Available Services FY 2010 as of 6/24/2009

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	5B111	6B611	6B611Q	9B611	$6.69	QTRHR	
	BEHAVIOR ANALYST SVS.	BEH ANLYST	5B212	6B712	6B712Q	9B712	$18.69	QTRHR	
	BEHAVIOR ANALYST SVS: ASSESSMENT 1	BA ASMT1	5B230	6B730	6B730Q	9B730	$18.69	QTRHR	
	BEHAVIOR ANALYST SVS: ASSESSMENT 2	BA ASMT2	5B231	6B731	6B731Q	9B731	$18.69	QTRHR	
	BEHAVIOR ANALYST SVS: BEH PLAN DEVELOPMENT AND TRAINING OF STAFF ON PLAN-1	BA PLAN DEV1	5B232	6B732	6B732Q	9B732	$18.69	QTRHR	
	BEHAVIOR ANALYST SVS: BEH PLAN DEVELOPMENT AND TRAINING OF STAFF ON PLAN-2	BA PLAN DEV2	5B233	6B733	6B733Q	9B733	$18.69	QTRHR	
	BEHAVIOR ANALYST SVS: PRESENTATION AT MEETINGS	BA PRES	5B234	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	5D111	6D611	6D611Q	9D611	$59.40	DAY	Levels 1-3 and 1-3 people
be	COMMUNITY BASED DAY SERVICES - LEVEL 6	CB DAY-6	5D116	6D616	6D616Q	9D616	$128.20	DAY	1 person - 2 staff available
Provided	COMMUNITY BASED DAY SERVICES - LEVEL 4	CB DAY-SN	5D118	6D618	6D618Q	9D618	$82.40	DAY	Intense needs / level 4
between	FACILITY BASED DAY SERVICES LEVEL 1	FB DAY -1	5D211	6D711	6D711Q	9D711	$30.65	DAY	
7:30 AM	FACILITY BASED DAY SERVICES LEVEL 2	FB DAY -2	5D212	6D712	6D712Q	9D712	$38.45	DAY	
and 6 PM	FACILITY BASED DAY SERVICES LEVEL 3	FB DAY -3	5D213	6D713	6D713Q	9D713	$51.80	DAY	
Monday	FACILITY BASED DAY SERVICES LEVEL 4	FB DAY -4	5D214	6D714	6D714Q	9D714	$65.00	DAY	
to Friday	FACILITY BASED DAY SERVICES LEVEL 6	FB DAY -6	5D216	6D716	6D716Q	9D716	$125.65	DAY	
	EMPLOYMENT SUPPORTS FOLLOW ALONG	EMP FA	5D311	N/A	N/A	N/A	$338.80	MONTH	
Any	EMPLOYMENT SUPPORTS GROUP EMPLOYMENT	EMP-GROUP	5D312	6D812	6D812Q	9D812	$44.45	DAY	4 or more people
Time	EMPLOYMENT SUPPORTS INDIVIDUAL EMPLOYMENT	EMP-IND	5D313	6D813	6D813Q	9D813	$77.25	DAY	3 or less
Any	EMPLOYMENT SUPPORTS SPECIAL NEEDS	EMP-SN	5D318	6D818	6D818Q	9D818	$107.60	DAY	1:1
Day	EMPLOYMENT SUPPORTS NEEDS LEVEL 6	EMP-6	5D319	6D819	6D819Q	N/A	$128.20	DAY	More than 1:1
	FAMILY MODEL RES 1	FAM-1	5F111	6F611	6F611Q	N/A	$42.50	DAY	
	FAMILY MODEL RES 2	FAM-2	5F112	6F612	6F612Q	N/A	$50.00	DAY	
	FAMILY MODEL RES 3	FAM-3	5F113	6F613	6F613Q	N/A	$69.50	DAY	

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	FAMILY MODEL RES 4	FAM-4	5F114	6F614	6F614Q	N/A	$112.00	DAY	
	FAMILY MODEL RES 5	FAM-5	5F115	6F615	6F615Q	N/A	$217.00	DAY	
30 day Per Yr	RESPITE LEVEL A - DAILY Companion	RESPITE A	5G111	6G611	6G611Q	9G611	$63.50	DAY	
