

5123:2-9-06

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## Appendix A

**Service Codes, Payment Limitations and Rates for Individual Options Waiver, Community Access Model Waiver and Level One Waiver Services other than Day Habilitation and Transportation to Access Day Habilitation**Service Title: **Homemaker Personal Care - Routine**

Billing Unit: Fifteen minutes

Base Reimbursement Rate: Listed below. To obtain the per person rate when two or more individuals receive service simultaneously, divide the base rate in the appropriate group category by the numbers of persons in the group.

Individual Options Waiver Service Code: APC

Level One Waiver Service Code: FPC

Level One Waiver Emergency Assistance Component Service Code: EPC

Community Access Model Waiver CPC

**Agency Provider Base Rates/1 Staff**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$4.52	\$4.83	\$5.29	\$5.87
Category 2	\$4.57	\$4.88	\$5.34	\$5.93
Category 3	\$4.61	\$4.93	\$5.40	\$6.00
Category 4	\$4.66	\$4.98	\$5.45	\$6.06
Category 5	\$4.71	\$5.03	\$5.51	\$6.12
Category 6	\$4.75	\$5.09	\$5.56	\$6.18
Category 7	\$4.80	\$5.14	\$5.62	\$6.24
Category 8	\$4.85	\$5.19	\$5.67	\$6.30

**Non-agency Provider Base Rates/ 1 Staff**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$3.91	\$4.18	\$4.57	\$5.08
Category 2	\$3.95	\$4.22	\$4.62	\$5.13
Category 3	\$3.99	\$4.27	\$4.67	\$5.19
Category 4	\$4.03	\$4.31	\$4.71	\$5.24
Category 5	\$4.07	\$4.35	\$4.76	\$5.29
Category 6	\$4.11	\$4.40	\$4.81	\$5.34
Category 7	\$4.15	\$4.44	\$4.86	\$5.40
Category 8	\$4.19	\$4.48	\$4.90	\$5.45

**Billing Codes for Homemaker Personal Care – Routine When Multiple Staff Members Simultaneously Provide Waiver Services To More Than One Individual:**

(The calculation formulae and actual rates resulting from these calculations are available on the department's website: <http://odmrdd.state.oh.us> and are dated to coincide with the filing date of this rule.)

# Staff	2	3	4	5
Individual Options Waiver	AMW	AMX	AMY	AMZ
Level One Waiver	FMW	FMX	FMY	FMZ
Level One Waiver Emergency Assistance	EMW	EMX	EMY	EMZ
Community Access Model Waiver	CMW	CMX	CMY	CMZ

Service Title: **Homemaker Personal Care- On-Site/On-Call**

Billing Unit: Fifteen minutes

Base Reimbursement Rate: Listed below. To obtain the per person rate when two or more individuals receive service simultaneously, divide the base rate in the appropriate group category by the numbers of persons in the group.

Individual Options Waiver Service Code:	AOC
Level One Waiver Service Code:	FOC
Level One Waiver Emergency Assistance Component Service Code:	EOC
Community Access Model Waiver	COC

**Agency Provider Base Rates/1 Staff**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$2.49	\$2.67	\$2.92	\$3.24
Category 2	\$2.52	\$2.70	\$2.95	\$3.27
Category 3	\$2.54	\$2.72	\$2.98	\$3.31
Category 4	\$2.57	\$2.75	\$3.01	\$3.34
Category 5	\$2.60	\$2.78	\$3.04	\$3.38
Category 6	\$2.62	\$2.81	\$3.07	\$3.41
Category 7	\$2.65	\$2.83	\$3.10	\$3.44
Category 8	\$2.67	\$2.86	\$3.13	\$3.48

