ACTION: Original

AMENDED Appendix 5101:ENACTED

DATE: 04/14/2006 4:19 PM

5101:3-1-06.4

Appendix A

Choices Waiver RatesEffective July 1, 2006

The following services are available only to choices enrollees in the service area defined in the approved 1915 (c) waiver for the choices program.

Service	Billing Maximum	Billing unit
Enhanced adult day service	\$40.00	1 day
Enhanced adult day service	\$20.00	1/2 day
Enhanced adult day service	\$1.25	15 minutes
Intensive adult day service	\$52.50	1 day
Intensive adult day service	\$26.25	1/2 day
Intensive adult day service	\$1.64	15 minutes
Adult day service transportation	\$2.12	1 mile
Adult day service transportation	\$15.84	1 one-way trip
Adult day service transportation	\$19.52	1 round trip
Home care attendant service	\$37.50	¼ hour
Home medical equipment & supplies: Ambulatory	\$5,000	1 Item
Home medical equipment & supplies : Non-Ambulatory	\$5,000	1 Item
Home medical equipment & supplies: Hygiene and Disposables	\$5,000	1 Item
Home medical equipment & supplies: Equipment Repair	\$5,000	1 Item
Home medical equipment & supplies: Nutrition supplement and Supplies	\$5,000	1 Item
Emergency response system	\$45.00	1 month rental
Emergency response system	\$45.00	installation
Minor home modification	\$7,500	1 completed work order
Meals: home delivered	\$6.32	1 meal
Meals: therapeutic	\$8.92	1 meal
Alternative meals service	\$30.00	1 meal
Pest control	\$750.00	1 job

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