ACTION: Refiled

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APPENDIX

EXISTING

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BILLING UNIT, SERVICE CODES, AND PAYMENT RATES FOR PARTICIPANT-DIRECTED HOMEMAKER/PERSONAL CARE

Participant-Directed Homemaker/Personal Care (Routine) - Common Law Employee

Billing Unit:	Fifteen minutes		
Service Codes:	Individual Options Waiver	ADC	
	Level One Waiver	FDC	
	Self-Empowered Life Funding Waiver	SDD	
Payment Rates:	Negotiable from the equivalent of minimum was the maximum rate of \$5.34. When rate modifi apply, the payment rate is negotiable from the equivalent of minimum wage to the maximum \$5.34 plus applicable rate modifications. Paym a group size of two shall be at seventy-five per the rate for each individual. Payment for a gro of three shall be at seventy-five per cent of the each individual.	he equivalent of minimum wage to e of \$5.34. When rate modifications nt rate is negotiable from the imum wage to the maximum rate of able rate modifications. Payment for yo shall be at seventy-five per cent of ndividual. Payment for a group size	

Participant-Directed Homemaker/Personal Care (Routine) - Agency With Choice

Billing Unit:	Fifteen minutes

Service Code: Self-Empowered Life Funding Waiver SDC

Payment Rates: Listed below.

Serving 1	Serving 2	Serving 3
Individual	Individuals	Individuals
\$6.04	\$4.53	\$4.53

APPENDIX

Participant-Directed Homemaker/Personal Care (Routine) Behavioral Support Rate Modification

Billing Unit:	Fifteen minutes		
Rate Modification Amount: \$0.63			
Instructions: Applicable to Participant-Directed Homemaker/I Care (Routine) rate. Indicate modification on the projection and payment authorization.			

Participant-Directed Homemaker/Personal Care (Routine) Medical Assistance Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.12

Instructions: Applicable to Participant-Directed Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Participant-Directed Homemaker/Personal Care (Routine) Complex Care Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Participant-Directed Homemaker/Personal Care (Routine) rate provided to individuals enrolled in the Individual Options Waiver. Indicate modification on the cost projection and payment authorization. APPENDIX

Participant-Directed Homemaker/Personal Care (On-Site/On-Call) - Common Law Employee

Billing Unit:	Fifteen minutes	
Service Codes:	Individual Options Waiver Level One Waiver Self-Empowered Life Funding Waiver	AZC FZC SZD
	1 6	

Payment Rates: Listed below.

Serving 1	Serving 2	Serving 3
Individual	Individuals	Individuals
\$3.02	\$2.27	\$2.27

Participant-Directed Homemaker/Personal Care (On-Site/On-Call) - Agency With Choice

Billing Unit:	Fifteen minutes	
Service Code:	Self-Empowered Life Funding Waiver	SZC

Payment Rates: Listed below.

Serving 1	Serving 2	Serving 3
Individual	Individuals	Individuals
\$3.99	\$2.99	\$2.99