5101:3-1-06.1

Appendix A

| PASSPORT Waiver Rates | | | |
|---|-----------------|-----------------|--|
| Service | Billing Maximum | Billing unit | |
| Enhanced adult day service | \$42.44 | 1 day | |
| Enhanced adult day service | \$21.22 | 1/2 day | |
| Enhanced adult day service | \$1.33 | 15 minutes | |
| Intensive adult day service | \$55.70 | 1 day | |
| Intensive adult day service | \$27.85 | 1/2 day | |
| Intensive adult day service | \$1.74 | 15 minutes | |
| Adult day service transportation | \$2.25 | 1 mile | |
| Adult day service transportation | \$16.80 | 1 one-way trip | |
| Adult day service transportation | \$20.71 | 1 round trip | |
| Meals: home delivered | \$6.70 | 1 meal | |
| Meals: therapeutic | \$9.47 | 1 meal | |
| Homemaker service | \$3.90 | ½ hour | |
| Chore service | \$2,652.25 | 1 job | |
| Social work counseling service | \$16.51 | ¼ hour | |
| Nutritional consultation service | \$13.54 | ¼ hour | |
| Personal care services provided by ODA Certified Long Term Care Agency Providers | \$4.41 | ¼ hour | |
| Personal care services provided by ODA Certified Long Term Care Consumer-Directed Personal Care Providers | <u>\$3.18</u> | <u>1/4 hour</u> | |
| Home medical equipment & supplies: Ambulatory | \$5,304.50 | 1 Item | |

| Home Med. Eq. and Supplies: Ambulatory – Second One | \$5,304.50 | 1 Item |
|--|-------------------------------|---------------------------|
| Home Med. Eq. and Supplies: Ambulatory- Third One | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Non-Ambulatory | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Non- Ambulatory- Second One | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Non- Ambulatory- Third One | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Hygiene and Disposables | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Hygiene and Disposables-Second One | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Hygiene and Disposables- Third One | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Equipment Repair | \$5,304.50 | 1 Item |
| Home Med. Eq. and Supplies: Nutrition Supplement and Supplies | \$5,304.50 | 1 Item |
| Emergency response system | \$47.74 \$32.26 | 1 month rental |
| Emergency response system | \$47.74 \$31.83 | installation |
| Emergency response system | \$103.00 | alternative ERS device |
| Minor home modification | \$7,956.75 | 1 completed work order |
| Independent living assistance: in person activities | \$5.30 | ¼ hour |
| Independent living assistance: travel attendant | \$5.30 | ½ hour |
| Independent living assistance: telephone assistance | \$5.30 | completed call |
| Transportation | \$1,326.13 | 1 round trip |

| Transportation | \$663.06 | 1 one way trip |
|-----------------------------------|---------------|---------------------------------------|
| Community Transition Service | \$1,500.00 | 1 completed job order or deposit made |
| Non-Medical Transportation | \$1,326.13 | 1 round trip |
| Non-Medical Transportation | \$663.06 | 1 one way trip |
| Enhanced Community Living Service | <u>\$5.14</u> | <u>1/4 hour</u> |

All services are reimbursed at the usual and customary rates or the Medicaid maximum rate whichever is lower.