AMENDED
Appendix
5101:3-1-06.1

DATE: 07/01/2011 1:24 PM

Waiver Service	5101:3-1-06.1	<b>Billing Maximum</b>	Unit
Enhanced Adult Day Service	<del>\$42.44</del>	\$41.16	1 Day
Enhanced Adult Day Service	<del>\$21.22</del>	<u>\$20.58</u>	1/2 Day
Enhanced Adult Day Service	<del>\$1.33</del>	<u>\$1.29</u>	15 Minutes
Intensive Adult Day Service	<del>\$55.70</del>	<u>\$54.03</u>	1 Day
Intensive Adult Day Service	<del>\$27.85</del>	<u>\$27.01</u>	1/2 Day
Intensive Adult Day Service	<del>\$1.74</del>	<u>\$1.69</u>	15 Minutes
Adult Day Service Transportation	<del>\$2.25</del>	<u>\$2.18</u>	1 Mile
Adult Day Service Transportation	<del>\$16.80</del>	<u>\$16.30</u>	1 One-Way Trip
Adult Day Service Transportation	<del>\$20.71</del>	<u>\$20.09</u>	1 Round Trip
Meals: Home Delivered	<del>\$6.70</del>	<u>\$6.50</u>	1 Meal
Meals: Therapeutic	<del>\$9.47</del>	\$9.18	1 Meal
Homemaker Service	<del>\$3.90</del>	\$3.79	1/4 Hr
Chore Service	\$ <del>2,652.25</del>	\$2,572.68	1 Job
Social Work Counseling Service	<del>\$16.51</del>	<u>\$16.01</u>	1/4 Hr
Nutritional Consultation Service	<del>\$13.54</del>	\$13.13	1/4 Hr
Personal Care Services Provided by ODA Certified Long-Term Care Agency Provider	<del>\$4.41</del>	<u>\$4.28</u>	1/4 Hr
Personal Care Services Provided by ODA Certified Consumer-Directed Personal Care Provider	<del>\$3.18</del>	<u>\$3.08</u>	1/4 Hr
Home Medical Equipment and Supplies: Ambulatory	<del>\$5,304.50</del>	\$5,145. <u>37</u>	1 Item
Home Medical Equipment and Supplies: Ambulatory - Second One	<del>\$5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Ambulatory - Third One	\$ <del>5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Non-Ambulatory	\$ <del>5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Non-Ambulatory - Second One	<del>\$5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Non-Ambulatory - Third One	\$ <del>5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Hygiene & Disposables	\$ <del>5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Hygiene & Disposables - Second One	\$ <del>5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Hygiene & Disposables - Third One	\$ <del>5,304.50</del>	<u>\$5,145.37</u>	1 Item

Home Medical Equipment and Supplies: Equipment Repair	<del>\$5,304.50</del>	<u>\$5,145.37</u>	1 Item
Home Medical Equipment and Supplies: Nutrition Supplement & Supplies	\$ <del>5,304.50</del>	\$5,145.37	1 Item
Emergency Response System	<del>\$32.26</del>	<u>\$29.03</u>	1 Month Rental
Emergency Response System	<del>\$31.83</del>	<u>\$28.65</u>	Installation
Emergency Response System	<del>\$103.00</del>	<u>\$92.70</u>	Alternative ERS Device
Minor Home Modification	\$ <del>7,956.75</del>	<u>\$7,718.05</u>	1 Completed Work Order
Independent Living Assistance: In-Person Activities	\$ <del>5.30</del>	<u>\$5.15</u>	1/4 Hr
Independent Living Assistance: Travel Attendant	<del>\$5.30</del>	<u>\$5.15</u>	1/4 Hr
Independent Living Assistance: Telephone Assistance	<del>\$5.30</del>	<u>\$5.15</u>	1 Completed Call
Transportation	<del>\$1,326.13</del>	\$1,286.34	1 Round Trip
Transportation	<del>\$663.06</del>	<u>\$643.17</u>	1 One-Way Trip
Community Transition Service	\$1,500.00	<u>\$1,455.00</u>	1 Completed Job Order or Deposit Made
Non-Medical Transportation	<del>\$1,326.13</del>	<u>\$1,286.35</u>	1 Round Trip
Non-Medical Transportation	<del>\$663.06</del>	<u>\$643.17</u>	1 One-Way Trip
Enhanced Community Living Service	<del>\$5.14</del>	<u>\$4.99</u>	1/4 Hr