

INFORMATION FROM OTHER STATES

THE FOLLOWING PAGES ARE RATE INFORMATION GATHERED FROM OTHER RANDOM STATES. THESE MAY NOT BE EVERYTHING FROM THESE STATES. IF THE INFORMATION WAS TOO EXTENSIVE ONLY THE INFORMATION ABOUT SERVICES RELATED TO WORK/DAY THAT CORRELATE WITH THE ONES THAT MONTANA HAS BEEN DISCUSSING ARE HERE. THIS IS SOME DATA TO LOOK AT ABOUT OTHER STATES AND WHAT THEY HAVE AND THEIR RATES AS COMPARISON. AS YOU CAN SEE SOME OF THEM ARE SEVERAL YEARS OLD, BUT WITH THE BUDGET PRESSURES STATES HAVE HAD IN RECENT YEARS IT'S LIKELY THEY HAVEN'T CHANGED SIGNIFICANTLY. AGAIN, THIS IS FOR COMPARISON ABOUT WHAT OTHER STATES HAVE.

**Developmental
Disabilities
Division**



**Waiver Services and Rates
for SFY-2011
Effective July 1, 2010 (rev Nov 2010)**

Code	Service Description	Unit	Adult	Child	ABI	FY-2011 Rates
G0151	Physical Therapy (individual)	15 min.	X		X	\$ 21.04
G0151UP	Physical Therapy (Group)	15 min.	X		X	\$ 8.06
G0152	Occupational Therapy	15 min.	X		X	\$ 17.19
G0152UP	Occupational Therapy (Group)	15 min.	X		X	\$ 6.59
G0153	Speech Therapy (individual)	15 min.	X		X	\$ 16.95
G0153UP	Speech Therapy (Group)	15 min.	X		X	\$ 6.50
S5130	Homemaker	15 min.	X	X	X	\$ 3.89
S5135	Companion Services	15 min.	X	X	X	\$ 3.89
S5136	Companion Services (group)	15 min.	X	X	X	\$ 1.50
S5165NU	Environmental Modification (New)	Event	X	X	X	PA
S5165	Environmental Modification (Repair)	Event	X	X	X	PA
S9470	Dietician	15 min.	X	X	X	\$ 14.47
T1002	Skilled Nursing	15 min.	X	X	X	\$ 18.19
T1005	Respite Care	15 min.	X	X	X	\$ 3.53
T1019	Personal Care	15 min.	X	X	X	\$ 3.89
T2012	Cognitive Retraining	15 min.			X	\$ 8.10
T2013	Residential Habilitation Training	Hour		X		\$ 29.96
T2016U5	Residential Habilitation (intensive)	Day	X	X	X	\$ 326.87
T2016U6	Residential Habilitation (high)	Day	X	X	X	\$ 189.30
T2016U7	Residential Habilitation (moderate)	Day	X	X	X	\$ 143.44
T2016U8	Residential Habilitation (intermittent)	Day	X	X	X	\$ 120.52
T2016U9	Residential Habilitation (highly intensive)	Day	X	X	X	\$ 637.04
T2016UB	Supported Living (group) (daily)	Day	X	X	X	\$ 89.66
T2017	Supported Living (individual)	15 min.	X	X	X	\$ 8.35
T2017UP	Supported Living (group)	15 min.	X	X	X	\$ 3.20
T2019	Supported Employment (1:1)	15 min.	X	X	X	\$ 6.85
T2019UQ	Supported Employment (Group)	15 min.	X	X	X	\$ 2.73
T2020U1	Day Habilitation (Intensive)	Day	X		X	\$ 174.57
T2020U2	Day Habilitation (high)	Day	X		X	\$ 98.39
T2020U3	Day Habilitation (moderate)	Day	X		X	\$ 73.01
T2020U4	Day Habilitation (intermittent)	Day	X		X	\$ 60.31
T2021	Day Habilitation (15 minute)	15 min.	X		X	\$ 3.00
T2022	Case Management	Month	X	X	X	\$ 271.58
T2024TS	Subsequent Assessment	Event	X	X	X	PA
T2026	Child Habilitation Service (0-12)	15 min.		X		\$ 2.78
T2027	Child Habilitation Service (13-17)	15 min.		X		\$ 3.53
T2029NU	Specialized Equipment (New)	Event	X	X	X	PA
T2029	Specialized Equipment (Repair)	Event	X	X	X	PA
T2033	Special Family Habilitation Home	Day		X		\$ 131.72
T2040	Agency with Choice	Month	X	X	X	\$ 51.62
T2041	Independent Support Broker	15 min.	X	X	X	\$ 9.54
W4000	Residential Habilitation "Intervention"	15 min.	X		X	\$ 6.24
W4001	Day Habilitation "Intervention"	15 min.	X		X	\$ 6.24

Section 10.2: Service Rates

Medicaid Waiver Services, Codes, and Rates

[for Community Integration and Habilitation (CIH) Waiver and Family Supports (FSW) Waiver]

Waiver Type		Insite Code	Service Description	Natl. Code	Modifiers				Rate	Unit/Size	Unit/\$ Limit
CIH	FSW				1	2	3	4			
■	■	ADS1	Adult Day Services, Level 1	S5101	U 7	U 5	U1		\$21.95	.50/Day	2 Units/ Day
■	■	ASD2	Adult Day Services, Level 2	S5101	U 7	U 5	U2		\$28.80	.50/Day	2 Units/ Day
■	■	ASD3	Adult Day Services, Level 3	S5101	U 7	U 5	U3		\$34.29	.50/Day	2 Units/ Day
■	■	AS14	Adult Day Services, ¼ Hour, Level 1	S5100	U 7	U 5	U1		\$1.38	.25/Day	12 Units/Day
■	■	AS24	Adult Day Services, ¼ Hour, Level 2	S5100	U 7	U 5	U2		\$1.80	.25/Day	12 Units/Day
■	■	AS34	Adult Day Services, ¼ Hour, Level 3	S5100	U 7	U 5	U3		\$2.14	.25/Day	12 Units/Day
■	■	BMGO	Behavior Management, Basic	H000 4	U 7	U 5	U2		\$18.20	.25/Hour	
■	■	BG10	Behavior Management, Level 1	H000 4	U 7	U 5	U1		\$18.20	.25/Hour	
■	■	CMGT	Case Management	T2022	U 7	U 5			\$125.00	1.00/Mnth	1 Unit/Month
■	■	CHG2	Community Habilitation, Group (2:1)	T2020	U 7	U 5	U2		\$8.48	1.00/Hour	
■	■	CHG3	Community Habilitation, Group (3:1)	T2020	U 7	U 5	U3		\$8.48	1.00/Hour	
■	■	CHG4	Community Habilitation, Group (4:1)	T2020	U 7	U 5	U4		\$8.48	1.00/Hour	
■	■	CHG6	Community Habilitation, Group (6:1)	T2020	U 7	U 5	U6		\$4.72	1.00/Hour	
■	■	CHG8	Community Habilitation, Group (8:1)	T2020	U 7	U 5	U8		\$4.72	1.00/Hour	
■	■	CHGB	Community Habilitation, Group (10:1)	T2020	U 7	U 5	UB		\$4.72	1.00/Hour	
■	■	CHIO	Community Habilitation, Individual	T2020	U 7	U 5			\$22.09	1.00/Hour	
■		CT	Community Transition	T2038	U 7	U 5			Individual	1.00/Unit	\$1,000 Lifetime
■		EM1	Electronic Monitoring, 1 Participant	A927 9	U 7	U 5	U A		\$13.62	1.00/Hour	
■		EM2	Electronic Monitoring, 2 Participants	A927 9	U 7	U 5	U2		\$6.81	1.00/Hour	
■		EM3	Electronic Monitoring, 3 Participants	A927 9	U 7	U 5	U3		\$4.54	1.00/Hour	
■		EM4	Electronic Monitoring, 4 Participants	A927 9	U 7	U 5	U4		\$3.41	1.00/Hour	
■		EMOI	Environmental Modification (Install)	S5165	U 7	U 5	U N		Individual	1.00/Unit	\$15,000 Lifetime
■		EMOM	Environmental Modification (Maintain)	S5165	U 7	U 5	U8		Individual	1.00/Unit	\$500/Year
■	■	INSP	Equipment -- Assess/Inspect/Train	T1028	U 7	U 5			\$17.99	.25/Hour	

