

Fee Schedule Maximums for Home and Community-Based Services-Level One

Service Description	Maximum Rate	Billing Unit	Level One Waiver Service Code	Level One Waiver Emergency Assistance Service Code
Homemaker/Personal Care(*2)	\$5.60	15 Minute	MR970	MR980
Homemaker/Personal Care – On Site/On Call(*3)	\$2.67	15 Minute	MR979	MR989
Transportation	\$0.40	Mile	MR971	MR981
Informal Respite	\$2.75	15 Minute	MR972	<u>DD146</u>
Institutional Respite – ICF/MR (*4)	\$200.00	Day	MR973	MR983
Institutional Respite – Licensed Facility(*4)	\$130.00	Day	MR974	MR984
Environmental Accessibility Adaptations	<u>\$7,500.00</u>	Item	MR975	N/A
Environmental Accessibility Adaptations Emergency Assistance Benefit	<u>\$8,000.00</u>	Item	N/A	MR985
Specialized Medical Equipment and Supplies	<u>\$7,500.00</u>	Item	MR976	
Specialized Medical Equipment and Supplies Emergency Assistance	<u>\$8,000.00</u>	Item		MR986
Personal Emergency Response Systems – Installation	<u>\$7,500.00</u>	Item	MR977	
Personal Emergency Response Systems – Installation Emergency Assistance	<u>\$8,000.00</u>	Item		MR987
Personal Emergency Response Systems - Maintenance	\$50.00	Month	MR978	MR988
<u>Community Respite Full Day No Modifications</u>	<u>\$154.21</u>	<u>Day</u>	<u>DD121</u>	<u>N/A</u>
<u>Community Respite Full Day Medical Add-on</u>	<u>\$162.09</u>	<u>Day</u>	<u>DD122</u>	<u>N/A</u>
<u>Community Respite Full Day Behavioral Add-on</u>	<u>\$194.73</u>	<u>Day</u>	<u>DD123</u>	<u>N/A</u>
<u>Community Respite Full Day Medical/Behavioral</u>	<u>\$202.41</u>	<u>Day</u>	<u>DD124</u>	<u>N/A</u>
<u>Community Respite Partial Day No Modifications</u>	<u>\$47.27</u>	<u>Partial Day</u>	<u>DD125</u>	<u>N/A</u>
<u>Community Respite Partial Day Medical Add-on</u>	<u>\$50.27</u>	<u>Partial Day</u>	<u>DD126</u>	<u>N/A</u>
<u>Community Respite Partial Day Behavioral Add-on</u>	<u>\$63.02</u>	<u>Partial Day</u>	<u>DD127</u>	<u>N/A</u>
<u>Community Respite Partial Day Medical/Behavioral</u>	<u>\$66.02</u>	<u>Partial Day</u>	<u>DD128</u>	<u>N/A</u>
<u>Community Respite 15 Minute No Modifications</u>	<u>\$1.89</u>	<u>15 Minutes</u>	<u>DD129</u>	<u>N/A</u>
<u>Community Respite 15 Minute Medical Add-on</u>	<u>\$2.01</u>	<u>15 Minutes</u>	<u>DD130</u>	<u>N/A</u>
<u>Community Respite 15 Minute Behavioral Add-on</u>	<u>\$2.52</u>	<u>15 Minutes</u>	<u>DD131</u>	<u>N/A</u>
<u>Community Respite 15 Minute Medical/Behavioral</u>	<u>\$2.64</u>	<u>15 Minutes</u>	<u>DD132</u>	<u>N/A</u>

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<u>Residential Respite Residence</u>	<u>\$130.00</u>	<u>Day</u>	<u>DD133</u>	<u>DD134</u>
<u>Residential Respite ICF/MR</u>	<u>\$200.00</u>	<u>Day</u>	<u>DD135</u>	<u>DD136</u>
<u>Residential Respite Licensed Facility</u>	<u>\$130.00</u>	<u>Day</u>	<u>DD137</u>	<u>DD138</u>
<u>Remote Monitoring Unpaid Support</u>	<u>\$6.47</u>	<u>Hour</u>	<u>DD139</u>	<u>DD140</u>
<u>Remote Monitoring Paid Support</u>	<u>\$9.83</u>	<u>Hour</u>	<u>DD141</u>	<u>DD142</u>
<u>Remote Monitoring Equipment</u>	<u>\$5,000.00</u>	<u>Item</u>	<u>DD143</u>	<u>DD144</u>
<u>Home Delivered Meals</u>	<u>\$7.00</u>	<u>Meal</u>	<u>DD145</u>	<u>N/A</u>

(*1) All payments for services are subject to the benefit limitations pertaining to the Level One 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 5123:2-9-30 of the Ohio Administrative Code. Billing codes for multiple staff are on page 2 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 5123:2-9-30 of the Ohio Administrative Code (OAC) and does not allow for additional rate modifications.

(*4) The service codes for Institutional Respite (MR973, MR974, MR983 and MR984) will end date on the effective date of this rule.

Fee Schedule Maximums for Home and Community-Based Services-Level One

Service Description	Maximum Rate	Billing Unit	Level One	Level One Emergency
Homemaker/Personal Care				
Staff Size: 2	\$10.44	15 Minute	MR820	MR824
Staff Size: 3	\$15.29	15 Minute	MR821	MR825
Staff Size: 4	\$20.13	15 Minute	MR822	MR826
Staff Size: 5	\$24.98	15 Minute	MR823	MR827
Homemaker/Personal Care – On Site/On Call				
Staff Size: 2	\$5.35	15 Minute	MR836	MR840
Staff Size: 3	\$8.02	15 Minute	MR837	MR841
Staff Size: 4	\$10.70	15 Minute	MR838	MR842
Staff Size: 5	\$13.37	15 Minute	MR839	MR843

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