ACTION: Final

AMENDED Appendix 5160-1-06.1 PASSPORT Waiver Rates

DATE: 06/20/2014 12:37 PM

5160-1-06.1 Appendix A

Waiver Service	Billing Maximum	Unit
Enhanced Adult Day	440.00	1.5
Service	\$49.39	1 Day
Enhanced Adult Day Service	\$24.70	1/2 Day
Enhanced Adult Day	\$24.70	1/2 Day
Service	\$1.55	15 Minutes
Intensive Adult Day	Ψ1.33	13 Williams
Service	\$64.84	1 Day
Intensive Adult Day		•
Service	\$32.41	1/2 Day
Intensive Adult Day		
Service	\$2.03	15 Minutes
Adult Day Service	Ф2.22	1361
Transportation	\$2.22	1 Mile
Adult Day Service	¢16.55	1 One Way Trin
Transportation Adult Day Service	\$16.55	1 One-Way Trip
Transportation	\$20.40	1 Round Trip
Meals: Home Delivered	\$6.60	1 Meal
ivicais. Home Denvered	φυ.ου	1 Wicai
Meals: Therapeutic	\$9.33	1 Meal
ivicais. Therapeutic	Ψ7.33	1 Wicai
Homemaker Service	\$3.84	1/4 Hr
Chore Service	\$2,612.47	1 Job
Social Work Counseling		
Service	\$16.26	1/4 Hr
Nutritional Consultation		
Service	\$13.34	1/4 Hr
Personal Care Services		
Provided by ODA		
Certified Long-Term	¢4.24	1/4 11
Care Agency Provider Personal Care Services	\$4.34	1/4 Hr
Provided by ODA		
Certified Consumer-		
Directed Personal Care		
Provider	\$3.13	1/4 Hr
Home Medical		
Equipment and Supplies:		
Ambulatory	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:	¢5 224 02	1. T
Ambulatory - Second	\$5,224.93	1 Item

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One		
Home Medical		
Equipment and Supplies:		
Ambulatory - Third One	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:		
Non-Ambulatory	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:		
Non-Ambulatory -		
Second One	\$5,224.93	1 Item
Home Medical	ψ3,224.73	1 Item
Equipment and Supplies:		
Non-Ambulatory - Third	Φ5 224 02	4.7.
One	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:		
Hygiene & Disposables	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:		
Hygiene & Disposables -		
Second One	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:		
Hygiene & Disposables -		
Third One	\$5,224.93	1 Item
Home Medical	ψ3,221.93	1 Item
Equipment and Supplies:		
Equipment Repair	\$5,224.93	1 Item
Home Medical	\$3,224.93	1 ItCIII
Equipment and Supplies:		
Nutrition Supplement &	Φ. 7. 2. 2. 4. 0. 2.	4.7
Supplies	\$5,224.93	1 Item
Emergency Response		
System	\$31.78	1 Month Rental
Emergency Response		
System	\$31.35	Installation
Emergency Response		Alternative ERS
System	\$101.46	Device
·	7	
Minor Home	\$7,927.40	1 Completed Work
Modification	\$7,837.40	Order
Independent Living		
Assistance: In-Person		
Activities	\$5.22	1/4 Hr
Independent Living		
Assistance: Travel		
Attendant	\$5.22	1/4 Hr
Independent Living		
Assistance: Telephone		
Assistance	\$5.22	1 Completed Call
Transportation	\$1,306.24	1 Round Trip
	+-,	- 1100mg 111p
Transportation	¢652 11	1 One West Trin
Transportation	\$653.11	1 One-Way Trip

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Community Transition	\$1,477.50	1 Completed Job Order or Deposit Made
Non-Medical	\$1,477.50	Iviauc
Transportation	\$1,306.24	1 Round Trip
Non-Medical		
Transportation	\$653.11	1 One-Way Trip
Enhanced Community		•
Living Service	\$5.06	1/4 Hr
Alternative Meals		
Service	\$31.35	1 Meal
Pest Control	\$783.74	1 Job
Choices Home Care		
Attendant Service	\$6.25	1/4 Hr
Waiver nursing	See rate and billing unit in rule 5160-46-06	
Out-of-Home Respite	See rate and billing unit in rule 5160-46-06	
Home Care Attendant		
Service	See rate and billing unit in rule 5160-46-06.1	