■	■	FBS	Facility Based Support	T1020	U 7	U 5	U A		\$1.85	1.00/Hour	
■	■	FHG2	Facility Habilitation, Group (2:1)	T1028	U 7	U 5	U A	U2	\$8.48	1.00/Hour	
■	■	FHG4	Facility Habilitation, Group (4:1)	T2020	U 7	U 5	U A	U4	\$8.48	1.00/Hour	
■	■	FHG6	Facility Habilitation, Group (6:1)	T2020	U 7	U 5	U A	U6	\$4.72	1.00/Hour	
■	■	FHG8	Facility Habilitation, Group (8:1)	T2020	U 7	U 5	U A	U8	\$4.72	1.00/Hour	
■	■	FHGB	Facility Habilitation, Group (10:1)	T2020	U 7	U 5	U A	U8	\$4.72	1.00/Hour	
■	■	FHGC	Facility Habilitation, Group (12:1)	T2020	U 7	U 5	U A	UC	\$3.00	1.00/Hour	
■	■	FHGD	Facility Habilitation, Group (14:1)	T2020	U 7	U 5	U A	UD	\$3.00	1.00/Hour	
■	■	FHG9	Facility Habilitation, Group (16:1)	T2020	U 7	U 5	U A	U9	\$3.00	1.00/Hour	
■	■	FHIO	Facility Habilitation, Individual	T2020	U 7	U 5	U A		\$22.09	1.00/Hour	
■	■	FCAR	Family & Caregiver Training, Family	S5111	U 7	U 5			Individual	1.00/Unit	\$2,000/Year
■	■	FCNF	Family & Caregiver Training, Non-Family	S5116	U 7	U 5			Individual	1.00/Unit	\$2,000/Year
■	■	IBI1	Intensive Behavioral Intervention, Lvl 1	H2020	U 7	U 5	U1		\$104.60	1.00/Hour	
■	■	IBI2	Intensive Behavioral Intervention, Lvl 2	H2020	U 7	U 5	U2		\$25.00	1.00/Hour	
■	■	MUTH	Music Therapy	H2032	U 7	U 5	U1		\$10.78	.25/Hour	
■	■	OCTH	Occupational Therapy	G0152	U 7	U 5	U A		\$17.99	.25/Hour	
	■	PAC	Participant Assistance and Care	T2033	U 7	U 5			\$23.24	1.00/Hour	
■	■	PRSI	Personal Response System, Install	S5160	U 7	U 5			\$52.07	1.00/Unit	2 Units/CCB
■	■	PRSM	Personal Response System, Maintain	S5161	U 7	U 5			\$52.07	1.00	1 Unit/Month

Waiver Type		INSite Code	Service Description	Natl. Code	Modifiers				Rate	Unit/Size	Unit/\$ Limit
CIH	FS W				1	2	3	4			
■	■	PHTH	Physical Therapy	G0151	U 7	U 5	U A		\$18.12	.25/Hour	
■	■	PV02	Pre-Vocational (2:1)	T2015	U 7	U 5	U2		\$8.48	1.00/Hour	
■	■	PV04	Pre-Vocational (4:1)	T2015	U 7	U 5	U4		\$8.48	1.00/Hour	
■	■	PV06	Pre-Vocational(6:1)	T2015	U 7	U 5	U6		\$4.72	1.00/Hour	
■	■	PV08	Pre-Vocational (8:1)	T2015	U 7	U 5	U A		\$4.72	1.00/Hour	
■	■	PV10	Pre-Vocational (10:1)	T2015	U 7	U 5	UB		\$4.72	1.00/Hour	
■	■	PV12	Pre-Vocational (12:1)	T2015	U 7	U 5	UC		\$3.00	1.00/Hour	

■	■	PV14	Pre-Vocational (14:1)	T2015	U 7	U 5	U D		\$3.00	1.00/Hour	
■	■	PV16	Pre-Vocational (16:1)	T2015	U 7	U 5	U9		\$3.00	1.00/Hour	
■	■	PSTF	Psychological Therapy, Family	9084 6	U 7	U 5			\$17.27	.25/Hour	
■	■	PSTG	Psychological Therapy, Group	9085 3	U 7	U 5			\$4.81	.25/Hour	
■	■	PSTI	Psychological Therapy, Individual	9080 4	U 7	U 5			\$15.45	.25/Hour	
■	■	RETH	Recreational Therapy	H203 2	U 7	U 5	U2		\$10.78	.25/Hour	
■		R&F	Rent & Food for Unrelated Live-In Caregiver	T2025	U 7	U 5			\$545.00	1.00/ Month	
■		RH10	Residential Habilitation Services, Lvl 1 (Less than 35 hrs/week)	T2016	U 7	U 5	U A		\$23.24	1.00/Hour	
■		RH20	Residential Habilitation Services, Lvl 2 (Over 35 hrs/week)	T2016	U 7	U 5			\$19.52	1.00/Hour	
■	■	RNUR	Respite Nursing Care, RN	T1005	U 7	U 5	TD		\$7.79	.25/Hour	
■	■	RNUR	Respite Nursing Care, LPN	T1005	U 7	U 5	TE		\$5.91	.25/Hour	
■	■	RSPO	Respite Care Services	S5151	U 7	U 5			\$23.24	1.00/Hour	
■		ATCH	Specialized Medical Equip/Supply, Install	T2029	U 7	U 5	N U		Individual	1.00/Unit	
	■	ATCH	Specialized Medical Equip/Supply, Install	T2029	U 7	U 5	N U		Individual	1.00/Unit	\$7,500 Lifetime
■	■	ATCM	Specialized Medical Equip/Supply, Maintain	T2029	U 7	U 5	U8		Individual	1.00/Unit	\$500/Year
■	■	SPTH	Speech Therapy	9250 7	U 7	U 5	U A		\$18.12	.25/Hour	
■		AF01	Structured Family Caregiving, Level 1	S5140	U 7	U 5	U1		\$51.87	1.00/Day	1 Unit/Day
■		AF02	Structured Family Caregiving, Level 2	S5140	U 7	U 5	U2		\$75.67	1.00/Day	1 Unit/Day
■		AF03	Structured Family Caregiving, Level 3	S5140	U 7	U 5	U3		\$102.87	1.00/Day	1 Unit/Day
■	■	SF10	Supported Employment Tier 1 (Monthly 1-5 hours)	T2018	U 7	U 5	U1		\$175.95	1.00/ Month	
■	■	SF20	Supported Employment Tier 2 (Monthly 6-10 hours)	T2018	U 7	U 5	U2		\$351.90	1.00/ Month	
■	■	SF30	Supported Employment Tier 3 (Monthly 11-15 hours)	T2018	U 7	U 5	U3		\$527.85	1.00/ Month	
■	■	SF40	Supported Employment Tier 4 (Hourly)	T2018	U 7	U 5			\$35.19	1.00/Hour	
	■	TRNO	Transportation, Level 1	T2002	U 7	U 5			\$5.00	1.00/Trip	2 Trips/Day
■		TRNO	Transportation, Level 1	T2002	U 7	U 5			\$5.00	1.00/Trip	2 Trips/Day,\$2500/Year
■		TRN2	Transportation, Level 2	T2002	U 7	U 5	U2		\$20.00	1.00/Trip	2 Trips/Day,\$5000/Year
■		TRN3	Transportation, Level 3	T2002	U 7	U 5	U3		\$40.00	1.00/Trip	2 Trips/Day,\$7500/Year
■		VMOD	Vehicle Modification, Install	T2039	U 7	U 5			Individual	1.00/Unit	\$15,000 Lifetime
	■	VMOD	Vehicle Modification, Install	T2039	U 7	U 5			Individual	1.00/Unit	\$7,500 Lifetime

