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5123:2-9-30

Home and community-based services waivers - homemaker/  
personal care under the individual options and level one waivers.

(A) Purpose

The purpose of this rule is to define homemaker/personal care and set forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service. [Proposed new Individual Options Waiver service rules.]

(B) Definitions

- (1) "Agency provider" means an entity that employs persons for the purpose of providing services for which the entity must be certified under rules adopted by the department. [Proposed new Individual Options Waiver service rules.]
- (2) "County board" means a county board of developmental disabilities. [Proposed new Individual Options Waiver service rules.]
- (3) "Department" means the Ohio department of developmental disabilities. [Proposed new Individual Options Waiver service rules.]
- (4) "Direct contact" means exercising supervision or control over an individual enrolled on a waiver and for whom a provider will be providing homemaker/personal care. [5123:2-13-04 (B)(3)]
- (5) "Fifteen-minute billing unit" means a billing unit that equals fifteen minutes of service delivery time or is greater or equal to eight minutes and less than or equal to twenty-two minutes of service delivery time. [5123:2-9-06 (B)(6)]
- (6) "Funding range" means one of the dollar ranges contained in appendix C to rule 5123:2-9-06 of the Administrative Code, to which individuals have been assigned for the purpose of funding services for individuals enrolled on the individual options waiver. The funding range applicable to an individual is determined by the score derived from the Ohio developmental disabilities profile that has been completed by a county board employee qualified to administer the tool. [5123:2-9-06 (B)(7)]
- (7) "Group size" means the number of individuals who are sharing services, regardless of the funding source for those services. [Proposed new Individual Options Waiver service rules.]
- (8) "Homemaker/personal care" means the coordinated provision of a variety of services, supports, and supervision necessary for the health and welfare of an individual which enables the individual to live in the community. These are

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tasks directed at increasing the independence of the individual within his/her home or community. The service includes tasks directed at the individual's immediate environment that are necessitated by his or her physical or mental (including emotional and/or behavioral) condition, and is of a supportive or maintenance type. Without homemaker/personal care, alone or in combination with other waiver services, the individual would require institutionalization. Homemaker/personal care may not be used at the same time as any non-residential habilitation or supported employment services. [5123:2-8-10 (B)(1) and 5123:2-13-04 (B)(4)]

(a) The homemaker/personal care provider performs such tasks as assisting the individual with activities of daily living, personal hygiene, dressing, feeding, transfer, and ambulatory needs or skill development. Skill development is intervention that focuses on both preventing the loss of skills and enhancing skills that are already present that will lead to greater independence within the residence or the community. The provider may also perform homemaking tasks for the individual. These tasks may include cooking, cleaning, laundry, and shopping, among others. Homemaking and personal tasks are combined into a single service titled homemaker/personal care because, in actual practice, a provider performs both services and does so as part of the natural flow of the day. [5123:2-8-10 (B)(1)(a) and 5123:2-13-04 (B)(4)(a)]

(b) The supports that may be provided as a component of homemaker/personal care include: [5123:2-8-10 (B)(1)(b) and 5123:2-13-04 (B)(4)(b)]

(i) Basic personal care and grooming, including bathing, care of the hair, and assistance with clothing;

(ii) Assistance with bladder and/or bowel requirements or problems, including helping the individual to and from the bathroom or assisting the individual with bedpan routines;

(iii) Assisting the individual with self-medication or provision of medication administration for prescribed medications and assisting the individual with, or performing, health care activities;

(iv) Performing household services essential to the individual's health and comfort in the home (e.g., necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his/her home);

(v) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare;

(vi) Light cleaning tasks in areas of the home used by the individual;

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(vii) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals;

(viii) Personal laundry; and

(ix) Incidental neighborhood errands as necessary, including accompanying the individual to medical and other appropriate appointments and accompanying individual for walks outside the home.

