

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 be Provided between 7:30 AM and 6 PM Monday to Friday Any Time Any Day	COMMUNITY BASED DAY SERVICES	CB DAY	N/A	6D611	6D611Q	9D611	\$59.40	DAY	Levels 1-3 and 1-3 people
	COMMUNITY BASED DAY SERVICES - LEVEL 6	CB DAY-6	N/A	6D616	6D616Q	9D616	\$128.20	DAY	1 person - 2 staff available
	COMMUNITY BASED DAY SERVICES - LEVEL 4	CB DAY-SN	N/A	6D618	6D618Q	9D618	\$82.40	DAY	intense needs usually level 4
	FACILITY BASED DAY SERVICES LEVEL 1	FB 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	4 or more people
	EMPLOYMENT SUPPORTS INDIVIDUAL EMPLOYMENT	EMP-IND	N/A	6D813	6D813Q	9D813	\$77.25	DAY	3 or less
	EMPLOYMENT SUPPORTS SPECIAL NEEDS	EMP-SN	N/A	6D818	6D818Q	9D818	\$107.60	DAY	1:1
	EMPLOYMENT SUPPORTS NEEDS LEVEL 6	EMP-6	N/A	6D819	6D819Q	N/A	\$128.20	DAY	More than 1:1
	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	

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Need	RESPIRE LEVEL B - DAILY Shift staff - Max 30 days yr	RESPIRE B	N/A	6G612	6G612Q	9G612	\$195.00	DAY	Cannot be receiving Resid " "
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	CAN be in Residential Svs
	HOUSING COSTS SUBSIDY	HOUSING SUB	5H450	N/A	N/A	N/A	\$1.00	BY POLICY	
Need level of Nursing that can't be met with 2 or fewer visits per day	MED RES LEVEL 5 IND 24 HOUR	MR5 IND 24	N/A	6J715	6J715Q	N/A	\$727.00	DAY	24 hour service includes day " " " " " " " " " "
	MED RES LEVEL 5 - 2 PER 24 HOUR	MR5-2 24	N/A	6J725	6J725Q	N/A	\$589.60	DAY	
	MED RES LEVEL 5 - 3 PER 24 HOUR	MR5-3 24	N/A	6J735	6J735Q	N/A	\$443.95	DAY	
	MED RES LEVEL 5 - 4 PER 24 HOUR	MR5-4 24	N/A	6J745	6J745Q	N/A	\$328.90	DAY	
	MED SL LEVEL 5 IND 24 HOUR	MS5-IND	N/A	6K715	6K715Q	N/A	\$727.00	DAY	
	MED SL LEVEL 5 - 2 PER 24 HOUR	MS5-2 24	N/A	6K725	6K725Q	N/A	\$589.60	DAY	
	MED SL LEVEL 5 - 3 PER 24 HOUR	MS5-3 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 Svs	PERSONAL ASSISTANCE QTR HR Limited to 860 units/month	PA QTR HR	N/A	6P619	6P619Q	9P619	\$3.69	QTRHR	
	HOSPITAL ATTENDANT	HOSP ATTND	5P311	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	\$747.75	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	

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	RESIDENTIAL LEVEL 2 FOR 5-7 PEOPLE	RES2-5/7	N/A	6R652	6R652Q	N/A	\$57.30	DAY	
	RESIDENTIAL LEVEL 3 FOR 5-7 PEOPLE	RES3-5/7	N/A	6R653	6R653Q	N/A	\$71.85	DAY	
	RESIDENTIAL LEVEL 4 FOR 5-7 PEOPLE	RES4-5/7	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	NOT AVAILBLE FOR LEVEL 6 OR MEDICAL RESIDENTIAL
	INDIVIDUAL TRANSPORTATION SVS - DAILY (PA, O&M, RESPITE - not available with BEHAVIOR RESPITE)	TRANSP	N/A	6T611	6T611Q	9T611	\$7.07	DAY	NOT for MEDICAL SERVICES, SCHOOL, WORK or DAY SERVICES
	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	NOT AVAILABLE FOR LEVEL 6 AND MEDICAL SUPPORTED LIV
A	DEVELOPMENTAL INCENTIVE RES ONLY	DEV INC	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	Limited to \$15,000 over 3 consecutive waiver years
A	ICF/MR 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 a provider Agency