**Non-agency Provider Base Rates/1 Staff**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$1.75	\$1.88	\$2.05	\$2.28
Category 2	\$1.77	\$1.90	\$2.07	\$2.31
Category 3	\$1.79	\$1.92	\$2.10	\$2.33
Category 4	\$1.81	\$1.94	\$2.12	\$2.35
Category 5	\$1.83	\$1.96	\$2.14	\$2.38
Category 6	\$1.85	\$1.98	\$2.16	\$2.40
Category 7	\$1.86	\$1.99	\$2.18	\$2.42
Category 8	\$1.88	\$2.01	\$2.20	\$2.45

**Billing Codes for Homemaker Personal Care – On Site/On Call When Multiple Staff Members Simultaneously Provide Waiver Services To More Than One Individual:**

(The calculation formulae and actual rates resulting from these calculations are available on the department's website: <http://odmrdd.state.oh.us> and are dated to coincide with the filing date of this rule.)

<b># Staff</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Individual Options Waiver	AOW	AOX	AOY	AOZ
Level One Waiver	FOW	FOX	FOY	FOZ
Level One Waiver Emergency Assistance	EOW	EOX	EOY	EOZ
Community Access Model Waiver	COW	COX	COY	COZ

**Rate Modification: Medical Assistance**

Billing Unit: Fifteen minutes

Conditions for the Modification: Applicable to the HPC-Routine Rate Only

Rate Modification Amount: \$0.12

Individual Options Waiver:

Indicate modification on PAWS form

Level One Waiver:

Indicate modification on PAWS form

Level One Waiver Emergency Assistance:

Indicate modification on PAWS form

Community Access Model Waiver

Indicate modification on PAWS form

Rate Modification: **Behavior Support**

Billing Unit: Fifteen minutes

Conditions for the Modification: Applicable to the HPC-Routine Rate Only

Rate Modification Amount: \$0.63

Individual Options Waiver:

Indicate modification on PAWS form

Level One Waiver:

Indicate modification on PAWS form

Level One Waiver Emergency Assistance:

Indicate modification on PAWS form

Community Access Model Waiver

Indicate modification on PAWS form

Service Title: **Transportation to Access All Waiver Services  
Except Day Habilitation**

Billing Unit: Per Mile

Base Reimbursement Rate: Listed below. The rates presented are paid on a per person basis in the amount that reflects the numbers of individuals, both waiver eligible and non-waiver eligible for whom transportation is being provided.

Individual Options Waiver Service Code:

ATN

Level One Waiver Service Code:

FTN

Level One Waiver Emergency Assistance Component Service Code:

ETN

Community Access Model Waiver

CTN

**All****Providers/****All**

<b>Categories</b>	<u>1 Individual</u>	<u>2 or 3 Individuals</u>	<u>4 or more Individuals</u>
	\$0.40 per person	\$0.20 per person	\$0.15 per person

Service Title: **Supported Employment**

Billing Unit: Fifteen minutes

Base Reimbursement Rate: Listed below. To obtain the per person rate when two or more individuals receive service simultaneously, divide the base rate in the appropriate group category by the numbers of persons in the group.

Individual Options Waiver Service Code:

AEM

Level One Waiver Service Code:

FEM

Level One Waiver Emergency Assistance Component Service Code:

N/A\*

Community Access Model Waiver

CEM

**Agency Provider Base Rates/1 Staff**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$5.79	\$6.20	\$6.77	\$7.53

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 2	\$5.85	\$6.26	\$6.84	\$7.61
Category 3	\$5.91	\$6.32	\$6.92	\$7.68
Category 4	\$5.97	\$6.39	\$6.99	\$7.76
Category 5	\$6.03	\$6.45	\$7.06	\$7.84
Category 6	\$6.09	\$6.52	\$7.13	\$7.92
Category 7	\$6.15	\$6.58	\$7.20	\$8.00
Category 8	\$6.21	\$6.65	\$7.27	\$8.07