(9) "Independent provider" means a self-employed person who provides homemaker/personal care services for which he or she must be certified under rule 5123:2-2-01 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services. [Proposed new Individual Options Waiver service rules.]

(10) "Individual" means a person with a developmental disability. A guardian may take any action on behalf of the individual, may make choices for the individual, or may receive notice on behalf of the individual to the extent permitted by applicable law. [Proposed new Individual Options Waiver service rules.]

(11) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual. [Proposed new Individual Options Waiver service rules.]

(12) "Ohio developmental disabilities profile" means the standardized instrument utilized by the department to assess the relative needs and circumstances of an individual compared to others. The individual's responses are scored and the individual is linked to a funding range, which enables similarly situated individuals to access comparable waiver services paid in accordance with rules adopted by the department. [5123:2-9-06 (B)(15)]

(13) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code. [Proposed new Individual Options Waiver service rules.]

(14) "Service documentation" means all records and information on one or more documents, including documents that may be created or maintained in electronic software programs, created and maintained contemporaneously with the delivery of services, and kept in a manner as to fully disclose the nature and extent of services delivered that shall include the items delineated in paragraph (E) of this rule to validate payment for medicaid services. [Proposed new Individual Options Waiver service rules.]

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(15) "Waiver eligibility span" means the twelve-month period following either an individual's initial enrollment date or the subsequent eligibility re-determination date. [Proposed new Individual Options Waiver service rules.]

(C) Provider qualifications

(1) Homemaker/personal care shall be provided by an independent provider or an agency provider that meets the requirements of this rule and that has a medicaid provider agreement with the Ohio department of job and family services. [Proposed new Individual Options Waiver service rules.]

(2) Homemaker/personal care shall not be provided by a county board or a regional council of governments formed under section 5126.13 of the Revised Code by two or more county boards except that the Lorain county board may continue to provide or subcontract to provide homemaker/personal care services for no more than the number of individuals enrolled on the individual options waiver it served on July 1, 2005. [Proposed new Individual Options Waiver service rules and 5123:2-13-04 (G)(5)]

(3) An applicant seeking approval to provide homemaker/personal care shall meet the requirements of this rule and complete and submit an application and adhere to the requirements of rule 5123:2-2-01 or 5123:2-3-19 of the Administrative Code, as applicable. [Proposed new Individual Options Waiver service rules.]

(4) Providers licensed under section 5123.19 of the Revised Code seeking to provide homemaker/personal care shall: [5123:2-8-10 (H) and 5123:2-13-04 (H)]

(a) Provide to the department written assurance to arrange for substitute coverage, if necessary, only from a provider certified by the department and as identified in the individual service plan; notify the individual or legally responsible person(s) in the event that substitute coverage is necessary; and notify the person identified in the individual service plan when substitute coverage is not available to allow such person to make other arrangements. [Addressed in 5123:2-8-10 (H)(2) and 5123:2-13-04 (H)(2) but wording has been aligned with newer 5123:2-2-01 (F)(2)(f)]

(b) Meet all of the requirements set forth in and maintain a license issued under section 5123.19 of the Revised Code.

(c) Maintain a current medicaid provider agreement with the Ohio department of job and family services.

(5) Each independent provider and each employee, contractor, and employee of a contractor of an agency provider who has direct contact with individuals receiving homemaker/personal care shall annually complete at least eight hours

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of training, in accordance with standards established by the department.  
[5123:2-8-10 (J) and 5123:2-13-04 (J)]

(a) The training shall be designed to enhance the skills and competencies of the independent provider or the employee/contractor of the agency provider relevant to his or her job responsibilities and shall include, but is not limited to the following topics:

(i) The provisions governing rights of individuals set forth in sections 5123.62 to 5123.64 of the Revised Code.

(ii) The requirements of rule 5123:2-17-02 of the Administrative Code relating to incidents adversely affecting health and safety.

