trip | \$13.67 | \$14.57 | \$14.57 |
| A0120 | TRE | Statewide | Regular Scheduled Daily Transportation, Rural (Employment Program) | Per Trip | \$24.27 | \$25.17 | \$25.17 |
| A0120 | TRA | Statewide | Regular Scheduled Daily Transportation, Rural (Day Program) | Per Trip | \$24.27 | \$25.17 | \$25.17 |
| A0120 | TRA | Statewide | Single Person Modified Rate, Urban | Per Trip | \$32.71 | \$33.61 | \$33.61 |
| A0120 | TRA | Statewide | Single Person Modified Rate, Rural | Per Trip | \$45.10 | \$46.00 | \$46.00 |
| A0120 | TRA | Statewide | Extensive Distance Modified Rate, Urban | Per Trip | \$51.64 | \$52.54 | \$52.54 |
| A0120 | TRA | Statewide | Extensive Distance Modified Rate, Rural | Per Trip | \$51.64 | \$52.54 | \$52.54 |
| A0120 | TRE | Statewide | Single Person Modified Rate, Urban | Per Trip | \$32.71 | \$33.61 | \$33.61 |
| A0120 | TRE | Statewide | Single Person Modified Rate, Rural | Per Trip | \$45.10 | \$46.00 | \$46.00 |
| A0120 | TRE | Statewide | Extensive Distance Modified Rate, Urban | Per Trip | \$51.64 | \$52.54 | \$52.54 |
| A0120 | TRE | Statewide | Extensive Distance Modified Rate, Rural | Per Trip | \$51.64 | \$52.54 | \$52.54 |

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| S5125 | ATC | Flagstaff | Attendant Care | Per 15 Minutes | \$6.79 | \$7.02 | \$7.02 |
| T2017 | НАН | Flagstaff | Habilitation, Support | Per 15 Minutes | \$7.86 | \$8.08 | \$8.08 |
| S5130 | HSK | Flagstaff | Homemaker | Per 15 Minutes | \$6.17 | \$6.40 | \$6.40 |
| S5150 | RSP | Flagstaff | Respite | Per 15 Minutes | \$6.68 | \$6.91 | \$6.91 |
| S5151 | RSD | Flagstaff | Respite, Daily | Day | \$518.76 | \$520.36 | \$520.36 |
| T1021 | HHA | Flagstaff | Home Health Aide | Per Visit | \$56.38 | \$56.38 | \$56.38 |
| T1021 | HHA | Flagstaff | Licensed Health Aide | Per Visit | \$82.02 | \$82.02 | \$82.02 |
| T2017 | ECH | Flagstaff | Habilitation, Early Childhood Autism Spec Hourly Habilitation | Per 15 Minutes | \$6.74 | \$6.74 | \$6.74 |
| HCPCS | Service Code | Statewide or Flagstaff | Independent Living Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
| T2017 | HAI | Flagstaff | Habilitation, Individually Designed Living Arrangement, Hourly | Per 15 Minutes | \$7.99 | \$8.21 | \$8.21 |
| T2016 | HID | Flagstaff | Habilitation, Individually Designed Living Arrangement, Daily | Day | \$30.07 | \$30.97 | \$30.97 |
| T2016 | HAB | Flagstaff | Habilitation, Group Home, Residents: 1 | Day | \$26.60 | \$26.83 | \$26.83 |
| T2016 | HAB | Flagstaff | Habilitation, Group Home, Residents: 2 | Day | \$27.71 | \$27.94 | \$27.94 |
| T2016 | НАВ | Flagstaff | Habilitation, Group Home, Residents: 3+ | Day | \$29.82 | \$30.90 | \$30.90 |

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult (1:3.5) | Per 15 Minutes | \$3.32 | \$3.39 | \$3.39 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult (1:5.5) | Per 15 Minutes | \$2.48 | \$2.52 | \$2.52 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult (1:7.5) | Per 15 Minutes | \$2.10 | \$2.13 | \$2.13 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult (1:1) | Per 15 Minutes | \$9.96 | \$10.16 | \$10.16 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult (1:2) | Per 15 Minutes | \$4.98 | \$5.08 | \$5.08 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult (2:1) | Per 15 Minutes | \$19.92 | \$20.31 | \$20.31 |
| T2021 | DTT | Flagstaff | Day Treatment and Training, Children (After-School) (1:3.5) | Per 15 Minutes | \$3.67 | \$3.74 | \$3.74 |
| T2021 | DTT | Flagstaff | Day Treatment and Training, Children (After-School) (1:5.5) | Per 15 Minutes | \$2.88 | \$2.93 | \$2.93 |
| T2021 | DTT | Flagstaff | Day Treatment and Training, Children (After-School) (1:7.5) | Per 15 Minutes | \$2.54 | \$2.57 | \$2.57 |
| T2021 | DTS | Flagstaff | Day Treatment and Training, Children (Summer) (1:3.5) | Per 15 Minutes | \$3.67 | \$3.74 | \$3.74 |
| T2021 | DTS | Flagstaff | Day Treatment and Training, Children (Summer) (1:5.5) | Per 15 Minutes | \$2.88 | \$2.93 | \$2.93 |
| T2021 | DTS | Flagstaff | Day Treatment and Training, Children (Summer) (1:7.5) | Per 15 Minutes | \$2.54 | \$2.57 | \$2.57 |
| HCPCS | Service Code | Statewide or Flagstaff | Developmental Home Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
| T2016 | НВА | Flagstaff | Habilitation, Vendor Supported Developmental Home (Adult) | Day | \$148.57 | \$148.57 | \$148.57 |
| T2016 | HBC | Flagstaff | Habilitation, Vendor Supported Developmental Home (Child) | Day | \$148.57 | \$148.57 | \$148.57 |
| A9270 | RBD | Flagstaff | Room and Board, Vendor Supported Developmental Home | Day | \$14.58 | \$14.58 | \$14.58 |

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| T2016 | HPD | Flagstaff | Habilitation, Community Protection and Treatment Group Home | Day | \$36.71 | \$37.61 | \$37.61 |
| T2016 | HAN | Flagstaff | Habilitation, Nursing Supported Group Home, Level I | Day | \$483.95 | \$483.95 | \$483.95 |
| T2016 | HAN | Flagstaff | Habilitation, Nursing Supported Group Home, Level II | Day | \$574.17 | \$574.17 | \$574.17 |
| T2016 | HAN | Flagstaff | Habilitation, Nursing Supported Group Home, Level III | Day | \$638.23 | \$638.23 | \$638.23 |
| A9270 | RRB | Flagstaff | Room and Board, All Group Homes 3BR | Day | \$24.08 | \$24.08 | \$24.08 |
| A9270 | RRB | Flagstaff | Room and Board, All Group Homes 4BR | Day | \$21.45 | \$21.45 | \$21.45 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate | 7/1/2023 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 | \$29.44 | \$29.44 |
| G0300 | G0300 | Flagstaff | Nursing Visit (LPN) | 15 Minutes* | - | - | \$43.86 |
| G0300 | G0300 | Flagstaff | Nursing Visit (LPN) | Per 15 Minutes | \$25.80 | \$25.80 | \$25.80 |
| G0299 | G0300 G0299 | Flagstaff | Nursing, Intermittent (RN) | 15 Minutes* | - | - | \$50.00 |
| G0299 | G0300 G0299 | Flagstaff | Nursing, Intermittent (RN) | Per 15 Minutes | \$29.44 | \$29.44 | \$29.44 |
| G0300 | G0300 | Flagstaff | Nursing, Intermittent (LPN) | 15 Minutes* | - | - | \$43.86 |
| G0300 | G0300 | Flagstaff | Nursing, Intermittent (LPN) | Per 15 Minutes | \$25.80 | \$25.80 | \$25.80 |
| S9123 | S9123 S9124 | Flagstaff | Nursing, Continuous (RN) | Per Hour | \$64.63 | \$64.63 | \$64.63 |
| S9124 | S9124 | Flagstaff | Nursing, Continuous (LPN) | Per Hour | \$48.73 | \$48.73 | \$48.73 |
| S5150 | HNR | Flagstaff | Nursing, Respite (RN) | Per 15 Minutes | \$16.16 | \$16.16 | \$16.16 |
| S5150 | HNR | Flagstaff | Nursing, Respite (LPN) | Per 15 Minutes | \$12.19 | \$12.19 | \$12.19 |
| *This rate is | only applicabl | e to visits that a | re 22 minutes or less. For visits 23 minutes or more, the l | Per 15 Minutes r | ate will be used. Ple | ase 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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| 97535 | ΟΤΑ | Flagstaff | Occupational Therapy (Clinic, Base Rate) | Per 15 Minutes | \$23.06 | \$23.06 | \$23.06 |
| 97535 | ΟΤΑ | Flagstaff | Occupational Therapy (Natural, Base Rate) | Per 15 Minutes | er 15 Minutes \$30.59 | | \$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 | \$175.52 | \$175.52 |
| 97166 | OEA | Flagstaff | Occupational Therapy Evaluation (Natural) | Per Evaluation | \$196.24 | \$196.24 | \$196.24 |
| 97166 | OEA | Flagstaff | Occupational Therapy Evaluation (Teletherapy) | Per Evaluation | - | _ | \$179.97 |
| 97535 | ΟΤΑ | Flagstaff | Occupational Therapy Assistant (Clinic, Base Rate) | Per 15 Minutes | \$19.70 | \$19.70 | \$19.70 |
| 97535 | ΟΤΑ | Flagstaff | Occupational Therapy Assistant (Natural, Base Rate) | Per 15 Minutes | \$28.13 | \$28.13 | \$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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| 97530 | ΡΤΑ | Flagstaff | Physical Therapy (Clinic, Base Rate) | Per 15 Minutes | \$23.06 | \$23.06 | \$23.06 |
| 97530 | РТА | Flagstaff | Physical Therapy (Natural, Base Rate) | Per 15 Minutes | Per 15 Minutes \$30.59 | | \$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 | \$175.52 | \$175.52 |
| 97162 | PEA | Flagstaff | Physical Therapy Evaluation (Natural) | Per Evaluation | \$196.24 | \$196.24 | \$196.24 |
| 97161 | PEA | Flagstaff | Physical Therapy Evaluation (Teletherapy) | Per Evaluation | - | - | \$179.97 |
| 97530 | РТА | Flagstaff | Physical Therapy Assistant (Clinic, Base Rate) | Per 15 Minutes | \$19.70 | \$19.70 | \$19.70 |
| 97530 | РТА | Flagstaff | Physical Therapy Assistant (Natural, Base Rate) | Per 15 Minutes | \$28.13 | \$28.13 | \$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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| 92507 | STA | Flagstaff | Speech Therapy (Clinic, Base Rate) | Per Visit | \$92.24 | \$92.24 | \$92.24 |
| 92507 | STA | Flagstaff | Speech Therapy (Natural, Base Rate) | Per Visit | \$122.32 | \$122.32 | \$122.32 |
| 92507 | STA | Flagstaff | Speech Therapy (Teletherapy, Base Rate) | Per Visit | - | - | \$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 | \$175.52 | \$175.52 |
| 92523 | SEA | Flagstaff | Speech Therapy Evaluation (Natural) | Per Evaluation | \$196.24 | \$196.24 | \$196.24 |
| 92523 | SEA | Flagstaff | Speech Therapy Evaluation (Teletherapy) | Per Evaluation | - | - | \$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 | \$78.80 | \$78.80 |
| 92507 | STA | Flagstaff | Speech Language Pathology Assistant (Natural) | Per Visit | \$112.52 | \$112.52 | \$112.52 |
| 92507 | STA | Flagstaff | Speech Language Pathology Assistant (Teletherapy) | Per Visit | - | - | \$80.48 |
| 92526 | 92526 | Flagstaff | Feeding Therapy Assistant (Teletherapy) | Per Visit | - | - | \$80.48 |
| S5181 | RP1 | Flagstaff | Respiratory Therapy (Clinic) | Per Day | \$37.67 | \$40.68 | \$40.68 |
| S5181 | RP1 | Flagstaff | Respiratory Therapy (Natural) | Per Day | \$48.50 | \$52.40 | \$52.40 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Support Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|----------------------------|----------------------------|----------------------------|
| T2019 | GSE | Flagstaff | Group Supported Employment (1:2) | Per 15 Minutes | \$6.22 | \$6.34 | \$6.34 |
| T2019 | GSE | Flagstaff | Group Supported Employment (1:3) | Per 15 Minutes | \$4.38 | \$4.46 | \$4.46 |
| T2019 | GSE | Flagstaff | Group Supported Employment (1:4) | Per 15 Minutes | \$3.49 | \$3.55 | \$3.55 |
| T2019 | GSE | Flagstaff | Group Supported Employment (1:5) | Per 15 Minutes | \$2.88 | \$2.93 | \$2.93 |
| T2019 | GSE | Flagstaff | Group Supported Employment (1:6) | Per 15 Minutes | \$2.58 | \$2.62 | \$2.62 |
| T2019 | ISE | Flagstaff | Individual Supported Employment, Job Coaching | Per 15 Minutes | \$12.82 | \$12.82 | \$12.82 |
| T2019 | ISE | Flagstaff | Individual Supported Employment, Job Development | Per 15 Minutes | \$12.34 | \$12.34 | \$12.34 |
| T2019 | TTE | Flagstaff | Transition to Employment (1:4) | Per 15 Minutes | \$3.20 | \$3.20 | \$3.20 |
| T2019 | ESA | Flagstaff | Employment Support Aide - GSE/ISE | Per 15 Minutes | \$10.62 | \$10.62 | \$10.62 |
| T2019 | CPR | Flagstaff | Career Preparation & Readiness | Per 15 Minutes | \$9.08 | \$9.08 | \$9.08 |

| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------------------------|-----------------|---------------------------|---|-----------------|----------------------------|----------------------------|
| T2017 | НАМ | Flagstaff | Habilitation with Music Therapy | Per 15 Minutes | \$11.87 | \$11.87 |
| 97153 | НСМ | Flagstaff | Habilitation, Consultation Licensed Psychologist BCBA-D | Per 15 Minutes | \$8.47 | \$8.47 |
| 97153 | НСМ | Flagstaff | Habilitation, Consultation Licensed Behavior Analyst | Per 15 Minutes | \$5.09 | \$5.09 |
| 97153 | НСМ | Flagstaff | Habilitation, Consultation Board Certified Behavior Analyst | Per 15 Minutes | \$5.09 | \$5.09 |
| 97153 | НСВ | Flagstaff | Habilitation, Consultation Bachelors Level | Per 15 Minutes | \$2.87 | \$2.87 |
| 97151 <i>,</i> 97152 | НСА | Flagstaff | Habilitation, Consultation Assessment & Planning | Per 15 Minutes | \$5.09 | \$5.09 |
| 97153 | ECM | Flagstaff | Habilitation, Early Childhood Autism Specialized (BCBA-D) | Per 15 Minutes | \$31.20 | \$31.20 |
| 97153 | ECM | Flagstaff | Habilitation, Early Childhood Autism Specialized (Lic. Behavioral Analyst) | Per 15 Minutes | \$20.45 | \$20.45 |
| 97153 | ECM | Flagstaff | Habilitation, Early Childhood Autism Specialized (Masters) | Per 15 Minutes | \$18.87 | \$18.87 |
| 97153 | ECB | Flagstaff | Habilitation, Early Childhood Autism Specialized (Bachelors) | Per 15 Minutes | \$11.46 | \$11.46 |

| HCPCS | Service Code | Statewide or Flagstaff | Transportation Services Description | Unit of Service | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-----------------|----------------------------|----------------------------|----------------------------|
| A0120 | TRA | Flagstaff | Regular Scheduled Daily Transportation (Day Program) | Per Trip | \$24.27 | \$25.17 | \$25.17 |
| A0120 | TRE | Flagstaff | Regular Scheduled Daily Transportation (Employment Program) | Per Trip | \$24.27 | \$25.17 | \$25.17 |
| A0120 | TRA | Flagstaff | Single Person Modified Rate | Per Trip | \$32.71 | \$33.61 | \$33.61 |
| A0120 | TRA | Flagstaff | Extensive Distance Modified Rate | Per Trip | \$51.64 | \$52.54 | \$52.54 |
| A0120 | TRE | Flagstaff | Single Person Modified Rate | Per Trip | \$32.71 | \$33.61 | \$33.61 |
| A0120 | TRE | Flagstaff | Extensive Distance Modified Rate | Per Trip | \$51.64 | \$52.54 | \$52.54 |

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 | | | | | | |

Home-Based Services

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Service Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--------------------------------|--------------------|---------------------|---------------------------|--------------------------|
| S5125 | ATC | Statewide | Attendant Care | Per 15 Minutes | 1 | \$5.89 | \$6.12 |
| S5125 | ATC | Statewide | Attendant Care | Per 15 Minutes | 2 | \$3.68 | \$3.82 |
| S5125 | ATC | Statewide | Attendant Care | Per 15 Minutes | 3 | \$2.95 | \$3.06 |
| S5125 | ATC | Flagstaff | Attendant Care | Per 15 Minutes | 1 | \$6.79 | \$7.02 |
| S5125 | ATC | Flagstaff | Attendant Care | Per 15 Minutes | 2 | \$4.25 | \$4.39 |
| S5125 | ATC | Flagstaff | Attendant Care | Per 15 Minutes | 3 | \$3.40 | \$3.51 |

Home-Based Services

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Service Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|---------------------------|--------------------------|
| H2017 | НРН | Statewide | Habilitation, Community Protection and Treatment Hourly | Per 15 Minutes | 1 | \$8.42 | \$8.42 |
| H2017 | НРН | Statewide | Habilitation, Community Protection and Treatment Hourly | Per 15 Minutes | 2 | \$5.26 | \$5.26 |
| H2017 | НРН | Statewide | Habilitation, Community Protection and Treatment Hourly | Per 15 Minutes | 3 | \$4.21 | \$4.21 |
| H2017 | НРН | Flagstaff | Habilitation, Community Protection and Treatment Hourly | Per 15 Minutes | 1 | \$8.42 | \$8.42 |
| H2017 | НРН | Flagstaff | Habilitation, Community Protection and Treatment Hourly | Per 15 Minutes | 2 | \$5.26 | \$5.26 |
| H2017 | НРН | Flagstaff | Habilitation, Community Protection and Treatment Hourly | Per 15 Minutes | 3 | \$4.21 | \$4.21 |
| H2017 | НАН | Statewide | Habilitation, Support | Per 15 Minutes | 1 | \$6.89 | \$7.12 |
| H2017 | НАН | Statewide | Habilitation, Support | Per 15 Minutes | 2 | \$4.30 | \$4.44 |
| H2017 | НАН | Statewide | Habilitation, Support | Per 15 Minutes | 3 | \$3.44 | \$3.56 |
| H2017 | НАН | Flagstaff | Habilitation, Support | Per 15 Minutes | 1 | \$7.86 | \$8.08 |
| H2017 | НАН | Flagstaff | Habilitation, Support | Per 15 Minutes | 2 | \$4.91 | \$5.05 |
| H2017 | НАН | Flagstaff | Habilitation, Support | Per 15 Minutes | 3 | \$3.93 | \$4.04 |

Home-Based Services

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Service Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|--------|-----------------|---------------------------|--------------------------------|--------------------|---------------------|---------------------------|--------------------------|
| \$5130 | HSK | Statewide | Homemaker | Per 15 Minutes | 1 | \$5.31 | \$5.54 |
| S5130 | HSK | Statewide | Homemaker | Per 15 Minutes | 2 | \$3.32 | \$3.46 |
| S5130 | HSK | Statewide | Homemaker | Per 15 Minutes | 3 | \$2.65 | \$2.77 |
| S5130 | HSK | Flagstaff | Homemaker | Per 15 Minutes | 1 | \$6.17 | \$6.40 |
| S5130 | HSK | Flagstaff | Homemaker | Per 15 Minutes | 2 | \$3.86 | \$4.00 |
| S5130 | HSK | Flagstaff | Homemaker | Per 15 Minutes | 3 | \$3.09 | \$3.20 |
| S5150 | RSP | Statewide | Respite, Hourly | Per 15 Minutes | 1 | \$5.79 | \$6.02 |
| S5150 | RSP | Statewide | Respite, Hourly | Per 15 Minutes | 2 | \$3.62 | \$3.76 |
| S5150 | RSP | Statewide | Respite, Hourly | Per 15 Minutes | 3 | \$2.89 | \$3.01 |
| S5150 | RSP | Flagstaff | Respite, Hourly | Per 15 Minutes | 1 | \$6.68 | \$6.91 |
| S5150 | RSP | Flagstaff | Respite, Hourly | Per 15 Minutes | 2 | \$4.17 | \$4.31 |
| S5150 | RSP | Flagstaff | Respite, Hourly | Per 15 Minutes | 3 | \$3.34 | \$3.46 |

Home-Based Services

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Service Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|--------|-----------------|---------------------------|--------------------------------|--------------------|---------------------|---------------------------|--------------------------|
| \$5151 | RSD | Statewide | Respite, Daily | Day | 1 | \$447.80 | \$465.80 |
| S5151 | RSD | Statewide | Respite, Daily | Day | 2 | \$279.88 | \$291.12 |
| \$5151 | RSD | Statewide | Respite, Daily | Day | 3 | \$223.92 | \$232.92 |
| \$5151 | RSD | Flagstaff | Respite, Daily | Day | 1 | \$518.76 | \$520.36 |
| S5151 | RSD | Flagstaff | Respite, Daily | Day | 2 | \$324.24 | \$325.24 |
| S5151 | RSD | Flagstaff | Respite, Daily | Day | 3 | \$259.40 | \$260.20 |

Independent Living Services

Rate

- 1. The rate for this service is based on 15-minute increments of direct service time.
- 2. The daily rate for this service is based on a Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
 - The Division will make payments to the Qualified Vendor on the per diem basis based on the appropriate hourly rate for the Staff Hour unit of service, the number of residents at the site, and the direct service hours provided up to the number of authorized direct service hours for the site.