#### **Non-agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$5.79	\$6.20	\$6.77	\$7.53
Category 2	\$5.85	\$6.26	\$6.84	\$7.61
Category 3	\$5.91	\$6.32	\$6.92	\$7.68
Category 4	\$5.97	\$6.39	\$6.99	\$7.76
Category 5	\$6.03	\$6.45	\$7.06	\$7.84
Category 6	\$6.09	\$6.52	\$7.13	\$7.92
Category 7	\$6.15	\$6.58	\$7.20	\$8.00
Category 8	\$6.21	\$6.65	\$7.27	\$8.07

#### **Billing Codes for Supported Employment When Multiple Staff Members Simultaneously Provide Waiver Services To More Than One Individual:**

(The calculation formulae and actual rates resulting from these calculations are available on the department's website: <http://odmrdd.state.oh.us> and are dated to coincide with the filing date of this rule.)

<b># Staff</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Individual Options Waiver	AEW	AEX	AEY	AEZ
Level One Waiver	FEW	FEX	FEY	FEZ
Level One Waiver Emergency Assistance	N/A*	N/A*	N/A*	N/A*
Community Access Model Waiver	CEW	CEX	CEY	CEZ

**Service Title: Institutional Respite – ICF/MR**

Billing Unit: Per Day – based on a 24-hour period during which service is provided

Reimbursement Rate: \$200.00

Individual Options Waiver Service Code: AIR

Level One Waiver Service Code: FIR

Level One Waiver Emergency Assistance Component Service Code: EIR

Community Access Model Waiver CIR

**Service Title: Institutional Respite – DMR/DD Licensed Facility**

Billing Unit: Per Day – based on a 24-hour period during which service is provided

Reimbursement Rate: \$130.00

Individual Options Waiver Service Code: AIL

Level One Waiver Service Code: FIL

Level One Waiver Emergency Assistance Component Service Code: EIL

Community Access Model Waiver CIL

**Service Title: Interpreter Services**

Billing Unit: Fifteen minutes

Base Reimbursement Rate: Listed below. To obtain the per person rate when two or more individuals receive service simultaneously, divide the base rate in the appropriate group category by the numbers of persons in the group.

Individual Options Waiver Service Code: AIN

Level One Waiver Service Code: N/A\*

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver N/A\*

**Agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$9.25	\$9.90	\$10.82	\$12.03
Category 2	\$9.35	\$10.00	\$10.94	\$12.15
Category 3	\$9.44	\$10.10	\$11.05	\$12.28
Category 4	\$9.54	\$10.21	\$11.16	\$12.40
Category 5	\$9.63	\$10.31	\$11.27	\$12.53
Category 6	\$9.73	\$10.41	\$11.38	\$12.65
Category 7	\$9.83	\$10.51	\$11.50	\$12.77
Category 8	\$9.92	\$10.62	\$11.61	\$12.90

**Non-agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$8.83	\$9.45	\$10.33	\$11.48
Category 2	\$8.92	\$9.54	\$10.44	\$11.60
Category 3	\$9.01	\$9.64	\$10.54	\$11.72
Category 4	\$9.10	\$9.74	\$10.65	\$11.83
Category 5	\$9.19	\$9.84	\$10.76	\$11.95
Category 6	\$9.29	\$9.94	\$10.86	\$12.07
Category 7	\$9.38	\$10.03	\$10.97	\$12.19
Category 8	\$9.47	\$10.13	\$11.08	\$12.31

**Service Title: Nutritional Services**

Billing Unit: Fifteen minutes

Base Reimbursement Rate: Listed below. To obtain the per person rate when two or more individuals receive service simultaneously, divide the base rate in the appropriate group category by the numbers of persons in the group.