(b) The training may be structured or unstructured and may include, but is not limited to, lectures, seminars, formal coursework, workshops, conferences, demonstrations, visitations or observations of other facilities/services/programs, distance and other means of electronic learning; video and audio-visual training, and staff meetings.

(c) The provider shall maintain a written record, which may include an electronic record, of training. This information shall be presented upon request by the Ohio department of job and family services, the department, or the county board. Documentation shall include the name of the person receiving the training, date of training, training topic, duration of training, instructor's name, and a brief description of the training.

(6) Failure to comply with the requirements of this rule and rule 5123:2-2-01 of the Administrative Code or standards and assurances established under Chapter 5123:2-3 of the Administrative Code, as applicable, may result in denial, suspension, or revocation of the provider's certification or licensure. [Proposed new Individual Options Waiver service rules.]

(D) Requirements for service delivery

(1) Homemaker/personal care shall be provided pursuant to an individual service plan that conforms to the requirements of rule 5101:3-40-01 or 5101:3-42-01 of the Administrative Code, as applicable.[Proposed new Individual Options Waiver service rules.]

(2) A provider of homemaker/personal care shall coordinate with the individual/guardian, family members, and designated persons, as applicable, to assist in the coordination of services. [Proposed new Individual Options Waiver service rules.]

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(3) A provider of homemaker/personal care shall: [5123:2-8-10 (B)(1)(c) and 5123:2-13-04 (B)(4)(c)]

(a) Participate in the individual service plan meetings if and when the individual requests the provider attend;

(b) Recognize changes in the individual's condition and behavior as well as safety and sanitation hazards, report to the service and support administrator, and record them in the individual's written record;

(c) Document all services provided to and on behalf of the individual; and

(d) Monitor incidents and take immediate actions when necessary to ensure the health, safety, and welfare of individuals and provide notice to the county board.

(E) Service documentation requirements [Proposed new Individual Options Waiver service rules.]

(1) The requirements of paragraph (B) of rule 5123:2-9-05 of the Administrative Code do not apply to service documentation for homemaker/personal care.

(2) Service documentation for homemaker/personal care shall include each of the following to validate payment for medicaid services:

(a) Date of service.

(b) Place of service.

(c) Name of individual served.

(d) Medicaid identification number of individual served.

(e) Name of provider.

(f) Provider identifier/contract number.

(g) Written or electronic signature of the person delivering the service or initials of the person delivering the service if a signature and corresponding initials are on file with the provider.

(h) Group size.

(i) Forms that identify, for each individual served, the particular support(s) delivered as a component of homemaker/personal care as specified in the

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individual service plan. The forms shall be checked off and initialed by the provider for each date of service.

(j) Number of units of the delivered service or continuous amount of uninterrupted time during which the service was provided.

(k) Times the delivered service started and stopped.

(F) Payment standards

(1) The billing units, service codes, and payment rates for homemaker/personal care are contained in appendix A to this rule. Payment rates include an adjustment based on the county cost-of-doing-business category. The cost-of-doing-business category for an individual is the category assigned to the county in which the service is actually provided for the preponderance of time. The cost-of-doing-business categories are contained in appendix B to this rule. [5123:2-9-06 (J)(4)]

(2) Payment rates for homemaker/personal care services shall be established separately for services provided through agency providers and for services provided by independent providers. Homemaker/personal care services extend to those times when the individual is not physically present and the provider is performing homemaker activities on behalf of the individual. [5123:2-9-06 (J)(3)]

(3) The base rate paid to a provider of homemaker/personal care services shall be adjusted to reflect the number of individuals sharing services. [5123:2-9-06 (H)(2)]

(a) If two individuals receive service from one staff member, the base rate shall be one hundred seven per cent of the base rate for one-to-one service. If three individuals share the service, the base rate shall be one hundred seventeen per cent of the base rate of one-to-one service. If four or more individuals share the service, the base rate shall be one hundred thirty per cent of the base rate for one-to-one service. [5123:2-9-06 (H)(2)(a)]

