

Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Provider Rate Table

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
1	Adult Dental	D0160UC	Unit	None	Unit rate cost negotiated by provider per procedure Maximum allowable unit cost is \$493.49						10	-	-	Unit defined by dental provider for procedures that are medically necessary. Maximum allowable unit cost is \$493.49. No more than 10 units of any dollar amount per day within this threshold, with a total maximum dollar amount of \$4,934.90 for 10 units.
2	Behavior Analysis - Level 1	H2019UCHP	QH	None	13.98	20.71	13.56	19.05	14.20	21.00	16	496	5,840	
3	Behavior Analysis - Level 2	H2019UCHO	QH	None	12.20	18.09	11.84	16.64	12.40	18.35	16	496	5,840	
4	Behavior Analysis - Level 3	H2019UCHN	QH	None	7.59	11.25	7.36	10.35	7.72	11.41	16	496	5,840	
5	Behavior Assistant Services	H2019UCHM	QH	None	3.40	4.52	3.34	4.31	3.46	4.59	32	-	-	
6	Behavioral Assessment	H2020UC	Unit	None	Usual and customary rate is \$274.74 Maximum allowable rate is \$549.48						1	-	1	Maximum rate must be approved by the APD behavioral analyst. Assessment required prior to service.
7	Consumable Medical Supplies	S5199UC	Unit	None	Maximum Allowable Rate is \$246.75						10	-	-	
8	Dietitian Services	97802UC	QH	None	10.20	14.03	10.04	13.30	10.37	14.24	12	-	-	Requires prescription.
9	Durable Medical Equipment	E1399UC	Unit	None	Maximum allowable rate is \$4,934.88						5	-	-	Requires prescription. No duplication with Medicaid State Plan (MSP) service. No duplication of equipment or adaptation within a 5-year period.
10	Environmental Accessibility Adaptations	S5165UC	Unit	None	Maximum allowable rate is \$740.24						5	-	-	No duplication within a 5-year period. Place of residence only. No more than \$20,000 in a 5-year period.
11	Environmental Accessibility Adaptations - Assessment	S5165UCSC	Unit	None	Maximum allowable rate is \$789.58						1	-	1	Can include three prospective dwellings, interior lifts, van conversions, inspections. Assessment is to own home or family home.
12	Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:1	2.73	2.92	2.73	2.92	2.73	2.92	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
13	Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:2	1.71	2.28	1.68	2.16	2.02	2.68	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
14	Life Skills Development - Level 1 (Companion)	S5135UC	QH	1:3	1.42	1.88	1.39	1.80	1.68	2.23	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
15	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:1	3.09	3.77	3.06	3.68	3.22	3.91	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
16	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:2	1.56	1.89	1.54	1.83	1.60	1.95	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
17	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:3	1.10	1.35	1.09	1.33	1.17	1.41	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
18	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:4	1.04	1.27	1.02	1.23	1.07	1.32	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
19	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:5	0.99	1.21	0.98	1.19	1.03	1.26	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
20	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:6	0.96	1.18	0.95	1.14	1.00	1.22	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.