Unit of Service: 15-minute

- 1. The basis of payment for this service is 15-minute units of direct service time. Direct service time is the period of time spent with the member and verified by the member. The Qualified Vendor may bill the Division the 15-minute rate if and only if the Division authorizes this invoicing of the 15-minute rate. The Division will authorize if:
 - Direct service time that is authorized in a given setting is less than 16 hours (consecutive or non-consecutive) on any calendar day. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:
 - Direct service time that is authorized in a given setting is less than 112 hours in a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday.
- 2. Direct service time is the period of time spent with the member and verified by the member. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.
- 3. If the Qualified Vendor provides a 15-minute unit of direct service time and the Qualified Vendor provides this service with a single direct service staff person to multiple members at the same time, the basis of payment for each member will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three members receive this service with a single direct service staff person at the same time.

Unit of Service – Daily

- 1. The basis of payment for this service is an hourly unit (Staff Hour) of direct service time converted into a daily rate. Direct service time is the period of time spent with the member and verified by the member. The Qualified Vendor may bill the Division a daily rate if and only if the Division authorizes this invoicing of a daily rate. The Division will authorize a daily rate if:
 - Direct service time that is authorized in a given setting is 16 hours or more (consecutive or non-consecutive) on any calendar day in a week. A calendar day is a 24-hour stretch of time that begins at midnight and ends at 11:59 p.m. of the same day, or:
 - Direct service time that is authorized in a given setting is 112 hours or more in a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday.
- 2. The Daily Rates schedule for Habilitation, Individually Designed Living Arrangement contains 20 tables with Daily Rates, and each table refers to one of 20 ranges. Each range represents a level of staffing with the number of direct service hours that are authorized by the Division to be provided by the Qualified Vendor at a particular site during a week. The number of hours specified in each range represents the number of direct service hours the Qualified Vendor must provide in a week in order to bill the per diem rates associated with that range. These Daily Rates are statewide for all Habilitation, Individually Designed Living Arrangement services. Staff hours shall only apply to the provision of service by awake staff.
- 3. The Qualified Vendor shall bill claims for payment for each member the per diem rate on the Daily Rates schedule for Habilitation, Individually Designed Living Arrangement that reflects the number of residents at the site and the range of hours provided in a week.
- 4. The per diem rates paid to a Qualified Vendor with multiple sites will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each home.
- 5. Because direct service hours provided can vary by week, if the Qualified Vendor does not elect to calculate a monthly average of weekly direct service hours, and the number of residents can vary both by week and within a week, the Qualified Vendor may bill more than one per diem rate for each resident on their monthly claims, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
- 6. The Qualified Vendor shall use the actual resident occupancy receiving services to determine the per diem rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Network Manager or designee about movement into or out of a site by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
- 7. If a resident is not at the site on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the per diem rate for the actual number of Division-funded residents.

| HCPCS | Service Code | Statewide or Flagstaff | Independent Living Services Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------|---------------------------|--------------------------|
| T2017 | HAI | Statewide | Habilitation, Individually Designed Living Arrangement | Per 15 Minutes | 1 | \$7.25 | \$7.48 |
| T2017 | HAI | Statewide | Habilitation, Individually Designed Living Arrangement | Per 15 Minutes | 2 | \$4.53 | \$4.67 |
| T2017 | HAI | Statewide | Habilitation, Individually Designed Living Arrangement | Per 15 Minutes | 3 | \$3.63 | \$3.74 |
| T2017 | HID | Statewide | Habilitation, Individually Designed Living Arrangement, Daily | Day | 1 | \$28.76 | \$29.66 |
| T2017 | HAI | Flagstaff | Habilitation, Individually Designed Living Arrangement | Per 15 Minutes | 1 | \$7.99 | \$8.21 |
| T2017 | HAI | Flagstaff | Habilitation, Individually Designed Living Arrangement | Per 15 Minutes | 2 | \$4.99 | \$5.13 |
| T2017 | HAI | Flagstaff | Habilitation, Individually Designed Living Arrangement | Per 15 Minutes | 3 | \$3.99 | \$4.11 |
| T2016 | HID | Flagstaff | Habilitation, Individually Designed Living Arrangement, Daily | Day | 1 | \$30.07 | \$30.97 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 1 | 16 | 20 | 29.99 | 1 | \$84.74 | \$88.48 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 1 | 16 | 20 | 29.99 | 2 | \$42.37 | \$44.24 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 1 | 16 | 20 | 29.99 | 3 | \$28.24 | \$29.49 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 1 | 16 | 20 | 29.99 | 4 | \$21.18 | \$22.12 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 1 | 16 | 20 | 29.99 | 5 | \$16.94 | \$17.69 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 1 | 16 | 20 | 29.99 | 6 | \$14.12 | \$14.74 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 2 | 30 | 40 | 49.99 | 1 | \$169.48 | \$176.97 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 2 | 30 | 40 | 49.99 | 2 | \$84.74 | \$88.48 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 2 | 30 | 40 | 49.99 | 3 | \$56.49 | \$58.99 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 2 | 30 | 40 | 49.99 | 4 | \$42.37 | \$44.24 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 2 | 30 | 40 | 49.99 | 5 | \$33.89 | \$35.39 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 2 | 30 | 40 | 49.99 | 6 | \$28.24 | \$29.49 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 3 | 50 | 60 | 69.99 | 1 | \$254.22 | \$265.45 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 3 | 50 | 60 | 69.99 | 2 | \$127.11 | \$132.72 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 3 | 50 | 60 | 69.99 | 3 | \$84.74 | \$88.48 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 3 | 50 | 60 | 69.99 | 4 | \$63.55 | \$66.36 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 3 | 50 | 60 | 69.99 | 5 | \$50.84 | \$53.09 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 3 | 50 | 60 | 69.99 | 6 | \$42.37 | \$44.24 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 4 | 70 | 80 | 89.99 | 1 | \$338.97 | \$353.94 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 4 | 70 | 80 | 89.99 | 2 | \$169.48 | \$176.97 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 4 | 70 | 80 | 89.99 | 3 | \$112.99 | \$117.98 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 4 | 70 | 80 | 89.99 | 4 | \$84.74 | \$88.48 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 4 | 70 | 80 | 89.99 | 5 | \$67.79 | \$70.78 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 4 | 70 | 80 | 89.99 | 6 | \$56.49 | \$58.99 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 5 | 90 | 100 | 109.99 | 1 | \$423.71 | \$442.42 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 5 | 90 | 100 | 109.99 | 2 | \$211.85 | \$221.21 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 5 | 90 | 100 | 109.99 | 3 | \$141.23 | \$147.47 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 5 | 90 | 100 | 109.99 | 4 | \$105.92 | \$110.60 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 5 | 90 | 100 | 109.99 | 5 | \$84.74 | \$88.48 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 5 | 90 | 100 | 109.99 | 6 | \$70.61 | \$73.73 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 6 | 110 | 120 | 129.99 | 1 | \$508.45 | \$530.91 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 6 | 110 | 120 | 129.99 | 2 | \$254.22 | \$265.45 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 6 | 110 | 120 | 129.99 | 3 | \$169.48 | \$176.97 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 6 | 110 | 120 | 129.99 | 4 | \$127.11 | \$132.72 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 6 | 110 | 120 | 129.99 | 5 | \$101.69 | \$106.18 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 6 | 110 | 120 | 129.99 | 6 | \$84.74 | \$88.48 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 7 | 130 | 140 | 149.99 | 1 | \$593.20 | \$619.40 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 7 | 130 | 140 | 149.99 | 2 | \$296.60 | \$309.70 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 7 | 130 | 140 | 149.99 | 3 | \$197.73 | \$206.46 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 7 | 130 | 140 | 149.99 | 4 | \$148.30 | \$154.85 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 7 | 130 | 140 | 149.99 | 5 | \$118.64 | \$123.88 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 7 | 130 | 140 | 149.99 | 6 | \$98.86 | \$103.23 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 8 | 150 | 160 | 169.99 | 1 | \$677.94 | \$707.88 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 8 | 150 | 160 | 169.99 | 2 | \$338.97 | \$353.94 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 8 | 150 | 160 | 169.99 | 3 | \$225.98 | \$235.96 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 8 | 150 | 160 | 169.99 | 4 | \$169.48 | \$176.97 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 8 | 150 | 160 | 169.99 | 5 | \$135.58 | \$141.57 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 8 | 150 | 160 | 169.99 | 6 | \$112.99 | \$117.98 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 9 | 170 | 180 | 189.99 | 1 | \$762.68 | \$796.37 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 9 | 170 | 180 | 189.99 | 2 | \$381.34 | \$398.18 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 9 | 170 | 180 | 189.99 | 3 | \$254.22 | \$265.45 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 9 | 170 | 180 | 189.99 | 4 | \$190.67 | \$199.09 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 9 | 170 | 180 | 189.99 | 5 | \$152.53 | \$159.27 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 9 | 170 | 180 | 189.99 | 6 | \$127.11 | \$132.72 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 10 | 190 | 200 | 209.99 | 1 | \$847.42 | \$884.85 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 10 | 190 | 200 | 209.99 | 2 | \$423.71 | \$442.42 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 10 | 190 | 200 | 209.99 | 3 | \$282.47 | \$294.95 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 10 | 190 | 200 | 209.99 | 4 | \$211.85 | \$221.21 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 10 | 190 | 200 | 209.99 | 5 | \$169.48 | \$176.97 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 10 | 190 | 200 | 209.99 | 6 | \$141.23 | \$147.47 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 11 | 210 | 220 | 229.99 | 1 | \$932.17 | \$973.34 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 11 | 210 | 220 | 229.99 | 2 | \$466.08 | \$486.67 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 11 | 210 | 220 | 229.99 | 3 | \$310.72 | \$324.44 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 11 | 210 | 220 | 229.99 | 4 | \$233.04 | \$243.33 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 11 | 210 | 220 | 229.99 | 5 | \$186.43 | \$194.66 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 11 | 210 | 220 | 229.99 | 6 | \$155.36 | \$162.22 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 12 | 230 | 240 | 249.99 | 1 | \$1,016.91 | \$1,061.82 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 12 | 230 | 240 | 249.99 | 2 | \$508.45 | \$530.91 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 12 | 230 | 240 | 249.99 | 3 | \$338.97 | \$353.94 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 12 | 230 | 240 | 249.99 | 4 | \$254.22 | \$265.45 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 12 | 230 | 240 | 249.99 | 5 | \$203.38 | \$212.36 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 12 | 230 | 240 | 249.99 | 6 | \$169.48 | \$176.97 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 13 | 250 | 260 | 269.99 | 1 | \$1,101.65 | \$1,150.31 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 13 | 250 | 260 | 269.99 | 2 | \$550.82 | \$575.15 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 13 | 250 | 260 | 269.99 | 3 | \$367.21 | \$383.43 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 13 | 250 | 260 | 269.99 | 4 | \$275.41 | \$287.57 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 13 | 250 | 260 | 269.99 | 5 | \$220.33 | \$230.06 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 13 | 250 | 260 | 269.99 | 6 | \$183.60 | \$191.71 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 14 | 270 | 280 | 289.99 | 1 | \$1,186.40 | \$1,238.80 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 14 | 270 | 280 | 289.99 | 2 | \$593.20 | \$619.40 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 14 | 270 | 280 | 289.99 | 3 | \$395.46 | \$412.93 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 14 | 270 | 280 | 289.99 | 4 | \$296.60 | \$309.70 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 14 | 270 | 280 | 289.99 | 5 | \$237.28 | \$247.76 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 14 | 270 | 280 | 289.99 | 6 | \$197.73 | \$206.46 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 15 | 290 | 300 | 309.99 | 1 | \$1,271.14 | \$1,327.28 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 15 | 290 | 300 | 309.99 | 2 | \$635.57 | \$663.64 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 15 | 290 | 300 | 309.99 | 3 | \$423.71 | \$442.42 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 15 | 290 | 300 | 309.99 | 4 | \$317.78 | \$331.82 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 15 | 290 | 300 | 309.99 | 5 | \$254.22 | \$265.45 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 15 | 290 | 300 | 309.99 | 6 | \$211.85 | \$221.21 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 16 | 310 | 320 | 329.99 | 1 | \$1,355.88 | \$1,415.77 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 16 | 310 | 320 | 329.99 | 2 | \$677.94 | \$707.88 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 16 | 310 | 320 | 329.99 | 3 | \$451.96 | \$471.92 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 16 | 310 | 320 | 329.99 | 4 | \$338.97 | \$353.94 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 16 | 310 | 320 | 329.99 | 5 | \$271.17 | \$283.15 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 16 | 310 | 320 | 329.99 | 6 | \$225.98 | \$235.96 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 17 | 330 | 340 | 349.99 | 1 | \$1,440.62 | \$1,504.25 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 17 | 330 | 340 | 349.99 | 2 | \$720.31 | \$752.12 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 17 | 330 | 340 | 349.99 | 3 | \$480.20 | \$501.41 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 17 | 330 | 340 | 349.99 | 4 | \$360.15 | \$376.06 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 17 | 330 | 340 | 349.99 | 5 | \$288.12 | \$300.85 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 17 | 330 | 340 | 349.99 | 6 | \$240.10 | \$250.70 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 18 | 350 | 360 | 369.99 | 1 | \$1,525.37 | \$1,592.74 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 18 | 350 | 360 | 369.99 | 2 | \$762.68 | \$796.37 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 18 | 350 | 360 | 369.99 | 3 | \$508.45 | \$530.91 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 18 | 350 | 360 | 369.99 | 4 | \$381.34 | \$398.18 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 18 | 350 | 360 | 369.99 | 5 | \$305.07 | \$318.54 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 18 | 350 | 360 | 369.99 | 6 | \$254.22 | \$265.45 |

| HCPCS | Service Code | Independent Living Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|------------|---------------------|---|---|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 19 | 370 | 380 | 389.99 | 1 | \$1,610.11 | \$1,681.22 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 19 | 370 | 380 | 389.99 | 2 | \$805.05 | \$840.61 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 19 | 370 | 380 | 389.99 | 3 | \$536.70 | \$560.40 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 19 | 370 | 380 | 389.99 | 4 | \$402.52 | \$420.30 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 19 | 370 | 380 | 389.99 | 5 | \$322.02 | \$336.24 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 19 | 370 | 380 | 389.99 | 6 | \$268.35 | \$280.20 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 20 | 390 | 400 | 409.99 | 1 | \$1,694.85 | \$1,769.71 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 20 | 390 | 400 | 409.99 | 2 | \$847.42 | \$884.85 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 20 | 390 | 400 | 409.99 | 3 | \$564.95 | \$589.90 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 20 | 390 | 400 | 409.99 | 4 | \$423.71 | \$442.42 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 20 | 390 | 400 | 409.99 | 5 | \$338.97 | \$353.94 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 20 | 390 | 400 | 409.99 | 6 | \$282.47 | \$294.95 |

| HCPCS | Service Code | Independent Living Services Description | Rando High Hollr | | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) | | |
|-------|-----------------|--|-------------------------|----|------------|---------------------|---|---|------------|------------|
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 21 | 410 | 420 | 429.99 | 1 | \$1,779.60 | \$1,858.20 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 21 | 410 | 420 | 429.99 | 2 | \$889.80 | \$929.10 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 21 | 410 | 420 | 429.99 | 3 | \$593.20 | \$619.40 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 21 | 410 | 420 | 429.99 | 4 | \$444.90 | \$464.55 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 21 | 410 | 420 | 429.99 | 5 | \$355.92 | \$371.64 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 21 | 410 | 420 | 429.99 | 6 | \$296.60 | \$309.70 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 22 | 430 | 440 | 449.99 | 1 | \$1,864.34 | \$1,946.68 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 22 | 430 | 440 | 449.99 | 2 | \$932.17 | \$973.34 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 22 | 430 | 440 | 449.99 | 3 | \$621.44 | \$648.89 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 22 | 430 | 440 | 449.99 | 4 | \$466.08 | \$486.67 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 22 | 430 | 440 | 449.99 | 5 | \$372.86 | \$389.33 |
| T2016 | HID | Habilitation, IDLA | Per Resident Per Day | 22 | 430 | 440 | 449.99 | 6 | \$310.72 | \$324.44 |

Day Treatment and Training Services

Unit of Service

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

For example, if the number of hours attended by all members in a program plus the hours allowed pursuant to item 3 below (excluding behaviorally or medically intense members with a specially authorized rate) totaled 110 hours for a day (2,200 for the month), and the number of hours worked by direct service staff when members were present at the program (excluding hours related to behaviorally or medically intense members with a specially authorized rate) totaled 28 for that day (560 for the month), then the calculation would be:

