

5101:3-32-07**Choices HCBS waiver rate setting.**

(A) Subject to the limits set forth in the rule 5101:3-1-06.4 of the Administrative Code, consumers negotiate rates with providers whereby expenditures may not exceed the authorized amounts identified in the service plan.

(B) Consumers shall negotiate rates for choices HCBS waiver program covered services as specified in rule 5101:3-32-05, except for the enhanced level and the intensive level of adult day services, as defined in rule 173-39-02.1 of the Administrative Code as these are set for in Appendix A of the rule 5101:3-1-06.4 of the Administrative Code.

(C) The consumer shall contract for the services specified in the service plan with providers who have a signed medicaid provider agreement with ODJFS to provide choices HCBS waiver program covered services, who meet the requirements set forth in rules 5101:3-32-02 and 501:3-32-04 of the Administrative Code to provide the specified service in the region for which the rate will be negotiated.

(1) The consumer shall:

(a) Specify the time period for which the rates shall be in effect;

(b) Base rates on the units of service as set forth in rule 173-39-02 of the Administrative Code.

(2) The rates shall not exceed the cost cap as specified in paragraph (H) of rule 5101:3-32-03 of the Administrative Code nor the maximum allowed per service as specified in appendix A of rule 5101:3-1-06.4 of the Administrative Code.

(D) Payment for choices HCBS wavier covered services constitutes payment in-full and may not be construed as a partial payment when the payment amount is less than the provider's usual and customary charge. The provider may not bill the consumer for any difference between the medicaid payment and the provider's charge or request the recipient to share in the cost through a co-payment or other similar charge. The provider shall accept medicaid payment as payment in full.

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WITHDRAWN ELECTRONICALLY

Certification

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Date

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