(b) The base rate established is divided by the number of individuals sharing the service to determine the rate paid per individual. [5123:2-9-06 (H)(2)(b)]

(c) In those situations where more than one staff member serves more than one individual simultaneously, the individuals' needs and circumstances shall determine staffing ratios, based on a unit of one staff to the portion of the total group that includes the individual. Only when it is impractical to determine staff ratios based on a unit of one staff, the provider shall, as authorized in the individual service plan, use the applicable service codes

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and payment rates established in appendix A to this rule to indicate both staff size and group size. [5123:2-9-06 (H)(3)]

(d) Group size shall be identified on the claim for payment submitted by the provider to the department. [5123:2-9-06 (H)(4)]

(e) Staffing ratios do not change at times when one or more individuals, for whom the staff is responsible, are not physically present, but are within verbal, visual, or technological supervision of the staff providing the service. Technological supervision includes staff contact with individuals through telecommunication and/or electronic signaling devices. [5123:2-9-06 (H)(5)]

(4) Payment rates for routine homemaker/personal care may be modified to reflect the needs of individuals requiring behavior support and individuals requiring medical assistance. Only individuals meeting criteria established by the department as specified in paragraphs (F)(4)(a) and (F)(4)(b) of this rule shall be eligible for these rate modifications. Upon determination by the county board that the individual meets the criteria, the county board shall recommend and implement rate modifications for behavior support and/or medical assistance. Rate modifications are subject to review by the department. The duration of approval for behavior support and/or medical assistance rate modifications shall be limited to the individual's twelve-month waiver eligibility span prior to re-determination and may be determined needed or no longer needed within that twelve-month waiver eligibility span. Rate modifications shall be renewed annually at the individual's eligibility re-determination date if the individual continues to meet the criteria. A modification to the homemaker/personal care rate shall be applied for each individual in a congregate setting meeting the criteria and shall be included in the payment rates of only those individuals meeting the criteria. [5123:2-9-06 (F)(1)]

(a) The behavior support rate modification is applicable to routine homemaker/personal care services only and shall be paid during all times when routine homemaker/personal care services are provided to an individual who qualifies for the modification. The amount of the behavior support rate modification for each fifteen-minute billing unit of service is contained in appendix A to this rule. [5123:2-9-06 (F)(2)]

(i) The purpose of the behavior support rate modification is to provide funding for the implementation of behavior support plans by staff who have the level of training necessary to implement the plans and who are working under the direction of licensed or certified personnel or other professionals who have specialized training or experience implementing behavior support plans. [5123:2-9-06 (F)(2)(a)]

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(ii) In order for an individual to receive the behavior support rate modification, the following conditions shall be met: [5123:2-9-06 (F)(2)(b)]

(a) The individual presents a danger to self or others or has been assessed to have the potential to present a danger; and [5123:2-9-06 (F)(2)(b)(i)]

(b) A behavior support plan that is a component of the individual service plan has been developed in accordance with the requirements in rules established by the department; and [5123:2-9-06 (F)(2)(b)(ii)]

(c) The individual routinely receives clinical services from a licensed, certified, or other professional who has specialized training or experience related to the design, development, and implementation of the behavior support plan; and [5123:2-9-06 (F)(2)(b)(iii)]

(d) The individual either: [5123:2-9-06 (F)(2)(b)(iv)]

(i) Responds "yes" to at least four items in question number thirty-two of the behavior domain of the Ohio developmental disabilities profile; or [5123:2-9-06 (F)(2)(b)(iv)(a)]

(ii) Requires a structured environment that, if removed, will result in the individual's engagement in behavior destructive to self or others. [5123:2-9-06 (F)(2)(b)(iv)(b)]