- Total billable member hours divided by total direct service staff hours = 110 / 28 or 2,200 / 560 = 3.928
- This program's ratio for this day is 1:3.928
- Direct service time is the period of time spent with the member and verified by the member. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units

For Day Treatment and Training, Adult:

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

For Day Treatment and Training, Children:

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

Urban & Rural

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

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------------|--------------------------|
| T2021 | DTA | Statewide | Day Treatment and Training, Adult - Staff Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.07 | \$3.13 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult - Staff Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.32 | \$2.36 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult - Staff Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$1.98 | \$2.01 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult - Staff Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.32 | \$3.39 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult - Staff Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.48 | \$2.52 |
| T2021 | DTA | Flagstaff | Day Treatment and Training, Adult - Staff Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.10 | \$2.13 |

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------------|--------------------------|
| T2021 | DTT | Statewide | Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.41 | \$3.48 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.72 | \$2.76 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.42 | \$2.45 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.41 | \$3.48 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.72 | \$2.76 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.42 | \$2.45 |
| T2021 | DTT | Flagstaff | Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.67 | \$3.74 |
| T2021 | DTT | Flagstaff | Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.88 | \$2.93 |
| T2021 | DTT | Flagstaff | Day Treatment and Training, Children (After School) - Staff : Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.54 | \$2.57 |
| T2021 | DTS | Flagstaff | Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.67 | \$3.74 |
| T2021 | DTS | Flagstaff | Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.88 | \$2.93 |
| T2021 | DTS | Flagstaff | Day Treatment and Training, Children (Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.54 | \$2.57 |

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------------|--------------------------|
| T2021 | DTA | Statewide | Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.34 | \$3.40 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.51 | \$2.56 |
| T2021 | DTA | Statewide | Day Treatment and Training, Adult, Rural - Staff : Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.12 | \$2.15 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.77 | \$3.84 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$3.14 | \$3.18 |
| T2021 | DTT | Statewide | Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$2.87 | \$2.90 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:2.5 To 1:4.5 | Per 15 Minutes | \$3.77 | \$3.84 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:4.51 To 1:6.5 | Per 15 Minutes | \$3.14 | \$3.18 |
| T2021 | DTS | Statewide | Day Treatment and Training, Children, Rural (After-School & Summer) - Staff : Member Ratio Of 1:6.51 To 1:8.5 | Per 15 Minutes | \$2.87 | \$2.90 |

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------------|--------------------------|
| T2021 | DTA | Statewide | Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:1 | Per 15 Minutes | \$9.20 | \$9.39 |
| T2021 | DTA | Statewide | Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:2 | Per 15 Minutes | \$4.60 | \$4.70 |
| T2021 | DTT | Statewide | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1 | Per 15 Minutes | \$9.20 | \$9.39 |
| T2021 | DTS | Statewide | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1 | Per 15 Minutes | \$9.20 | \$9.39 |
| T2021 | DTT | Statewide | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2 | Per 15 Minutes | \$4.60 | \$4.70 |
| T2021 | DTS | Statewide | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2 | Per 15 Minutes | \$4.60 | \$4.70 |

| HCPCS | Service Code | Statewide or Flagstaff | Day Treatment and Training Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------------|--------------------------|
| T2021 | DTA | Flagstaff | Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:1 | Per 15 Minutes | \$9.96 | \$10.16 |
| T2021 | DTA | Flagstaff | Behaviorally or Medically Intense Day Treatment and Training, Adult - Staff : Member Ratio Of 1:2 | Per 15 Minutes | \$4.98 | \$5.08 |
| T2021 | DTT | Flagstaff | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1 | Per 15 Minutes | \$9.96 | \$10.16 |
| T2021 | DTS | Flagstaff | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:1 | Per 15 Minutes | \$9.96 | \$10.16 |
| T2021 | DTT | Flagstaff | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2 | Per 15 Minutes | \$4.98 | \$5.08 |
| T2021 | DTS | Flagstaff | Behaviorally or Medically Intense Day Treatment and Training, Children (After-School & Summer) - Staff : Member Ratio Of 1:2 | Per 15 Minutes | \$4.98 | \$5.08 |

Sign Language or Oral Interpretive Services

Unit of Service

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

| HCPCS | Service Code | Statewide or Flagstaff | Sign Language or Oral Interpretive Service Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------|---------------------------|
| T1013 | T1013 | Statewide | Sign Language or Oral Interpretive Services | 15 Minutes | 1 | \$24.76 |

| HCPCS | Service Code | Statewide or Flagstaff | Sign Language or Oral Interpretive Service Description | Unit of Service | Low Minutes | High Minutes | Hours | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------------|-----------------|-------|----------------------------|
| A9270 | A9270 | Statewide | | Daily | 8 | 22 | 0.25 | \$24.76 |
| A9270 | A9270 | Statewide | | Daily | 23 | 37 | 0.5 | \$49.52 |
| A9270 | A9270 | Statewide | | Daily | 38 | 52 | 0.75 | \$74.28 |
| A9270 | A9270 | Statewide | | Daily | 53 | 67 | 1 | \$99.04 |
| A9270 | A9270 | Statewide | | Daily | 68 | 82 | 1.25 | \$123.80 |
| A9270 | A9270 | Statewide | | Daily | 83 | 97 | 1.5 | \$148.56 |
| A9270 | A9270 | Statewide | | Daily | 98 | 112 | 1.75 | \$173.32 |
| A9270 | A9270 | Statewide | | Daily | 113 | 127 | 2 | \$198.08 |
| A9270 | A9270 | Statewide | | Daily | 128 | 142 | 2.25 | \$222.84 |
| A9270 | A9270 | Statewide | Non-covered services due to member absence for Sign | Daily | 143 | 157 | 2.5 | \$247.60 |
| A9270 | A9270 | Statewide | Language or Oral Interpretive Services | Daily | 158 | 172 | 2.75 | \$272.36 |
| A9270 | A9270 | Statewide | | Daily | 173 | 187 | 3 | \$297.12 |
| A9270 | A9270 | Statewide | | Daily | 188 | 202 | 3.25 | \$321.88 |
| A9270 | A9270 | Statewide | | Daily | 203 | 217 | 3.5 | \$346.64 |
| A9270 | A9270 | Statewide | | Daily | 218 | 232 | 3.75 | \$371.40 |
| A9270 | A9270 | Statewide | | Daily | 233 | 247 | 4 | \$396.16 |
| A9270 | A9270 | Statewide | | Daily | 248 | 262 | 4.25 | \$420.92 |
| A9270 | A9270 | Statewide | | Daily | 263 | 277 | 4.5 | \$445.68 |
| A9270 | A9270 | Statewide | | Daily | 278 | 292 | 4.75 | \$470.44 |
| A9270 | A9270 | Statewide | | Daily | 293 | 307 | 5 | \$495.20 |

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

| HCPCS | Service Code | Statewide or Flagstaff | Sign Language or Oral Interpretive Service Description | Unit of Service | Low Minutes | High Minutes | Hours | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------------|-----------------|-------|----------------------------|
| A9270 | A9270 | Statewide | | Daily | 308 | 322 | 5.25 | \$519.96 |
| A9270 | A9270 | Statewide | | Daily | 323 | 337 | 5.5 | \$544.72 |
| A9270 | A9270 | Statewide | | Daily | 338 | 352 | 5.75 | \$569.48 |
| A9270 | A9270 | Statewide | | Daily | 353 | 367 | 6 | \$594.24 |
| A9270 | A9270 | Statewide | | Daily | 368 | 382 | 6.25 | \$619.00 |
| A9270 | A9270 | Statewide | | Daily | 383 | 397 | 6.5 | \$643.76 |
| A9270 | A9270 | Statewide | | Daily | 398 | 412 | 6.75 | \$668.52 |
| A9270 | A9270 | Statewide | | Daily | 413 | 427 | 7 | \$693.28 |
| A9270 | A9270 | Statewide | | Daily | 428 | 442 | 7.25 | \$718.04 |
| A9270 | A9270 | Statewide | Non-covered services due to member absence for Sign | Daily | 443 | 457 | 7.5 | \$742.80 |
| A9270 | A9270 | Statewide | Language or Oral Interpretive Services | Daily | 458 | 472 | 7.75 | \$767.56 |
| A9270 | A9270 | Statewide | | Daily | 473 | 487 | 8 | \$792.32 |
| A9270 | A9270 | Statewide | | Daily | 488 | 502 | 8.25 | \$817.08 |
| A9270 | A9270 | Statewide | | Daily | 503 | 517 | 8.5 | \$841.84 |
| A9270 | A9270 | Statewide | | Daily | 518 | 532 | 8.75 | \$866.60 |
| A9270 | A9270 | Statewide | | Daily | 533 | 547 | 9 | \$891.36 |
| A9270 | A9270 | Statewide | | Daily | 548 | 562 | 9.25 | \$916.12 |
| A9270 | A9270 | Statewide | | Daily | 563 | 577 | 9.5 | \$940.88 |
| A9270 | A9270 | Statewide | | Daily | 578 | 592 | 9.75 | \$965.64 |
| A9270 | A9270 | Statewide | | Daily | 593 | 607 | 10 | \$990.40 |

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

Developmental Home Services

Unit of Service

- 1. For the Developmental Home services, one unit of service equals one day (24 hours) of service time. A day begins at midnight and ends at 11:59 p.m..
- 2. For Room and Board, one unit equals one day (24 hours). If the member is a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for that member. If the member is not a resident at 11:59 p.m. on a given day, the Qualified Vendor may bill that day for the member if the Qualified Vendor has a current authorization for service and the member's personal items remain in the developmental home.
- 3. The published base rate includes reimbursement for Incontinence Supplies and Nutritional Supplements and there are no modifiers.

Bundled Home-Based Supports

Current Definition: The Division currently supports a rate for Habilitation, Vendor Supported Developmental Home that includes the provision of Home-Based supports (e.g. Respite). That is, Qualified Vendors that provide Habilitation, Vendor Supported Developmental Home are required to provide for the member any required Home-Based supports as part of the reimbursement for the Habilitation,

Vendor Supported Developmental Home service, these additional Home-Based supports are not separately billable activities.

| HCPCS | Service Code | Statewide or Flagstaff | Home Based Services Description | Unit of Service | District | 10/1/2022 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 | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------|-----------------------|---------------------|---------------------------|--------------------------|
| T2016 | HPD | Statewide | Habilitation, Enhanced Behavioral Group Home* | Day | All | N/A | N/A | \$36.71 | \$37.61 |
| T2016 | НАВ | Statewide | Habilitation, Group Home* | Day | All | N/A | N/A | \$26.70 | \$27.78 |
| T2016 | HAN | Statewide | Habilitation, Nursing Supported Group Home - Level I | Day | All | N/A | N/A | \$474.32 | \$474.32 |
| T2016 | HAN | Statewide | Habilitation, Nursing Supported Group Home - Level II | Day | All | N/A | N/A | \$561.32 | \$561.32 |
| T2016 | HAN | Statewide | Habilitation, Nursing Supported Group Home - Level III | Day | All | N/A | N/A | \$625.39 | \$625.39 |
| T2016 | HAN | Flagstaff | Habilitation, Nursing Supported Group Home - Level I | Day | All | N/A | N/A | \$483.95 | \$483.95 |
| T2016 | HAN | Flagstaff | Habilitation, Nursing Supported Group Home - Level II | Day | All | N/A | N/A | \$574.17 | \$574.17 |
| T2016 | HAN | Flagstaff | Habilitation, Nursing Supported Group Home - Level III | Day | All | N/A | N/A | \$638.23 | \$638.23 |
| T2016 | НАВ | Flagstaff | Habilitation, Group Home* | Day | All | N/A | N/A | \$29.82 | \$30.90 |

Group Home Services

Maricopa County

| HCPCS | Service Code | Statewide or Flagstaff | Group Home Services Description | Unit of Service | Setting | Number of Bedrooms | Actual Occupancy | 10/1/2022 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 | 10/1/2022 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 | 10/1/2022 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 | 10/1/2022 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 | 10/1/2022 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 | 10/1/2022 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 | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|---------------------------------|--------------------|---------|-----------------------|---------------------|---------------------------|
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 1 | 1 | \$34.27 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 2 | 1 | \$37.39 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 2 | 2 | \$23.06 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 3 | 1 | \$45.77 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 3 | 2 | \$27.21 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 3 | 3 | \$21.02 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 4 | 1 | \$47.75 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 4 | 2 | \$28.18 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 4 | 3 | \$21.64 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 4 | 4 | \$18.38 |

Group Home Services

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

| HCPCS | Service Code | Statewide or Flagstaff | Group Home Services Description | Unit of Service | Setting | Number of Bedrooms | Actual Occupancy | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|---------------------------------|--------------------|---------|-----------------------|---------------------|---------------------------|
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 5 | 1 | \$53.38 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 5 | 2 | \$30.97 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 5 | 3 | \$23.49 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 5 | 4 | \$19.76 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 5 | 5 | \$17.53 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 6 | 1 | \$56.06 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 6 | 2 | \$32.30 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 6 | 3 | \$24.39 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 6 | 4 | \$20.42 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 6 | 5 | \$18.04 |
| A9270 | RRB | Statewide | Room and Board, All Group Homes | Day | Urban | 6 | 6 | \$16.45 |

Professional Services

General Information

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

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

Unit of Service

1. For Home Health Aide and Licensed Health Aide

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

2. For Nursing Services:

Nursing services are provided as:

- Visit: Nursing Service(s) less than sixty (60) minutes per visit.
- Intermittent: Nursing Service(s) not to exceed 2 hours per visit and no more than 4 hours in one calendar day.
- Continuous: Nursing Service(s) either (i) for more than 2 continuous hours in one calendar day or (ii) for more than 4 hours in one calendar day.
- Respite: Nursing Service(s) services provided as Respite by a skilled nurse. The maximum number of units per benefit year are 600 hours (2400 units). A benefit year is October 1st through September 30th.

2.1 The basis of payment for Nursing, Visit; Nursing, Intermittent; and Nursing Respite are 15-minute increments.

- If services were provided for 8 minutes, bill for 1 unit.
- If services were provided for 22 minutes, bill for 1 unit.
- If services were provided for 23 minutes, bill for 2 units
- 2.2 The basis of payment for Nursing, Continuous is one hour (60 minutes) of direct service time. Direct service time is the period of time spent with the member and verified by the member.

Professional Services

- 2.3 When billing Nursing, Continuous services, the Qualified Vendor should round its direct service time to the nearest hourly increment, as illustrated in the examples below based on the 51% rule:
 - If services were provided for 30 minutes, bill for 0 units.
 - If services were provided for 31 minutes, bill for 1 unit.
- 2.4 If the Qualified Vendor provides nursing services for more than 2 continuous hours or more than 4 hours in one calendar day, this is considered to be Nursing, Continuous. One unit of Nursing, Continuous equals one hour of direct service. A Qualified Vendor billing for Nursing, Continuous shall bill for the appropriate number of hours of service and include the actual cumulative hours of service provided in the calendar day on the billing document as required by the Division.
- 2.5 Please see the DDD billing manual for instructions on the changes to nursing billing codes effective March 1, 2021.
- 3. For Therapies:
 - 3.1 One unit of evaluation equals one evaluation.
 - 3.2 The basis of payment for this service, other than evaluation, is 15-minute increments of direct service time. Direct service time is the period of time spent with the member and verified by the member. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
 - 3.3 Speech therapy is an untimed service and should be billed as one unit per day.
 - 3.4 In no event will more than three members receive the same service with a single direct service staff person at the same time.
 - 3.5 Clinical and Natural setting. A clinical setting includes the office or central location of the provider and generally requires the member to travel to the provider specifically to receive the service. A natural setting includes the client's home and community settings, such as a park, restaurant, child care provider, etc, in which persons without disabilities participate.
 - 3.6 Effective March 1, 2021, Absences/No Shows will not constitute a billable unit.

Geographic Adjustments, Nursing Services

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

Geographic Adjustments, Therapy & Therapy Assistant Services

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

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

Third Party Liability (TPL)

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

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

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

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

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|--------------|---------------------------|-----------------------------------|-----------------|---------------------|----------------------------|----------------------------|
| T1021 | ННА | Statewide | Home Health Aide | Per Visit | 1 | \$48.13 | \$48.13 |
| T1021 | ННА | Statewide | Home Health Aide | Per Visit | 2 | \$30.08 | \$30.08 |
| T1021 | ННА | Statewide | Home Health Aide | Per Visit | 3 | \$24.07 | \$24.07 |
| T1021 | ННА | Flagstaff | Home Health Aide | Per Visit | 1 | \$56.38 | \$56.38 |
| T1021 | ННА | Flagstaff | Home Health Aide | Per Visit | 2 | \$35.24 | \$35.24 |
| T1021 | ННА | Flagstaff | Home Health Aide | Per Visit | 3 | \$28.19 | \$28.19 |
| T1021 | ННА | Statewide | Licensed Health Aide | Per Visit | 1 | \$70.03 | \$70.03 |
| T1021 | ННА | Statewide | Licensed Health Aide | Per Visit | 2 | \$43.77 | \$43.77 |
| T1021 | ННА | Statewide | Licensed Health Aide | Per Visit | 3 | \$35.02 | \$35.02 |
| T1021 | ННА | Flagstaff | Licensed Health Aide | Per Visit | 1 | \$82.02 | \$82.02 |
| T1021 | ННА | Flagstaff | Licensed Health Aide | Per Visit | 2 | \$35.24 | \$35.24 |
| T1021 | ННА | Flagstaff | Licensed Health Aide | Per Visit | 3 | \$28.19 | \$28.19 |

Nursing Visit, 8-22 Minutes Only

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 07/01/2023 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 Miles15 Minutes*1 | | - | \$50.00 | |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles 15 Minutes* 2 | | 2 | - | \$31.28 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | 15 Minutes* | 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 | | 10/01/2022 Adopted Rate | 07/01/2023 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 Miles15 Minutes*1 | | - | \$43.86 | |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles 15 Minutes* 2 | | 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 Miles15 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 | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|----------------------------|----------------------------|
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN, Base Rate | Per 15 Minutes | 1 | \$29.44 | \$29.44 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN, Base Rate | Per 15 Minutes | 2 | \$18.40 | \$18.40 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN, Base Rate | Per 15 Minutes | 3 | \$14.72 | \$14.72 |
| G0299 | G0300/ G0299 | Statewide | ursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles Minutes | | 1 | \$29.44 | \$29.44 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 2 | \$18.40 | \$18.40 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 3 | \$14.72 | \$14.72 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 1 | \$29.44 | \$29.44 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 2 | \$18.40 | \$18.40 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Visit, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 3 | \$14.72 | \$14.72 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|----------------------------|----------------------------|
| G0300 | G0300 | Statewide | Nursing, Visit, LPN, Base Rate | Per 15 Minutes | 1 | \$25.80 | \$25.80 |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN, Base Rate | Per 15 Minutes | 2 | \$16.13 | \$16.13 |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN, Base Rate Per 15 3 Minutes 3 | | \$12.90 | \$12.90 | |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel Of Per 15 50 to 100 Miles 1 Minutes | | \$25.80 | \$25.80 | |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel Of Per 15 50 to 100 Miles 2 | | \$16.13 | \$16.13 | |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 3 | \$12.90 | \$12.90 |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 1 | \$25.80 | \$25.80 |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 MilesPer 15 Minutes2\$16.13 | | \$16.13 | \$16.13 | |
| G0300 | G0300 | Statewide | Nursing, Visit, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 3 | \$12.90 | \$12.90 |