Need	RESPITE LEVEL B - DAILY Shift staff	RESPITE B	5G112	6G612	6G612Q	9G612	$195.00	DAY	Cannot be receiving Resid
Respite	RESPITE LEVEL C - DAILY Overnight Awake	RESPITE C	5G113	6G613	6G613Q	9G613	$231.00	DAY	" "
License	RESPITE LEVEL D - HOURLY	RESPITE D	5G114	6G614	6G614Q	9G614	$3.69	QTRHR	" "
	BEHAVIORAL RESPITE - DAILY 60 day Waiver year max	RESPITE-BH	5G115	6G615	6G615Q	9G615	$490.00	DAY	Can be in Residential Svs
	HOUSING SUBSIDY	HOUSING SUB	5H450	N/A	N/A	N/A	$1.00	BY POLICY	
Need level	MED RES LEVEL 5 IND 24 HOUR	MR5 IND 24	5J215	6J715	6J715Q	N/A	$727.00	DAY	
of Nursing	MED RES LEVEL 5 - 2 PER 24 HOUR	MR5-2 24	5J225	6J725	6J725Q	N/A	$546.61	DAY	
that can't	MED RES LEVEL 5 - 3 PER 24 HOUR	MR5-3 24	5J235	6J735	6J735Q	N/A	$415.13	DAY	
be met with	MED RES LEVEL 5 - 4 PER 24 HOUR	MR5-4 24	5J245	6J745	6J745Q	N/A	$304.35	DAY	
2 or fewer	MED SL LEVEL 5 IND 24 HOUR	MS5-IND	5K215	6K715	6K715Q	N/A	$727.00	DAY	
visits per	MED SL LEVEL 5 - 2 PER 24 HOUR	MS5-2 24	5K225	6K725	6K725Q	N/A	$546.61	DAY	
day	MED SL LEVEL 5 - 3 PER 24 HOUR	MS5-3 24	5K235	6K735	6K735Q	N/A	$415.13	DAY	
	NURSING SERVICES BY RN	RN	5N111	6N611	6N611Q	9N611	$8.43	QTRHR	
	NURSING SERVICES BY LPN	LPN	5N211	6N711	6N711Q	9N711	$5.94	QTRHR	
Can't have	PERSONAL ASSISTANCE HOURLY	PA HOURLY	5P111	6P611	6P611Q	9P611	$3.69	QTRHR	
Residential	PA ENHANCED RATE LEVEL 4 ONLY	PA4-EHN	5P115	6P615	6P615Q	N/A	$4.19	QTRHR	
Svs	PERSONAL ASSISTANCE HOURLY 2 STAFF	PA HOUR-2	5P122	6P622	6P622Q	N/A	$6.63	QTRHR	
	PERSONAL ASSIST DAILY SLEEP STAFF - 24 HOUR	PA SLEEP	5P211	6P711	6P711Q	9P711	$195.00	DAY	use if Staff allowed to sleep
	HOSPITAL ATTENDANT	HOSP ATTND	5P311	N/A	N/A	N/A	$3.69	QTRHR	
	RESIDENTIAL LEVEL 1 SHIFT INDIVIDUAL	RES1-IND	5R111	6R611	6R611Q	N/A	$191.25	DAY	
	RESIDENTIAL LEVEL 2 SHIFT INDIVIDUAL	RES2-IND	5R112	6R612	6R612Q	N/A	$267.00	DAY	
	RESIDENTIAL LEVEL 3 SHIFT INDIVIDUAL	RES3-IND	5R113	6R613	6R613Q	N/A	$303.00	DAY	
	RESIDENTIAL LEVEL 4 INDIVIDUAL	RES4-IND	5R114	6R614	6R614Q	N/A	$484.20	DAY	
	RESIDENTIAL LEVEL 6 INDIVIDUAL	RES6-IND	5R116	6R616	6R616Q	N/A	$775.25	DAY	
	RESIDENTIAL LEVEL 1 FOR 2 PEOPLE	RES1-2	5R121	6R621	6R621Q	N/A	$115.50	DAY	
	RESIDENTIAL LEVEL 2 FOR 2 PEOPLE	RES2-2	5R122	6R622	6R622Q	N/A	$148.75	DAY	
	RESIDENTIAL LEVEL 3 FOR 2 PEOPLE	RES3-2	5R123	6R623	6R623Q	N/A	$241.55	DAY	
	RESIDENTIAL LEVEL 4 FOR 2 PEOPLE	RES4-2	5R124	6R624	6R624Q	N/A	$394.35	DAY	
