

## 5101:3-1-06.4

## Appendix A

<b>Choices Waiver Rates</b>		
The following services are available only to choices enrollees in the service area defined in the approved 1915 (c) waiver for the choices program.		
<b>Service</b>	<b>Billing Maximum</b>	<b>Billing unit</b>
Enhanced adult day service	<del>\$40.00</del> \$41.20	1 day
Enhanced adult day service	<del>\$20.00</del> \$20.60	1/2 day
Enhanced adult day service	<del>\$1.25</del> \$1.29	15 minutes
Intensive adult day service	<del>\$52.50</del> \$54.08	1 day
Intensive adult day service	<del>\$26.25</del> \$27.04	1/2 day
Intensive adult day service	<del>\$1.64</del> \$1.69	15 minutes
Adult day service transportation	<del>\$2.12</del> \$2.18	1 mile
Adult day service transportation	<del>\$15.84</del> \$16.32	1 one-way trip
Adult day service transportation	<del>\$19.52</del> \$20.11	1 round trip
Home care attendant service	<del>\$37.50</del> \$38.63	¼ hour
Home medical equipment & supplies: Ambulatory	<del>\$5,000</del> \$5,150.00	1 Item
Home medical equipment & supplies : Non- Ambulatory	<del>\$5,000</del> \$5,150.00	1 Item
Home medical equipment & supplies: Hygiene and Disposables	<del>\$5,000</del> \$5,150.00	1 Item
Home medical equipment & supplies: Equipment Repair	<del>\$5,000</del> \$5,150.00	1 Item
Home medical equipment & supplies: Nutrition supplement and Supplies	<del>\$5,000</del> \$5,150.00	1 Item
Emergency response system	<del>\$45.00</del> \$46.35	1 month rental
Emergency response system	<del>\$45.00</del> \$46.35	installation
<u>Emergency response system</u>	<u>\$100.00</u>	<u>alternative ERS device</u>
Minor home modification	<del>\$7,500</del> \$7,725.00	1 completed work order
Meals: home delivered	<del>\$6.32</del> \$6.51	1 meal
Meals: therapeutic	<del>\$8.92</del> \$9.19	1 meal
Alternative meals service	<del>\$30.00</del> \$30.90	1 meal
Pest control	<del>\$750.00</del> \$772.50	1 job
All services are reimbursed at the usual and customary rates or the Medicaid maximum rate whichever is lower.		