

5123:2-9-19

APPENDIX C

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**SERVICE CODES AND PAYMENT RATES FOR ADULT DAY SUPPORT,
VOCATIONAL HABILITATION, SUPPORTED EMPLOYMENT-ENCLAVE,
SUPPORTED EMPLOYMENT-COMMUNITY, AND
NON-MEDICAL TRANSPORTATION SERVICES**

Adult Day Support

Billing Unit: Fifteen minutes and daily

Service Codes: Individual Options Waiver 15-Minute Unit: ADF
 Individual Options Waiver Daily Unit: ADS
 Level One Waiver 15-Minute Unit: FDF
 Level One Waiver Daily Unit: FDS

Reimbursement Rate: Listed below by cost of doing business (CODB) category. Rates are presented on a per-person basis, segregated by group assignment and related staff intensity requirements. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A		Group A-1		Group B		Group C	
	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate
1	\$1.58	\$39.50	\$1.19	\$29.56	\$2.84	\$71.00	\$4.73	\$118.25
2	\$1.59	\$39.75	\$1.20	\$29.86	\$2.87	\$71.75	\$4.78	\$119.50
3	\$1.61	\$40.25	\$1.21	\$30.17	\$2.90	\$72.50	\$4.83	\$120.75
4	\$1.63	\$40.75	\$1.22	\$30.47	\$2.93	\$73.25	\$4.88	\$122.00
5	\$1.64	\$41.00	\$1.23	\$30.78	\$2.96	\$74.00	\$4.93	\$123.25
6	\$1.66	\$41.50	\$1.25	\$31.09	\$2.99	\$74.75	\$4.98	\$124.50
7	\$1.68	\$42.00	\$1.26	\$31.39	\$3.02	\$75.50	\$5.02	\$125.50
8	\$1.69	\$42.25	\$1.27	\$31.70	\$3.04	\$76.00	\$5.07	\$126.75

Vocational Habilitation

Billing Unit: Fifteen minutes and daily

Service Codes: Individual Options Waiver 15-Minute Unit: AVF
 Individual Options Waiver Daily Unit: AVH
 Level One Waiver 15-Minute Unit: FVF
 Level One Waiver Daily Unit: FVH

Reimbursement Rate: Listed below by CODB category. Rates are presented on a per-person basis, segregated by group assignment and related staff intensity requirements. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A		Group A-1		Group B		Group C	
	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate
1	\$1.58	\$39.50	\$1.19	\$29.56	\$2.84	\$71.00	\$4.73	\$118.25
2	\$1.59	\$39.75	\$1.20	\$29.86	\$2.87	\$71.75	\$4.78	\$119.50
3	\$1.61	\$40.25	\$1.21	\$30.17	\$2.90	\$72.50	\$4.83	\$120.75
4	\$1.63	\$40.75	\$1.22	\$30.47	\$2.93	\$73.25	\$4.88	\$122.00
5	\$1.64	\$41.00	\$1.23	\$30.78	\$2.96	\$74.00	\$4.93	\$123.25
6	\$1.66	\$41.50	\$1.25	\$31.09	\$2.99	\$74.75	\$4.98	\$124.50
7	\$1.68	\$42.00	\$1.26	\$31.39	\$3.02	\$75.50	\$5.02	\$125.50
8	\$1.69	\$42.25	\$1.27	\$31.70	\$3.04	\$76.00	\$5.07	\$126.75

Adult Day Support and Vocational Habilitation

Billing Unit: Fifteen minutes and daily

Service Codes: Individual Options Waiver 15-Minute Unit: AXF
 Individual Options Waiver Daily Unit: AXD
 Level One Waiver 15-Minute Unit: FXF
 Level One Waiver Daily Unit: FXD

Reimbursement Rate: The billing codes listed below by CODB category shall be used when one waiver provider provides a combination of Adult Day Support and Vocational Habilitation services to one individual in one calendar day. While service units may be combined to result in either a daily rate or accumulated 15-minute units, the provider shall not bill for a daily unit of this service on the same day that 15-minute units of this combined service are billed for the same individual. Rates are presented on a per-person basis, segregated by group assignment and related staff intensity requirements. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A		Group A-1		Group B		Group C	
	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate
1	\$1.58	\$39.50	\$1.19	\$29.56	\$2.84	\$71.00	\$4.73	\$118.25
2	\$1.59	\$39.75	\$1.20	\$29.86	\$2.87	\$71.75	\$4.78	\$119.50
3	\$1.61	\$40.25	\$1.21	\$30.17	\$2.90	\$72.50	\$4.83	\$120.75
4	\$1.63	\$40.75	\$1.22	\$30.47	\$2.93	\$73.25	\$4.88	\$122.00
5	\$1.64	\$41.00	\$1.23	\$30.78	\$2.96	\$74.00	\$4.93	\$123.25
6	\$1.66	\$41.50	\$1.25	\$31.09	\$2.99	\$74.75	\$4.98	\$124.50
7	\$1.68	\$42.00	\$1.26	\$31.39	\$3.02	\$75.50	\$5.02	\$125.50
8	\$1.69	\$42.25	\$1.27	\$31.70	\$3.04	\$76.00	\$5.07	\$126.75