	RESIDENTIAL LEVEL 6 FOR 2 PEOPLE	RES6-2	5R126	6R626	6R626Q	N/A	$387.65	DAY	
	RESIDENTIAL LEVEL 1 FOR 3 PEOPLE	RES1-3	5R131	6R631	6R631Q	N/A	$80.75	DAY	

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	RESIDENTIAL LEVEL 2 FOR 3 PEOPLE	RES2-3	5R132	6R632	6R632Q	N/A	$119.70	DAY	
	RESIDENTIAL LEVEL 3 FOR 3 PEOPLE	RES3-3	5R133	6R633	6R633Q	N/A	$169.10	DAY	
	RESIDENTIAL LEVEL 4 FOR 3 PEOPLE	RES4-3	5R134	6R634	6R634Q	N/A	$247.35	DAY	
	RESIDENTIAL LEVEL 1 FOR 4 PEOPLE	RES1-4	5R141	6R641	6R641Q	N/A	$62.25	DAY	
	RESIDENTIAL LEVEL 2 FOR 4 PEOPLE	RES2-4	5R142	6R642	6R642Q	N/A	$78.55	DAY	
	RESIDENTIAL LEVEL 3 FOR 4 PEOPLE	RES3-4	5R143	6R643	6R643Q	N/A	$95.40	DAY	
	RESIDENTIAL LEVEL 4 FOR 4 PEOPLE	RES4-4	5R144	6R644	6R644Q	N/A	$189.10	DAY	
	RESIDENTIAL LEVEL 1 FOR 5-7 PEOPLE	RES1-5/7	5R151	6R651	6R651Q	N/A	$49.75	DAY	
	RESIDENTIAL LEVEL 2 FOR 5-7 PEOPLE	RES2-5/7	5R152	6R652	6R652Q	N/A	$57.30	DAY	
	RESIDENTIAL LEVEL 3 FOR 5-7 PEOPLE	RES3-5/7	5R153	6R653	6R653Q	N/A	$71.85	DAY	
	RESIDENTIAL LEVEL 4 FOR 5-7 PEOPLE	RES4-5/7	5R154	6R654	6R654Q	N/A	$120.05	DAY	
	RESIDENTIAL LEVEL 1 FOR 8+ PEOPLE	RES1-8+	5R181	6R681	6R681Q	N/A	$40.40	DAY	
	RESIDENTIAL LEVEL 2 FOR 8+ PEOPLE	RES2-8+	5R182	6R682	6R682Q	N/A	$52.20	DAY	
	RESIDENTIAL LEVEL 3 FOR 8+ PEOPLE	RES3-8+	5R183	6R683	6R683Q	N/A	$60.60	DAY	
	RESIDENTIAL LEVEL 4 FOR 8+ PEOPLE	RES4-8+	5R184	6R684	6R684Q	N/A	$98.75	DAY	
	RESIDENTIAL SPECIAL NEEDS ADJUSTMENT 5+	RSNDDJ5+	5R489	6R989	6R989Q	N/A	$20.00	DAY	
	RESIDENTIAL SPECIAL NEEDS ADJUSTMENT 4 OR LESS	RSNDDJ4-	5R499	6R999	6R999Q	N/A	$35.00	DAY	
	INDIVIDUAL TRANSPORTATION SVS - DAILY (PA, O&M, RESPITE)	TRANSP	5T111	6T611	6T611Q	9T611	$7.07	DAY	Not for Dr. Visits
	SUPPORTED LIVING LEVEL 1 INDIVIDUAL / COMPANION	SL1-IND-CM	5V111	6V611	6V611Q	N/A	$176.55	DAY	
	SUPPORTED LIVING LEVEL 2 INDIVIDUAL	SL2-IND	5V112	6V612	6V612Q	N/A	$206.95	DAY	
	SUPPORTED LIVING LEVEL 4 INDIVIDUAL	SL4-IND	5V114	6V614	6V614Q	N/A	$484.20	DAY	
	SUPPORTED LIVING LEVEL 6 INDIVIDUAL	SL6-IND	5V116	6V616	6V616Q	N/A	$775.25	DAY	
	SUPPORTED LIVING LEVEL 1 FOR 2 PEOPLE	SL1-2	5V121	6V621	6V621Q	N/A	$115.50	DAY	
	SUPPORTED LIVING LEVEL 2 FOR 2 PEOPLE	SL2-2	5V122	6V622	6V622Q	N/A	$148.75	DAY	
	SUPPORTED LIVING LEVEL 3 FOR 2 PEOPLE	SL3-2	5V123	6V623	6V623Q	N/A	$241.55	DAY	
	SUPPORTED LIVING LEVEL 4 FOR 2 PEOPLE	SL4-2	5V124	6V624	6V624Q	N/A	$294.35	DAY	
	SUPPORTED LIVING LEVEL 6 FOR 2 PEOPLE	SL6-2	5V126	6V626	6V626Q	N/A	$387.65	DAY	