Nursing Intermittent, 8-22 Minutes Only

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description Linit of Service | | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 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 | 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 Miles15 Minutes*1 | | - | \$50.00 | |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles15 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 | | | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate | |
|-------|--------------|---------------------------|--|---|----------------------------|----------------------------|---------|
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN, Base Rate | 15 Minutes* | 1 | - | \$43.86 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN, Base Rate | 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 | | | - | \$43.86 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles15 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 | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------|----------------------------|----------------------------|
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN, Base Rate | Per 15 Minutes | 1 | \$29.44 | \$29.44 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN, Base Rate Minu | | 2 | \$18.40 | \$18.40 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN, Base Rate | Per 15 Minutes | 3 | \$14.72 | \$14.72 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 1 | \$29.44 | \$29.44 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 2 | \$18.40 | \$18.40 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 3 | \$14.72 | \$14.72 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 1 | \$29.44 | \$29.44 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 2 | \$18.40 | \$18.40 |
| G0299 | G0300/ G0299 | Statewide | Nursing, Intermittent, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 3 | \$14.72 | \$14.72 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|----------------------------|----------------------------|
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN, Base Rate | Per 15 Minutes | 1 | \$25.80 | \$25.80 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN, Base Rate | Per 15 Minutes | 2 | \$16.13 | \$16.13 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN, Base Rate | Per 15 Minutes | 3 | \$12.90 | \$12.90 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 1 | \$25.80 | \$25.80 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 2 | \$16.13 | \$16.13 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 3 | \$12.90 | \$12.90 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 1 | \$25.80 | \$25.80 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 2 | \$16.13 | \$16.13 |
| G0300 | G0300 | Statewide | Nursing, Intermittent, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 3 | \$12.90 | \$12.90 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|--------|-----------------|---------------------------|------------------------------------|--------------------|---------------------|----------------------------|----------------------------|
| S9123 | S9123 | Statewide | Nursing, Continuous, RN, Base Rate | Client Hour | 1 | \$64.63 | \$64.63 |
| S5150 | HNR | Statewide | Nursing, Respite, RN, Base Rate | Per 15 Minutes | 1 | \$16.16 | \$16.16 |
| S9123 | S9123 | Statewide | Nursing, Continuous, RN, Base Rate | Client Hour | 2 | \$40.40 | \$40.40 |
| S5150 | HNR | Statewide | Nursing, Respite, RN, Base Rate | Per 15 Minutes | 2 | \$10.10 | \$10.10 |
| \$9123 | S9123 | Statewide | Nursing, Continuous, RN, Base Rate | Client Hour | 3 | \$32.32 | \$32.32 |
| S5150 | HNR | Statewide | Nursing, Respite, RN, Base Rate | Per 15 Minutes | 3 | \$8.08 | \$8.08 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|-------------------|---------------------|----------------------------|----------------------------|
| S9123 | S9123 | Statewide | Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | | 1 | \$66.40 | \$66.40 |
| S5150 | HNR | Statewide | Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 1 | \$16.60 | \$16.60 |
| S9123 | S9123 | Statewide | Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 2 | \$41.52 | \$41.52 |
| S5150 | HNR | Statewide | Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 2 | \$10.38 | \$10.38 |
| S9123 | S9123 | Statewide | Nursing, Continuous, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 3 | \$33.20 | \$33.20 |
| S5150 | HNR | Statewide | Nursing, Respite, RN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 3 | \$8.30 | \$8.30 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|-------------------|---------------------|----------------------------|----------------------------|
| S9123 | S9123 | Statewide | Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles | | 1 | \$70.24 | \$70.24 |
| S5150 | HNR | Statewide | Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 1 | \$17.56 | \$17.56 |
| S9123 | S9123 | Statewide | Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 2 | \$43.88 | \$43.88 |
| S5150 | HNR | Statewide | Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 2 | \$10.98 | \$10.98 |
| S9123 | S9123 | Statewide | Nursing, Continuous, RN - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 3 | \$35.12 | \$35.12 |
| S5150 | HNR | Statewide | Nursing, Respite, RN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 3 | \$8.78 | \$8.78 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|--------|-----------------|---------------------------|-------------------------------------|--------------------|---------------------|----------------------------|----------------------------|
| S9124 | S9124 | Statewide | Nursing, Continuous, LPN, Base Rate | Client Hour | 1 | \$48.73 | \$48.73 |
| \$5150 | HNR | Statewide | Nursing, Respite, LPN, Base Rate | Per 15 Minutes | 1 | \$12.19 | \$12.19 |
| S9124 | S9124 | Statewide | Nursing, Continuous, LPN, Base Rate | Client Hour | 2 | \$30.46 | \$30.46 |
| S5150 | HNR | Statewide | Nursing, Respite, LPN, Base Rate | Per 15 Minutes | 2 | \$7.62 | \$7.62 |
| S9124 | S9124 | Statewide | Nursing, Continuous, LPN, Base Rate | Client Hour | 3 | \$24.37 | \$24.37 |
| S5150 | HNR | Statewide | Nursing, Respite, LPN, Base Rate | Per 15 Minutes | 3 | \$6.10 | \$6.10 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------|----------------------------|----------------------------|
| S9124 | S9124 | Statewide | Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 1 | \$50.12 | \$50.12 |
| S5150 | HNR | Statewide | Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 1 | \$12.53 | \$12.53 |
| S9124 | S9124 | Statewide | Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 2 | \$31.32 | \$31.32 |
| S5150 | HNR | Statewide | Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 2 | \$7.83 | \$7.83 |
| S9124 | S9124 | Statewide | Nursing, Continuous, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Client Hour | 3 | \$25.08 | \$25.08 |
| S5150 | HNR | Statewide | Nursing, Respite, LPN - Service Delivery Requiring Travel Of 50 to 100 Miles | Per 15 Minutes | 3 | \$6.27 | \$6.27 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 10/01/2022 Adopted Rate | 01/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|----------------------------|----------------------------|
| S9124 | S9124 | Statewide | Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 1 | \$55.84 | \$55.84 |
| S5150 | HNR | Statewide | Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 1 | \$13.96 | \$13.96 |
| S9124 | S9124 | Statewide | Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 2 | \$34.92 | \$34.92 |
| S5150 | HNR | Statewide | Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 2 | \$8.73 | \$8.73 |
| S9124 | S9124 | Statewide | Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles | Client Hour | 3 | \$27.96 | \$27.96 |
| S5150 | HNR | Statewide | Nursing, Continuous/Respite, LPN - Service Delivery Requiring Travel More Than 100 Miles | Per 15 Minutes | 3 | \$6.99 | \$6.99 |

| HCPCS | Service Code | Professional Services Description | Unit of Service | Multiple Clients | Base Rate | Tier 1 | Tier 2 | Tier 3 |
|-------|-----------------|--|-----------------|---------------------|-----------|---------|---------|---------|
| 97535 | 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 | \$50.46 | \$57.34 | \$68.82 |
| 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 | ΡΤΑ | 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 | \$57.64 | \$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 | \$76.44 | \$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 | \$49.28 | \$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 | \$70.32 | \$84.40 |
| 92526 | 92526 | Feeding 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 |
|-------|-----------------|--|--------------------|---------------------|-----------|----------|----------|----------|
| 92507 | STA | Speech and Feeding Therapy, Clinical Setting | Per Visit | 1 | \$184.48 | \$202.88 | \$230.56 | \$276.72 |
| 92507 | STA | Speech and Feeding Therapy, Clinical Setting | Per Visit | 2 | \$115.28 | \$126.80 | \$144.08 | \$172.96 |
| 92507 | STA | Speech and Feeding Therapy, Clinical Setting | Per Visit | 3 | \$92.24 | \$101.44 | \$115.28 | \$138.32 |
| 92507 | STA | Speech and Feeding Therapy, Natural Setting | Per Visit | 1 | \$244.64 | \$269.12 | \$305.80 | \$366.96 |
| 92507 | STA | Speech and Feeding Therapy, Natural Setting | Per Visit | 2 | \$152.88 | \$168.16 | \$191.12 | \$229.36 |
| 92507 | STA | Speech and Feeding Therapy, Natural Setting | Per Visit | 3 | \$122.32 | \$134.56 | \$152.88 | \$183.52 |
| 92507 | STA | Speech and Feeding Therapy Assistant, Clinical Setting | Per Visit | 1 | \$157.60 | \$173.44 | \$197.04 | \$236.48 |
| 92507 | STA | Speech and Feeding Therapy Assistant, Clinical Setting | Per Visit | 2 | \$98.56 | \$108.40 | \$123.12 | \$147.76 |
| 92507 | STA | Speech and Feeding Therapy Assistant, Clinical Setting | Per Visit | 3 | \$78.80 | \$86.72 | \$98.56 | \$118.24 |
| 92507 | STA | Speech and Feeding Therapy Assistant, Natural Setting | Per Visit | 1 | \$225.04 | \$247.60 | \$281.36 | \$337.60 |
| 92507 | STA | Speech and Feeding Therapy Assistant, Natural Setting | Per Visit | 2 | \$140.64 | \$154.72 | \$175.84 | \$211.04 |
| 92507 | STA | Speech and Feeding Therapy Assistant, Natural Setting | Per Visit | 3 | \$112.56 | \$123.76 | \$140.64 | \$168.80 |

| HCPCS | Service Code | Statewide or Flagstaff | Professional Services Description | Unit of Service | Multiple Clients | 01/01/2023 Adopted Rate | 07/01/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------|-------------------------------|-------------------------------|
| 97166 | OEA | Statewide | Occupational Therapy Evaluation, Clinical Setting | Per Evaluation | 1 | \$175.52 | \$175.52 |
| 97166 | OEA | Statewide | Occupational Therapy Evaluation, Natural Setting | Per Evaluation | 1 | \$196.24 | \$196.24 |
| 97166 | OEA | Statewide | Occupational Therapy Evaluation, Teletherapy Setting | Per Evaluation | 1 | - | \$179.97 |
| 97162 | PEA | Statewide | Physical Therapy Evaluation, Clinical Setting | Per Evaluation | 1 | \$175.52 | \$175.52 |
| 97162 | PEA | Statewide | Physical Therapy Evaluation, Natural Setting | Per Evaluation | 1 | \$196.24 | \$196.24 |
| 97162 | PEA | Statewide | Physical Therapy Evaluation, Teletherapy Setting | Per Evaluation | 1 | - | \$179.97 |
| 92523 | SEA | Statewide | Speech Therapy Evaluation, Clinical Setting | Per Evaluation | 1 | \$175.52 | \$175.52 |
| 92523 | SEA | Statewide | Speech Therapy Evaluation, Natural Setting | Per Evaluation | 1 | \$196.24 | \$196.24 |
| 92523 | SEA | Statewide | Speech Therapy Evaluation, Teletherapy Setting | Per Evaluation | 1 | - | \$179.97 |
| 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 Employment Support Aide with the member and verified by the member. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units.

For Career Preparation & Readiness

- 1. The basis of payment for this service is 15-minute increments of direct staff service time. Direct service time is the period of time spent by the Qualified Vendor staff with the member and verified by the member. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
- 2. The typical utilization is anticipated to be four (4) hours per day but shall not exceed eight (8) hours per day.
- 3. The staff to member ratio shall not exceed one (1) direct service staff person to three (3) members (1:3). It is anticipated that all members may need intermittent direct one-on-one (1:1) assistance/supervision in order to meet individual needs.
- 4. This service can be authorized up to six months with a maximum of two service extensions of three (3) months each as assessed by the member's planning team and approved by the District Program Manager/designee. All exceptions must be approved by the District Program Manager/designee.

Urban & Rural

Current Definition: The Division established a separate rate for these services in the rural (Low Density) areas of the state. This modified rate is authorized on a program basis and has a premium over the urban (High Density) rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the DDD Program Administrator/Manager or designee.

The general guideline for authorizing the modified rates for rural (Low Density) areas is that the program must be located in the designated Zip Code as defined in Appendix 1.

| HCPCS | Service Code | Statewide or Flagstaff | Employment Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|---------------------------|--------------------------|
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:6) | Per 15 Minutes | \$1.71 | \$1.75 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:6) | Per 15 Minutes | \$1.84 | \$1.88 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:5) | Per 15 Minutes | \$2.21 | \$2.26 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:5) | Per 15 Minutes | \$2.06 | \$2.11 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:4) | Per Evaluation | \$2.57 | \$2.63 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:4) | Per Evaluation | \$2.76 | \$2.82 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:3) | Per 15 Minutes | \$3.43 | \$3.50 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:3) | Per 15 Minutes | \$3.68 | \$3.75 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:2) | Per 15 Minutes | \$5.14 | \$5.26 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:2) | Per 15 Minutes | \$5.52 | \$5.63 |
| T2019 | CBE | Statewide | Center-Based Employment (High Density) (1:1) | Per 15 Minutes | \$10.29 | \$10.51 |
| T2019 | CBE | Statewide | Center-Based Employment (Low Density) (1:1) | Per 15 Minutes | \$11.04 | \$11.26 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------------|--------------------------|
| T2019 | GSE | Statewide | Group Supported Employment-High Density versus Urban Staff: member Ratio Of 1:2 To 1:2.5 | Per 15 Minutes | \$6.13 | \$6.24 |
| T2019 | GSE | Statewide | Group Supported Employment-Low Density versus Rural Staff: member Ratio Of 1:2 To 1:2.5 | Per 15 Minutes | \$6.50 | \$6.61 |
| T2019 | GSE | Statewide | Group Supported Employment-High Density: member Ratio Of 1:2.51 To 1:3.5 | Per 15 Minutes | \$4.32 | \$4.40 |
| T2019 | GSE | Statewide | Group Supported Employment-Low Density: member Ratio Of 1:2.51 To 1:3.5 | Per 15 Minutes | \$4.72 | \$4.79 |
| T2019 | GSE | Statewide | Group Supported Employment-High Density: member Ratio Of 1:3.51 To 1:4.5 | Per 15 Minutes | \$3.42 | \$3.47 |
| T2019 | GSE | Statewide | Group Supported Employment-Low Density: member Ratio Of 1:3.51 To 1:4.5 | Per 15 Minutes | \$3.83 | \$3.88 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Services Description | Unit of Service | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------------|--------------------------|
| T2019 | GSE | Statewide | Group Supported Employment-High Density: member Ratio Of 1:4.51 To 1:5.5 | Per 15 Minutes | \$2.88 | \$2.92 |
| T2019 | GSE | Statewide | Group Supported Employment-Low Density: member Ratio Of 1:4.51 To 1:5.5 | Per 15 Minutes | \$3.30 | \$3.34 |
| T2019 | GSE | Statewide | Group Supported Employment-High Density: member Ratio Of 1:5.51 To 1:6.5 | Per 15 Minutes | \$2.51 | \$2.55 |
| T2019 | GSE | Statewide | Group Supported Employment-Low Density: member Ratio Of 1:5.51 To 1:6.5 | Per 15 Minutes | \$2.93 | \$2.97 |
| T2019 | GSE | Flagstaff | Group Supported Employment-High Density: member Ratio Of 1:2 To 1:2.5 | Per 15 Minutes | \$6.22 | \$6.34 |
| T2019 | GSE | Flagstaff | Group Supported Employment-High Density: member Ratio Of 1:2.51 To 1:3.5 | Per 15 Minutes | \$4.38 | \$4.46 |
| T2019 | GSE | Flagstaff | Group Supported Employment-High Density: member Ratio Of 1:3.51 To 1:4.5 | Per 15 Minutes | \$3.49 | \$3.55 |
| T2019 | GSE | Flagstaff | Group Supported Employment-High Density: member Ratio Of 1:4.51 To 1:5.5 | Per 15 Minutes | \$2.88 | \$2.93 |
| T2019 | GSE | Flagstaff | Group Supported Employment-High Density: member Ratio Of 1:5.51 To 1:6.5 | Per 15 Minutes | \$2.58 | \$2.62 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Services Description | Unit of Service | Region | 10/1/2021 Adopted Rate | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|--------|---------------------------|---------------------------|
| T2019 | ISE | Statewide | Individual Supported Employment, Job Coaching | Per 15 Minutes | Urban | \$11.03 | \$11.91 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Coaching | Per 15 Minutes | Rural | \$13.02 | \$14.07 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Development | Per 15 Minutes | Urban | \$10.64 | \$11.49 |
| T2019 | ISE | Statewide | Individual Supported Employment, Job Development | Per 15 Minutes | Rural | \$10.22 | \$11.03 |
| T2019 | ISE | Flagstaff | Individual Supported Employment, Job Coaching | Per 15 Minutes | All | \$11.88 | \$12.82 |
| T2019 | ISE | Flagstaff | Individual Supported Employment, Job Coaching | Per 15 Minutes | All | \$11.43 | \$12.34 |
| T2019 | TTE | Statewide | Transition to Employment | Per 15 Minutes | Urban | \$2.76 | \$2.98 |
| T2019 | TTE | Statewide | Transition to Employment | Per 15 Minutes | Rural | \$2.96 | \$3.19 |
| T2019 | TTE | Flagstaff | Transition to Employment | Per 15 Minutes | All | \$2.96 | \$3.20 |

| HCPCS | Service Code | Statewide or Flagstaff | Employment Services Description | Unit of Service | Region | 10/1/2021 Adopted Rate | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|-------------------------------------|--------------------|--------|---------------------------|---------------------------|
| T2019 | ESA | Statewide | Employment Supported Aide (GSE/ISE) | Per 15 Minutes | Urban | \$8.41 | \$9.08 |
| T2019 | ESA | Statewide | Employment Supported Aide (GSE/ISE) | Per 15 Minutes | Rural | \$9.83 | \$10.62 |
| T2019 | ESA | Flagstaff | Employment Supported Aide (GSE/ISE) | Per 15 Minutes | Urban | \$9.83 | \$10.62 |
| T2019 | CPR | Statewide | Career Preparation & Readiness | Per 15 Minutes | Urban | \$8.41 | \$9.08 |
| T2019 | CPR | Statewide | Career Preparation & Readiness | Per 15 Minutes | Rural | \$8.92 | \$9.63 |

Specialized Habilitation Services

Unit of Service

- 1. The basis of payment for Specialized Habilitation Services is 15-minute increments of direct service time except Habilitation, Consultation Assessment & Planning for which one unit equals one assessment. Direct service time is the period of time spent with the member and verified by the member. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - If services were provided for 8 minutes, bill for 1 unit.
 - If services were provided for 22 minutes, bill for 1 unit.
 - If services were provided for 23 minutes, bill for 2 units
- 2. If the Qualified Vendor provides Habilitation with Music Therapy or Habilitation, Communication with a single direct service staff person to multiple members at the same time, the basis of payment for each member will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three members receive this service with a single direct service staff person at the same time.
- 3. For Habilitation, Communication, the Qualified Vendor shall use the following guideline to determine the billing rate:

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

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

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

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

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

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

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

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

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

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

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

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

Rural

Current Definition: The Division established a separate rate for these services in the rural areas of the state. This modified rate is authorized on a program basis and has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division these modified rates only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural rates is that the service delivery must be approved by the DDD Program Administrator/Manager or designee.

