

## Appendix A

## Fee Schedule Maximums for Home and Community-Based Services (\*1)

Service Description	Maximum Rate	Billing Unit	Individual Options Waiver Service Code	Level One Waiver Service Code	Level One Waiver Emergency Assistance Service Code
Homemaker/Personal Care(*2)	\$5.60	15 Minute	MR940	MR970	MR980
Homemaker/Personal Care – On Site/On Call(*3)	\$2.67	15 Minute	MR951	MR979	MR989
Transportation	\$0.40	Mile	MR941	MR971	MR981
Supported Employment	\$6.21	15 Minute	MR942	MR967	N/A
Interpreter Services	\$9.92	15 Minute	MR943	N/A	N/A
Nutritional Services	\$10.95	15 Minute	MR944	N/A	N/A
Informal Respite	\$2.75	15 Minute	N/A	MR972	N/A
Institutional Respite – ICF/MR (*6)	\$200.00	Day	N/A	MR973	MR983
Institutional Respite – Licensed Facility (*6)	\$130.00	Day	N/A	MR974	MR984
Social Work/Counseling Services	\$9.71	15 Minute	MR947	N/A	N/A
Home Delivered Meals	\$7.00	Meal	MR948	N/A	N/A
Environmental Accessibility Adaptations	\$7,500.00	Item	MR107	N/A	N/A
Adaptive and Assistive Equipment	\$10,000.00	Item	MR950	N/A	N/A
Environmental Accessibility Adaptations	\$6,000.00	Item	N/A	MR975	N/A
Environmental Accessibility Adaptations Emergency Assistance Benefit	\$8,000.00	Item	N/A	N/A	MR985
Specialized Medical Equipment and Supplies	\$6,000.00	Item	N/A	MR976	MR986
Personal Emergency Response Systems – Installation	\$6,000.00	Item	N/A	MR977	MR987
Personal Emergency Response Systems - Maintenance	\$50.00	Month	N/A	MR978	MR988
Adult Foster Care Agency (*4)	\$167.10	Day	MR073	N/A	N/A
Adult Foster Care Independent (*4)	\$149.71	Day	MR074	N/A	N/A
Homemaker/ Personal Care - Daily Billing Unit Agency (*5)	403.98	Day	MR108	N/A	N/A
Homemaker /Personal Care - Daily Billing Unit Independent (*5)	\$403.98	Day	MR109	N/A	N/A
Remote Monitoring Unpaid Support	\$6.47	Hour	MR110	N/A	N/A
Remote Monitoring Paid Support	\$9.83	Hour	MR111	N/A	N/A
Remote Monitoring Equipment	\$5,000.00	Item	MR112	N/A	N/A

Service Description	Maximum Rate	Billing Unit	Individual Options Waiver Service Code	Level One Waiver Service Code	Level One Waiver Emergency Assistance Service Code
Adult Family Living Daily Rate	\$172.72	Day	MR113	N/A	N/A
Adult Family Living 15 Minute Rate	\$5.45	15 Minutes	MR114	N/A	N/A
Residential Respite ICF/MR	\$200.00	Day	MR115	N/A	N/A
Residential Respite Licensed Facility	\$130.00	Day	MR116	N/A	N/A
Residential Respite Residence	\$130.00	Day	MR129	N/A	N/A
Community Respite Full Day No Modifications	\$154.21	Day	MR117	N/A	N/A
Community Respite Full Day Medical Add-on	\$162.09	Day	MR118	N/A	N/A
Community Respite Full Day Behavioral Add-on	\$194.73	Day	MR119	N/A	N/A
Community Respite Full Day Medical/Behavioral	\$202.41	Day	MR120	N/A	N/A
Community Respite Partial Day No Modifications	\$47.27	Partial Day	MR121	N/A	N/A
Community Respite Partial Day Medical Add-on	\$50.27	Partial Day	MR122	N/A	N/A
Community Respite Partial Day Behavioral Add-on	\$63.02	Partial Day	MR123	N/A	N/A
Community Respite Partial Day Medical/Behavioral	\$66.02	Partial Day	MR124	N/A	N/A
Community Respite 15 Minute No Modifications	\$1.89	15 Minutes	MR125	N/A	N/A
Community Respite 15 Minute Medical Add-on	\$2.01	15 Minutes	MR126	N/A	N/A
Community Respite 15 Minute Behavioral Add-on	\$2.52	15 Minutes	MR127	N/A	N/A
Community Respite 15 Minute Medical/Behavioral	\$2.64	15 Minutes	MR128	N/A	N/A

- (\*1) All payments for services are subject to the benefit limitations pertaining to each waiver program pursuant to the Ohio Administrative Code.
- (\*2) The maximum rate for Homemaker/Personal Care represents the base rate for one-to-one service in Category 8 of \$4.85, plus the behavior support rate modification of \$0.63, plus the medical assistance rate modification of \$0.12 per 15 minute unit of service as indicated in rule 5123:2-9-06 of the Ohio Administrative Code. Billing codes for multiple staff are on page 3 of this appendix.
- (\*3) The maximum rate for Homemaker/Personal Care-On Site/On Call represents the rate for one-to-one service in Category 8 as indicated in rule 5123:2-9-06 of the Ohio Administrative Code (OAC) and does not allow for additional rate modifications.
- (\*4) The maximum rate for Adult Foster Care represents the rate for one-to-one service in Category 8 as indicated in rule 5123:2-13-06 of the OAC.
- (\*5) The maximum rate to reimburse for Homemaker/Personal Care- Daily Billing Unit may not exceed the amount of \$403.98 as a service unit.
- (\*6) Institutional Respite codes MR945 and MR946 will not be reimbursed for dates of service on or after July 14, 2011.

Fee Schedule Maximums for Home and Community-Based Services – Multiple Staff Rates and Service Codes

Service Description	Maximum Rate	Billing Unit	Individual Options	Level One	Level One Emergency
<b>Homemaker/Personal Care</b>					
Staff Size: 2	\$10.44	15 Minute	MR816	MR820	MR824
Staff Size: 3	\$15.29	15 Minute	MR817	MR821	MR825
Staff Size: 4	\$20.13	15 Minute	MR818	MR822	MR826
Staff Size: 5	\$24.98	15 Minute	MR819	MR823	MR827
<b>Homemaker/Personal Care – On Site/On Call</b>					
Staff Size: 2	\$5.35	15 Minute	MR832	MR836	MR840
Staff Size: 3	\$8.02	15 Minute	MR833	MR837	MR841
Staff Size: 4	\$10.70	15 Minute	MR834	MR838	MR842
Staff Size: 5	\$13.37	15 Minute	MR835	MR839	MR843
<b>Supported Employment</b>					
Staff Size: 2	\$12.42	15 Minute	MR848	MR852	N/A
Staff Size: 3	\$18.63	15 Minute	MR849	MR853	N/A
Staff Size: 4	\$24.84	15 Minute	MR850	MR854	N/A
Staff Size: 5	\$31.05	15 Minute	MR851	MR855	N/A

These maximum rates shall be applicable when multiple staff members simultaneously provide service to more than one individual.