	SUPPORTED LIVING LEVEL 1 FOR 3 PEOPLE	SL1-3	5V131	6V631	6V631Q	N/A	$80.75	DAY	
	SUPPORTED LIVING LEVEL 2 FOR 3 PEOPLE	SL2-3	5V132	6V632	6V632Q	N/A	$119.70	DAY	
	SUPPORTED LIVING LEVEL 3 FOR 3 PEOPLE	SL3-3	5V133	6V633	6V633Q	N/A	$169.10	DAY	
	SUPPORTED LIVING LEVEL 4 FOR 3 PEOPLE	SL4-3	5V134	6V634	6V634Q	N/A	$247.35	DAY	
	SUPPORTED LIVING LEVEL 1 INDIVIDUAL / SHIFT	SL1-IND-SH	5V211	6V711	6V711Q	N/A	$191.25	DAY	
	SUPPORTED LIVING LEVEL 2 INDIVIDUAL	SL2-IND	5V212	6V712	6V712Q	N/A	$267.00	DAY	

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	SUPPORTED LIVING LEVEL 3 INDIVIDUAL	SL3-IND	5V213	6V713	6V713Q	N/A	$303.00	DAY	
Must be	SUPPORTED LIVING SEMI-INDEPENDENT A (1-50 hrs)	SLSI A	5V311	N/A	N/A	N/A	$656.25	MONTH	NO SNADJ
Licensed	SUPPORTED LIVING SEMI-INDEPENDENT B (51-75 hrs)	SLSI B	5V312	N/A	N/A	N/A	$1,222.50	MONTH	NO SNADJ
must	SUPPORTED LIVING SEMI-INDEPENDENT C (76-100 hrs)	SLSI C	5V313	N/A	N/A	N/A	$1,674.50	MONTH	NO SNADJ
document hrs	SUPPORTED LIVING SEMI-INDEPENDENT D (101-150 hrs)	SLSI D	5V314	N/A	N/A	N/A	$2,141.25	MONTH	NO SNADJ
	SUPPORTED LIVING SPECIAL NEEDS ADJUSTMENT	SLSNADJ	5V499	6V999	6V999Q	N/A	$35.00	DAY	
A	DEVELOPMENTAL INCENTIVE RESIDENTIAL SERVICES	DEV INC	5X113	N/A	N/A	N/A	$2,500.00	MONTH	
A	PSYCHOLOGICAL EVALUATION	PSY EVAL	5X211	6X711	6X711Q	9X711	$300.00	HOUR	
A	INDIVIDUAL CONSULTATION	CONSULT	5X212	N/A	N/A	N/A	$100.00	HOUR	
A	SPECIALIZED MEDICAL EQUIPMENT/SUPPLIES	MED EQUIP	5X215	6X715	6X715Q	9X715	$1.00	COST	
A	ENVIRONMENTAL ACCESSIBILITY **$15,000 over 2 years**	ENV ACCESS	5X311	6X811	6X811Q	9X811	$1.00	COST	
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	COST	LIMITED TO $2,500
A	SUPPLEMENTAL ESTABLISHMENT	SUPL ESTAB	5X318	N/A	N/A	N/A	$1.00	COST	LIMITED TO $1,000
A	PERSONAL EMERGENCY RESPONSE INSTALLATION & TESTING	PER I&T	5X314	6X814	6X814Q	9X814	$1.00	COST	**Not a provider Agency**
A	PERSONAL EMERGENCY RESPONSE MONTHLY MONITORING	PER MM	5X315	6X815	6X815Q	9X815	$1.00	COST	
Limited to	SPEECH, LANGUAGE, HEARING 1	SLH1	5Z111	6Z611	6Z611Q	9Z611	$17.25	QTRHR	
6 units	SPEECH, LANGUAGE, HEARING 2 - 46+MILES	SLH2	5Z112	6Z612	6Z612Q	9Z612	$23.00	QTRHR	
per day	SPEECH, LANGUAGE, HEARING 3 - 76+ MILES	SLH3	5Z113	6Z613	6Z613Q	9Z613	$26.00	QTRHR	
	SPEECH, LANGUAGE, HEARING 1 ASSESSMENT	SLH1ASMT	5Z121	6Z621	6Z621Q	9Z621	$276.00	DAY	
	SPEECH, LANGUAGE, HEARING 2 ASSESSMENT - 46+ MILES	SLH2ASMT	5Z122	6Z622	6Z622Q	9Z622	$367.08	DAY	