Supported Employment-Enclave

Billing Unit: Fifteen minutes and daily

Service Codes: Individual Options Waiver 15-Minute Unit: ANF
 Individual Options Waiver Daily Unit: AND
 Level One Waiver 15-Minute Unit: FNF
 Level One Waiver Daily Unit: FND

Reimbursement Rate: Listed below by CODB category. Rates are presented on a per-person basis, segregated by group assignment and related staff intensity requirements. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A		Group A-1		Group B		Group C	
	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate	15-Min Rate	Daily Rate
1	\$1.38	\$33.18	\$1.04	\$25.94	\$2.49	\$59.76	\$4.15	\$99.60
2	\$1.40	\$33.54	\$1.05	\$26.21	\$2.52	\$60.36	\$4.19	\$100.62
3	\$1.41	\$33.90	\$1.06	\$26.48	\$2.54	\$61.02	\$4.24	\$101.70
4	\$1.43	\$34.26	\$1.07	\$26.75	\$2.57	\$61.62	\$4.28	\$102.72
5	\$1.44	\$34.56	\$1.08	\$27.02	\$2.59	\$62.22	\$4.32	\$103.74
6	\$1.46	\$34.92	\$1.09	\$27.29	\$2.62	\$62.88	\$4.37	\$104.76
7	\$1.47	\$35.28	\$1.10	\$27.55	\$2.65	\$63.48	\$4.41	\$105.84
8	\$1.49	\$35.64	\$1.11	\$27.82	\$2.67	\$64.08	\$4.45	\$106.86

Supported Employment-Community

Billing Unit: Fifteen minutes

Service Codes: Individual Options Waiver: ACO
 Level One Waiver: FCO

Reimbursement Rate: Listed below by CODB category. 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 number of persons in the group.

Agency and/or County Board Provider Base Rates/1 Staff

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

Individual Provider Base Rates/1 Staff

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

Supported Employment-Enclave and/or Supported Employment-Community – Equipment Purchase and/or Modification

Billing Unit: Per Item

Service Codes: Individual Options Waiver: AEQ
Level One Waiver: FEQ

Reimbursement Rate: Actual cost, per item. Claims for payment shall be submitted to the department with verification that the item purchased and/or modified meets the requirements specified in the ISP, that the item has been found to be satisfactory by the individual for whom it was purchased, and that the item meets applicable manufacturing standards. The verification submitted shall be in a format prescribed by the department.

Non-Medical Transportation (Per Mile) to Access Adult Day Support, Vocational Habilitation, Supported Employment-Enclave, and/or Supported Employment-Community Services

Billing Unit: Per mile based on commute

Service Codes: Individual Options Waiver: ATW
Level One Waiver: FTW

Reimbursement Rate: Listed below by CODB category. Rates are paid to commute one mile. To calculate the total cost of the commute, divide the rate per mile by the total number of passengers in the vehicle at any one time during the commute. Multiply the resulting per-person, per-mile rate by the number of miles in the commute to determine the per-person amount to be billed to the waiver for the commute. Rate calculations include the cost of the driver.

Note: Refer to paragraph (D)(2) of rule 5123:2-9-18 of the Administrative Code for guidance on how to calculate the number of miles in a commute and how to determine the number of passengers in a vehicle.

CODB Category	Rate Per Mile
1	\$1.25
2	\$1.25
3	\$1.27
4	\$1.27
5	\$1.27
6	\$1.29
7	\$1.29
8	\$1.29

Non-Medical Transportation (Per Trip) to Access Adult Day Support, Vocational Habilitation, Supported Employment-Enclave, and/or Supported Employment-Community Services

Billing Unit: Per one-way trip

Service Codes:

Individual Options Waiver – Taxi/Livery or Commercial Bus:	ATT
Individual Options Waiver – Vehicle Eligible for One-Way Trip Rate:	ATB
Level One Waiver – Taxi/Livery or Commercial Bus:	FTT
Level One Waiver – Vehicle Eligible for One-Way Trip Rate:	FTB

Reimbursement Rate: Listed below by CODB category. Rates are presented on a per-person basis and shall not be further altered, irrespective of the number of persons being transported simultaneously. Rate calculations include the cost of the vehicle driver.

CODB Category	Cost Per Trip Taxi/Livery	Cost Per Trip Commercial Bus	One-Way Trip In Vehicle
1	Actual	Actual	\$18.73
2	Actual	Actual	\$18.93
3	Actual	Actual	\$19.12
4	Actual	Actual	\$19.31
5	Actual	Actual	\$19.51
6	Actual	Actual	\$19.70
7	Actual	Actual	\$19.90
8	Actual	Actual	\$20.09