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21	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:7	0.94	1.15	0.94	1.11	0.98	1.20	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
22	Life Skills Development - Level 2 (Supported Employment - Group) (Eff 7/1/2017)	T2021UCSC	QH	1:8	0.93	1.13	0.92	1.09	0.96	1.18	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
23	Life Skills Development - Level 2 (Supported Employment - Individual) (Eff 7/1/2017)	T2021UCHI	QH	None	7.81	9.56	7.56	9.05	7.93	9.70	64	1,984	23,296	No more than 112 hours per week of all Life Skills Development COMBINED.
24	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (Eff 7/1/2017)	S5102UC	Hour	1:1	N/A	15.94	N/A	15.85	N/A	16.30	8	-	2,064	No more than 112 hours per week of all Life Skills Development COMBINED. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. The 12% match is not part of the established rate but is required as a local match by each provider.
25	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (Eff 7/1/2017)	S5102UC	Hour	1:3	N/A	11.67	N/A	11.54	N/A	12.07	8	-	2,064	
26	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (Eff 7/1/2017)	S5102UC	Hour	1:5	N/A	6.30	N/A	6.22	N/A	6.53	8	-	2,064	
27	Life Skills Development - Level 3 (ADT) - Facility Based - Hour (Eff 7/1/2017)	S5102UC	Hour	1:6-10	N/A	4.95	N/A	4.86	N/A	4.95	8	-	2,064	
28	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Eff 7/1/2017)	T2021UC	Hour	1:1	N/A	15.94	N/A	15.85	N/A	16.30	8	-	2,064	
29	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Eff 7/1/2017)	T2021UC	Hour	1:3	N/A	11.67	N/A	11.54	N/A	12.07	8	-	2,064	No more than 112 hours per week of all Life Skills Development COMBINED. The General Appropriations Act requires a 12.5% match from local sources for developmental training programs. The 12.5% match is not part of the established rate but is required as a local match by each provider.
30	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Eff 7/1/2017)	T2021UC	Hour	1:5	N/A	6.30	N/A	6.22	N/A	6.53	8	-	2,064	
31	Life Skills Development - Level 3 (ADT) - Off Site - Hour (Eff 7/1/2017)	T2021UC	Hour	1:6-10	N/A	4.95	N/A	4.86	N/A	4.95	8	-	2,064	
32	Occupational Therapy	97530UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
33	Occupational Therapy - Evaluation - 30 minutes	97165GOUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	1	
34	Occupational Therapy - Evaluation - 45 minutes	97166GOUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	1	
35	Occupational Therapy - Evaluation, established plan of care - 60 minutes	97167GOUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	1	
36	Occupational Therapy - Re-Evaluation	97168GOUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Visits at 6 month intervals. First Re-Evaluation no sooner than 6 months post-evaluation (procedure codes 97166GOUC, 97167GOUC, 97168GOUC)

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37	Personal Emergency Response System - Service	S5161UC	Unit	None	Maximum allowable rate is \$39.48						-	1	12	Monitoring service. Person must live alone or be alone for part of the day and require a limited degree of supervision. Does not cover cost of telephone line.
38	Personal Emergency Response System - Installation	S5160UC	Unit	None	Maximum allowable rate is \$246.75						1	-	1	Not allowed for licensed residential facilities.
39	Personal Supports - Quarter Hour (Eff 7/1/2017)	S5130UC	QH	1:1	3.62	3.86	3.62	3.86	3.62	4.31	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
40	Personal Supports - Quarter Hour (Eff 7/1/2017)	S5130UC	QH	1:2	2.52	3.13	2.49	3.04	2.74	3.38	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