■	■	VMO M	Vehicle Modification, Maintain	T2039	U 7	U 5	U8		Individua I	1.00/Unit	\$500/Year
■	■	WPA	Workplace Assistance	T1020	U 7	U 5			\$26.37	1.00/Hour	

Oregon

Support Services Rate Ranges

All rates are hourly unless otherwise indicated

CHORE SERVICES (725)	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
Chore Services - Completion of assistance with heavy household chores to maintain a clean, safe, and sanitary home environment approved only when no household members or others can pay for or perform the service. This is a time-limited service and is not to be used on a regular basis.	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
	Minimum Wage to \$14.54	\$12.94 to \$23.72	\$15.63 to \$27.28

COMMUNITY LIVING AND INCLUSION (726)	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
Community Living and Inclusion - Support and instruction that facilitates independence and promotes community integration by supporting the individual to gain or maintain skills to live as independently as possible in the type of home the individual chooses and to provide support for the individuals to participate in activities in integrated settings that promote community inclusion and contribution.	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
	1:1 Living or Inclusion Assessment or Skill Training Time limited assistance to achieve a defined outcome related to a) identifying essential environmental supports; b) building relationships and skills related to independent or naturally supported participation in a local group or activity of interest; or c) increasing skills to achieve greater independence in activities of daily living. Staff must have training expertise. The outcome of the service must include a report and, if needed, a plan for implementation using on-going supports. Maximum Assessment and Training hours = 100 hours (Assessment 20-Training 80)	\$12.94 to \$35.58	\$15.63 to \$47.44

COMMUNITY LIVING AND INCLUSION (726)

	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
1:1 Living and Inclusion Assistance Providing on-going support with activities of daily living in the home (meal planning, shopping, bathing) and/or for an individual's participation in local groups or community activities of interest. Assistance is necessary due to the communication, personal care, and medical and safety support needs of the individual. Note: Some variability in rates may occur based upon negotiated strategies and support needs of person(s) in the home. For example the companionship exemption may be utilized or the hourly rate may be prorated if there is more than one person with disabilities receiving support at the same time.	Effective 7/1/09 Minimum Wage to \$14.54	Effective 7/1/09 \$12.94 to \$23.72	Effective 7/1/09 \$15.63 to \$27.28
		Hourly rate above prorated by number in group	Hourly rate above prorated by number in group
Small Group Inclusion Assistance Participation and learning in activities of interest along with others/friends with and without disabilities.			
Facility Based Socialization Providing opportunities for activities and socialization with other people with disabilities. Personalized or group learning activities that match the customer goals and interests are provided. Minimum 5 hour day and 1:8 staff to customer ratio.			
Facility Based Employment Providing on-going opportunities for paid employment in a small business or workshop setting where the majority of workers are persons with disabilities. Personalized or group learning activities (non-paid) related to job exploration, job training, interpersonal skills, money management or mobility may also be provided. Minimum 5 hour day and 1:8 staff to customer ratio.			NO MATTER RATE METHOD, MAXIMUM PAYMENT ALLOWED \$43.88/DAY Per Day

FAMILY TRAINING (CPMS Code 729)

	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
<p>Family Training - Training and counseling for a family to increase their ability to care for, support and maintain an individual with disabilities at home. Services provided by licensed psychologist, social worker or counselor. Training and education related to information about disability, medical or behavioral conditions, care requirements, treatment regimens, or equipment specified in ISE.</p>	<p>Effective 7/1/09</p> <p>\$237.20</p> <p>per event as needed and justified</p>	<p>Effective 7/1/09</p> <p>\$237.20</p> <p>per event as needed and justified or hourly at:</p>	<p>Effective 7/1/09</p> <p>\$237.20</p> <p>per event as needed and justified or hourly at:</p>
			<p>\$53.91 to \$88.95</p>

HOMEMAKER (CPMS Code 730)

	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
<p>Homemaker Services - Completion of assistance with general household activities provided by trained homemaker when regular caregiver is temporarily unavailable or unable to perform the tasks. This is a time limited service approved only when the criteria is met.</p>	<p>Effective 7/1/09</p> <p>Minimum Wage to \$14.54</p>	<p>Effective 7/1/09</p> <p>\$12.94 to \$23.72</p>	<p>Effective 7/1/09</p> <p>\$15.63 to \$27.28</p>

RESPIRE (CPMS Code 735)

	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
<p>Respite Care - Short-term (up to 14 days without permission from SPD) care for a person with disability in order to provide caregiver relief. Cannot be provided in order to allow caregiver to attend school or work.</p> <p>Note: Respite Care is a category where there is a high degree of variability in rates based on negotiated strategies, as well as the support needs of the person. The result may include rate payments below the stated minimums. For instance, there may be bona fide exceptions to minimum wage or overtime payments or to the hours requiring payment based on federal and state law. Examples may be the use of a companionship exemption or how sleep time is compensated. Rates paid for respite care may also vary based on such factors as whether supports are provided in an individual or small group, or the person's home or a provider's setting.</p>			
	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
Hourly	Minimum Wage to \$14.54	\$12.94 to \$23.72	\$15.63 to \$27.28
Overnight (24 Hours)	Minimum: \$168.20 Maximum: \$232.64	Minimum: \$129.38 Maximum: \$237.20	Minimum: \$134.77 Maximum: \$266.85

SPECIALIZED SUPPORTS (CPMS Code 738)

	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
<p>Specialized Supports - Time limited services providing treatment, training, consultation or other services not available through the State Medicaid Plan. Supports include a) needs assessment, b) plan development, c) caregiver training, and d) plan monitoring and revision.</p>			
	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
Behavior/Social Sexual		\$53.91 to \$88.95	\$26.95 to \$65.23

SPECIALIZED SUPPORTS (CPMS Code 738)	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
Licensed RN	\$23.72 to \$39.80	\$26.95 to \$65.23	\$32.35 to \$71.16
		OR for shift care: \$26.95 to \$41.51	OR for shift care: \$26.95 to \$65.23
			\$21.56 to \$35.58
Licensed LPN			OR for shift care: \$19.41 to \$33.81
			\$8.63 to \$11.86
			plus administrative overhead
Aides			\$26.95 to \$35.58
Delegating RN	\$29.65	\$29.65	

SUPPORTED EMPLOYMENT (CPMS Code 740)

Individual Employed by Service Recipient/Family*	Independent Provider	Provider Organization
	Independent Contractor	

Time Limited Employment Supports: All initial phases of supported employment are time limited and must have measurable benchmarks or outcomes. They are services that help the individual to choose a type of work, get a job, and learn the tasks related to a paid community job in an integrated setting. Time limited services end when the goals for employment have been met and the individual is meeting performance expectations of the employer. Vocational Rehabilitation (OVR/RS) or the Oregon Commission for the Blind (OCB) must be used initially if individual meets eligibility criteria. Rate ranges apply to the use of support service funds (BBS149) only. Job training provided should be designed to maximize the use of typical business co-workers and staff in supporting an individual's initial and on-going job performance.