Specialized Habilitation Services

| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | Multiple Clients | 10/1/2021 Adopted Rate | 10/1/2022 Adopted Rate |
|----------------|-----------------|---------------------------|--|--------------------|---------------------|---------------------------|---------------------------|
| T2017 | HAM | Statewide | Habilitation with Music Therapy | Per 15 Minutes | 1 | \$10.99 | \$11.87 |
| T2017 | HAM | Statewide | Habilitation with Music Therapy | Per 15 Minutes | 2 | \$6.87 | \$7.42 |
| T2017 | HAM | Statewide | Habilitation with Music Therapy | Per 15 Minutes | 3 | \$5.50 | \$5.94 |
| T2017 | HAM | Flagstaff | Habilitation with Music Therapy | Per 15 Minutes | 1 | \$10.99 | \$11.87 |
| T2017 | HAM | Flagstaff | Habilitation with Music Therapy | Per 15 Minutes | 2 | \$6.87 | \$7.42 |
| T2017 | HAM | Flagstaff | Habilitation with Music Therapy | Per 15 Minutes | 3 | \$5.50 | \$5.94 |
| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | Multiple Clients | 10/1/2021 Adopted Rate | 10/1/2022 Adopted Rate |
| 97151 97152 | НСА | Statewide | Habilitation, Consultation Assessment & Planning-Urban | Per 15 Minutes | 1 | \$20.35 | \$20.35 |
| 97151 97152 | НСА | Statewide | Habilitation, Consultation Assessment & Planning-Rural | Per 15 Minutes | 1 | \$24.73 | \$24.73 |

Specialized Habilitation Services

| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | Multiple Clients | 10/1/2021 Adopted Rate | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|---------------------------|---------------------------|
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Psychologist - Urban | Per 15 Minutes | 1 | \$33.87 | \$33.87 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Psychologist - Urban | Per 15 Minutes | 2 | \$21.17 | \$21.17 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Psychologist - Urban | Per 15 Minutes | 3 | \$16.94 | \$16.94 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Psychologist - Rural | Per 15 Minutes | 1 | \$40.67 | \$40.67 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Psychologist - Rural | Per 15 Minutes | 2 | \$25.42 | \$25.42 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Psychologist - Rural | Per 15 Minutes | 3 | \$20.34 | \$20.34 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Urban | Per 15 Minutes | 1 | \$20.36 | \$20.36 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Urban | Per 15 Minutes | 2 | \$12.72 | \$12.72 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Urban | Per 15 Minutes | 3 | \$10.18 | \$10.18 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Rural | Per 15 Minutes | 1 | \$24.73 | \$24.73 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Rural | Per 15 Minutes | 2 | \$15.46 | \$15.46 |
| 97153 | нсм | Statewide | Habilitation, Consultation Licensed Behavior Analyst/ BCBA-Rural | Per 15 Minutes | 3 | \$12.37 | \$12.37 |

| HCPCS | | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | Multiple Clients | 10/1/2021 Adopted Rate | 10/1/2022 Adopted Rate |
|-------|-----|---------------------------|--|--------------------|---------------------|---------------------------|---------------------------|
| 97156 | НСВ | Statewide | Habilitation, Consultation Board Certified Assistant Behavior Analyst-Urban | Per 15 Minutes | 1 | \$11.47 | \$11.47 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Board Certified Assistant Behavior Analyst-Urban | Per 15 Minutes | 2 | \$7.17 | \$7.17 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Board Certified Assistant Behavior Analyst-Urban | Per 15 Minutes | 3 | \$5.74 | \$5.74 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Board Certified Assistant Behavior Analyst-Rural | Per 15 Minutes | 1 | \$14.14 | \$14.14 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Board Certified Assistant Behavior Analyst-Rural | Per 15 Minutes | 2 | \$8.84 | \$8.84 |
| 97156 | НСВ | Statewide | Habilitation, Consultation Board Certified Assistant Behavior Analyst-Rural | Per 15 Minutes | 3 | \$7.07 | \$7.07 |

Specialized Habilitation Services

| HCPCS | Service Code | Statewide or Flagstaff | Specialized Habilitation Services Description | Unit of Service | Multiple Clients | 10/1/2022 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|---------------------|---------------------------|
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized BCBA-D Urban | Per 15 Minutes | 1 | \$31.20 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized BCBA-D - Rural | Per 15 Minutes | 1 | \$36.06 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized Licensed Behavior Analyst | Per 15 Minutes | 1 | \$20.45 |
| 97153 | ECM | Statewide | Habilitation, Early Childhood Autism Specialized Masters Level | Per 15 Minutes | 1 | \$18.87 |
| 97153 | ECB | Statewide | Habilitation, Early Childhood Autism Specialized Bachelors Level | Per 15 Minutes | 1 | \$11.46 |
| T2017 | ECH | Statewide | Habilitation, Early Childhood Autism Specialized Hourly Habilitation | Per 15 Minutes | 1 | \$6.42 |
| 97153 | ECM | Flagstaff | Habilitation, Early Childhood Autism Specialized BCBA-D Urban | Per 15 Minutes | 1 | \$31.20 |
| 97153 | ECM | Flagstaff | Habilitation, Early Childhood Autism Specialized Licensed Behavior Analyst | Per 15 Minutes | 1 | \$18.87 |
| 97153 | ECM | Flagstaff | Habilitation, Early Childhood Autism Specialized Masters Level | Per 15 Minutes | 1 | \$20.45 |
| 97153 | ECB | Flagstaff | Habilitation, Early Childhood Autism Specialized Bachelors Level | Per 15 Minutes | 1 | \$18.87 |
| T2017 | ECH | Flagstaff | Habilitation, Early Childhood Autism Specialized Hourly Habilitation | Per 15 Minutes | 1 | \$6.74 |

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 | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|---|--------------------|----------|---------------------------|--------------------------|
| A0120 | TRA | Statewide | Regularly Scheduled Daily Transportation (Day Program) | Per Trip | Urban | \$13.67 | \$14.57 |
| A0120 | TRE | Statewide | Regularly Scheduled Daily Transportation (Employment Program) | Per Trip | Urban | \$13.67 | \$14.57 |
| A0120 | TRA | Statewide | Regularly Scheduled Daily Transportation, (Day Program) | Per Trip | Rural | \$24.27 | \$25.17 |
| A0120 | TRE | Statewide | Regularly Scheduled Daily Transportation, (Employment Program) | Per Trip | Rural | \$24.27 | \$25.17 |
| A0120 | TRA | Flagstaff | Regularly Scheduled Daily Transportation (Day Program) | Per Trip | All | \$24.27 | \$25.17 |
| A0120 | TRE | Flagstaff | Regularly Scheduled Daily Transportation (Employment Program) | Per Trip | All | \$24.27 | \$25.17 |

Transportation Services

Single Person Modified Rate

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

| HCPCS | Service Code | Statewide or Flagstaff | Transportation Services Description | Unit of Service | Location | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------|---------------------------|--------------------------|
| A0120 | TRA | Statewide | Single Person Modified, Regularly Scheduled Daily Transportation* | Per Trip | Urban | \$32.71 | \$33.61 |
| A0120 | TRE | Statewide | Single Person Modified, Regularly Scheduled Daily Transportation* | Per Trip | Urban | \$32.71 | \$33.61 |
| A0120 | TRA | Statewide | Single Person Modified, Regularly Scheduled Daily Transportation* | Per Trip | Rural | \$45.10 | \$46.00 |
| A0120 | TRE | Statewide | Single Person Modified, Regularly Scheduled Daily Transportation* | Per Trip | Rural | \$45.10 | \$46.00 |

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

Transportation Services

Extensive Distance Modified Rate

- 1. This modified rate is to be used when a member must travel 25 to 90 miles one way to attend a day or employment program.
- 2. The DDD Network Team must approve the request for an extensive distance modified rate. The request must include an explanation of all alternatives researched such as finding a day program closer to the member's home, developing a new program tailored to the member's needs and in their home community, etc.

| HCPCS | Service Code | Statewide or Flagstaff | Transportation Services Description | Unit of Service | Location | 10/1/2022 Adopted Rate | 1/1/2023 Adopted Rate |
|-------|-----------------|---------------------------|--|--------------------|----------|---------------------------|--------------------------|
| A0120 | TRA | Statewide | Extensive Distance, Regularly Scheduled Daily Transportation* | Per Trip | Urban | \$51.64 | \$52.54 |
| A0120 | TRE | Statewide | Extensive Distance, Regularly Scheduled Daily Transportation* | Per Trip | Urban | \$51.64 | \$52.54 |
| A0120 | TRA | Statewide | Extensive Distance, Regularly Scheduled Daily Transportation* | Per Trip | Rural | \$51.64 | \$52.54 |
| A0120 | TRE | Statewide | Extensive Distance, Regularly Scheduled Daily Transportation* | Per Trip | Rural | \$51.64 | \$52.54 |

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

Habilitation, Enhanced Behavioral Group Home & Habilitation, Group Home Introduction

Purpose of This Schedule

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

Rates

- 1. If at least one of the residents in the facility is authorized to receive Habilitation, Enhanced Behavioral Group Home, the Qualified Vendor may bill the Division the Habilitation, Enhanced Behavioral Group Home rate for all residents in the facility. Otherwise, the Qualified Vendor must bill the Division the Habilitation, Group Home rate for all residents in the facility.
- 2. If the resident that requires Habilitation, Enhanced Behavioral Group Home direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Enhanced Behavioral Group Home rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home services.
- 3. The daily rates for these services are based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents. Staff Hours shall only apply to the provision of service by awake staff.
- 4. The Division will make payments to the Qualified Vendor on the per diem basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours for the home. In Schedules A and B, the adopted rate includes incontinent supplies and nutritional supplements.
- 5. Schedules A and B contain 20 and 20 tables, respectively, with Daily Rates, and each table refers a specific range. Each range represents a level of staffing with the number of direct service hours that are authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The number of hours specified in each range represents the number of direct service hours the Qualified Vendor must provide in a week in order to bill the per diem rates associated with that range. These Daily Rates are statewide for all Group Home services.
- 6. The Qualified Vendor shall submit claims for payment for each member the per diem rate that reflects the number of residents in the group home and the range of hours provided in a week.
- 7. The per diem rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
- 8. Because direct service hours provided can vary by week, and the number of occupants can vary both by week and within a week, the Qualified

Vendor may bill more than one per diem rate for each resident on their monthly claims, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.

- 9. The Qualified Vendor shall use the actual resident occupancy to determine the per diem rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Network Manager or designee about who has moved into or out of a home, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
- 10. If a resident is not in the group home facility as of 11:59 pm on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the per diem rate for the actual number of Division-funded residents.
- 11. Group Homes, excluding community protection group homes, with a maximum capacity of 2 or less as established by the Division, prior to July 1, 2019, will use rates defined in Table 1. Group Homes, excluding community protection group homes, with a maximum capacity of 3 or more as established by the Division will use rates defined in Table 2. Group Homes, excluding community protection group homes, with a maximum capacity of 2 or less as established by the Division will use rates defined in Table 2. Group Homes, excluding community protection group homes, with a maximum capacity of 2 or less as established by the Division, after July 1, 2019, will use rates defined in Table 2.

Enhanced Behavioral Group Home Network Expansion - Value-Based Incentives

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

Eligibility

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

Incentive Funding

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

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

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 1 | \$322.37 | \$322.37 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 2 | \$161.18 | \$161.18 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 3 | \$107.45 | \$107.45 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 2 | 70 | 80 | 89.99 | 1 | \$429.82 | \$429.82 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 2 | 70 | 80 | 89.99 | 2 | \$214.91 | \$214.91 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 2 | 70 | 80 | 89.99 | 3 | \$143.27 | \$143.27 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 1 | \$537.28 | \$537.28 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 2 | \$268.64 | \$268.64 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 3 | \$179.09 | \$179.09 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 1 | \$644.74 | \$644.74 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 2 | \$322.37 | \$322.37 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 3 | \$214.91 | \$214.91 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 1 | \$752.20 | \$752.20 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 2 | \$376.10 | \$376.10 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 3 | \$250.73 | \$250.73 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 1 | \$859.65 | \$859.65 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 2 | \$429.82 | \$429.82 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 3 | \$286.55 | \$286.55 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 1 | \$967.11 | \$967.11 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 2 | \$483.55 | \$483.55 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 3 | \$322.37 | \$322.37 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 1 | \$1,074.57 | \$1,074.57 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 2 | \$537.28 | \$537.28 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 3 | \$358.19 | \$358.19 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 1 | \$1,182.02 | \$1,182.02 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 2 | \$591.01 | \$591.01 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 3 | \$394.00 | \$394.00 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 1 | \$1,289.48 | \$1,289.48 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 2 | \$644.74 | \$644.74 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 3 | \$429.82 | \$429.82 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 1 | \$1,396.94 | \$1,396.94 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 2 | \$698.47 | \$698.47 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 3 | \$465.64 | \$465.64 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 1 | \$1,504.40 | \$1,504.40 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 2 | \$752.20 | \$752.20 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 3 | \$501.46 | \$501.46 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 1 | \$1,611.85 | \$1,611.85 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 2 | \$805.92 | \$805.92 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 3 | \$537.28 | \$537.28 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 1 | \$1,719.31 | \$1,719.31 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 2 | \$859.65 | \$859.65 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 3 | \$573.10 | \$573.10 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 1 | \$1,826.77 | \$1,826.77 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 2 | \$913.38 | \$913.38 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 3 | \$608.92 | \$608.92 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 1 | \$1,934.22 | \$1,934.22 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 2 | \$967.11 | \$967.11 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 3 | \$644.74 | \$644.74 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 1 | \$2,041.68 | \$2,041.68 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 2 | \$1,020.84 | \$1,020.84 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 3 | \$680.56 | \$680.56 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 1 | \$2,149.14 | \$2,149.14 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 2 | \$1,074.57 | \$1,074.57 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 3 | \$716.38 | \$716.38 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 1 | \$2,256.60 | \$2,256.60 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 2 | \$1,128.30 | \$1,128.30 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 3 | \$752.20 | \$752.20 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 1 | \$2,364.05 | \$2 <i>,</i> 364.05 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 2 | \$1,182.02 | \$1,182.02 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 3 | \$788.01 | \$788.01 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 21 | 450 | 460 | 229.99 | 1 | \$2,471.51 | \$2,471.51 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 21 | 450 | 460 | 229.99 | 2 | \$1,235.75 | \$1,235.75 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 21 | 450 | 460 | 229.99 | 3 | \$823.83 | \$823.83 |