41	Personal Supports - Quarter Hour (Eff 7/1/2017)	S5130UC	QH	1:3	2.17	2.70	2.15	2.64	2.38	2.94	96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
42	Personal Supports - Day (Eff 7/1/2017)	S5130UCSC	Day	1:1	117.66	125.38	117.66	125.38	123.35	141.86	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
43	Personal Supports - Day (Eff 7/1/2017)	S5130UCSC	Day	1:2	79.79	99.18	78.76	96.28	90.70	108.91	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
44	Personal Supports - Day (Eff 7/1/2017)	S5130UCSC	Day	1:3	68.75	85.59	67.88	83.09	78.19	93.99	1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 and older in family home.
45	Personal Supports - Quarter Hour	S5130UCHA	QH	None	Negotiated maximum allowable rate is \$4.96						96	-	-	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home. Only allowed when a recipient requires two or more ratios on the same day.
46	Personal Supports - Day	S5130UCHO	Day	None	Negotiated maximum allowable rate is \$158.72						1	31	365	Ages 18 through 20 years in own home or supported living arrangement. Ages 21 years and older in family home. Only allowed when a recipient requires two or more ratios on the same day.
47	Physical Therapy	97110UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
48	Physical Therapy - Evaluation - 20 minutes	97161GPUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	1	
49	Physical Therapy - Evaluation - 30 minutes	97162GPUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	1	
50	Physical Therapy - Evaluation - 45 minutes	97163GPUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	1	
51	Physical Therapy - Re-Evaluation	97164GPUC	Visit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Visits at 6 month intervals. First Re-Evaluation no sooner than 6 months post-evaluation (procedure codes 97161GOUC, 97162GOUC, 97163GOUC)
52	Private Duty Nursing - LPN (Eff 7/1/2017)	T1000UC	QH	None	6.32	6.32	6.32	6.32	6.32	6.32	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
53	Private Duty Nursing - RN	T1000UCHN	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	96	-	-	Prescription by a physician, ARNP, or physician assistant required. No more than 96 QH per day of any RN and LPN nursing COMBINED.
54	Private Duty Nursing (RN) - Assessment	T1000UCHM	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	2 assessments per year.
55	Residential Habilitation - Basic - Day (Eff 7/1/2019)	H0043UC	Day	None	45.01	45.01	41.88	41.88	50.25	50.25	1	23	-	24 days or more requires monthly rate.
56	Residential Habilitation - Basic - Month (Eff 7/1/2019)	T2023UC	Month	None	1,312.93	1,312.93	1,221.41	1,221.41	1,465.45	1,465.45	-	1	12	24 days or more per month.
57	Residential Habilitation - Minimal - Day (Eff 7/1/2019)	H0043UCHI	Day	None	89.96	89.96	83.68	83.68	100.43	100.43	1	23	-	24 days or more requires monthly rate.
58	Residential Habilitation - Minimal - Month (Eff 7/1/2019)	T2023UCSC	Month	None	2,623.67	2,623.67	2,440.65	2,440.65	2,929.02	2,929.02	-	1	12	24 days or more per month.
59	Residential Habilitation - Moderate - Day (Eff 7/1/2019)	H0043UCHM	Day	None	134.99	134.99	125.57	125.57	150.68	150.68	1	23	-	24 days or more requires monthly rate.
60	Residential Habilitation - Moderate - Month (Eff 7/1/2019)	T2023UCU4	Month	None	3,937.22	3,937.22	3,662.37	3,662.37	4,394.79	4,394.79	-	1	12	24 days or more per month.
61	Residential Habilitation - Behavioral Focus - Extensive 1 - Day (Eff 7/1/2019)	T2020UCHM	Day	None	189.92	189.92	176.68	176.68	212.02	212.02	1	23	-	24 days or more requires monthly rate.