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A	PERSONAL EMERGENCY RESPONSE MONTHLY MONITORING	PER MM	N/A	6X815	6X815Q	9X815	\$1.00	COST
Limited to	SPEECH, LANGUAGE, HEARING 1	SLH1	N/A	6Z611	6Z611Q	9Z611	\$17.25	QTRHR
6 units	SPEECH, LANGUAGE, HEARING 2 - 46+MILES	SLH2	N/A	6Z612	6Z612Q	9Z612	\$23.00	QTRHR
per day	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
	OCCUPATIONAL THERAPY 1	OT1	N/A	6Z711	6Z711Q	9Z711	\$18.00	QTRHR
	OCCUPATIONAL THERAPY 2 - 46+ MILES	OT2	N/A	6Z712	6Z712Q	9Z712	\$24.00	QTRHR
	OCCUPATIONAL THERAPY 3 - 76+ MILES	OT3	N/A	6Z713	6Z713Q	9Z713	\$27.00	QTRHR
	OCCUPATIONAL THERAPY 1 ASSESSMENT	OT1ASMT	N/A	6Z721	6Z721Q	9Z721	\$288.00	DAY
	OCCUPATIONAL THERAPY 2 ASSESSMENT - 46+ MILES	OT2ASMT	N/A	6Z722	6Z722Q	9Z722	\$383.04	DAY
	OCCUPATIONAL THERAPY 3 ASSESSMENT - 76+ MILES	OT3ASMT	N/A	6Z723	6Z723Q	9Z723	\$430.56	DAY
	OCCUPATIONAL THERAPY 1 EQUIPMENT ASSESS/TRAINING	OT1ETASMT	N/A	6Z731	6Z731Q	9Z731	\$288.00	DAY
	OCCUPATIONAL THERAPY 2 EQUIP ASSESS/TRAIN - 46+ MILES	OT2ETASMT	N/A	6Z732	6Z732Q	9Z732	\$383.04	DAY
	OCCUPATIONAL THERAPY 3 EQUIP ASSESS/TRAIN - 76+ MILES	OT3ETASMT	N/A	6Z733	6Z733Q	9Z733	\$430.56	DAY
	OCCUPATIONAL THERAPY 1 EQUIPMENT TRAINING	OT1ET	N/A	6Z734	6Z734Q	9Z734	\$18.00	QTRHR
	OCCUPATIONAL THERAPY 2 EQUIP TRAIN - 46+ MILES	OT2ET	N/A	6Z735	6Z735Q	9Z735	\$24.00	QTRHR
	OCCUPATIONAL THERAPY 3 EQUIP TRAIN - 76+ MILES	OT3ET	N/A	6Z736	6Z736Q	9Z736	\$27.00	QTRHR
	PHYSICAL THERAPY 1	PT1	N/A	6Z811	6Z811Q	9Z811	\$18.75	QTRHR
	PHYSICAL THERAPY 2 - 46+ MILES	PT2	N/A	6Z812	6Z812Q	9Z812	\$25.00	QTRHR
	PHYSICAL THERAPY 3 - 76+ MILES	PT3	N/A	6Z813	6Z813Q	9Z813	\$28.00	QTRHR
	PHYSICAL THERAPY 1 ASSESSMENT	PT1ASMT	N/A	6Z821	6Z821Q	9Z821	\$300.00	DAY
	PHYSICAL THERAPY 2 ASSESSMENT - 46+ MILES	PT2ASMT	N/A	6Z822	6Z822Q	9Z822	\$399.00	DAY
	PHYSICAL THERAPY 3 ASSESSMENT - 76+ MILES	PT3ASMT	N/A	6Z823	6Z823Q	9Z823	\$448.50	DAY
	PHYSICAL THERAPY 1 EQUIPMENT ASSESSMENT/TRAINING	PT1ETASMT	N/A	6Z831	6Z831Q	9Z831	\$300.00	DAY
	PHYSICAL THERAPY 2 EQUIP ASSESST/TRAINING - 46+ MILES	PT2ETASMT	N/A	6Z832	6Z832Q	9Z832	\$399.00	DAY
	PHYSICAL THERAPY 3 EQUIP ASSESS/TRAINING - 76+ MILES	PT3ETASMT	N/A	6Z833	6Z833Q	9Z833	\$448.50	DAY
	PHYSICAL THERAPY 1 EQUIPMENT TRAINING	PT1ET	N/A	6Z834	6Z834Q	9Z834	\$18.75	QTRHR
	PHYSICAL THERAPY 2 EQUIP TRAINING - 46+ MILES	PT2ET	N/A	6Z835	6Z835Q	9Z835	\$25.00	QTRHR

Therapies cannot be Concurrent Including Nursing and Behavior unless Medical Justification

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	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	\$260.00	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	NUTRITION 1	NUTR1	N/A	6Z511	6Z511Q	9Z511	\$77.70	VISIT
of all	NUTRITION 2 - 46+ MILES	NUTR2	N/A	6Z512	6Z512Q	9Z512	\$128.98	VISIT
Nutrition	NUTRITION 3 - 76+ MILES	NUTR3	N/A	6Z513	6Z513Q	9Z513	\$163.17	VISIT
Services	NUTRITION 1 ASSESSMENT	NUTR1ASMT	N/A	6Z521	6Z521Q	9Z521	\$207.20	VISIT
is limited to	NUTRITION 2 ASSESSMENT - 46+ MILES	NUTR2ASMT	N/A	6Z522	6Z522Q	9Z522	\$275.57	VISIT
6 units per yr	NUTRITION 3 ASSESSMENT - 76+ MILES	NUTR3ASMT	N/A	6Z523	6Z523Q	9Z523	\$309.76	VISIT
A	VISION - ARLINGTON WAIVER ONLY (billed by allowable procedure)	VISION	N/A	N/A		N/A	\$1.00	
A	ADULT DENTAL -- Billed by allowable procedure code maximum	DENTAL	N/A					
A = Documentation is submitted to Regional Office for Review. Agency does not bill. Regional Office submits billing.								

Only 1 nutrition assessment of any kind per waiver year

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

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.