Habilitation, Enhanced Behavioral Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|----------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 22 | 470 | 480 | 249.99 | 1 | \$2,578.97 | \$2,578.97 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 22 | 470 | 480 | 249.99 | 2 | \$1,289.48 | \$1,289.48 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 22 | 470 | 480 | 249.99 | 3 | \$859.65 | \$859.65 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 23 | 490 | 500 | 269.99 | 1 | \$2,686.42 | \$2,686.42 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 23 | 490 | 500 | 269.99 | 2 | \$1,343.21 | \$1,343.21 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 23 | 490 | 500 | 269.99 | 3 | \$895.47 | \$895.47 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 24 | 510 | 520 | 289.99 | 1 | \$2,793.88 | \$2,793.88 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 24 | 510 | 520 | 289.99 | 2 | \$1,396.94 | \$1,396.94 |
| T2016 | HPD | Habilitation, Enhanced Behavioral Group Home | Per Resident Per Day | 24 | 510 | 520 | 289.99 | 3 | \$931.29 | \$931.29 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 1 | \$238.11 | \$264.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 2 | \$119.05 | \$132.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 89.99 | 1 | \$317.48 | \$353.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 70 | 80 | 89.99 | 2 | \$158.74 | \$176.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 1 | \$396.85 | \$441.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 2 | \$198.42 | \$220.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 1 | \$476.22 | \$529.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 2 | \$238.11 | \$264.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 1 | \$555.60 | \$618.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 2 | \$277.80 | \$309.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 1 | \$634.97 | \$706.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 2 | \$317.48 | \$353.14 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 1 | \$714.34 | \$794.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 2 | \$357.17 | \$397.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 1 | \$793.71 | \$882.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 2 | \$396.85 | \$441.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 1 | \$873.08 | \$971.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 2 | \$436.54 | \$485.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 1 | \$952.45 | \$1,059.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 2 | \$476.22 | \$529.71 |
| 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 | \$515.91 | \$573.85 |
| 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 | \$555.60 | \$618.00 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$595.28 | \$662.14 |
| 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 | \$634.97 | \$706.28 |
| 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 | \$674.65 | \$750.42 |
| 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 | \$714.34 | \$794.57 |
| 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 | \$754.02 | \$838.71 |
| 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 | \$793.71 | \$882.85 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 1 | \$1,666.80 | \$1,854.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 2 | \$833.40 | \$927.00 |
| 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 | \$873.08 | \$971.14 |
| 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 | \$912.77 | \$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 | \$952.45 | \$1,059.42 |
| 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 | \$992.14 | \$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 | \$1,031.82 | \$1,147.71 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$1,111.20 | \$1,236.00 |
| 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 | \$1,190.57 | \$1,324.28 |
| 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 | \$1,269.94 | \$1,412.57 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 1 | \$203.74 | \$229.97 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 50 | 60 | 69.99 | 2 | \$106.54 | \$119.74 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 70 | 80 | 89.99 | 3 | \$79.37 | \$88.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 70 | 80 | 89.99 | 4 | \$59.52 | \$66.21 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 90 | 100 | 109.99 | 5 | \$47.62 | \$52.97 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 1 | 90 | 100 | 109.99 | 6 | \$39.68 | \$44.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 110 | 120 | 129.99 | 1 | \$271.65 | \$306.62 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 110 | 120 | 129.99 | 2 | \$142.05 | \$159.65 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 130 | 140 | 149.99 | 3 | \$105.82 | \$117.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 130 | 140 | 149.99 | 4 | \$79.37 | \$88.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 150 | 160 | 169.99 | 5 | \$63.49 | \$70.62 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 2 | 150 | 160 | 169.99 | 6 | \$52.91 | \$58.85 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 1 | \$339.57 | \$383.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 2 | \$177.57 | \$199.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 3 | \$132.28 | \$147.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 4 | \$99.21 | \$110.35 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 5 | \$79.37 | \$88.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 3 | 90 | 100 | 109.99 | 6 | \$66.14 | \$73.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 1 | \$407.48 | \$459.94 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 2 | \$213.08 | \$239.48 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 3 | \$158.74 | \$176.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 4 | \$119.05 | \$132.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 5 | \$95.24 | \$105.94 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 4 | 110 | 120 | 129.99 | 6 | \$79.37 | \$88.28 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 1 | \$475.40 | \$536.60 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 2 | \$248.60 | \$279.40 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 3 | \$185.20 | \$206.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 4 | \$138.90 | \$154.50 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 5 | \$111.12 | \$123.60 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 5 | 130 | 140 | 149.99 | 6 | \$92.60 | \$103.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 1 | \$543.31 | \$613.25 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 2 | \$284.11 | \$319.31 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 3 | \$211.65 | \$235.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 4 | \$158.74 | \$176.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 5 | \$126.99 | \$141.25 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 6 | 150 | 160 | 169.99 | 6 | \$105.82 | \$117.71 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 1 | \$611.22 | \$689.91 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 2 | \$319.62 | \$359.22 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 3 | \$238.11 | \$264.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 4 | \$178.58 | \$198.64 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 5 | \$142.86 | \$158.91 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 7 | 170 | 180 | 189.99 | 6 | \$119.05 | \$132.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 1 | \$679.14 | \$766.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 2 | \$355.14 | \$399.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 3 | \$264.57 | \$294.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 4 | \$198.42 | \$220.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 5 | \$158.74 | \$176.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 8 | 190 | 200 | 209.99 | 6 | \$132.28 | \$147.14 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 1 | \$747.05 | \$843.22 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 2 | \$390.65 | \$439.05 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 3 | \$291.02 | \$323.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 4 | \$218.27 | \$242.78 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 5 | \$174.61 | \$194.22 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 9 | 210 | 220 | 229.99 | 6 | \$145.51 | \$161.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 1 | \$814.97 | \$919.88 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 2 | \$426.17 | \$478.97 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 3 | \$317.48 | \$353.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 4 | \$238.11 | \$264.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 5 | \$190.49 | \$211.88 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 10 | 230 | 240 | 249.99 | 6 | \$158.74 | \$176.57 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 1 | \$882.88 | \$996.54 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 2 | \$461.68 | \$518.88 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 3 | \$343.94 | \$382.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 4 | \$257.95 | \$286.92 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 5 | \$206.36 | \$229.54 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 11 | 250 | 260 | 269.99 | 6 | \$171.97 | \$191.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 1 | \$950.80 | \$1,073.20 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 2 | \$497.20 | \$558.80 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 3 | \$370.40 | \$412.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 4 | \$277.80 | \$309.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 5 | \$222.24 | \$247.20 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 12 | 270 | 280 | 289.99 | 6 | \$185.20 | \$206.00 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$532.71 | \$598.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 3 | \$396.85 | \$441.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 4 | \$297.64 | \$331.07 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 5 | \$238.11 | \$264.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 13 | 290 | 300 | 309.99 | 6 | \$198.42 | \$220.71 |
| 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 | \$568.22 | \$638.62 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 3 | \$423.31 | \$470.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 4 | \$317.48 | \$353.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 5 | \$253.98 | \$282.51 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 14 | 310 | 320 | 329.99 | 6 | \$211.65 | \$235.42 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$603.74 | \$678.54 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 3 | \$449.77 | \$500.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 4 | \$337.32 | \$375.21 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 5 | \$269.86 | \$300.17 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 15 | 330 | 340 | 349.99 | 6 | \$224.88 | \$250.14 |
| 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 | \$639.25 | \$718.45 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 3 | \$476.22 | \$529.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 4 | \$357.17 | \$397.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 5 | \$285.73 | \$317.82 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 16 | 350 | 360 | 369.99 | 6 | \$238.11 | \$264.85 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$674.77 | \$758.37 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 3 | \$502.68 | \$559.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 4 | \$377.01 | \$419.35 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 5 | \$301.61 | \$335.48 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 17 | 370 | 380 | 389.99 | 6 | \$251.34 | \$279.57 |
| 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 | \$710.28 | \$798.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 3 | \$529.14 | \$588.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 4 | \$396.85 | \$441.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 5 | \$317.48 | \$353.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 18 | 390 | 400 | 409.99 | 6 | \$264.57 | \$294.28 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 1 | \$1,426.20 | \$1,609.80 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 2 | \$745.80 | \$838.20 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 3 | \$555.60 | \$618.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 4 | \$416.70 | \$463.50 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 5 | \$333.36 | \$370.80 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 19 | 410 | 420 | 429.99 | 6 | \$277.80 | \$309.00 |
| 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 | \$781.31 | \$878.11 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 3 | \$582.05 | \$647.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 4 | \$436.54 | \$485.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 5 | \$349.23 | \$388.45 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 20 | 430 | 440 | 449.99 | 6 | \$291.02 | \$323.71 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$816.82 | \$918.02 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 21 | 450 | 460 | 469.99 | 3 | \$608.51 | \$676.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 21 | 450 | 460 | 469.99 | 4 | \$456.38 | \$507.64 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 21 | 450 | 460 | 469.99 | 5 | \$365.10 | \$406.11 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 21 | 450 | 460 | 469.99 | 6 | \$304.25 | \$338.42 |
| 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 | \$852.34 | \$957.94 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 22 | 470 | 480 | 489.99 | 3 | \$634.97 | \$706.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 22 | 470 | 480 | 489.99 | 4 | \$476.22 | \$529.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 22 | 470 | 480 | 489.99 | 5 | \$380.98 | \$423.77 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 22 | 470 | 480 | 489.99 | 6 | \$317.48 | \$353.14 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$887.85 | \$997.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 23 | 490 | 500 | 509.99 | 3 | \$661.42 | \$735.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 23 | 490 | 500 | 509.99 | 4 | \$496.07 | \$551.78 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 23 | 490 | 500 | 509.99 | 5 | \$396.85 | \$441.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 23 | 490 | 500 | 509.99 | 6 | \$330.71 | \$367.85 |
| 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 | \$923.37 | \$1,037.77 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 24 | 510 | 520 | 529.99 | 3 | \$687.88 | \$765.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 24 | 510 | 520 | 529.99 | 4 | \$515.91 | \$573.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 24 | 510 | 520 | 529.99 | 5 | \$412.73 | \$459.08 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 24 | 510 | 520 | 529.99 | 6 | \$343.94 | \$382.57 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$958.88 | \$1,077.68 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 25 | 530 | 540 | 549.99 | 3 | \$714.34 | \$794.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 25 | 530 | 540 | 549.99 | 4 | \$535.75 | \$595.92 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 25 | 530 | 540 | 549.99 | 5 | \$428.60 | \$476.74 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 25 | 530 | 540 | 549.99 | 6 | \$357.17 | \$397.28 |
| 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 | \$994.40 | \$1,117.60 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 26 | 550 | 560 | 569.99 | 3 | \$740.80 | \$824.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 26 | 550 | 560 | 569.99 | 4 | \$555.60 | \$618.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 26 | 550 | 560 | 569.99 | 5 | \$444.48 | \$494.40 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 26 | 550 | 560 | 569.99 | 6 | \$370.40 | \$412.00 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$767.25 | \$853.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 27 | 570 | 580 | 589.99 | 4 | \$575.44 | \$640.07 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 27 | 570 | 580 | 589.99 | 5 | \$460.35 | \$512.05 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 27 | 570 | 580 | 589.99 | 6 | \$383.62 | \$426.71 |
| 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 | \$793.71 | \$882.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 28 | 590 | 600 | 609.99 | 4 | \$595.28 | \$662.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 28 | 590 | 600 | 609.99 | 5 | \$476.22 | \$529.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 28 | 590 | 600 | 609.99 | 6 | \$396.85 | \$441.42 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$820.17 | \$912.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 29 | 610 | 620 | 629.99 | 4 | \$615.12 | \$684.21 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 29 | 610 | 620 | 629.99 | 5 | \$492.10 | \$547.37 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 29 | 610 | 620 | 629.99 | 6 | \$410.08 | \$456.14 |
| 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 | \$846.62 | \$941.71 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 30 | 630 | 640 | 649.99 | 4 | \$634.97 | \$706.28 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 30 | 630 | 640 | 649.99 | 5 | \$507.97 | \$565.02 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 30 | 630 | 640 | 649.99 | 6 | \$423.31 | \$470.85 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$873.08 | \$971.14 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 31 | 650 | 660 | 669.99 | 4 | \$654.81 | \$728.35 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 31 | 650 | 660 | 669.99 | 5 | \$523.85 | \$582.68 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 31 | 650 | 660 | 669.99 | 6 | \$436.54 | \$485.57 |
| 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 | \$899.54 | \$1,000.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 32 | 670 | 680 | 689.99 | 4 | \$674.65 | \$750.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 32 | 670 | 680 | 689.99 | 5 | \$539.72 | \$600.34 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 32 | 670 | 680 | 689.99 | 6 | \$449.77 | \$500.28 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$926.00 | \$1,030.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 33 | 690 | 700 | 709.99 | 4 | \$694.50 | \$772.50 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 33 | 690 | 700 | 709.99 | 5 | \$555.60 | \$618.00 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 33 | 690 | 700 | 709.99 | 6 | \$463.00 | \$515.00 |
| 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 | \$952.45 | \$1,059.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 34 | 710 | 720 | 729.99 | 4 | \$714.34 | \$794.57 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 34 | 710 | 720 | 729.99 | 5 | \$571.47 | \$635.65 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 34 | 710 | 720 | 729.99 | 6 | \$476.22 | \$529.71 |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 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 | \$978.91 | \$1,088.85 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 35 | 730 | 740 | 749.99 | 4 | \$734.18 | \$816.64 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 35 | 730 | 740 | 749.99 | 5 | \$587.34 | \$653.31 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 35 | 730 | 740 | 749.99 | 6 | \$489.45 | \$544.42 |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 36 | 750 | 760 | 769.99 | 1 | \$2,580.74 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 36 | 750 | 760 | 769.99 | 2 | \$1,349.54 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 36 | 750 | 760 | 769.99 | 3 | \$1,005.37 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 36 | 750 | 760 | 769.99 | 4 | \$754.02 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 36 | 750 | 760 | 769.99 | 5 | \$603.22 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 36 | 750 | 760 | 769.99 | 6 | \$502.68 | - |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 37 | 770 | 780 | 789.99 | 1 | \$2,648.65 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 37 | 770 | 780 | 789.99 | 2 | \$1,385.05 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 37 | 770 | 780 | 789.99 | 3 | \$1,031.82 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 37 | 770 | 780 | 789.99 | 4 | \$773.87 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 37 | 770 | 780 | 789.99 | 5 | \$619.09 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 37 | 770 | 780 | 789.99 | 6 | \$515.91 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 38 | 790 | 800 | 809.99 | 1 | \$2,716.57 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 38 | 790 | 800 | 809.99 | 2 | \$1,420.57 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 38 | 790 | 800 | 809.99 | 3 | \$1,058.28 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 38 | 790 | 800 | 809.99 | 4 | \$793.71 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 38 | 790 | 800 | 809.99 | 5 | \$634.97 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 38 | 790 | 800 | 809.99 | 6 | \$529.14 | - |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 39 | 810 | 820 | 829.99 | 1 | \$2,784.48 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 39 | 810 | 820 | 829.99 | 2 | \$1,456.08 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 39 | 810 | 820 | 829.99 | 3 | \$1,084.74 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 39 | 810 | 820 | 829.99 | 4 | \$813.55 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 39 | 810 | 820 | 829.99 | 5 | \$650.84 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 39 | 810 | 820 | 829.99 | 6 | \$542.37 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 40 | 830 | 840 | 849.99 | 1 | \$2,852.40 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 40 | 830 | 840 | 849.99 | 2 | \$1,491.60 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 40 | 830 | 840 | 849.99 | 3 | \$1,111.20 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 40 | 830 | 840 | 849.99 | 4 | \$833.40 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 40 | 830 | 840 | 849.99 | 5 | \$666.72 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 40 | 830 | 840 | 849.99 | 6 | \$555.60 | - |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 41 | 850 | 860 | 869.99 | 1 | \$2,920.31 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 41 | 850 | 860 | 869.99 | 2 | \$1,527.11 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 41 | 850 | 860 | 869.99 | 3 | \$1,137.65 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 41 | 850 | 860 | 869.99 | 4 | \$853.24 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 41 | 850 | 860 | 869.99 | 5 | \$682.59 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 41 | 850 | 860 | 869.99 | 6 | \$568.82 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 42 | 870 | 880 | 889.99 | 1 | \$2,988.22 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 42 | 870 | 880 | 889.99 | 2 | \$1,562.62 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 42 | 870 | 880 | 889.99 | 3 | \$1,164.11 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 42 | 870 | 880 | 889.99 | 4 | \$873.08 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 42 | 870 | 880 | 889.99 | 5 | \$698.46 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 42 | 870 | 880 | 889.99 | 6 | \$582.05 | - |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 43 | 870 | 880 | 889.99 | 1 | \$3,056.14 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 43 | 870 | 880 | 889.99 | 2 | \$1,598.14 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 43 | 870 | 880 | 889.99 | 3 | \$1,190.57 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 43 | 870 | 880 | 889.99 | 4 | \$892.92 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 43 | 870 | 880 | 889.99 | 5 | \$714.34 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 43 | 870 | 880 | 889.99 | 6 | \$595.28 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 44 | 890 | 900 | 909.99 | 1 | \$3,124.05 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 44 | 890 | 900 | 909.99 | 2 | \$1,633.65 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 44 | 890 | 900 | 909.99 | 3 | \$1,217.02 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 44 | 890 | 900 | 909.99 | 4 | \$912.77 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 44 | 890 | 900 | 909.99 | 5 | \$730.21 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 44 | 890 | 900 | 909.99 | 6 | \$608.51 | - |

Habilitation, Group Home

| HCPCS | Service Code | Habilitation, Group Home Services Description | Unit of Service | Range | Low Hours | Authorized Hours/Week | High Hours | Number Residents | 01/01/2023 Adopted Rate (Statewide) | 01/01/2023 Adopted Rate (Flagstaff) |
|-------|-----------------|--|-------------------------|-------|--------------|--------------------------|---------------|---------------------|---|---|
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 45 | 910 | 920 | 929.99 | 1 | \$3,191.97 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 45 | 910 | 920 | 929.99 | 2 | \$1,669.17 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 45 | 910 | 920 | 929.99 | 3 | \$1,243.48 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 45 | 910 | 920 | 929.99 | 4 | \$932.61 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 45 | 910 | 920 | 929.99 | 5 | \$746.09 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 45 | 910 | 920 | 929.99 | 6 | \$621.74 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 46 | 930 | 940 | 949.99 | 1 | \$3,259.88 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 46 | 930 | 940 | 949.99 | 2 | \$1,704.68 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 46 | 930 | 940 | 949.99 | 3 | \$1,269.94 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 46 | 930 | 940 | 949.99 | 4 | \$952.45 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 46 | 930 | 940 | 949.99 | 5 | \$761.96 | - |
| T2016 | НАВ | Habilitation, Group Home | Per Resident Per Day | 46 | 930 | 940 | 949.99 | 6 | \$634.97 | - |

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.

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

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

| Adopted Rates |
|---------------|
|---------------|

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

| SFY 06 Rates - Phase 2 (Effective 1/1/2006- 6/30/2006) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment (SFY 06 Provider Rate Increase) | 3.97% | 4.07% | 3.95% | 4.06% | 4.01% | 4.01% | 4.00% |
| SFY 06 Maximum Assessed Rate | \$18.63 | \$14.73 | \$14.57 | \$12.39 | \$12.30 | \$16.84 | \$204.33 |
| SFY 06 Agency Adopted Rate | \$19.11 | \$19.31 | \$14.97 | \$14.97 | \$13.80 | \$14.68 | \$179.50 |
| SFY 06 Maximum Benchmark Rate (1) | \$18.63 | \$14.73 | \$14.57 | \$12.39 | \$12.30 | \$14.68 | \$179.50 |
| Phase 2 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 06 Maximum Adopted Rate Phase 2 | \$18.63 | \$14.73 | \$14.57 | \$12.39 | \$12.30 | \$14.68 | \$179.50 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 07 Rates-Phase 3 (Effective 7/1/2006- 6/30/2007) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 3.98% | 3.99% | 4.01% | 4.01% | 3.99% | 3.95% | 3.98% |
| SFY 07 Maximum Assessed Rate | \$19.37 | \$15.32 | \$15.15 | \$12.89 | \$12.79 | \$17.51 | \$212.46 |
| SFY 07 Agency Adopted Rate | \$19.89 | \$20.10 | \$15.59 | \$15.59 | \$14.36 | \$15.28 | \$186.83 |
| SFY 07 Maximum Benchmark Rate (1) | \$19.37 | \$15.32 | \$15.15 | \$12.89 | \$12.79 | \$15.28 | \$186.83 |
| Phase 3 Adopted Rate Factor | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| SFY 07 Maximum Adopted Rate Phase 2 | \$19.37 | \$15.32 | \$15.15 | \$12.89 | \$12.79 | \$15.28 | \$186.83 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 09/10/11/12 Rates-Phase 3 (Effective 5/25/2009-9/30/2011) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$18.48 | \$18.67 | \$14.48 | \$14.48 | \$13.34 | \$14.19 | \$173.53 |
| Maximum Benchmark Rate (1) | \$18.48 | \$15.82 | \$14.48 | \$13.32 | \$13.21 | \$14.19 | \$173.53 |
| Phase 3 Adopted Rate Factor | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% |
| Maximum Adopted Rate Phase 3 | \$16.63 | \$14.24 | \$13.03 | \$11.99 | \$11.89 | \$12.77 | \$156.18 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 12/13 Rates-Phase 3 (Effective 10/01/2011-7/31/2012) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$17.55 | \$17.73 | \$13.76 | \$13.76 | \$12.67 | \$13.48 | \$164.85 |
| Maximum Benchmark Rate (1) | \$17.55 | \$15.82 | \$13.76 | \$13.32 | \$12.67 | \$13.48 | \$164.85 |
| Phase 3 Adopted Rate Factor | 85.50% | 85.50% | 85.50% | 85.50% | 85.50% | 85.50% | 85.50% |
| Maximum Adopted Rate Phase 3 | \$15.01 | \$13.53 | \$11.76 | \$11.39 | \$10.83 | \$11.53 | \$140.95 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 13 Rates-Phase 3 (Effective 8/01/2012-3/31/2013) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$17.55 | \$17.73 | \$13.76 | \$13.76 | \$12.67 | \$13.48 | \$175.00 |
| Maximum Benchmark Rate (1) | \$17.55 | \$15.82 | \$13.76 | \$13.32 | \$12.67 | \$13.48 | \$175.00 |
| Phase 3 Adopted Rate Factor | 85.50% | 85.50% | 85.50% | 85.50% | 85.50% | 85.50% | 90.77% |
| Maximum Adopted Rate Phase 3 | \$15.01 | \$13.53 | \$11.76 | \$11.39 | \$10.83 | \$11.53 | \$158.85 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 13 Rates-Phase 3 (Effective 4/01/2013- 6/30/2013) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$20.53 | \$20.74 | \$16.09 | \$16.09 | \$14.82 | \$13.80 | \$192.81 |
| Maximum Benchmark Rate (1) | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$13.80 | \$192.81 |
| Phase 3 Adopted Rate Factor | 87.50% | 87.50% | 87.50% | 87.50% | 87.50% | 87.50% | 100.00% |
| Maximum Adopted Rate Phase 3 | \$17.52 | \$13.84 | \$13.70 | \$11.66 | \$11.56 | \$12.08 | \$192.81 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 14 Rates-Phase 3 (Effective 7/01/2013- 6/30/2014) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$18.58 | \$18.77 | \$14.56 | \$14.56 | \$13.41 | \$14.27 | \$192.81 |
| Maximum Benchmark Rate (1) | \$18.58 | \$15.82 | \$14.56 | \$13.32 | \$13.21 | \$14.27 | \$192.81 |
| Phase 3 Adopted Rate Factor | 90.50% | 90.50% | 90.50% | 90.50% | 90.50% | 90.50% | 100.00% |
| Maximum Adopted Rate Phase 3 | \$16.81 | \$14.32 | \$13.18 | \$12.05 | \$11.96 | \$12.91 | \$192.81 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 15-16 Rates-Phase 3 (Effective 7/01/2014-9/30/2015) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$0.72 | \$0.82 | \$0.75 | \$0.75 | \$0.77 | \$0.72 | \$0.72 |
| Maximum Benchmark Rate (1) | \$0.72 | \$0.82 | \$0.75 | \$0.75 | \$0.77 | \$0.72 | \$0.72 |
| Phase 3 Adopted Rate Factor | 92.31% | 92.31% | 92.31% | 92.31% | 92.31% | 92.31% | 102.00% |
| Maximum Adopted Rate Phase 3 | \$0.67 | \$0.76 | \$0.69 | \$0.69 | \$0.71 | \$0.66 | \$0.73 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$4.77 | \$7.89 | \$7.89 | \$6.96 | \$6.74 | \$87.62 |