(iii) When determined through the individual service plan development process that the criteria contained in paragraph (F)(4)(a)(ii) of this rule have been met, the county board shall apply the behavior support rate modification for routine homemaker/personal care. The department retains the right to review and validate the qualifications of any provider of clinical services identified in accordance with paragraph (F)(4)(a)(ii)(c) of this rule. [5123:2-9-06 (F)(2)(c)]

(b) The medical assistance rate modification is applicable to routine homemaker/personal care services only and shall be paid during all times when routine homemaker/personal care services are provided to an individual who qualifies for the modification. The amount of the medical assistance rate modification for each fifteen-minute billing unit of service is contained in appendix A to this rule. The county board shall apply the medical assistance rate modification when the following criteria have been met: [5123:2-9-06 (F)(3)]

(i) An individual requires routine feeding and/or the administration of prescribed medications through gastrostomy and/or jejunostomy tubes,

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and/or requires the administration of routine doses of insulin through subcutaneous injections and insulin pumps; or [5123:2-9-06 (F)(3)(a)]

(ii) An individual requires a nursing procedure or nursing task that a licensed nurse agrees to delegate in accordance with rules in Chapter 4723-13 of the Administrative Code, which is provided in accordance with section 5123.42 of the Revised Code, and when such procedure or nursing task is not the administration of oral or topical medication or a health-related activity as defined in rule 5123:2-6-01 of the Administrative Code. [5123:2-9-06 (F)(3)(b)]

(5) The individual service plan development process shall be used to determine the frequency, duration, and scope of homemaker/personal care services to be paid at the on-site/on-call rate. [5123:2-9-06 (G)(1)]

(a) A provider shall be paid at the on-site/on-call rate for homemaker/personal care services contained in appendix A to this rule when: [5123:2-9-06 (G)(2)]

(i) Based upon assessed and documented need, the individual service plan indicates the days of the week and the beginning and ending times each day when it is anticipated that an individual will require on-site/on-call services; and [5123:2-9-06 (G)(2)(a)]

(ii) The individual is asleep and does not require intervention or assistance during this time; and [5123:2-9-06 (G)(2)(b)]

(iii) The homemaker/personal care provider is required to be on-site, but is not required to remain awake; and [5123:2-9-06 (G)(2)(c)]

(iv) On-site/on-call time does not exceed eight hours for the individual in any twenty-four-hour period. [5123:2-9-06 (G)(2)(d)]

(b) A provider shall be paid the routine homemaker/personal care rate when an individual receives intervention/supports during the times the individual service plan indicates a need for on-site/on-call services. In these instances, the provider shall document the start and stop times and dates during which intervention/supports were provided to the individual. [5123:2-9-06 (G)(3)]

(c) Neither the behavior support nor the medical assistance rate modification is applicable to the on-site/on-call payment rates for homemaker/personal care. [5123:2-9-06 (G)(4)]

(6) Payment for homemaker/personal care does not include room and board, items of comfort or convenience, or costs for the maintenance, upkeep, and improvement of the home. [5123:2-9-06 (J)(5)]

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(7) Under the level one waiver, the benefit limitation for homemaker/personal care, institutional respite, informal respite, and transportation combined shall not exceed five thousand dollars annually. [5123:2-8-10 (B)(1)]

Replaces:	5123:2-8-10, 5123:2-13-04
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APPENDIX A

BILLING UNITS, SERVICE CODES, AND PAYMENT RATES  
FOR HOMEMAKER/PERSONAL CARE  
[From 5123:2-9-06]

Homemaker/Personal Care (Routine) – Independent Provider

Billing Unit: Fifteen minutes

Service Codes:	Individual Options Waiver	APC
	Level One Waiver	FPC
	Level One Waiver Emergency Assistance	EPC

Payment Rates: Listed below. Based on cost-of-doing-business category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Independent Provider Base Rates:

	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
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

Homemaker/Personal Care (Routine) – Agency Provider

Billing Unit: Fifteen minutes

Service Codes: Listed below. Based on number of staff providing services.

