AMENDED Appendix 5101:3-1-06.4

5101:3-1-06.4 S101:3-1-06.		
11	aiver Rates	
The following services are available only to choice		e 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	¹ /4 hour
Home medical equipment & supplies: Ambulatory	\$5,000	1 Iten
Home medical equipment & supplies : Non- Ambulatory	\$5,000	1 Iten
Home medical equipment & supplies: Hygiene and Disposables	\$5,000	1 Iten
Home medical equipment & supplies: Equipment Repair	\$5,000	1 Iten
Home medical equipment & supplies: Nutrition supplement and Supplies	\$5,000	1 Iten
Emergency response system	\$45.00	1 month renta
Emergency response system	\$45.00	installation
Emergency response system	<u>\$100.00</u>	alternative ERS device
Minor home modification	\$7,500	1 completed work order
Meals: home delivered	\$6.32	1 mea
Meals: therapeutic	\$8.92	1 mea
Alternative meals service	\$30.00	1 mea
Pest control	\$750.00	1 jot
Pest control All services are reimbursed at the usual and custor whiche ver is lower.		d maxim