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62	Residential Habilitation - Behavioral Focus - Extensive 1 - Month (Eff 7/1/2019)	T2023UCHO	Month	None	5,539.29	5,539.29	5,152.94	5,152.94	6,183.59	6,183.59	-	1	12	24 days or more per month.
63	Residential Habilitation - Behavioral Focus - Extensive 2 - Day (Eff 7/1/2019)	T2020UCHN	Day	None	249.50	249.50	232.10	232.10	278.52	278.52	1	23	-	24 days or more requires monthly rate.
64	Residential Habilitation - Behavioral Focus - Extensive 2 - Month (Eff 7/1/2019)	T2023UCHP	Month	None	7,277.21	7,277.21	6,769.55	6,769.55	8,123.60	8,123.60	-	1	12	24 days or more per month.
65	Residential Habilitation - Behavioral Focus - Minimal - Day (Eff 7/1/2019)	T2020UC	Day	None	94.11	94.11	87.53	87.53	105.04	105.04	1	23	-	24 days or more requires monthly rate.
66	Residential Habilitation - Behavioral Focus - Minimal - Month (Eff 7/1/2019)	T2023UCHM	Month	None	2,744.92	2,744.92	2,553.29	2,553.29	3,063.70	3,063.70	-	1	12	24 days or more per month.
67	Residential Habilitation - Behavioral Focus - Moderate - Day (Eff 7/1/2019)	T2020UCHI	Day	None	141.20	141.20	131.34	131.34	157.61	157.61	1	23	-	24 days or more requires monthly rate.
68	Residential Habilitation - Behavioral Focus - Moderate - Month (Eff 7/1/2019)	T2023UCHN	Month	None	4,118.30	4,118.30	3,830.85	3,830.85	4,597.08	4,597.08	-	1	12	24 days or more per month.
69	Residential Habilitation - Extensive 1 - Day (Eff 7/1/2019)	H0043UCHN	Day	None	181.57	181.57	168.90	168.90	202.68	202.68	1	23	-	24 days or more requires monthly rate.
70	Residential Habilitation - Extensive 1 - Month (Eff 7/1/2019)	T2023UCU6	Month	None	5,295.91	5,295.91	4,926.44	4,926.44	5,911.59	5,911.59	-	1	12	24 days or more per month.
71	Residential Habilitation - Extensive 2 - Day (Eff 7/1/2019)	H0043UCHO	Day	None	238.54	238.54	221.90	221.90	266.27	266.27	1	23	-	24 days or more requires monthly rate.
72	Residential Habilitation - Extensive 2 - Month (Eff 7/1/2019)	T2023UCU9	Month	None	6,957.45	6,957.45	6,471.87	6,471.87	7,766.12	7,766.12	-	1	12	24 days or more per month.
73	Residential Habilitation - Intensive Behavioral - Day Level 1 (Eff 7/1/2019)	T2016UC	Day	None	263.23	263.23	263.23	263.23	263.23	263.23	1	31	365	
74	Residential Habilitation - Intensive Behavioral - Day Level 2 (Eff 7/1/2019)	T2016UCHM	Day	None	274.20	274.20	274.20	274.20	274.20	274.20	1	31	365	
75	Residential Habilitation - Intensive Behavioral - Day Level 3 (Eff 7/1/2019)	T2016UCHN	Day	None	292.85	292.85	292.85	292.85	292.85	292.85	1	31	365	
76	Residential Habilitation - Intensive Behavioral - Day Level 4 (Eff 7/1/2019)	T2016UCHO	Day	None	313.69	313.69	313.69	313.69	313.69	313.69	1	31	365	
77	Residential Habilitation - Intensive Behavioral - Day Level 5 (Eff 7/1/2019)	T2016UCHP	Day	None	329.04	329.04	329.04	329.04	329.04	329.04	1	31	365	
78	Residential Habilitation - Intensive Behavioral - Day Level 6 (Eff 7/1/2019)	T2016UCSC	Day	None	394.85	394.85	394.85	394.85	394.85	394.85	1	31	365	
79	Enhanced Intensive Behavioral Residential Habilitation - Day (Eff 7/1/2019)	T2025UC	Day	None	812.79	812.79	757.01	757.01	1,022.77	1,022.77	1	23	-	24 days or more requires monthly rate.
80	Enhanced Intensive Behavioral Residential Habilitation - Month (Eff 7/1/2019)	T2023UCTG	Month	None	19,507.13	19,507.13	18,168.23	18,168.23	24,546.63	24,546.63	-	1	12	24 days or more per month.
81	Enhanced Intensive Behavioral Residential Habilitation - Medical-Day (Eff 7/1/2019)	T2025UCSE	Day	None	761.26	761.26	709.01	709.01	957.94	957.94	1	23	-	24 days or more requires monthly rate.
82	Enhanced Intensive Behavioral Residential Habilitation - Medical-Month (Eff 7/1/2019)	T2023UCSE	Month	None	18,270.42	18,270.42	17,016.40	17,016.40	22,990.42	22,990.42	-	1	12	24 days or more per month.