One Staff	Individual Options Waiver	APC
	Level One Waiver	FPC
	Level One Waiver Emergency Assistance	EPC
Two Staff	Individual Options Waiver	AMW
	Level One Waiver	FMW
	Level One Waiver Emergency Assistance	EMW
Three Staff	Individual Options Waiver	AMX
	Level One Waiver	FMX
	Level One Waiver Emergency Assistance	EMX

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Four Staff	Individual Options Waiver	AMY
	Level One Waiver	FMY
	Level One Waiver Emergency Assistance	EMY
Five Staff	Individual Options Waiver	AMZ
	Level One Waiver	FMZ
	Level One Waiver Emergency Assistance	EMZ

Payment Rates: Listed below. Based on cost-of-doing-business category, number of individuals receiving services, and number of staff providing services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Agency Provider Base Rates Per One Staff:

	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
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

Homemaker/Personal Care (Routine) Behavior Support Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Homemaker/Personal Care (Routine) Medical Assistance Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.12

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

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## Homemaker/Personal Care (On-Site/On-Call) – Independent Provider

Billing Unit: Fifteen minutes

Service Codes:	Individual Options Waiver	AOC
	Level One Waiver	FOC
	Level One Waiver Emergency Assistance	EOC

Payment Rates: Listed below. Based on cost-of-doing-business category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

### Independent Provider Base Rates:

	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
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

## Homemaker/Personal Care (On-Site/On-Call) – Agency Provider

Billing Unit: Fifteen minutes

Service Codes: Listed below. Based on number of staff providing services.

One Staff	Individual Options Waiver	AOC
	Level One Waiver	FOC
	Level One Waiver Emergency Assistance	EOC
Two Staff	Individual Options Waiver	AOW
	Level One Waiver	FOW
	Level One Waiver Emergency Assistance	EOW
Three Staff	Individual Options Waiver	AOX
	Level One Waiver	FOX
	Level One Waiver Emergency Assistance	EOX
Four Staff	Individual Options Waiver	AOY
	Level One Waiver	FOY
	Level One Waiver Emergency Assistance	EOY
Five Staff	Individual Options Waiver	AOZ
	Level One Waiver	FOZ
	Level One Waiver Emergency Assistance	EOZ

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Payment Rates: Listed below. Based on cost-of-doing-business category, number of individuals receiving services, and number of staff providing services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

## Agency Provider Base Rates Per One Staff:

	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
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

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APPENDIX B

COST-OF-DOING-BUSINESS CATEGORIES

Category 1: Adams  
Athens  
Belmont  
Gallia  
Guernsey  
Harrison  
Jefferson  
Meigs  
Monroe  
Pike  
Ross  
Scioto  
Tuscarawas  
Vinton  
Washington

Category 2: Carroll  
Crawford  
Defiance  
Highland  
Hocking  
Jackson  
Lawrence  
Mercer  
Morgan  
Muskingum  
Noble  
Paulding  
Perry  
Van Wert  
Wyandot

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Category 3: Allen  
Auglaize  
Brown  
Clinton  
Columbiana  
Coshocton  
Fayette  
Hancock  
Holmes  
Knox  
Marion  
Morrow  
Putnam  
Richland  
Seneca  
Shelby  
Williams

Category 4: Ashland  
Darke  
Erie  
Fairfield  
Fulton  
Hardin  
Henry  
Huron  
Licking  
Logan  
Mahoning  
Pickaway  
Sandusky  
Stark  
Trumbull  
Wood

Category 5: Ashtabula  
Champaign  
Clark  
Delaware  
Greene  
Lucas  
Madison  
Miami  
Montgomery  
Ottawa  
Preble  
Union  
Wayne

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Category 6: Clermont  
Franklin  
Geauga  
Lake  
Lorain  
Medina  
Portage  
Summit

Category 7: Butler  
Cuyahoga  
Warren

Category 8: Hamilton