

5101:3-1-06.4

Appendix A

| Choices Waiver Rates | | |
|---|------------------------|-------------------------------|
| 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 |
| Emergency response system | <u>\$100.00</u> | <u>alternative ERS device</u> |
| 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. | | |