ACTION: Original

AMENDED
Appendix
5101:3-48-01

DATE: 04/15/2011 1:21 PM

Appendix A

| ODJFS | ODMRDD | Service | |
|---------------|---------------|---------------------------------|-----------|
| Code | Code | Description | Unit Rate |
| | | | |
| Z 9999 | TCM | Targeted Case Management | \$10.18 |
| Z 9999 | TCM | Targeted Case Management | \$15.48 |

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

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.