Individual Options Waiver Service Code: ANN

Level One Waiver Service Code: N/A\*

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver N/A\*

**Agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$10.21	\$10.92	\$11.94	\$13.27
Category 2	\$10.31	\$11.03	\$12.07	\$13.41
Category 3	\$10.42	\$11.15	\$12.19	\$13.54
Category 4	\$10.52	\$11.26	\$12.31	\$13.68
Category 5	\$10.63	\$11.37	\$12.44	\$13.82
Category 6	\$10.74	\$11.49	\$12.56	\$13.96
Category 7	\$10.84	\$11.60	\$12.68	\$14.09
Category 8	\$10.95	\$11.71	\$12.81	\$14.23

**Non-agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$10.24	\$10.96	\$11.98	\$13.31
Category 2	\$10.35	\$11.07	\$12.11	\$13.45
Category 3	\$10.45	\$11.19	\$12.23	\$13.59
Category 4	\$10.56	\$11.30	\$12.35	\$13.73
Category 5	\$10.67	\$11.41	\$12.48	\$13.87
Category 6	\$10.77	\$11.53	\$12.60	\$14.00
Category 7	\$10.88	\$11.64	\$12.73	\$14.14
Category 8	\$10.98	\$11.75	\$12.85	\$14.28

**Service Title: Informal Respite**

Billing Unit: Fifteen Minutes

Base Reimbursement Rate: \$2.75

Individual Options Waiver Service Code: N/A\*

Level One Waiver Service Code: FIN

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver N/A\*

**Service Title: Social Work/Counseling Services**

Billing Unit: Fifteen minutes

Base Reimbursement Rate: Listed below. To obtain the per person rate when two or more individuals receive service simultaneously, divide the base rate in the appropriate group category by the numbers of persons in the group.

Individual Options Waiver Service Code: ASN

Level One Waiver Service Code: N/A\*

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver N/A\*

**Agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$9.05	\$9.69	\$10.59	\$11.77
Category 2	\$9.15	\$9.79	\$10.70	\$11.89
Category 3	\$9.24	\$9.89	\$10.81	\$12.01
Category 4	\$9.33	\$9.99	\$10.92	\$12.13
Category 5	\$9.43	\$10.09	\$11.03	\$12.26
Category 6	\$9.52	\$10.19	\$11.14	\$12.38
Category 7	\$9.62	\$10.29	\$11.25	\$12.50
Category 8	\$9.71	\$10.39	\$11.36	\$12.62



**Non-agency Provider Base Rates**

	<u>Serving 1 Individual</u>	<u>Serving 2 Individuals</u>	<u>Serving 3 Individuals</u>	<u>Serving 4 or more Individuals</u>
Category 1	\$8.62	\$9.22	\$10.08	\$11.20
Category 2	\$8.71	\$9.31	\$10.18	\$11.32
Category 3	\$8.79	\$9.41	\$10.29	\$11.43
Category 4	\$8.88	\$9.51	\$10.39	\$11.55
Category 5	\$8.97	\$9.60	\$10.50	\$11.66
Category 6	\$9.06	\$9.70	\$10.60	\$11.78
Category 7	\$9.15	\$9.79	\$10.71	\$11.90
Category 8	\$9.24	\$9.89	\$10.81	\$12.01

**Service Title: Home Delivered Meals**

Billing Unit: Per Meal

Reimbursement Rate: \$7.00

Individual Options Waiver Service Code: AMN

Level One Waiver Service Code: N/A\*

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver N/A\*

**Service Title: Environmental Accessibility Modifications**

Billing Unit: Per Item

Maximum Reimbursement Rate: \$7,500.00 for IO; no per item limitation for Community Access

Individual Options Waiver Service Code: AVN

Level One Waiver Service Code: N/A\*

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver CVN

**Service Title: Adaptive and Assistive Equipment**

Billing Unit: Per Item

Maximum Reimbursement Rate: \$10,000.00

Individual Options Waiver Service Code: AAE

Level One Waiver Service Code: N/A\*

Level One Waiver Emergency Assistance Component Service Code: N/A\*

Community Access Model Waiver N/A\*

**Service Title: Environmental Accessibility Adaptations**

Billing Unit: Per Item

Maximum Reimbursement Rate: \$2,000 within a period of three consecutive years beginning with the individual's initial date of enrollment on the waiver; or

\$6,000.00 if prior authorization is obtained and the combined payments for Environmental Accessibility Adaptations, Personal Emergency Response Systems and Specialized Medical Equipment and Supplies do not exceed \$6,000 within a period of three consecutive years beginning with the individual's initial date of enrollment on the waiver.

