AMENDED Appendix 5101:3-1-06.4

5101:3-1-06		
5101:3-1-06.4 Appendix A		
	aiver Rates	1 01
The following services are available only to choic		e area defined in the
approved 1915 (c) waiver for the choices program Service	n. Billing Maximum	Billing unit
Enhanced adult day service	\$40.00 \$41.20	1 day
Enhanced adult day service	\$20.00 \$20.60	1/2 day
Enhanced adult day service	\$1.25 \$1.29	15 minutes
Intensive adult day service	\$52.50 \$54.08	1 day
Intensive adult day service	\$26.25 \$27.04	1/2 day
Intensive adult day service	\$1.64 \$1.69	15 minutes
Adult day service transportation	\$2.12 \$2.18	1 mile
Adult day service transportation	\$15.84 \$16.32	1 one-way trip
Adult day service transportation	\$19.52 \$20.11	1 round trip
Home care attendant service	\$37.50 \$38.63	¹ / ₄ hour
Home medical equipment & supplies: Ambulatory	\$5,000 \$5,150.00	1 Item
Home medical equipment & supplies : Non- Ambulatory	\$5,000 \$5,150.00	1 Item
Home medical equipment & supplies: Hygiene and Disposables	\$5,000 \$5,150.00	1 Item
Home medical equipment & supplies: Equipment Repair	\$5,000 \$5,150.00	1 Item
Home medical equipment & supplies: Nutrition supplement and Supplies	\$5,000 \$5,150.00	1 Item
Emergency response system	\$45.00 \$46.35	1 month rental
Emergency response system	\$45.00 \$46.35	installation
Emergency response system	<u>\$100.00</u>	alternative ERS device
Minor home modification	\$7,500 \$7,725.00	1 completed work order
Meals: home delivered	\$6.32 \$6.51	1 meal
Meals: therapeutic	\$8.92 \$9.19	1 meal
Alternative meals service	\$30.00 \$30.90	1 meal
Pest control	\$750.00 \$772.50	1 job
All services are reimbursed at the usual and custo whichever is lower.	mary rates or the Medicai	id maximum rate