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83	Residential Habilitation - Live-In (Eff 7/1/2019)	H0043UCSC	Day	1:1	138.20	172.03	136.50	167.12	140.91	172.51	1	31	365	Staff not required to live in facility to provide service. For facilities with a capacity of no more than three recipients per facility.
84	Residential Habilitation - Live-In (Eff 7/1/2019)	H0043UCSC	Day	1:2	97.87	121.86	96.69	118.36	99.80	122.18	1	31	365	Staff not required to live in facility to provide service. For facilities with a capacity of no more than three recipients per facility.
85	Residential Habilitation - Live-In (Eff 7/1/2019)	H0043UCSC	Day	1:3	83.90	104.45	82.87	101.46	85.53	104.72	1	31	365	Staff not required to live in facility to provide service. For facilities with a capacity of no more than three recipients per facility.
86	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Basic)	T2020UCHB	Day	None	N/A	32.76	N/A	29.63	N/A	38.00	1	23	-	24 days or more requires monthly rate. The residential habilitation daily rate for a recipient residing in an ALF or AFCH is adjusted by the MSP ACS daily rate. The ALF or AFCH will bill MSP for the ACS rate.
87	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Minimal)	T2020UCHK	Day	None	N/A	77.71	N/A	71.43	N/A	88.18				
88	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Moderate)	T2031UCHB	Day	None	N/A	122.74	N/A	113.32	N/A	138.43				
89	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Extensive 1)	T2031UCHI	Day	None	N/A	169.32	N/A	156.65	N/A	190.43				
90	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Day (Extensive 2)	T2031UCHK	Day	None	N/A	226.29	N/A	209.65	N/A	254.02				
91	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Basic)	T2032UCHB	Month	None	N/A	940.33	N/A	848.81	N/A	1,092.85	-	1	12	24 days or more requires monthly rate. The residential habilitation daily rate for a recipient residing in an ALF or AFCH is adjusted by the MSP ACS daily rate. The ALF or AFCH will bill MSP for the ACS rate.
92	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Minimal)	T2032UCHI	Month	None	N/A	2,251.07	N/A	2,068.05	N/A	2,556.42				
93	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Moderate)	T2032UCHK	Month	None	N/A	3,564.62	N/A	3,289.77	N/A	4,022.19				
94	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Extensive 1)	T2030UCHI	Month	None	N/A	4,923.31	N/A	4,553.84	N/A	5,538.99				
95	Residential Habilitation - Assisted Living Facility/Assistive Care Services- Month (Extensive 2)	T2030UCHK	Month	None	N/A	6,584.85	N/A	6,099.27	N/A	7,393.52				
96	Residential Nursing - LPN (Eff 7/1/2017)	T1001UC	QH	None	6.32	6.32	6.32	6.32	6.32	6.32	96	-	-	Prescription by a physician, ARNP, or physician assistant required.No more than 96 QH per day of any RN and LPN nursing COMBINED.
97	Residential Nursing - RN	T1002UC	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	96	-	-	Prescription by a physician, ARNP, or physician assistant required.No more than 96 QH per day of any RN and LPN nursing COMBINED.
98	Residential Nursing (RN) - Assessment	T1001UCSC	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	2 assessments per year.
99	Respiratory Therapy	S5181UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required.Assessment required prior to service.
100	Respiratory Therapy - Assessment	S5180UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6 month intervals. A visit is one unit.
101	Respite - Quarter Hour (under 21 years of age only) (Eff 7/1/2020)	S5151UC	QH	1:1	3.62	3.81	3.62	3.81	3.62	3.81	96	-	-	
102	Respite - Quarter Hour (under 21 years of age only) (Eff 7/1/2020)	S5151UC	QH	1:2	2.08	2.19	2.06	2.17	2.29	2.42	96	-	-	

