

**Appendix A**

<b>ODJFS Code</b>	<b>ODMRDD Code</b>	<b>Service Description</b>	<b>Unit Rate</b>
<b>Z9999</b>	<b>TCM</b>	<b>Targeted Case Management</b>	<b>\$10.18</b>
<b><u>Z9999</u></b>	<b><u>TCM</u></b>	<b><u>Targeted Case Management</u></b>	<b><u>\$15.48</u></b>

Providers of TCM shall be reimbursed at a rate of \$10.18 for dates of service on or before June 30, 2011.

Providers of TCM shall be reimbursed at a rate of \$15.48 for dates of service on or after July 1, 2011. The reimbursement rate for TCM shall not exceed the amount approved in the federal State Plan Amendment.