Job Development and Placement	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
	Development, creation, or identification of paid work in a community business or self employment setting that meets documented customer and plan expectations related to work tasks, use of co-worker or natural supports, location, integration, hours, wage level, transportation etc. This service may be done in the name of the customer (not require customer attendance at all times).	Minimum Wage to \$14.54	\$12.94 to \$37.94

Job Exploration	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
	A defined and time limited series of short-term job placements designed as an assessment or "try out" of potential areas of employment identified as interests or strengths in the person's PC employment plan.	Minimum Wage to \$14.54	\$12.94 to \$37.94

Job Coaching, or Employment Consultation (time limited)	Effective 7/1/09	Effective 7/1/09	Effective 7/1/09
	Assessment, job adaptation, environmental accommodation, worker and co-worker training with the goal of assisting the individual to meet job expectations with as much independence and natural co-worker support as possible. Regular and necessary accommodations and supports are to be put in place and available for the life of the job. Coaching and consultation is expected to include the worker (face to face). Limited business training (face to face with designated co-worker or supervisor) may be prior approved in the plan and billing must include documentation of activity and outcome.	Minimum Wage to \$14.54	\$12.94 to \$37.94

SUPPORTED EMPLOYMENT (CPMS Code 740)

Long Term Employment Supports or Consultation Providing on-going supports to an employee or an employer at or away from the job site to support success in keeping a job. Enhances what is typically available at the job site as an accommodation (no cost) and directly provides supports only above that level. Provides or arranges for personal care, as needed.

Individual On-Going Supported Employment	Independent Provider	Provider Organization
<p>Worksite monitoring and interventions that will help assure continuing employment using and enhancing as much natural support as possible. Focuses consultation on individual and or co-workers. Assists in retraining for job upgrade or restabalization as needed. Provides or arranges for personal care, as needed. Coaching and consultation is expected to include the worker (face to face). Limited business training (face to face with designated co-worker or supervisor) may be prior approved in the plan and billing must include documentation of activity. Federal supported employment regulations require regular (2x per mo or more) monitoring of all paid and unpaid employment supports.</p>	<p style="text-align: center;">Independent Employed by Service Recipient/Family*</p>	<p style="text-align: center;">Independent Contractor</p>
<p style="text-align: center;">Effective 7/1/09</p> <p style="text-align: center;">Minimum Wage</p> <p style="text-align: center;">to</p> <p style="text-align: center;">\$14.54</p>	<p style="text-align: center;">Effective 7/1/09</p> <p style="text-align: center;">\$12.94</p> <p style="text-align: center;">to</p> <p style="text-align: center;">\$37.94</p>	<p style="text-align: center;">Effective 7/1/09</p> <p style="text-align: center;">\$15.63</p> <p style="text-align: center;">to</p> <p style="text-align: center;">\$47.44</p>
<p style="text-align: center;">OR</p> <p style="text-align: center;">Payment of Co-worker/Business based on formula</p> <p style="text-align: center;">SPD IM 04-017 3/14/04</p>		

Enclave or Crew - Providing on-going supervision and training to a group of workers with disabilities to support integration and performance at the job site. Support must be above what is typically available to non-disabled workers. Paid work must be scheduled for all paid support time. Individualized general work related training and activities may be offered, on a limited basis, if paid work is not available.

<p>Hourly rate ranges above prorated by number in group</p> <p>OR daily at:</p> <p style="text-align: center;">\$29.11</p> <p style="text-align: center;">to</p> <p style="text-align: center;">\$43.88</p> <p>NO MATTER RATE METHOD, MAXIMUM PAYMENT ALLOWED \$43.88/DAY</p>		

Oregon

TRANSPORTATION (CPMS Code 731)	Independent Provider		Provider Organization
	Individual Employed by Service Recipient/Family*	Independent Contractor	
<p>Non-Medical Transportation services that allows an individual to gain access to non-medical community activities, services and resources.</p> <p>IF NECESSARY, will negotiate a per-mile, per day, or per trip rate with organizations providing group or route-based transportation to and from a work or facility site.</p>	<p>Effective 7/1/09</p> <p>Hourly wage for the category of service plus mileage (maximum \$0.445 per mile)</p>	<p>Effective 7/1/09</p> <p>Hourly wage for the category of service plus mileage (maximum \$0.445 per mile)</p>	<p>Effective 7/1/09</p> <p>Hourly wage for the cat. of service plus mileage OR Negotiated Rate</p>

* An individual, family, and or brokerage must carefully identify the existence of an employer-employee or independent contractor relationship and follow all relevant State and Federal employment laws.

Tennessee Rates

Available Services FY 2012 - Beginning 7-1-2011

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	RATE	UNIT TYPE
	BEHAVIOR SPECIALIST SVS.	BEH SPEC	N/A	6B611	6B611Q	9B611	\$6.69	QTRHR
	BEHAVIOR ANALYST SVS.	BEH ANLYST	N/A	6B712	6B712Q	9B712	\$18.69	QTRHR
	BEHAVIOR ANALYST SVS. ASSESSMENT 1	BA ASMT1	N/A	6B730	6B730Q	9B730	\$18.69	QTRHR
	BEHAVIOR ANALYST SVS. ASSESSMENT 2	BA ASMT2	N/A	6B731	6B731Q	9B731	\$18.69	QTRHR
	BEHAVIOR ANALYST SVS. BEH PLAN DEVELOPMENT AND TRAINING OF STAFF ON PLAN-1	BA PLAN DEV1	N/A	6B732	6B732Q	9B732	\$18.69	QTRHR
	BEHAVIOR ANALYST SVS. BEH PLAN DEVELOPMENT AND TRAINING OF STAFF ON PLAN-2	BA PLAN DEV2	N/A	6B733	6B733Q	9B733	\$18.69	QTRHR
	BEHAVIOR ANALYST SVS. PRESENTATION AT MEETINGS	BA PRES	N/A	6B734	6B734Q	9B734	\$18.69	QTRHR
	INDEPENDENT SUPPORT COORDINATION - TRANSITION	ISC	5C111	N/A	N/A	N/A	\$231.00	MONTH
	INDEPENDENT SUPPORT COORDINATION	ISC	5C112	6C612	6C612Q	N/A	\$231.00	MONTH
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 1 MONTH	ICF180-1	N/A	6C631	6C631Q	N/A	\$231.00	OCCURRENCE
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 2 MONTHS	ICF180-2	N/A	6C632	6C632Q	N/A	\$462.00	OCCURRENCE
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 3 MONTHS	ICF180-3	N/A	6C633	6C633Q	N/A	\$693.00	OCCURRENCE
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 4 MONTHS	ICF180-4	N/A	6C634	6C634Q	N/A	\$924.00	OCCURRENCE
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 5 MONTHS	ICF180-5	N/A	6C635	6C635Q	N/A	\$1,155.00	OCCURRENCE
	ICF/MR 180 TRANSITIONAL CASE MANAGEMENT 6 MONTHS	ICF180-6	N/A	6C636	6C636Q	N/A	\$1,386.00	OCCURRENCE
	MUST COMMUNITY BASED DAY SERVICES	CB DAY	N/A	6D611	6D611Q	9D611	\$59.40	DAY
	COMMUNITY BASED DAY SERVICES - LEVEL 6	CB DAY-6	N/A	6D616	6D616Q	9D616	\$128.20	DAY
	COMMUNITY BASED DAY SERVICES - LEVEL 4	CB DAY-SN	N/A	6D618	6D618Q	9D618	\$82.40	DAY
	COMMUNITY BASED DAY SERVICES - LEVEL 1	CB DAY-1	N/A	6D711	6D711Q	9D711	\$30.65	DAY
	FACILITY BASED DAY SERVICES LEVEL 2	FB DAY-2	N/A	6D712	6D712Q	9D712	\$38.45	DAY
	FACILITY BASED DAY SERVICES LEVEL 3	FB DAY-3	N/A	6D713	6D713Q	9D713	\$51.80	DAY
	FACILITY BASED DAY SERVICES LEVEL 4	FB DAY-4	N/A	6D714	6D714Q	9D714	\$65.00	DAY
	FACILITY BASED DAY SERVICES LEVEL 6	FB DAY-6	N/A	6D716	6D716Q	9D716	\$125.65	DAY
	EMPLOYMENT SUPPORTS GROUP EMPLOYMENT	EMP-GROUP	N/A	6D812	6D812Q	9D812	\$44.45	DAY
	EMPLOYMENT SUPPORTS INDIVIDUAL EMPLOYMENT	EMP-IND	N/A	6D813	6D813Q	9D813	\$77.25	DAY
	EMPLOYMENT SUPPORTS SPECIAL NEEDS	EMP-SN	N/A	6D818	6D818Q	9D818	\$107.60	DAY
	EMPLOYMENT SUPPORTS SPECIAL NEEDS LEVEL 6	EMP-6	N/A	6D819	6D819Q	N/A	\$128.20	DAY
	Day svcs are limited to 1 unit per day, 5 units/wk combined all sources, 243 units per year. Only one type of day service can be billed per day and only one provider per day							
	FAMILY MODEL RES 1	FAM-1	N/A	6F611	6F611Q	N/A	\$42.50	DAY
	FAMILY MODEL RES 2	FAM-2	N/A	6F612	6F612Q	N/A	\$50.00	DAY
	FAMILY MODEL RES 3	FAM-3	N/A	6F613	6F613Q	N/A	\$69.50	DAY
	FAMILY MODEL RES 4	FAM-4	N/A	6F614	6F614Q	N/A	\$112.00	DAY
	FAMILY MODEL RES 5	FAM-5	N/A	6F615	6F615Q	N/A	\$217.00	DAY
	RESPIRE LEVEL A - DAILY Companion - Max 30 days per yr	RESPIRE A	N/A	6G611	6G611Q	9G611	\$63.50	DAY

