

APPENDIX A
5160-1-06.1
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	\$20.40	Round Trip
Adult Day Service Transportation	\$16.55	1 One-Way Trip
Meals: Home Delivered	\$6.60	1 Meal
Meals: therapeutic	\$9.33	1 Meal
Homemaker Service	\$3.84	15 minutes (1/4 hour)
Chore Service	\$2,612.47	1 Job
Social Work Counseling Service	\$16.26	15 minutes (1/4 hour)
Nutritional Consultation Service	\$13.34	15 minutes (1/4 hour)
Personal Care Services provided by ODA Certified Long-Term Care Agency Providers	\$4.49	15 minutes (1/4 hour)
Personal Care Services provided by ODA Certified Consumer-Directed Personal Care Provider	\$3.13	15 minutes (1/4 hour)
Home Medical Equipment and Supplies: Ambulatory	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Ambulatory- Second One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Third One	\$5,224.93	1 Item
Home Medical Equipment and Supplies: Non- Ambulatory	\$5,224.93	1 Item

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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	15 minutes (1/4 hour)
Independent Living Assistance: Travel Attendant	\$5.22	15 minutes (1/4 hour)
Independent Living Assistance: Telephone Assistance	\$5.22	1 Completed Call
Transportation	\$1,306.24	1 Round Trip
Transportation	\$653.11	1 One-Way Trip
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	15 minute (1/4 hour)
Alternative Meals Service	\$31.35	1 Meal
Pest Control	\$783.74	1 Job

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Choices Home Care Attendant Service	\$6.25	15 minutes (1/4 hour)
Waiver Nursing Service	See rate in rule 5160-46-06	See billing unit in rule 5160-46-06
Out-of-Home Respite Service	See rate in rule 5160-46-06	See billing unit in rule 5160-46-06
Home Care Attendant Service	See rate in rule 5160-46-06	See billing unit in rule 5160-46-06
Shared Living Service: Level One	\$77.20	1 day
Shared Living Service: Level Two	\$113.19	1 day