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Effective Date: **7/1/2021**

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
103	Respite - Quarter Hour (under 21 years of age only) (Eff 7/1/2020)	S5151UC	QH	1:3	1.73	1.81	1.71	1.79	1.89	2.00	96	-	-	
104	Respite - Day (under 21 only) (Eff 7/1/2020)	S5151UCSC	Day	1:1	145.04	152.56	145.04	152.56	145.04	152.56	1	31	365	
105	Respite - Day (under 21 only) (Eff 7/1/2020)	S5151UCSC	Day	1:2	83.21	87.63	82.48	86.91	91.65	96.48	1	31	365	
106	Respite - Day (under 21 only) (Eff 7/1/2020)	S5151UCSC	Day	1:3	68.68	72.41	68.08	71.78	75.70	79.70	1	31	365	
107	Skilled Nursing - LPN (Eff 7/1/2017)	T1001UCHM	Visit	None	28.43	28.43	28.43	28.43	28.43	28.43	4	-	-	Prescription by a physician, ARNP, or physician assistant required.No more than 4 visits per day of RN and LPN Skilled Nursing COMBINED.
108	Skilled Nursing - RN	T1002UCHN	Visit	None	31.04	31.04	31.04	31.04	31.04	31.04	4	-	-	Prescription by a physician, ARNP, or physician assistant required.No more than 4 visits per day of RN and LPN Skilled Nursing COMBINED.
109	Skilled Nursing (RN) - Assessment	T1001UCHO	QH	None	7.28	7.28	7.28	7.28	7.28	7.28	8	-	16	2 assessments per year.
110	Skilled Respite - LPN - Quarter Hour (Eff 7/1/2017)	T1005UCTE	QH	1:1	6.32	6.32	6.32	6.32	6.32	6.32	96	-	-	
111	Skilled Respite - LPN - Quarter Hour (Eff 7/1/2017)	T1005UCTE	QH	1:2	4.21	4.21	4.21	4.21	4.21	4.21	96	-	-	
112	Skilled Respite - LPN - Day (Eff 7/1/2017)	S9125UCTE	Day	1:1	252.74	252.74	252.74	252.74	252.74	252.74	1	31	365	40 QH or more per day.
113	Skilled Respite - LPN - Day (Eff 7/1/2017)	S9125UCTE	Day	1:2	168.49	168.49	168.49	168.49	168.49	168.49	1	31	365	40 QH or more per day.
114	Special Medical Home Care	S9122UC	Day	None	Negotiated						1	31	365	Up to 24 hours per day. Intensive nursing care in licensed facility.
115	Special Medical Home Care-Month	S9122UCHI	Month	None	Negotiated						-	1	12	In order to utilize the monthly rate, the recipient must reside in the facility at least 24 days or more. Intensive nursing care in a licensed facility.
116	Specialized Mental Health Counseling	H0046UC	QH	None	10.94	14.55	10.77	13.87	11.12	14.76	8	-	416	Limited to 8 QH per week (two-4 QH sessions).
117	Specialized Mental Health Counseling Assessment	H0031UC	Unit	None	Usual and Customary Rate is \$128.21 Maximum Allowable Rate is \$274.74						-	-	1	
118	Speech Therapy	92507UC	QH	None	16.02	16.02	16.02	16.02	16.02	16.02	4	-	1,460	Prescription by a physician, ARNP, or physician assistant required. Assessment required prior to service.
119	Speech Therapy - Assessment -Evaluation of Speech Fluency (New MSP Therapy Assessment code effective January 1, 2014)	92521UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.
120	Speech Therapy -Assessment- Evaluation of Speech Sound Production (New MSP Therapy Assessment code effective January 1, 2014)	92522UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.
121	Speech Therapy - Assessment- Evaluation of Speech Sound Production, Language Comprehension and Expression (New MSP Therapy Assessment code effective January 1, 2014)	92523UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.

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Effective Date: 7/1/2021

Line #	Service Description	Procedure Code	Billing Unit	Ratio	Geographical		Non-Geographical		Monroe County		Max # Units per Day	Max # Units per Month	Max # Units per Year	Other Limitations
					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				
122	Speech Therapy - Assessment- Behavioral and Qualitative Analysis of Voice and Resonance (New MSP Therapy Assessment code effective January 1, 2014)	92524UC	Unit	None	48.50	48.50	48.50	48.50	48.50	48.50	-	-	2	Assessments no more frequent than 6-month intervals. Reimbursement limited to one of the four speech therapy assessment codes every 150 days. A visit is one unit.
123	Support Coordination - Full	G9012UC	Month	None	-	148.69	-	148.69	-	148.69	-	1	12	
124	CDC Consultant - Full	G9012UCU5	Month	None	-	148.69	-	148.69	-	148.69	-	1	12	
125	Support Coordination - Enhanced	G9012UCSC	Month	None	-	359.83	-	359.83	-	359.83	-	1	12	
126	CDC Consultant - Enhanced	T2041UCU5	Month	None	-	359.83	-	359.83	-	359.83	-	1	12	
127	Support Coordination - Limited	T2022UC	Month	None	-	74.35	-	74.35	-	74.35	-	1	12	
128	CDC Consultant - Limited	T2022UCU5	Month	None	-	74.35	-	74.35	-	74.35	-	1	12	
129	Supported Living Coaching	97535UC	QH	None	5.98	8.02	5.86	7.59	6.08	8.13	24	-	8,760	Customer in supported living or to transition to supported living in 90 days.
130	Transportation - Mile	A0425UC	Mile	None	Negotiated						200	234	2,808	Cannot be used to transport to MSP service. No duplication of public school transportation services to and from school.
131	Transportation - Month	T2002UC	Month	None	Negotiated						-	1	12	Cannot be used to transport to MSP service. No duplication of public school transportation services to and from school.
132	Transportation - Trip	T2003UC	Trip	None	Negotiated						-	80	960	80 one-way trips per month. Cannot be used to transport to MSP service. No duplication of public school transportation services to and from school.