	SPEECH, LANGUAGE, HEARING 3 ASSESSMENT - 76+ MILES	SLH3ASMT	5Z123	6Z623	6Z623Q	9Z623	$412.62	DAY	**Therapies cannot be**
	SPEECH, LANGUAGE, HEARING 1 EQUIP ASSESS/TRAINING	SLH1ETASMT	5Z131	6Z631	6Z631Q	9Z631	$276.00	DAY	**Concurrent**
	SPEECH, LANGUAGE, HEARING 2 EQUIP ASSESS/TRAIN - 46+ MILES	SLH2ETASMT	5Z132	6Z632	6Z632Q	9Z632	$367.08	DAY	**Including Nursing and**
	SPEECH, LANGUAGE, HEARING 3 EQUIP ASSESS/TRAIN - 76+ MILES	SLH3ETASMT	5Z133	6Z633	6Z633Q	9Z633	$412.62	DAY	**Behavior unless**
	SPEECH, LANGUAGE, HEARING 1 EQUIP TRAINING	SLH1ET	5Z134	6Z634	6Z634Q	9Z634	$17.25	QTRHR	**Medical Justification**
	SPEECH, LANGUAGE, HEARING 2 EQUIP TRAIN - 46+ MILES	SLH2ET	5Z135	6Z635	6Z635Q	9Z635	$23.00	QTRHR	
	SPEECH, LANGUAGE, HEARING 3 EQUIP TRAIN - 76+ MILES	SLH3ET	5Z136	6Z636	6Z636Q	9Z636	$26.00	QTRHR	
	OCCUPATIONAL THERAPY 1	OT1	5Z211	6Z711	6Z711Q	9Z711	$18.00	QTRHR	
	OCCUPATIONAL THERAPY 2 - 46+ MILES	OT2	5Z212	6Z712	6Z712Q	9Z712	$24.00	QTRHR	
	OCCUPATIONAL THERAPY 3 - 76+ MILES	OT3	5Z213	6Z713	6Z713Q	9Z713	$27.00	QTRHR	
	OCCUPATIONAL THERAPY 1 ASSESSMENT	OT1ASMT	5Z221	6Z721	6Z721Q	9Z721	$288.00	DAY	
	OCCUPATIONAL THERAPY 2 ASSESSMENT - 46+ MILES	OT2ASMT	5Z222	6Z722	6Z722Q	9Z722	$383.04	DAY	

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	OCCUPATIONAL THERAPY 3 ASSESSMENT - 76+ MILES	OT3ASMT	5Z223	6Z723	6Z723Q	9Z723	$430.56	DAY
	OCCUPATIONAL THERAPY 1 EQUIPMENT ASSESS/TRAINING	OT1ETASMT	5Z231	6Z731	6Z731Q	9Z731	$288.00	DAY
	OCCUPATIONAL THERAPY 2 EQUIP ASSESS/TRAIN - 46+ MILES	OT2ETASMT	5Z232	6Z732	6Z732Q	9Z732	$383.04	DAY
	OCCUPATIONAL THERAPY 3 EQUIP ASSESS/TRAIN - 76+ MILES	OT3ETASMT	5Z233	6Z733	6Z733Q	9Z733	$430.56	DAY
	OCCUPATIONAL THERAPY 1 EQUIPMENT TRAINING	OT1ET	5Z234	6Z734	6Z734Q	9Z734	$18.00	QTRHR
	OCCUPATIONAL THERAPY 2 EQUIP TRAIN - 46+ MILES	OT2ET	5Z235	6Z735	6Z735Q	9Z735	$24.00	QTRHR
	OCCUPATIONAL THERAPY 3 EQUIP TRAIN - 76+ MILES	OT3ET	5Z236	6Z736	6Z736Q	9Z736	$27.00	QTRHR
	PHYSICAL THERAPY 1	PT1	5Z311	6Z811	6Z811Q	9Z811	$18.75	QTRHR
	PHYSICAL THERAPY 2 - 46+ MILES	PT2	5Z312	6Z812	6Z812Q	9Z812	$25.00	QTRHR
	PHYSICAL THERAPY 3 - 76+ MILES	PT3	5Z313	6Z813	6Z813Q	9Z813	$28.00	QTRHR
	PHYSICAL THERAPY 1 ASSESSMENT	PT1ASMT	5Z321	6Z821	6Z821Q	9Z821	$300.00	DAY
	PHYSICAL THERAPY 2 ASSESSMENT - 46+ MILES	PT2ASMT	5Z322	6Z822	6Z822Q	9Z822	$399.00	DAY
	PHYSICAL THERAPY 3 ASSESSMENT - 76+ MILES	PT3ASMT	5Z323	6Z823	6Z823Q	9Z823	$448.50	DAY
	PHYSICAL THERAPY 1 EQUIPMENT ASSESSMENT/TRAINING	PT1ETASMT	5Z331	6Z831	6Z831Q	9Z831	$300.00	DAY