Levels 1-3 and 1-3 people
1 person - 2 staff available
intense needs usually level 4

4 or more people

3 or less

1-1

More than 1:1

Available Services FY 2012 - Beginning 7-1-2011

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	RATE	UNIT TYPE
Need	RESPIRE LEVEL B - DAILY	RESPIRE B	N/A	6G612	6G612Q	9G612	\$195.00	DAY
Respite	RESPIRE LEVEL C - DAILY Overnight Awake - Max 30 days yr	RESPIRE C	N/A	6G613	6G613Q	9G613	\$231.00	DAY
License	RESPIRE LEVEL D - PER QUARTER HOUR	RESPIRE D	N/A	6G614	6G614Q	9G614	\$3.69	QTRHR
	BEHAVIORAL RESPIRE - DAILY 60 day Waiver year max	RESPIRE-BH	N/A	6G615	6G615Q	9G615	\$490.00	DAY
	HOUSING COSTS SUBSIDY	HOUSING SUB	5H450	N/A	N/A	N/A	\$1.00	BY POLICY
Need level	MED RES LEVEL 5 IND 24 HOUR	MRS IND 24	N/A	6J715	6J715Q	N/A	\$727.00	DAY
of Nursing that cant	MED RES LEVEL 5 - 2 PER 24 HOUR	MRS-2 24	N/A	6J725	6J725Q	N/A	\$589.60	DAY
	MED RES LEVEL 5 - 3 PER 24 HOUR	MRS-3 24	N/A	6J735	6J735Q	N/A	\$443.95	DAY
be met with	MED RES LEVEL 5 - 4 PER 24 HOUR	MRS-4 24	N/A	6J745	6J745Q	N/A	\$328.90	DAY
2 or fewer	MED SL LEVEL 5 IND 24 HOUR	MSS-IND	N/A	6K715	6K715Q	N/A	\$727.00	DAY
visits per day	MED SL LEVEL 5 - 2 PER 24 HOUR	MSS-2 24	N/A	6K725	6K725Q	N/A	\$589.60	DAY
	MED SL LEVEL 5 - 3 PER 24 HOUR	MSS-3 24	N/A	6K735	6K735Q	N/A	\$443.95	DAY
	NURSING SERVICES BY RN RN + LPN limited to 48 units/day	RN	N/A	6N721	6N721Q	9N721	\$8.43	QTRHR
	NURSING SERVICES BY LPN RN + LPN limited to 48 units/day	LPN	N/A	6N731	6N731Q	9N731	\$5.94	QTRHR
Can't have Resid Sys	PERSONAL ASSISTANCE QTR HR Limited to 860 units/month	PA QTR HR	N/A	6P619	6P619Q	9P619	\$3.69	QTRHR
	HOSPITAL ATTENDANT	HOSP ATTND	5F311	N/A	N/A	N/A	\$3.69	QTRHR
	RESIDENTIAL LEVEL 1 SHIFT INDIVIDUAL	RES1-IND	N/A	6R611	6R611Q	N/A	\$191.25	DAY
	RESIDENTIAL LEVEL 2 SHIFT INDIVIDUAL	RES2-IND	N/A	6R612	6R612Q	N/A	\$267.00	DAY
	RESIDENTIAL LEVEL 3 SHIFT INDIVIDUAL	RES3-IND	N/A	6R613	6R613Q	N/A	\$303.00	DAY
	RESIDENTIAL LEVEL 4 INDIVIDUAL	RES4-IND	N/A	6R614	6R614Q	N/A	\$466.55	DAY
	RESIDENTIAL LEVEL 6 INDIVIDUAL	RES6-IND	N/A	6R616	6R616Q	N/A	\$147.75	DAY
	RESIDENTIAL LEVEL 1 FOR 2 PEOPLE	RES1-2	N/A	6R621	6R621Q	N/A	\$115.50	DAY
	RESIDENTIAL LEVEL 2 FOR 2 PEOPLE	RES2-2	N/A	6R622	6R622Q	N/A	\$148.75	DAY
	RESIDENTIAL LEVEL 3 FOR 2 PEOPLE	RES3-2	N/A	6R623	6R623Q	N/A	\$241.55	DAY
	RESIDENTIAL LEVEL 4 FOR 2 PEOPLE	RES4-2	N/A	6R624	6R624Q	N/A	\$283.45	DAY
	RESIDENTIAL LEVEL 6 FOR 2 PEOPLE	RES6-2	N/A	6R626	6R626Q	N/A	\$475.65	DAY
	RESIDENTIAL LEVEL 1 FOR 3 PEOPLE	RES1-3	N/A	6R631	6R631Q	N/A	\$80.75	DAY
	RESIDENTIAL LEVEL 2 FOR 3 PEOPLE	RES2-3	N/A	6R632	6R632Q	N/A	\$119.70	DAY
	RESIDENTIAL LEVEL 3 FOR 3 PEOPLE	RES3-3	N/A	6R633	6R633Q	N/A	\$169.10	DAY
	RESIDENTIAL LEVEL 4 FOR 3 PEOPLE	RES4-3	N/A	6R634	6R634Q	N/A	\$239.95	DAY
	RESIDENTIAL LEVEL 1 FOR 4 PEOPLE	RES1-4	N/A	6R641	6R641Q	N/A	\$62.25	DAY
	RESIDENTIAL LEVEL 2 FOR 4 PEOPLE	RES2-4	N/A	6R642	6R642Q	N/A	\$78.55	DAY
	RESIDENTIAL LEVEL 3 FOR 4 PEOPLE	RES3-4	N/A	6R643	6R643Q	N/A	\$95.40	DAY
	RESIDENTIAL LEVEL 4 FOR 4 PEOPLE	RES4-4	N/A	6R644	6R644Q	N/A	\$183.90	DAY
	RESIDENTIAL LEVEL 1 FOR 5-7 PEOPLE	RES1-5/7	N/A	6R651	6R651Q	N/A	\$49.75	DAY