| SFY 16 Rates-Phase 3 (Effective 10/01/2015- 6/30/2016) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$0.72 | \$0.82 | \$0.75 | \$0.75 | \$0.77 | \$0.72 | \$0.72 |
| Maximum Benchmark Rate (1) | \$0.72 | \$0.82 | \$0.75 | \$0.75 | \$0.77 | \$0.72 | \$0.72 |
| Phase 3 Adopted Rate Factor | 93.23% | 93.23% | 93.23% | 93.23% | 93.23% | 93.23% | 103.02% |
| Maximum Adopted Rate Phase 3 | \$0.67 | \$0.77 | \$0.70 | \$0.70 | \$0.72 | \$0.67 | \$0.74 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 |

| SFY 17 Rates-Phase 3 (Effective 7/01/2016- 6/30/2017) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | 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, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$21.28 | \$21.49 | \$16.67 | \$16.67 | \$15.36 | \$16.35 | \$220.79 |
| Maximum Benchmark Rate (1) | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$16.35 | \$219.47 |
| Phase 3 Adopted Rate Factor, Statewide, Excluding Flagstaff | 95.76% | 95.76% | 95.76% | 95.76% | 95.76% | 95.76% | 105.82% |
| Maximum Adopted Rate Phase 3 | \$19.17 | \$15.15 | \$15.00 | \$12.76 | \$12.65 | \$15.66 | \$232.24 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 |
| Phase 3 Adopted Rate Factor, Flagstaff | 97.29% | 97.29% | 97.29% | 97.29% | 97.29% | 97.29% | 107.51% |
| Maximum Adopted Rate Phase 3 (Flagstaff) | \$19.48 | \$15.39 | \$15.24 | \$12.96 | \$12.85 | \$15.91 | \$235.95 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 |

| SFY 18 Rates-Phase 3 (Effective 1/01/2018- 6/30/2018) | Habilitation, Support (HAH) | Habilitation, Individually Designed Living Arrangement (HAI) | Attendant Care (ANC) | Attendant Care Family (AFC) | Homemaker (HSK) | Respite (RSP) | Respite, Daily (RSD) |
|---|--------------------------------|---|-------------------------|-----------------------------------|--------------------|---------------|-------------------------|
| Benchmark Rate Adjustment | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Maximum Assessed Rate | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$18.10 | \$219.47 |
| Agency Adopted Rate | \$21.54 | \$21.76 | \$16.88 | \$16.88 | \$15.55 | \$16.55 | \$223.53 |
| Maximum Benchmark Rate (1) | \$20.02 | \$15.82 | \$15.66 | \$13.32 | \$13.21 | \$16.55 | \$219.47 |
| Phase 3 Adopted Rate Factor, Statewide, Excluding Flagstaff | 96.95% | 96.97% | 96.98% | 96.98% | 96.97% | 96.91% | 107.13% |
| Maximum Adopted Rate Phase 3 | \$19.41 | \$15.34 | \$15.19 | \$12.92 | \$12.81 | \$16.04 | \$235.12 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 |
| Phase 3 Adopted Rate Factor, Flagstaff | 98.50% | 98.50% | 98.50% | 98.50% | 98.50% | 98.50% | 108.84% |
| Maximum Adopted Rate Phase 3 (Flagstaff) | \$19.72 | \$15.58 | \$15.43 | \$13.12 | \$13.01 | \$16.30 | \$238.87 |
| SFY 03 Floor Rate (Minimum Rate for Any Provider Per Rule 1.4) | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 | \$9.34 |

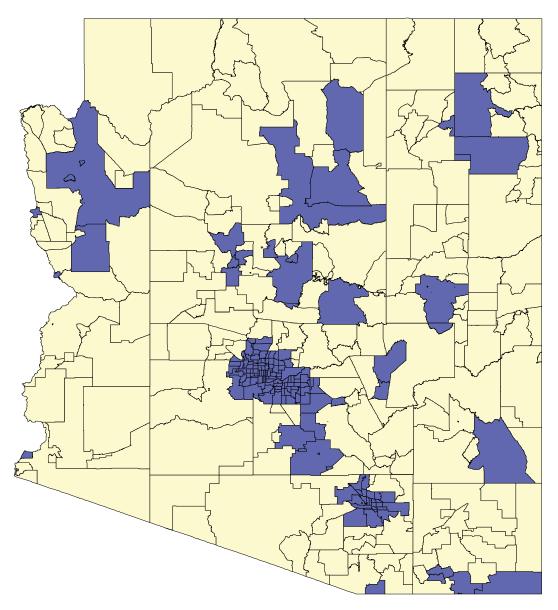
Appendix 1

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

High / Low Density Analysis

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

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



List of High/Low Density Cities & Zip Codes (Some cities are on both tables)

Higley

Kingman

Laveen

Luke AFB

Prescott

Nogales

Mesa

Naco

Lake Havasu City

Litchfield Park

Paradise Valley

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High Density Cities

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

Low Density Cities

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

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Cameron

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

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• Goodyear

Carefree

Cashion

Catalina

Central

Cibecue

Clarkdale

Claypool

Clifton

Cochise

Concho

Congress

Cornville

Clay Springs

Colorado City

Cibola

Citv

Cave Creek

Chambers

Chandler Heights

Casa Grande

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

Revision Date August 22, 2023

Fort Mohave

- Payson
- Peoria
- Phoenix
- Picacho
- Prescott Valley
- Queen Creek
- Red Rock
- Rimrock
- Safford
- Scottsdale
- Show Low
- Fort Thomas
- Fountain Hills
- Fredonia
- Gadsden
- Gila Bend
- Golden Valley
- Grand Canyon
- Gray Mountain
- Gray Mountain
- Green Valley
- Greer
- Hackberry
- Happy Jack
- Hayden
- Heber
- Hereford
- Holbrook
- Hotevilla
- Houck
- Huachuca City

• Sierra Vista

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 October 1, 2022

Youngtown

- Sun City
- Surprise
- Tempe

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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 ٠
- 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

Revision Date August 22, 2023

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 October 1, 2022

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 85002 85003 85004 85005 85006 85007 85008 85009 85010 85011 85012 85013 85013 85014 85015 85016 85017 85018 85019 85020 | | 85035 85036 85037 85038 85040 85041 85042 85043 85043 85044 85045 85046 85046 85048 85050 85051 85051 85053 85054 85060 85061 85062 85063 | • • • • • • • • • • • • • • • | 85078 85079 85080 85082 85085 85086 85098 85099 85201 85202 85203 85204 85203 85204 85205 85206 85207 85208 85207 85208 85210 85211 85212 | • • • • • • • • • • • • • • • | 85231 85233 85234 85236 85241 85242 85244 85245 85246 85248 85249 85250 85251 85252 85253 85253 85254 85255 85255 85255 85255 | | 85283 85284 85285 85287 85289 85296 85297 85299 85301 85302 85303 85304 85305 85306 85307 85306 85307 85308 85309 85310 85311 85312 | • • • • • • • • • • • • • • • • • | 85364 85372 85373 85374 85378 85379 85380 85381 85382 85383 85383 85501 85502 85501 85502 85541 85546 85548 85548 85603 85607 85608 | • | 85705 85706 85707 85708 85709 85710 85711 85712 85713 85714 85715 85716 85716 85716 85717 85718 85719 85725 85726 85726 85728 85730 85730 | • • • • • • • • • • • • • • • • • | 85754 85775 85777 85901 85902 86001 86002 86003 86004 86011 86045 86301 86301 86302 86303 86304 86314 86314 86322 86323 86326 86325 |
|---|---|---|---|-------------------------------|---|-------------------------------|---|---|--|-----------------------------------|--|---|---|-----------------------------------|--|
| | | • | | | | • | | • | | • | | • | | • | |
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| | | • | | • | | • | | | | • | | • | | • | |
| | | • | | | | • | | • | | • | | • | | • | |
| | | • | | • | | • | | • | | • | | • | | • | |
| | | • | | • | | • | | • | | • | | • | | • | |
| • | 85019 | • | 85062 | • | 85212 | ٠ | 85257 | ٠ | 85311 | ٠ | 85608 | ٠ | 85730 | • | 86326 |
| • | 85020 | • | 85063 | • | 85213 | • | 85258 | ٠ | 85312 | • | 85620 | ٠ | 85737 | • | 86335 |
| • | 85021 | • | 85064 | ٠ | 85214 | ٠ | 85259 | ٠ | 85313 | ٠ | 85621 | ٠ | 85741 | • | 86401 |
| • | 85022 | • | 85066 | ٠ | 85215 | ٠ | 85260 | ٠ | 85318 | ٠ | 85628 | ٠ | 85742 | ٠ | 86402 |
| • | 85023 | • | 85067 | • | 85216 | • | 85261 | ٠ | 85323 | • | 85635 | ٠ | 85743 | ٠ | 86403 |
| • | 85024 | • | 85068 | • | 85217 | ٠ | 85267 | ٠ | 85335 | • | 85636 | ٠ | 85744 | • | 86429 |
| • | 85027 | • | 85069 | • | 85219 | • | 85271 | ٠ | 85338 | ٠ | 85650 | ٠ | 85745 | • | 86430 |
| • | 85028 | • | 85070 | • | 85220 | • | 85274 | ٠ | 85339 | • | 85655 | ٠ | 85746 | ٠ | 86431 |
| • | 85029 | • | 85071 | ٠ | 85222 | ٠ | 85275 | ٠ | 85340 | ٠ | 85662 | ٠ | 85747 | ٠ | 86439 |
| | 85030 | • | 85072 | • | 85223 | ٠ | 85277 | • | 85345 | ٠ | 85671 | ٠ | 85748 | • | 86442 |
| | 85031 | • | 85074 | • | 85224 | • | 85278 | ٠ | 85351 | • | 85701 | ٠ | 85749 | • | 86503 |
| | 85032 | ٠ | 85075 | ٠ | 85225 | ٠ | 85280 | ٠ | 85353 | ٠ | 85702 | ٠ | 85750 | ٠ | 86505 |
| | 85033 | • | 85076 | • | 85226 | • | 85281 | ٠ | 85355 | ٠ | 85703 | ٠ | 85751 | | |
| • | 85034 | ٠ | 85077 | • | 85228 | • | 85282 | • | 85363 | • | 85704 | • | 85752 | | |

Low Density Zip Codes

| • | 85087 | • | 85333 | • | 85530 | • | 85619 | • | 85731 | • | 85942 | • | 86312 | • | 86434 |
|---|-------|---|-------|---|-------|---|-------|---|----------------|---|-------|---|-------|---|----------------|
| • | 85218 | • | 85334 | • | 85531 | • | 85622 | • | 85732 | • | 86015 | • | 86313 | • | 86435 |
| • | 85221 | • | 85336 | • | 85532 | • | 85623 | • | 85733 | | 86016 | • | 86320 | • | 86436 |
| • | 85227 | • | 85337 | • | 85533 | • | 85624 | • | 85734 | • | 86017 | • | 86321 | • | 86437 |
| • | 85230 | • | 85341 | • | 85534 | • | 85625 | • | 85735 | • | 86018 | • | 86324 | | 86437 86438 |
| | | • | | | | | 85626 | | | • | 86020 | • | | • | |
| • | 85232 | • | 85342 | • | 85535 | • | | • | 85736 | • | | • | 86325 | • | 86440 |
| • | 85235 | • | 85343 | • | 85536 | • | 85627 | • | 85738 | • | 86021 | • | 86327 | • | 86441 |
| • | 85237 | • | 85344 | • | 85539 | • | 85629 | • | 85739 | • | 86022 | • | 86329 | • | 86443 |
| • | 85239 | • | 85346 | • | 85540 | • | 85630 | • | 85740 | • | 86023 | • | 86330 | • | 86444 |
| • | 85247 | • | 85347 | • | 85542 | ٠ | 85631 | • | 85911 | • | 86024 | • | 86331 | • | 86445 |
| • | 85262 | ٠ | 85348 | • | 85543 | ٠ | 85632 | • | 85912 | • | 86025 | • | 86332 | ٠ | 86446 |
| • | 85263 | ٠ | 85349 | ٠ | 85544 | ٠ | 85633 | • | 85920 | ٠ | 86028 | ٠ | 86333 | ٠ | 86502 |
| ٠ | 85264 | • | 85350 | • | 85545 | ٠ | 85634 | ٠ | 85922 | ٠ | 86029 | ٠ | 86334 | ٠ | 86504 |
| ٠ | 85268 | ٠ | 85352 | ٠ | 85547 | ٠ | 85637 | ٠ | 85923 | ٠ | 86030 | ٠ | 86336 | ٠ | 86506 |
| ٠ | 85269 | ٠ | 85354 | ٠ | 85550 | ٠ | 85638 | ٠ | 85924 | ٠ | 86031 | ٠ | 86337 | ٠ | 86507 |
| ٠ | 85272 | ٠ | 85356 | ٠ | 85551 | ٠ | 85639 | ٠ | 85925 | ٠ | 86032 | ٠ | 86338 | ٠ | 86508 |
| ٠ | 85273 | • | 85357 | • | 85552 | ٠ | 85640 | ٠ | 85926 | ٠ | 86033 | ٠ | 86339 | ٠ | 86510 |
| ٠ | 85279 | ٠ | 85358 | ٠ | 85553 | ٠ | 85641 | ٠ | 85927 | ٠ | 86034 | ٠ | 86340 | ٠ | 86511 |
| ٠ | 85290 | ٠ | 85359 | ٠ | 85554 | ٠ | 85643 | ٠ | 85928 | ٠ | 86035 | ٠ | 86341 | ٠ | 86512 |
| • | 85291 | ٠ | 85360 | • | 85601 | • | 85644 | ٠ | 85929 | • | 86036 | ٠ | 86342 | ٠ | 86514 |
| ٠ | 85292 | ٠ | 85361 | ٠ | 85602 | ٠ | 85645 | • | 85930 | ٠ | 86038 | ٠ | 86343 | ٠ | 86515 |
| ٠ | 85320 | ٠ | 85362 | ٠ | 85605 | ٠ | 85646 | • | 85931 | ٠ | 86039 | ٠ | 86351 | ٠ | 86520 |
| • | 85321 | • | 85365 | • | 85606 | • | 85648 | • | 85932 | • | 86040 | • | 86404 | • | 86535 |
| • | 85322 | • | 85366 | • | 85609 | • | 85652 | • | 85933 | • | 86042 | • | 86405 | • | 86538 |
| • | 85324 | ٠ | 85367 | ٠ | 85610 | • | 85653 | • | 85934 | • | 86043 | • | 86406 | ٠ | 86540 |
| • | 85325 | • | 85369 | • | 85611 | • | 85654 | • | 85935 | • | 86044 | • | 86411 | • | 86544 |
| • | 85326 | • | 85371 | • | 85613 | • | 85670 | • | 85936 | • | 86046 | • | 86412 | • | 86545 |
| • | 85327 | • | 85375 | • | 85614 | • | 85720 | • | 85937 | • | 86047 | • | 86413 | • | 86547 |
| • | 85328 | • | 85376 | • | 85615 | • | 85721 | • | 85938 | • | 86052 | • | 86426 | • | 86549 |
| • | 85329 | • | 85377 | • | 85616 | • | 85722 | • | 85939 | • | 86053 | • | 86427 | • | 86556 |
| • | 85331 | • | 85387 | • | 85617 | • | 85723 | • | 85940 | • | 86053 | • | 86432 | - | 30330 |
| • | 85332 | • | 85390 | • | 85618 | | 85724 | • | 85940 85941 | - | 86305 | - | 86433 | | |
| • | 00002 | • | 00000 | • | 03010 | | 03724 | • | 03341 | • | 00505 | • | 00433 | | |

| ZIP | City | St | County | Tier | ZIP | City | St | County | |
|-------|---------|----|----------|-----------|-------|---------|----|----------|--|
| 85001 | Phoenix | AZ | Maricopa | Base Rate | 85032 | Phoenix | AZ | Maricopa | |
| 85002 | Phoenix | AZ | Maricopa | Base Rate | 85033 | Phoenix | AZ | Maricopa | |
| 85003 | Phoenix | AZ | Maricopa | Base Rate | 85034 | Phoenix | AZ | Maricopa | |
| 85004 | Phoenix | AZ | Maricopa | Base Rate | 85035 | Phoenix | AZ | Maricopa | |
| 85005 | Phoenix | AZ | Maricopa | Base Rate | 85036 | Phoenix | AZ | Maricopa | |
| 35006 | Phoenix | AZ | Maricopa | Base Rate | 85037 | Phoenix | AZ | Maricopa | |
| 85007 | Phoenix | AZ | Maricopa | Base Rate | 85039 | Phoenix | AZ | Maricopa | |
| 85008 | Phoenix | AZ | Maricopa | Base Rate | 85040 | Phoenix | AZ | Maricopa | |
| 85009 | Phoenix | AZ | Maricopa | Base Rate | 85041 | Phoenix | AZ | Maricopa | |
| 85012 | Phoenix | AZ | Maricopa | Base Rate | 85042 | Phoenix | AZ | Maricopa | |
| 85013 | Phoenix | AZ | Maricopa | Base Rate | 85043 | Phoenix | AZ | Maricopa | |
| 85014 | Phoenix | AZ | Maricopa | Base Rate | 85044 | Phoenix | AZ | Maricopa | |
| 85015 | Phoenix | AZ | Maricopa | Base Rate | 85045 | Phoenix | AZ | Maricopa | |
| 35016 | Phoenix | AZ | Maricopa | Base Rate | 85048 | Phoenix | AZ | Maricopa | |
| 85017 | Phoenix | AZ | Maricopa | Base Rate | 85050 | Phoenix | AZ | Maricopa | |
| 35018 | Phoenix | AZ | Maricopa | Base Rate | 85051 | Phoenix | AZ | Maricopa | |
| 85019 | Phoenix | AZ | Maricopa | Base Rate | 85053 | Phoenix | AZ | Maricopa | |
| 85020 | Phoenix | AZ | Maricopa | Base Rate | 85054 | Phoenix | AZ | Maricopa | |
| 85021 | Phoenix | AZ | Maricopa | Base Rate | 85063 | Phoenix | AZ | Maricopa | |
| 85022 | Phoenix | AZ | Maricopa | Base Rate | 85064 | Phoenix | AZ | Maricopa | |
| 85023 | Phoenix | AZ | Maricopa | Base Rate | 85066 | Phoenix | AZ | Maricopa | |
| 35024 | Phoenix | AZ | Maricopa | Base Rate | 85068 | Phoenix | AZ | Maricopa | |
| 5027 | Phoenix | AZ | Maricopa | Base Rate | 85069 | Phoenix | AZ | Maricopa | |
| 85028 | Phoenix | AZ | Maricopa | Base Rate | 85071 | Phoenix | AZ | Maricopa | |
| 85029 | Phoenix | AZ | Maricopa | Base Rate | 85072 | Phoenix | AZ | Maricopa | |
| 85031 | Phoenix | AZ | Maricopa | Base Rate | 85074 | Phoenix | AZ | Maricopa | |