	PHYSICAL THERAPY 2 EQUIP ASSESST/TRAINING - 46+ MILES	PT2ETASMT	5Z332	6Z832	6Z832Q	9Z832	$399.00	DAY
	PHYSICAL THERAPY 3 EQUIP ASSESS/TRAINING - 76+ MILES	PT3ETASMT	5Z333	6Z833	6Z833Q	9Z833	$448.50	DAY
	PHYSICAL THERAPY 1 EQUIPMENT TRAINING	PT1ET	5Z334	6Z834	6Z834Q	9Z834	$18.75	QTRHR
	PHYSICAL THERAPY 2 EQUIP TRAINING - 46+ MILES	PT2ET	5Z335	6Z835	6Z835Q	9Z835	$25.00	QTRHR
	PHYSICAL THERAPY 3 EQUIP TRAINING - 76+ MILES	PT3ET	5Z336	6Z836	6Z836Q	9Z836	$28.00	QTRHR
	ORIENTATION & MOBILITY 1	OM1	5Z411	6Z911	6Z911Q	9Z911	$16.25	QTRHR
	ORIENTATION & MOBILITY 2 - 46+ MILES	OM2	5Z412	6Z912	6Z912Q	9Z912	$21.25	QTRHR
	ORIENTATION & MOBILITY 3 - 76+ MILES	OM3	5Z413	6Z913	6Z913Q	9Z913	$24.25	QTRHR
	ORIENTATION & MOBILITY 1 ASSESSMENT	OM1ASMT	5Z421	6Z921	6Z921Q	9Z921	$260.00	DAY
	ORIENTATION & MOBILITY 2 ASSESSMENT - 46+ MILES	OM2ASMT	5Z422	6Z922	6Z922Q	9Z922	$340.00	DAY
	ORIENTATION & MOBILITY 3 ASSESSMENT - 76+ MILES	OM3ASMT	5Z423	6Z923	6Z923Q	9Z923	$388.00	DAY
	NUTRITION 1	NUTR1	5Z511	6Z511	6Z511Q	9Z511	$77.70	VISIT
	NUTRITION 2 - 46+ MILES	NUTR2	5Z512	6Z512	6Z512Q	9Z512	$128.98	VISIT
	NUTRITION 3 - 76+ MILES	NUTR3	5Z513	6Z513	6Z513Q	9Z513	$163.17	VISIT
	NUTRITION 1 ASSESSMENT	NUTR1ASMT	5Z521	6Z521	6Z521Q	9Z521	$207.20	VISIT
	NUTRITION 2 ASSESSMENT - 46+ MILES	NUTR2ASMT	5Z522	6Z522	6Z522Q	9Z522	$275.57	VISIT
	NUTRITION 3 ASSESSMENT - 76+ MILES	NUTR3ASMT	5Z523	6Z523	6Z523Q	9Z523	$309.76	VISIT
A	VISION - ARLINGTON WAIVER ONLY (billed by allowable procedure)	VISION	N/A	N/A		N/A	$1.00	COST
A	ADULT DENTAL -- Billed by allowable procedure code maximum	DENTAL						

Available Services FY 2010 as of 6/24/2009

Ancillary form	SERVICE	SHORT NAME	State Cost Center	Main Waiver Cost Centers	Arlington Waiver Cost Centers	Self Determination Waiver	RATE	UNIT TYPE
	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 - for Visiting Relatives or Vacations --Trips to Casinos or other Gambling establishments excluded. Must have prior approval of DMRS and bill separately.

VEHICLE MODIFICATIONS-- limited to $20,000 over 5 years. Vehicle must be owned by individual or their guardian or conservator.

INDEPENDENT AUDIT -- Providers receiving $500,000 or more in aggregate state and federal funds must conduct an independent audit of the organization. Copies of this audit must be submitted to the Tennessee Office of the Comptroller and to the DMRS Central Office.