Cannot be receiving Resid

CAN be in Residential Sys

24 hour service includes day

Available Services FY 2012 - Beginning 7-1-2011

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	RATE	UNIT TYPE
	RESIDENTIAL LEVEL 2 FOR 5-7 PEOPLE	RES2-S17	N/A	6R652	6R652Q	N/A	\$57.30	DAY
	RESIDENTIAL LEVEL 3 FOR 5-7 PEOPLE	RES3-S17	N/A	6R653	6R653Q	N/A	\$71.95	DAY
	RESIDENTIAL LEVEL 4 FOR 5-7 PEOPLE	RES4-S17	N/A	6R654	6R654Q	N/A	\$115.50	DAY
	RESIDENTIAL LEVEL 1 FOR 8+ PEOPLE	RES1-8+	N/A	6R681	6R681Q	N/A	\$40.40	DAY
	RESIDENTIAL LEVEL 2 FOR 8+ PEOPLE	RES2-8+	N/A	6R682	6R682Q	N/A	\$52.20	DAY
	RESIDENTIAL LEVEL 3 FOR 8+ PEOPLE	RES3-8+	N/A	6R683	6R683Q	N/A	\$60.60	DAY
	RESIDENTIAL LEVEL 4 FOR 8+ PEOPLE	RES4-8+	N/A	6R684	6R684Q	N/A	\$95.05	DAY
	RESIDENTIAL SPECIAL NEEDS ADJUSTMENT 5+	RSNDDJ5+	N/A	6R989	6R989Q	N/A	\$20.00	DAY
	RESIDENTIAL SPECIAL NEEDS ADJUSTMENT 4 OR LESS	RSNDDJ4-	N/A	6R999	6R999Q	N/A	\$35.00	DAY
	INDIVIDUAL TRANSPORTATION SVS - DAILY (PA, O&M, RESPITE - not available with BEHAVIOR RESPITE)	TRANSP	N/A	6T611	6T611Q	9T611	\$7.07	DAY
	SUPPORTED LIVING LEVEL 1 INDIVIDUAL / COMPANION	SL1-IND-CM	N/A	6V611	6V611Q	N/A	\$176.55	DAY
	SUPPORTED LIVING LEVEL 2 INDIVIDUAL	SL2-IND	N/A	6V612	6V612Q	N/A	\$206.95	DAY
	SUPPORTED LIVING LEVEL 4 INDIVIDUAL	SL4-IND	N/A	6V614	6V614Q	N/A	\$466.55	DAY
	SUPPORTED LIVING LEVEL 6 INDIVIDUAL	SL6-IND	N/A	6V616	6V616Q	N/A	\$747.75	DAY
	SUPPORTED LIVING LEVEL 1 FOR 2 PEOPLE	SL1-2	N/A	6V621	6V621Q	N/A	\$115.50	DAY
	SUPPORTED LIVING LEVEL 2 FOR 2 PEOPLE	SL2-2	N/A	6V622	6V622Q	N/A	\$148.75	DAY
	SUPPORTED LIVING LEVEL 3 FOR 2 PEOPLE	SL3-2	N/A	6V623	6V623Q	N/A	\$241.55	DAY
	SUPPORTED LIVING LEVEL 4 FOR 2 PEOPLE	SL4-2	N/A	6V624	6V624Q	N/A	\$283.45	DAY
	SUPPORTED LIVING LEVEL 6 FOR 2 PEOPLE	SL6-2	N/A	6V626	6V626Q	N/A	\$475.65	DAY
	SUPPORTED LIVING LEVEL 1 FOR 3 PEOPLE	SL1-3	N/A	6V631	6V631Q	N/A	\$80.75	DAY
	SUPPORTED LIVING LEVEL 2 FOR 3 PEOPLE	SL2-3	N/A	6V632	6V632Q	N/A	\$119.70	DAY
	SUPPORTED LIVING LEVEL 3 FOR 3 PEOPLE	SL3-3	N/A	6V633	6V633Q	N/A	\$169.10	DAY
	SUPPORTED LIVING LEVEL 4 FOR 3 PEOPLE	SL4-3	N/A	6V634	6V634Q	N/A	\$239.95	DAY
	SUPPORTED LIVING LEVEL 1 INDIVIDUAL / SHIFT	SL1-IND-SH	N/A	6V711	6V711Q	N/A	\$191.25	DAY
	SUPPORTED LIVING LEVEL 2 SHIFT INDIVIDUAL	SL2-IND-SH	N/A	6V712	6V712Q	N/A	\$267.00	DAY
	SUPPORTED LIVING LEVEL 3 SHIFT INDIVIDUAL	SL3-IND-SH	N/A	6V713	6V713Q	N/A	\$303.00	DAY
	SUPPORTED LIVING SPECIAL NEEDS ADJUSTMENT	SLSNADJ	N/A	6V999	6V999Q	N/A	\$35.00	DAY
A	DEVELOPMENTAL INCENTIVE RES ONLY	DEVINC	5X113	N/A	N/A	N/A	\$2,500.00	BY POLICY
A	SPECIALIZED MEDICAL EQUIPMENT/SUPPLIES	MED EQUIP	N/A	6X715	6X715Q	9X715	\$1.00	COST
A	ENVIRONMENTAL ACCESSIBILITY	ENV ACCESS	N/A	6X811	6X811Q	9X811	\$1.00	COST
A	ICF/IAR 180 MODS	ICF180MODS	N/A	6X812	6X812Q	N/A	\$1.00	COST
A	INITIAL ESTABLISHMENT	INTL ESTAB	5X317	N/A	N/A	N/A	\$1.00	BY POLICY
A	PERSONAL EMERGENCY RESPONSE INSTALLATION & TESTING	PER I&T	N/A	6X814	6X814Q	9X814	\$1.00	COST

