ACTION: Final

AMENDED Appendix 5101:3-1-06.4

DATE: 09/20/2007 2:40 PM

5101:3-1-06.4

Appendix A

	Choices Waiver Rates	=
The follo	owing services are available only to choices enrollees in the service area defined in the	_
annrova	d 1015 (a) waiver for the choices program	

Billing Maximum	Billing unit
\$40.00 \$41.20	1 day
\$20.00 \$20.60	1/2 day
\$1.25 \$1.29	15 minutes
\$52.50 \$54.08	1 day
\$26.25 \$27.04	1/2 day
\$1.64 \$1.69	15 minutes
\$2.12 \$2.18	1 mile
\$15.84 \$16.32	1 one-way trip
\$19.52 \$20.11	1 round trip
\$37.50 \$38.63	¼ hour
\$5,000 \$5,150.00	1 Item
\$5,000 \$5,150.00	1 Item
\$ 5,000 \$5,150.00	1 Item
\$ 5,000 \$5,150.00	1 Item
\$ 5,000 \$ 5,150.00	1 Item
\$45.00 \$46.35	1 month rental
\$45.00 \$46.35	installation
<u>\$100.00</u>	alternative ERS device
\$7,500 \$7,725.00	1 completed work order
\$6.32 \$6.51	1 meal
\$8.92 \$9.19	1 meal
\$30.00 \$30.90	1 meal
\$750.00 \$772.50	1 job
	\$40.00 \$41.20 \$20.00 \$20.60 \$1.25 \$1.29 \$52.50 \$54.08 \$26.25 \$27.04 \$1.64 \$1.69 \$2.12 \$2.18 \$15.84 \$16.32 \$19.52 \$20.11 \$37.50 \$38.63 \$5,000 \$5,150.00 \$5,000 \$5,150.00

All services are reimbursed at the usual and customary rates or the Medicaid maximum rate whichever is lower.