ACTION: Revised

**AMENDED** Appendix
5160-1-06.1
PASSPORT Waiver Rates

DATE: 05/02/2014 10:50 AM

5160-1-06.1 Appendix A

Waiver Service	<b>Billing Maximum</b>	Unit
Enhanced Adult Day		
Service	\$49.39	1 Day
Enhanced Adult Day		
Service	\$24.70	1/2 Day
Enhanced Adult Day		
Service	\$1.55	15 Minutes
Intensive Adult Day		
Service	\$64.84	1 Day
Intensive Adult Day	400.44	1.00
Service	\$32.41	1/2 Day
Intensive Adult Day	Φ2.02	1535
Service	\$2.03	15 Minutes
Adult Day Service Transportation	\$2.22	1 Mile
Adult Day Service	\$2.22	1 Mille
Transportation	\$16.55	1 One-Way Trip
Adult Day Service	\$10.33	1 One-way 111p
Transportation	\$20.40	1 Round Trip
Meals: Home Delivered	\$6.60	1 Meal
Wears. Home Denvered	\$0.00	1 Meai
Maala Thananautia	\$0.22	1 Meal
Meals: Therapeutic	\$9.33	1 Meai
Homemaker Service	¢2 9.4	1/4 II.
Homemaker Service	\$3.84	1/4 Hr
Chara Camina	\$2.612.47	1 7.4
Chore Service	\$2,612.47	1 Job
Social Work Counseling	01.505	4 /4 **
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 II.
Care Agency Provider Personal Care Services	\$4.34	1/4 Hr
Provided by ODA		
Certified Consumer-		
Directed Personal Care		
Provider Provider	\$3.13	1/4 Hr
Home Medical	1-1	-,
Equipment and Supplies:		
Ambulatory	\$5,224.93	1 Item
Home Medical		
Equipment and Supplies:		
Ambulatory - Second	\$5,224.93	1 Item

## 5160-1-06.1 Appendix A

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

## 5160-1-06.1 Appendix A

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	