NOT AVAILABLE FOR LEVEL 6 OR MEDICAL RESIDENTIAL OR MEDICAL SERVICES, SCHOOL WORK or DAY SERVICES

NOT AVAILABLE FOR LEVEL 6 AND MEDICAL SUPPORTED LIV

Limit to \$15,000 over 3 consecutive waiver years
Not a provider Agency

Available Services FY 2012 - Beginning 7-1-2011

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	RATE	UNIT TYPE
A	PERSONAL EMERGENCY RESPONSE MONTHLY MONITORING	PER MM	N/A	6X815	6X815Q	9X815	\$1.00	COST
Limited to 6 units per day	SPEECH LANGUAGE HEARING 1	SLH1	N/A	6Z611	6Z611Q	9Z611	\$17.25	QTRHR
	SPEECH LANGUAGE HEARING 2 - 46+MILES	SLH2	N/A	6Z612	6Z612Q	9Z612	\$23.00	QTRHR
	SPEECH LANGUAGE HEARING 3 - 76+ MILES	SLH3	N/A	6Z613	6Z613Q	9Z613	\$26.00	QTRHR
	SPEECH LANGUAGE HEARING 1 ASSESSMENT	SLH1ASMT	N/A	6Z621	6Z621Q	9Z621	\$276.00	DAY
	SPEECH LANGUAGE HEARING 2 ASSESSMENT - 46+ MILES	SLH2ASMT	N/A	6Z622	6Z622Q	9Z622	\$367.08	DAY
	SPEECH LANGUAGE HEARING 3 ASSESSMENT - 76+ MILES	SLH3ASMT	N/A	6Z623	6Z623Q	9Z623	\$412.62	DAY
	SPEECH LANGUAGE HEARING 1 EQUIP ASSESS/TRAINING	SLH1ETASMT	N/A	6Z631	6Z631Q	9Z631	\$276.00	DAY
	SPEECH LANGUAGE HEARING 2 EQUIP ASSESS/TRAIN - 46+ MILE	SLH2ETASMT	N/A	6Z632	6Z632Q	9Z632	\$367.08	DAY
	SPEECH LANGUAGE HEARING 3 EQUIP ASSESS/TRAIN - 76+ MILE	SLH3ETASMT	N/A	6Z633	6Z633Q	9Z633	\$412.62	DAY
	SPEECH LANGUAGE HEARING 1 EQUIP TRAINING	SLH1ET	N/A	6Z634	6Z634Q	9Z634	\$17.25	QTRHR
	SPEECH LANGUAGE HEARING 2 EQUIP TRAIN - 46+ MILES	SLH2ET	N/A	6Z635	6Z635Q	9Z635	\$23.00	QTRHR
	SPEECH LANGUAGE HEARING 3 EQUIP TRAIN - 76+ MILES	SLH3ET	N/A	6Z636	6Z636Q	9Z636	\$26.00	QTRHR
	SPEECH LANGUAGE HEARING 3 EQUIP TRAIN - 76+ MILES	SLH3ET	N/A	6Z711	6Z711Q	9Z711	\$18.00	QTRHR
	OCCUPATIONAL THERAPY 1	OT1	N/A	6Z712	6Z712Q	9Z712	\$24.00	QTRHR
	OCCUPATIONAL THERAPY 2 - 46+ MILES	OT2	N/A	6Z713	6Z713Q	9Z713	\$27.00	QTRHR
	OCCUPATIONAL THERAPY 3 - 76+ MILES	OT3	N/A	6Z721	6Z721Q	9Z721	\$288.00	DAY
	OCCUPATIONAL THERAPY 1 ASSESSMENT	OT1ASMT	N/A	6Z722	6Z722Q	9Z722	\$383.04	DAY
	OCCUPATIONAL THERAPY 2 ASSESSMENT - 46+ MILES	OT2ASMT	N/A	6Z723	6Z723Q	9Z723	\$430.56	DAY
	OCCUPATIONAL THERAPY 3 ASSESSMENT - 76+ MILES	OT3ASMT	N/A	6Z731	6Z731Q	9Z731	\$288.00	DAY
	OCCUPATIONAL THERAPY 1 EQUIPMENT ASSESS/TRAINING	OT1ETASMT	N/A	6Z732	6Z732Q	9Z732	\$383.04	DAY
	OCCUPATIONAL THERAPY 2 EQUIP ASSESS/TRAIN - 46+ MILES	OT2ETASMT	N/A	6Z733	6Z733Q	9Z733	\$430.56	DAY
	OCCUPATIONAL THERAPY 3 EQUIP ASSESS/TRAIN - 76+ MILES	OT3ETASMT	N/A	6Z734	6Z734Q	9Z734	\$18.00	QTRHR
	OCCUPATIONAL THERAPY 1 EQUIPMENT TRAINING	OT1ET	N/A	6Z735	6Z735Q	9Z735	\$24.00	QTRHR
	OCCUPATIONAL THERAPY 2 EQUIP TRAIN - 46+ MILES	OT2ET	N/A	6Z736	6Z736Q	9Z736	\$27.00	QTRHR
	OCCUPATIONAL THERAPY 3 EQUIP TRAIN - 76+ MILES	OT3ET	N/A	6Z811	6Z811Q	9Z811	\$18.75	QTRHR
	PHYSICAL THERAPY 1	PT1	N/A	6Z812	6Z812Q	9Z812	\$25.00	QTRHR
	PHYSICAL THERAPY 2 - 46+ MILES	PT2	N/A	6Z813	6Z813Q	9Z813	\$28.00	QTRHR
	PHYSICAL THERAPY 3 - 76+ MILES	PT3	N/A	6Z821	6Z821Q	9Z821	\$300.00	DAY
	PHYSICAL THERAPY 1 ASSESSMENT	PT1ASMT	N/A	6Z822	6Z822Q	9Z822	\$399.00	DAY
	PHYSICAL THERAPY 2 ASSESSMENT - 46+ MILES	PT2ASMT	N/A	6Z823	6Z823Q	9Z823	\$448.50	DAY
	PHYSICAL THERAPY 3 ASSESSMENT - 76+ MILES	PT3ASMT	N/A	6Z831	6Z831Q	9Z831	\$300.00	DAY
	PHYSICAL THERAPY 1 EQUIPMENT ASSESSMENT/TRAINING	PT1ETASMT	N/A	6Z832	6Z832Q	9Z832	\$399.00	DAY
	PHYSICAL THERAPY 2 EQUIP ASSESS/TRAINING - 46+ MILES	PT2ETASMT	N/A	6Z833	6Z833Q	9Z833	\$448.50	DAY
	PHYSICAL THERAPY 3 EQUIP ASSESS/TRAINING - 76+ MILES	PT3ETASMT	N/A	6Z834	6Z834Q	9Z834	\$18.75	QTRHR
	PHYSICAL THERAPY 1 EQUIPMENT TRAINING	PT1ET	N/A	6Z835	6Z835Q	9Z835	\$25.00	QTRHR

Therapies cannot be concurrent including Nursing and Behavior unless Medical Justification

Tennessee

Available Services FY 2012 - Beginning 7-1-2011

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	RATE	UNIT TYPE
	PHYSICAL THERAPY 3 EQUIP TRAINING - 76+ MILES	PT3ET	N/A	6Z836	6Z836Q	9Z836	\$28.00	QTRHR
	ORIENTATION & MOBILITY 1	OM1	N/A	6Z911	6Z911Q	9Z911	\$16.25	QTRHR
	ORIENTATION & MOBILITY 2 - 46+ MILES	OM2	N/A	6Z912	6Z912Q	9Z912	\$21.25	QTRHR
	ORIENTATION & MOBILITY 3 - 76+ MILES	OM3	N/A	6Z913	6Z913Q	9Z913	\$24.25	QTRHR
	ORIENTATION & MOBILITY 1 ASSESSMENT	OM1ASMT	N/A	6Z921	6Z921Q	9Z921	\$280.00	DAY
	ORIENTATION & MOBILITY 2 ASSESSMENT - 46+ MILES	OM2ASMT	N/A	6Z922	6Z922Q	9Z922	\$340.00	DAY
	ORIENTATION & MOBILITY 3 ASSESSMENT - 76+ MILES	OM3ASMT	N/A	6Z923	6Z923Q	9Z923	\$388.00	DAY
	The total	NUTR1	N/A	6Z511	6Z511Q	9Z511	\$77.70	VISIT
	NUTRITION 2 - 46+ MILES	NUTR2	N/A	6Z512	6Z512Q	9Z512	\$128.98	VISIT
	NUTRITION 3 - 76+ MILES	NUTR3	N/A	6Z513	6Z513Q	9Z513	\$163.17	VISIT
	Services	NUTR1ASMT	N/A	6Z521	6Z521Q	9Z521	\$207.20	VISIT
	NUTRITION 1 ASSESSMENT	NUTR2ASMT	N/A	6Z522	6Z522Q	9Z522	\$275.57	VISIT
	is limited to	NUTR3ASMT	N/A	6Z523	6Z523Q	9Z523	\$309.76	VISIT
	6 units per yr.	VISION	N/A	N/A	N/A	N/A	\$1.00	VISIT
A	ADULT DENTAL - Billed by allowable procedure code maximum	DENTAL	N/A					

Limited to \$5,000 per yr / \$7,500 over 3 consecutive waiver years

Only 1 nutrition assessment of any kind per waiver year

A = Documentation is submitted to Regional Office for Review. Agency does not bill. Regional Office submits billing.

OUT OF STATE SERVICES - up to 14 days per year for Res Hab, Family Model, Medical Res, PA, Supported Living as included in the plan of care - For Visiting Relatives or Vacations - Trips to Casinos or other Gambling establishments excluded. Must have prior approval of DIDD and bill separately.
 INDEPENDENT AUDIT - Providers receiving \$500,000 or more in aggregate state and federal funds must obtain an independent audit of the organization. Copies of this audit must be submitted to the Tennessee Office of the Comptroller and to the DIDD Central Office.