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	FVN
Level One Waiver Emergency Assistance Component Service Code:	EVN
Community Access Model Waiver	N/A

**Service Title: Specialized Medical Equipment and Supplies**

Billing Unit: Per Item

Maximum Reimbursement Rate: \$2,000 for Level One within a period of three consecutive years beginning with the individual's initial date of enrollment on the waiver; or \$6,000.00 for Level One, if prior approval is obtained and the combined payments for Environmental Accessibility Adaptations, Personal Emergency Response Systems and Specialized Medical Equipment and Supplies do not exceed \$6,000 within a period of three consecutive years beginning with the individual's initial date of enrollment on the waiver for Level One Waiver.

No per item limitation for the Community Access Model

Waiver

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	FAE
Level One Waiver Emergency Assistance Component Service Code:	EAE
Community Access Model Waiver	CAE

**Service Title: Personal Emergency Response Systems – Installation**

Billing Unit: Per Item

Maximum Reimbursement Rate: \$2,000 within a period of three consecutive years beginning with the individual's initial date of enrollment on the waiver; or

\$6,000.00 if prior authorization is obtained and the combined payments for Environmental Accessibility Adaptations, Personal Emergency Response Systems and Specialized Medical Equipment and Supplies do not exceed \$6,000 within a period of three consecutive years beginning with the individual's initial date of enrollment on the waiver for the Level One Waiver.

No limitations for the Community Access Model

Waiver.

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	FPI
Level One Waiver Emergency Assistance Component Service Code:	EPI
Community Access Model Waiver	CPI

Service Title: **Personal Emergency Response Systems – Maintenance**

Billing Unit: Per Month  
 Maximum Reimbursement Rate: \$50.00 for the Level One Waiver. No per item limitations for the Community Access Model Waiver

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	FPM
Level One Waiver Emergency Assistance Component Service Code:	EPM
Community Access Model Waiver	CPM

Service Title: **Community Transition Services**

Billing Unit: One-time Expenditure  
 Maximum Reimbursement Rate: \$3,500.00

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	N/A*
Level One Waiver Emergency Assistance Component Service Code:	N/A*
Community Access Model Waiver	CTS

Service Title: **Intermittent or Part-Time Nursing Services – First Hour**

Billing Unit: First Hour  
 Maximum Reimbursement Rate: \$55.00

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	N/A*
Level One Waiver Emergency Assistance Component Service Code:	N/A*
Community Access Model Waiver	CNH

Service Title: **Intermittent or Part-Time Nursing Services**

Billing Unit: Fifteen Minutes  
 Maximum Reimbursement Rate: \$5.70

Individual Options Waiver Service Code:	N/A*
Level One Waiver Service Code:	N/A*
Level One Waiver Emergency Assistance Component Service Code:	N/A*
Community Access Model Waiver	CNR

Service Title: **Environmental Accessibility Adaptations**

**Level One Waiver Payment Limitations:**

1. Payments for any one, or a combination of more than one, of the following services are subject to a **five-thousand (\$5,000) benefit package limitation** in twelve (12) month increments, beginning with the individual's effective date of enrollment and continuing during each subsequent twelve (12) month period:
  - a.) Homemaker/Personal Care – Routine;
  - b.) Homemaker/Personal Care – On-Site/On-Call;
  - c.) Institutional Respite – ICF/MR;
  - d.) Institutional Respite – ODMR/DD Licensed Facility
  - e.) Informal Respite
  - f.) Transportation
2. Payments for **emergency assistance** for any combination of services shall not exceed **\$8,000 for three (3) consecutive years**, beginning with the effective date of enrollment and continuing during each subsequent three (3) year period.

N/A\* - not applicable