

5123-9-29

APPENDIX

Page 1 of 1

BILLING UNIT, SERVICE CODES, AND PAYMENT RATES
FOR HOME-DELIVERED MEALS

| | | |
|----------------|------------------------------------|---------|
| Billing Unit: | Per meal | |
| Service Codes: | Individual Options Waiver | AMN |
| | Level One Waiver | FMN |
| | Self-Empowered Life Funding Waiver | SMN |
| Payment Rates: | Kosher meal | \$10.61 |
| | Therapeutic meal | \$10.61 |
| | Standard meal | \$8.80 |