Florida

**Agency for Persons with Disabilities
Developmental Disabilities Home and Community-Based Services Waiver**

**Provider Rate Table with July 1, 2008 Rate Reductions
Effective July 1, 2008**

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates	Non-Geographical Agency Rates
Adult Day Training - Facility Based	Q	1:1	N/A	\$3.79	N/A	\$3.77
Adult Day Training - Facility Based	Q	1:3	N/A	\$2.15	N/A	\$2.13
Adult Day Training - Facility Based	Q	1:5	N/A	\$1.50	N/A	\$1.48
Adult Day Training - Facility Based	Q	1:6-10	N/A	\$1.18	N/A	\$1.16
Adult Day Training - Off Site*	Q	1:1	N/A	\$3.79	N/A	\$3.77
Adult Day Training - Off Site	Q	1:3	N/A	\$2.15	N/A	\$2.13
Adult Day Training - Off Site	Q	1:5	N/A	\$1.50	N/A	\$1.48
Adult Day Training - Off Site	Q	1:6-10	N/A	\$1.18	N/A	\$1.16

The ADT rate assumes a 6 hour program day for the attendees, with staff present 7 hours. The rate has been adjusted by 12.5% for non-state matching funds. A provider may bill up to a total of 240 days per year when the individual is present. Individuals may attend full time or part-time (less than 6 hours). Attendance is calculated based on the quarter hour for the actual time the attendee receives the service. Adult Day Training is part of the services identified for a meaningful day activity.

Behavior Analysis Level 1	Q	1	\$14.56	\$21.57	\$14.12	\$19.84
Behavior Analysis Level 2	Q	2	\$12.71	\$18.84	\$12.33	\$17.33
Behavior Analysis Level 3	Q	3	\$7.91	\$11.72	\$7.67	\$10.78
Behavior Assistant Services	Q		\$3.54	\$4.71	\$3.48	\$4.49

Companion	Q	1:1	\$2.65	\$3.53	\$2.62	\$3.37
Companion	Q	1:2	\$1.78	\$2.37	\$1.75	\$2.25
Companion	Q	1:3	\$1.48	\$1.96	\$1.45	\$1.87

Companion Services are provided at a ratio of up to 1:3. When Companion Services are provided to someone who lives in a residential facility, the services must be provided solely in the community. Companion Services are part of the services identified for a meaningful day activity.

Dietician Services	Q		\$10.62	\$14.61	\$10.46	\$13.85
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Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates	Non-Geographical Independent Rates	Non-Geographical Agency Rates
Supported Employment Group	Q	1:1	\$3.18	\$3.87	\$3.15	\$3.78
Supported Employment Group	Q	1:2	\$1.60	\$1.94	\$1.58	\$1.89
Supported Employment Group	Q	1:3	\$1.14	\$1.39	\$1.13	\$1.36
Supported Employment Group	Q	1:4	\$1.07	\$1.30	\$1.05	\$1.26
Supported Employment Group	Q	1:5	\$1.02	\$1.24	\$1.01	\$1.22
Supported Employment Group	Q	1:6	\$0.99	\$1.21	\$0.98	\$1.17
Supported Employment Group	Q	1:7	\$0.97	\$1.18	\$0.97	\$1.15
Supported Employment Group	Q	1:8	\$0.96	\$1.16	\$0.95	\$1.13
Supported Employment - Individual Model	Q		\$8.03	\$9.82	\$7.77	\$9.30
Supported Living Coaching	Q		\$6.23	\$8.35	\$6.10	\$7.91

*Units of Service:

D Day
M Month
Q Quarter Hour
U Unit

Geographic rates shall be used for services provided in Areas 9, 10, and 11. Monroe County has a separate geographic rate table.

**Agency for Persons with Disabilities
Developmental Disabilities Home and Community-Based Services Waiver
Monroe County
Provider Rate Table with July 1, 2008 Rate Reductions
Effective July 1, 2008**

Service Description	Unit*	Staff Ratio or Level of Care	Geographical Independent Rates	Geographical Agency Rates
Adult Day Training - Facility Based	Q	1:1	N/A	\$3.88
Adult Day Training - Facility Based	Q	1:3	N/A	\$2.22
Adult Day Training - Facility Based	Q	1:5	N/A	\$1.55
Adult Day Training - Facility Based	Q	1:6-10	N/A	\$1.18
Adult Day Training - Off Site*	Q	1:1	N/A	\$3.88
Adult Day Training - Off Site	Q	1:3	N/A	\$2.22
Adult Day Training - Off Site	Q	1:5	N/A	\$1.55
Adult Day Training - Off Site	Q	1:6-10	N/A	\$1.18

The ADT rate assumes a 6 hour program day for the attendees, with staff present 7 hours. The rate has been adjusted by 12.5% for non-state matching funds. A provider may bill up to a total of 240 days per year when the individual is present. Individuals may attend full time or part-time (less than 6 hours). Attendance is calculated based on the quarter hour for the actual time the attendee receives the service. Adult Day Training is part of the services identified for a meaningful day activity.

Behavior Analysis Level 1	Q	1	\$14.79	\$21.88
Behavior Analysis Level 2	Q	2	\$12.92	\$19.11
Behavior Analysis Level 3	Q	3	\$8.04	\$11.89
Behavior Assistant Services	Q		\$3.60	\$4.78

Companion	Q	1:1	\$3.13	\$4.15
Companion	Q	1:2	\$2.10	\$2.79
Companion	Q	1:3	\$1.75	\$2.32

Residential Habilitation may only be billed by the qtr. hr. for services provided in an individual's own home or family home. Licensed facilities must use the Provider Rate Table for Residential Habilitation Services in a Licensed Facility.

Residential Nursing Services - LPN	Q		\$4.95	\$6.78
Residential Nursing Services - RN	Q		\$7.14	\$9.79
Respiratory Therapy	Q		\$16.69	\$16.69

Respite Care - Quarter Hour	Q	1:1	\$3.18	\$3.35
Respite Care - Quarter Hour	Q	1:2	\$2.12	\$2.24
Respite Care - Quarter Hour	Q	1:3	\$1.75	\$1.85
Respite Care - Day (per person)	D	1:1	\$127.26	\$134.04
Respite Care - Day (per person)	D	1:2	\$84.90	\$89.38
Respite Care - Day (per person)	D	1:3	\$70.12	\$73.83

Respite Services provided at 10 or more hours per day are billed at the daily rate.

Skilled Nursing - LPN	Q		\$4.95	\$6.78
Skilled Nursing - RN	Q		\$7.56	\$10.39

Specialized Mental Health - Therapy	Q		\$11.58	\$15.37
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Speech Therapy	Q		\$16.69	\$16.69
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Support Coordination	M		\$130.95	\$130.95
Support Coordination-Limited	M		\$65.48	\$65.48
Support Coordination - Transitional	M		\$316.90	\$316.90

Supported Employment Group	Q	1:1	\$3.31	\$4.02
Supported Employment Group	Q	1:2	\$1.65	\$2.00
Supported Employment Group	Q	1:3	\$1.20	\$1.45
Supported Employment Group	Q	1:4	\$1.10	\$1.35
Supported Employment Group	Q	1:5	\$1.06	\$1.29

Supported Employment Group	Q	1:6	\$1.03	\$1.25
Supported Employment Group	Q	1:7	\$1.01	\$1.23
Supported Employment Group	Q	1:8	\$0.99	\$1.22
Supported Employment - Individual Model	Q		\$8.15	\$9.97
Supported Living Coaching	Q		\$6.33	\$8.47

*Units of Service:
D. Day
M. Month
Q. Quarter Hour
U. Unit

Florida had numerous counties + data. Took a sample. Only have the pages relevant to work/day services... these are not everything.