| ZIP | City | St | County | Tier | ZIP | City | | St | St County |
|-------|-----------------|----|----------|-----------|-------|------------------|---|----|-------------|
| 85075 | Phoenix | AZ | Maricopa | Base Rate | 85172 | Stanfield | | AZ | AZ Pinal |
| 85076 | Phoenix | AZ | Maricopa | Base Rate | 85173 | Superior | | AZ | AZ PInal |
| 85083 | Phoenix | AZ | Maricopa | Base Rate | 85179 | Florence | | AZ | AZ Pinal |
| 85085 | Phoenix | AZ | Maricopa | Base Rate | 85191 | Valley Farms | | AZ | AZ Pinal |
| 85086 | Phoenix | AZ | Maricopa | Base Rate | 85192 | Winkleman | | AZ | AZ Gila |
| 85087 | New River | AZ | Maricopa | Tier 1 | 85201 | Mesa | | AZ | AZ Maricopa |
| 85117 | Apache Junction | AZ | Pinal | Tier 1 | 85202 | Mesa | | AZ | AZ Maricopa |
| 85118 | Apache Junction | AZ | Pinal | Tier 1 | 85203 | Mesa | | AZ | AZ Maricopa |
| 85119 | Apache Junction | AZ | Pinal | Tier 1 | 85204 | Mesa | | AZ | AZ Maricopa |
| 85120 | Apache Junction | AZ | Pinal | Tier 1 | 85205 | Mesa | | AZ | AZ Maricopa |
| 85121 | Bapchule | AZ | Pinal | Tier 2 | 85206 | Mesa | | AZ | AZ Maricopa |
| 85122 | Casa Grande | AZ | Pinal | Tier 2 | 85207 | Mesa | | AZ | AZ Maricopa |
| 85123 | Arizona City | AZ | Pinal | Tier 2 | 85208 | Mesa | | AZ | AZ Maricopa |
| 85128 | Coolidge | AZ | Pinal | Tier 2 | 85209 | Mesa | | AZ | AZ Maricopa |
| 85130 | Casa Grande | AZ | Pinal | Tier 2 | 85210 | Mesa | | AZ | AZ Maricopa |
| 85131 | Eloy | AZ | Pinal | Tier 2 | 85211 | Mesa | | AZ | AZ Maricopa |
| 85132 | Florence | AZ | Pinal | Tier 2 | 85212 | Mesa | | AZ | AZ Maricopa |
| 85135 | Hayden | AZ | Pinal | Tier 2 | 85213 | Mesa | | AZ | AZ Maricopa |
| 85137 | Kearny | AZ | Pinal | Tier 2 | 85214 | Mesa | | AZ | AZ Maricopa |
| 85138 | Maricopa | AZ | Pinal | Tier 2 | 85215 | Mesa | | AZ | AZ Maricopa |
| 85139 | Maricopa | AZ | Pinal | Tier 2 | 85216 | Mesa | | AZ | AZ Maricopa |
| 85140 | Queen Creek | AZ | Maricopa | Tier 1 | 85224 | Chandler | | AZ | AZ Maricopa |
| 85141 | Picacho | AZ | Pinal | Tier 2 | 85225 | Chandler | | AZ | AZ Maricopa |
| 85142 | Queen Creek | AZ | Maricopa | Tier 1 | 85226 | Chandler | | AZ | AZ Maricopa |
| 85143 | Queen Creek | AZ | Maricopa | Tier 1 | 85227 | Chandler Heights | | AZ | AZ Maricopa |
| 85145 | Red Rock | AZ | Pinal | Tier 2 | 85233 | Gilbert | | AZ | AZ Maricopa |
| 85147 | Sacaton | AZ | Pinal | Tier 2 | 85234 | Gilbert | A | Ζ | Z Maricopa |

| ZIP | City | St | County | Tier | ZIP | City | St | County | Tier |
|-------|-----------------|----|----------|-----------|-------|-----------|----|----------|------|
| 85236 | Higley | AZ | Maricopa | Base Rate | 85282 | Tempe | AZ | Maricopa | Base |
| 85244 | Chandler | AZ | Maricopa | Base Rate | 85283 | Тетре | AZ | Maricopa | Base |
| 85246 | Chandler | AZ | Maricopa | Base Rate | 85284 | Тетре | AZ | Maricopa | Base |
| 85248 | Chandler | AZ | Maricopa | Base Rate | 85285 | Тетре | AZ | Maricopa | Base |
| 85249 | Chandler | AZ | Maricopa | Base Rate | 85286 | Chandler | AZ | Maricopa | Base |
| 85250 | Scottsdale | AZ | Maricopa | Base Rate | 85295 | Gilbert | AZ | Maricopa | Base |
| 85251 | Scottsdale | AZ | Maricopa | Base Rate | 85296 | Gilbert | AZ | Maricopa | Base |
| 85253 | Paradise Valley | AZ | Maricopa | Base Rate | 85297 | Gilbert | AZ | Maricopa | Base |
| 85254 | Scottsdale | AZ | Maricopa | Base Rate | 85298 | Gilbert | AZ | Maricopa | Base |
| 85255 | Scottsdale | AZ | Maricopa | Base Rate | 85299 | Gilbert | AZ | Maricopa | Base |
| 85256 | Scottsdale | AZ | Maricopa | Base Rate | 85301 | Glendale | AZ | Maricopa | Base |
| 85257 | Scottsdale | AZ | Maricopa | Base Rate | 85302 | Glendale | AZ | Maricopa | Base |
| 85258 | Scottsdale | AZ | Maricopa | Base Rate | 85303 | Glendale | AZ | Maricopa | Base |
| 85259 | Scottsdale | AZ | Maricopa | Base Rate | 85304 | Glendale | AZ | Maricopa | Base |
| 85260 | Scottsdale | AZ | Maricopa | Base Rate | 85305 | Glendale | AZ | Maricopa | Base |
| 85262 | Scottsdale | AZ | Maricopa | Base Rate | 85306 | Glendale | AZ | Maricopa | Base |
| 85263 | Rio Verde | AZ | Maricopa | Base Rate | 85307 | Glendale | AZ | Maricopa | Base |
| 85264 | Fort McDowell | AZ | Maricopa | Base Rate | 85308 | Glendale | AZ | Maricopa | Base |
| 85266 | Scottsdale | AZ | Maricopa | Base Rate | 85309 | Luke AFB | AZ | Maricopa | Base |
| 85267 | Scottsdale | AZ | Maricopa | Base Rate | 85310 | Glendale | AZ | Maricopa | Base |
| 85268 | Fountain Hills | AZ | Maricopa | Base Rate | 85311 | Glendale | AZ | Maricopa | Base |
| 85269 | Fountain Hills | AZ | Maricopa | Base Rate | 85312 | Glendale | AZ | Maricopa | Base |
| 85271 | Scottsdale | AZ | Maricopa | Base Rate | 85318 | Glendale | AZ | Maricopa | Base |
| 85277 | Mesa | AZ | Maricopa | Base Rate | 85320 | Aguila | AZ | Maricopa | Tier |
| 85278 | Apache Junction | AZ | Maricopa | Tier 1 | 85321 | Ajo | AZ | Pima | Tier |
| 85280 | Tempe | AZ | Maricopa | Base Rate | 85322 | Arlington | AZ | Maricopa | Tier |
| 85281 | Тетре | AZ | Maricopa | Base Rate | 85323 | Avoldale | AZ | Maricopa | Base |

| ZIP | City | St | County | Tier | ZIP | City | St | County | Tier |
|-------|-------------------|----|----------|-----------|-------|---------------|----|----------|----------|
| 85324 | Black Canyon City | AZ | Yavapai | Tier 2 | 85353 | Tolleson | AZ | Maricopa | Base Rat |
| 85325 | Bouse | AZ | La Paz | Tier 2 | 85354 | Tonopah | AZ | Maricopa | Tier 2 |
| 85326 | Buckeye | AZ | Maricopa | Tier 1 | 85355 | Waddell | AZ | Maricopa | Base Rat |
| 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 Rat |
| 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 Rat |
| 85343 | Palo Verde | AZ | Maricopa | Tier 1 | 85374 | Surprise | AZ | Maricopa | Base Rat |
| 85344 | Parker | AZ | La Paz | Tier 3 | 85375 | Sun City West | AZ | Maricopa | Base Rat |
| 85345 | Peoria | AZ | Maricopa | Base Rate | 85376 | Sun City West | AZ | Maricopa | Base Rat |
| 85346 | Quartzite | AZ | La Paz | Tier 3 | 85377 | Carefree | AZ | Maricopa | Base Rat |
| 85347 | Roll | AZ | Yuma | Tier 2 | 85379 | Surprise | AZ | Maricopa | Base Rat |
| 85348 | Salome | AZ | La Paz | Tier 2 | 85380 | Peoria | AZ | Maricopa | Base Rat |
| 85349 | San Luis | AZ | Yuma | Tier 3 | 85381 | Peoria | AZ | Maricopa | Base Rat |
| 85350 | Somerton | AZ | Yuma | Tier 3 | 85382 | Peoria | AZ | Maricopa | Base Rat |
| 85351 | Sun City | AZ | Maricopa | Base Rate | 85383 | Peoria | AZ | Maricopa | Base Rat |
| 85352 | Tacna | AZ | Yuma | Tier 3 | 85385 | Peoria | AZ | Maricopa | Base Rat |

| ZIP | City | St | County | Tier | ZIP | City | St | County | Tier |
|-------|-------------|----|----------|-----------|-------|---------------|----|------------|----------|
| 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 Rat |
| 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 Rat |
| 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 Rat |
| 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 |
| 85550 | San Carlos | AZ | Gila | Tier 3 | 85628 | Nogales | AZ | Santa Cruz | Tier 2 |
| 85551 | Solomon | AZ | Graham | Tier 3 | 85629 | Sahuartia | AZ | Pima | Base Rat |
| 85552 | Thatcher | AZ | Graham | Tier 3 | 85630 | Saint David | AZ | Cochise | Tier 3 |

| ZIP | City | St | County | Tier | ZIP | City | St | County | Tier |
|-------|---------------|----|------------|-----------|-------|--------|----|--------|-----------|
| 85631 | San Manuel | AZ | Pinal | Tier 3 | 85712 | Tucson | AZ | Pima | Base Rate |
| 85632 | San Simon | AZ | Cochise | Tier 2 | 85713 | Tucson | AZ | Pima | Base Rate |
| 85634 | Sells | AZ | Pima | Tier 3 | 85714 | Tucson | AZ | Pima | Base Rate |
| 85635 | Sierra Vista | AZ | Cochise | Tier 3 | 85715 | Tucson | AZ | Pima | Base Rate |
| 85636 | Sierra Vista | AZ | Cochise | Tier 2 | 85716 | Tucson | AZ | Pima | Base Rate |
| 85637 | Sonoita | AZ | Santa Cruz | Tier 2 | 85717 | Tucson | AZ | Pima | Base Rate |
| 85638 | Tombstone | AZ | Coshise | Tier 3 | 85718 | Tucson | AZ | Pima | Base Rate |
| 85639 | Тораwа | AZ | Pima | Tier 2 | 85719 | Tucson | AZ | Pima | Base Rate |
| 85640 | Tumacacori | AZ | Santa Cruz | Tier 2 | 85724 | Tucson | AZ | Pima | Base Rate |
| 85641 | Vail | AZ | Pima | Base Rate | 85726 | Tucson | AZ | Pima | Base Rate |
| 85643 | Willcox | AZ | Cochise | Tier 2 | 85728 | Tucson | AZ | Pima | Base Rate |
| 85645 | Amado | AZ | Santa Cruz | Tier 2 | 85730 | Tucson | AZ | Pima | Base Rate |
| 85646 | Tubac | AZ | Santa Cruz | Tier 2 | 85731 | Tucson | AZ | Pima | Base Rate |
| 85648 | Rio Rico | AZ | Santa Cruz | Tier 3 | 85732 | Tucson | AZ | Pima | Base Rate |
| 85650 | Sierra Vista | AZ | Cochise | Base Rate | 85733 | Tucson | AZ | Pima | Base Rate |
| 85652 | Cortaro | AZ | Pima | Base Rate | 85734 | Tucson | AZ | Pima | Base Rate |
| 85653 | Marana | AZ | Pima | Base Rate | 85735 | Tucson | AZ | Pima | Base Rate |
| 85670 | Fort Huachuca | AZ | Cochise | Base Rate | 85736 | Tucson | AZ | Pima | Base Rate |
| 85701 | Tucson | AZ | Pima | Base Rate | 85737 | Tucson | AZ | Pima | Base Rate |
| 85702 | Tucson | AZ | Pima | Base Rate | 85739 | Tucson | AZ | Pima | Base Rate |
| 85703 | Tucson | AZ | Pima | Base Rate | 85740 | Tucson | AZ | Pima | Base Rate |
| 85704 | Tucson | AZ | Pima | Base Rate | 85741 | Tucson | AZ | Pima | Base Rate |
| 85705 | Tucson | AZ | Pima | Base Rate | 85742 | Tucson | AZ | Pima | Base Rate |
| 85706 | Tucson | AZ | Pima | Base Rate | 85743 | Tucson | AZ | Pima | Base Rate |
| 85707 | Tucson | AZ | Pima | Base Rate | 85745 | Tucson | AZ | Pima | Base Rate |
| 85708 | Tucson | AZ | Pima | Base Rate | 85746 | Tucson | AZ | Pima | Base Rate |
| 85710 | Tucson | AZ | Pima | Base Rate | 85747 | Tucson | AZ | Pima | Base Rate |
| 85711 | Tucson | AZ | Pima | Base Rate | 85748 | Tucson | AZ | Pima | Base Rate |

| ZIP | City | St | County | Tier | ZIP | City | St | County | Tier |
|-------|---------------------|----|----------|-----------|-------|--------------------|----|----------|-----------|
| 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 |
| 85936 | Saint Johns | AZ | Apache | Tier 3 | 86035 | Leupp | AZ | Coconino | Tier 2 |
| 85937 | Snowflake | AZ | Navajo | Tier 3 | 86036 | Marble Canyon | AZ | Coconino | Tier 3 |
| 85938 | Springerville | AZ | Apache | Tier 3 | 86038 | Mormon Canyon | AZ | Coconino | Base Rate |
| 85939 | Taylor | AZ | Navajo | Tier 3 | 86039 | Kykotsmovi Village | AZ | Navajo | Tier 3 |

| ZIP | City | St | County | Tier | ZIP | City | St | County | Tier |
|-------|-----------------|----|----------|-----------|-------|------------------|----|----------|-----------|
| 86040 | Page | AZ | Coconino | Tier 3 | 86334 | Paulden | AZ | Yavapai | Tier 3 |
| 86042 | Polaca | AZ | Navajo | Tier 3 | 86335 | Rimrock | AZ | Yavapai | Base Rate |
| 86043 | Second Mesa | AZ | Navajo | Tier 3 | 86336 | Sedona | AZ | Coconino | Base Rate |
| 86044 | Tonalea | AZ | Coconino | Tier 3 | 86337 | Seligman | AZ | Yavapai | Tier 2 |
| 86045 | Tuba City | AZ | Coconino | Tier 3 | 86338 | Skull Valley | AZ | Yavapai | Tier 3 |
| 86046 | Williams | AZ | Coconino | Tier 3 | 86339 | Sedona | AZ | Coconino | Base Rate |
| 86047 | Winslow | AZ | Navajo | Tier 3 | 86340 | Sedona | AZ | Coconino | Base Rate |
| 86053 | Kaibito | AZ | Coconino | Tier 3 | 86341 | Sedona | AZ | Coconino | Base Rate |
| 86054 | Shoton | AZ | Navajo | Tier 3 | 86342 | Lake Montezuma | AZ | Yavapai | Base Rate |
| 86301 | Prescott | AZ | Yavapai | Base Rate | 86343 | Crown King | AZ | Yavapai | Tier 2 |
| 86302 | Prescott | AZ | Yavapai | Base Rate | 86351 | Sedona | AZ | Coconino | Tier 2 |
| 86303 | Prescott | AZ | Yavapai | Base Rate | 86401 | Kingman | AZ | Mohave | Tier 3 |
| 86304 | Prescott | AZ | Yavapai | Base Rate | 86402 | Kingman | AZ | Mohave | Tier 3 |
| 86305 | Prescott | AZ | Yavapai | Base Rate | 86403 | Lake Havasu City | AZ | Mohave | Tier 3 |
| 86312 | Prescott Valley | AZ | Yavapai | Base Rate | 86404 | Lake Havasu City | AZ | Mohave | Tier 3 |
| 86314 | Prescott Valley | AZ | Yavapai | Base Rate | 86405 | Lake Havasu City | AZ | Mohave | Tier 3 |
| 86320 | Ash Fork | AZ | Yavapai | Tier 3 | 86406 | Lake Havasu City | AZ | Mohave | Tier 3 |
| 86321 | Bagdad | AZ | Yavapai | Tier 3 | 86409 | Kingman | AZ | Mohave | Tier 3 |
| 86322 | Camp Verde | AZ | Yavapai | Base Rate | 86413 | Golden Valley | AZ | Mohave | Tier 3 |
| 86323 | Chino Valley | AZ | Yavapai | Base Rate | 86426 | Fort Mohave | AZ | Mohave | Tier 3 |
| 86324 | Clarkdale | AZ | Yavapai | Base Rate | 86427 | Fort Mohave | AZ | Mohave | Tier 3 |
| 86325 | Cornville | AZ | Yavapai | Base Rate | 86429 | Bullhead City | AZ | Mohave | Tier 3 |
| 86326 | Cottonwood | AZ | Yavapai | Base Rate | 86430 | Bullhead City | AZ | Mohave | Tier 3 |
| 86327 | Dewey | AZ | Yavapai | Base Rate | 86432 | Littlefield | AZ | Mohave | Tier 3 |
| 86329 | Humboldt | AZ | Yavapai | Base Rate | 86433 | Oatman | AZ | Mohave | Tier 3 |
| 86332 | Kirkland | AZ | Yavapai | Tier 2 | 86434 | Peach Springs | AZ | Mohave | Tier 3 |
| 86333 | Mayer | AZ | Yavapai | Base Rate | 86435 | Suapai | AZ | Coconino | Tier 3 |

| ZIP | City | St | County | Tier |
|-------|---------------|----|--------|--------|
| 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 |
| 86507 | Lukachukai | AZ | Apache | Tier 3 |
| 86508 | Lupton | AZ | Apache | Tier 3 |

| ZIP | City | St | County | Tier |
|-------|----------------|----|--------|--------|
| 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 | |