

5160-1-06.1  
Appendix A**PASSPORT Waiver Rates**

Waiver Service	Billing Maximum	Unit
Enhanced Adult Day Service	\$49.39	1 Day
Enhanced Adult Day Service	\$24.70	1/2 Day
Enhanced Adult Day Service	\$1.55	15 Minutes
Intensive Adult Day Service	\$64.84	1 Day
Intensive Adult Day Service	\$32.41	1/2 Day
Intensive Adult Day Service	\$2.03	15 Minutes
Adult Day Service Transportation	\$2.22	1 Mile
Adult Day Service Transportation	\$16.55	1 One-Way Trip
Adult Day Service Transportation	\$20.40	1 Round Trip
Meals: Home Delivered	\$6.60	1 Meal
Meals: Therapeutic	\$9.33	1 Meal
Homemaker Service	\$3.84	1/4 Hr
Chore Service	\$2,612.47	1 Job
Social Work Counseling Service	\$16.26	1/4 Hr
Nutritional Consultation Service	\$13.34	1/4 Hr
Personal Care Services Provided by ODA Certified Long-Term Care Agency Provider	\$4.34	1/4 Hr
Personal Care Services Provided by ODA Certified Consumer-Directed Personal Care Provider	\$3.13	1/4 Hr
Home Medical Equipment and Supplies: Ambulatory	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Ambulatory - Second	\$5,224.93	1 Item

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One		
Home Medical Equipment and Supplies: Ambulatory - Third One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Non-Ambulatory	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Non-Ambulatory - Second One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Non-Ambulatory - Third One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Hygiene & Disposables	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Hygiene & Disposables - Second One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Hygiene & Disposables - Third One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Equipment Repair	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Nutrition Supplement & Supplies	\$5,224.93	1 Item
Emergency Response System	\$31.78	1 Month Rental
Emergency Response System	\$31.35	Installation
Emergency Response System	\$101.46	Alternative ERS Device
Minor Home Modification	\$7,837.40	1 Completed Work Order
Independent Living Assistance: In-Person Activities	\$5.22	1/4 Hr
Independent Living Assistance: Travel Attendant	\$5.22	1/4 Hr
Independent Living Assistance: Telephone Assistance	\$5.22	1 Completed Call
Transportation	\$1,306.24	1 Round Trip
Transportation	\$653.11	1 One-Way Trip

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Community Transition Service	\$1,477.50	1 Completed Job Order or Deposit Made
Non-Medical Transportation	\$1,306.24	1 Round Trip
Non-Medical Transportation	\$653.11	1 One-Way Trip
Enhanced Community Living Service	\$5.06	1/4 Hr
Alternative Meals Service	\$31.35	1 Meal
Pest Control	\$783.74	1 Job
Choices Home Care Attendant Service	\$6.25	1/4 Hr
<u>Waiver nursing</u>	<u>See rate and billing unit in rule 5160-46-06</u>	
<u>Out-of-Home Respite</u>	<u>See rate and billing unit in rule 5160-46-06</u>	
<u>Home Care Attendant Service</u>	<u>See rate and billing unit in rule 5160-46-06.1</u>	