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					Solo Rates	Agency Rates	Solo Rates	Agency Rates	Solo Rates	Agency Rates				

LEGEND: Individual Budgeting Waiver - Definitions for Column Headings and Specific Terminology

ADT	Adult Day Training.
Agency Rates	Represents rates for a business or organization enrolled to provide a waiver service(s) that has two or more employees to carry out the enrolled services(s), including the agency owner. An agency or group provider for rate purposes is a provider that employs staff to perform waiver services. A provider that hires only subcontractors to perform waiver services is not considered to be an agency for rate purposes.
AFCH	Adult Family Care Home.
ALF	Assisted living facility.
APD	Agency for Persons with Disabilities.
ARNP	Advance registered nurse practitioner.
ACS	Assistive care services.
Billing Unit	A unit that describes how the service is billed (e.g., by the quarter hour (QH), hour, day, month, visit, etc.). Also used to capture a service level that has its own definition (e.g., assessment, mile, 1 piece of equipment, or 1 package of consumable supplies). Rounding instructions for services that may start or end within a billing unit's specific time construct can be found in the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook.
Geographical References	Some service rates are different, depending on geographical location. The term "Geographical" refers to a group of counties (Palm Beach, Broward, and Dade Counties) that use separate rates associated with that geographical region, with Monroe County having another separate distinct rate for services. All other counties use rates listed under Non-Geographical.
LPN	Licensed practical nurse.
Line #	For informational purposes.
Max # Units per Day	Maximum number of billing units per day for services that have a daily rate (e.g., quarter hours or hours in a day or day rate).
Max # Units per Month	Maximum number of billing units per month (e.g., hours or days in a month).
Max # Units per Year	Maximum number of billing units per year (e.g., visits in a year).
MSP	Medicaid state plan. Some waiver services are now using the same rate for comparable services in the MSP. For general information about Florida Medicaid, see the Agency for Health Care Administration's Web site at www.ahca.myflorida.com , select Medicaid.
Negotiated	A negotiated rate is used when two or more ratios are needed on the same day. The negotiated rate should be an already established rate on the rate table for the appropriate ratio.
Non-Standard	Residential habilitation services provided in an ALF or AFCH will incorporate a non-standard rate to avoid duplication of services for daily ACS billed through the MSP. The residential habilitation rate determined for use by the facility for an APD recipient in an ALF or AFCH will be reduced by the ACS rate before billing the waiver.
Other Limitations	Provides additional information relative to the use of the service, combination of services, and other limitations beyond rate and unit. All providers are to be in compliance with the Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook. Guidelines on limitations such as age, non-duplication of services between state agencies or other entities, and other restrictions or requirements can be found in the handbook.
Procedure Code	A code to identify the procedure, service, or commodity provided. Can be as short as five characters, and up to nine characters. These codes are used by providers to bill Florida Medicaid.
QH	Quarter hour.
Ratio	When a service can be delivered to one or more than one recipient at a time. Each ratio is given a rate based on the number of recipients served and each recipient is charged that rate. Ratios of 1:1, 1:2, and 1:3 are examples of recipients served by a relationship of one staff to one recipient, one staff to two recipients, and one staff to three recipients, respectively. A ratio of 1:6-10 indicates the rate applies to a staff member serving 6 to 10 recipients.
RN	Registered nurse.
Service Description	Describes service rendered; provides title of service (refer to the handbook).
Solo Rates	Represents rates for a provider who personally renders waiver services directly to recipients and does not employ others to render waiver services for which the rate is being paid. If the provider incorporates they are still considered a solo provider for rate purposes, unless they hire at least two employees including the owner and meet the definition of agency.
Supports Level	Related to the level of care (e.g., basic, minimal, moderate, extensive, intensive) that best describes the recipient and the recipient's primary area of support needs for residential habilitation services (refer to the level of supports rate descriptors in the Residential Habilitation Rate Descriptors table).
Usual and Customary Rate and Maximum Allowable Rates	Some service rates allow for a charge within an allowable range. The usual and customary rate represents the most common charge for the service, and the maximum allowable rate is the highest charge allowed. Charges above the norm require explanation or justification of higher cost.