

5123-9-17

APPENDIX A

Page 1 of 8

**BILLING UNITS, SERVICE CODES, AND PAYMENT RATES
FOR ADULT DAY SUPPORT**

**Adult Day Support by Providers Certified by the Ohio Department of
Developmental Disabilities**

Adult Day Support Provided In-Person in an Integrated Community
Setting for a Group of Four or Fewer Individuals

Billing Unit: Daily

Service Codes: Individual Options Waiver ADU
Level One Waiver FDU
Self-Empowered Life Funding Waiver SDU

Payment Rates: Listed below by cost-of-doing-business (CODB)
category. Rates are presented on a per-person
basis. Rates shall not be further altered to reflect
actual group size.

CODB Category 1	\$123.00
CODB Category 2	\$124.25
CODB Category 3	\$125.50
CODB Category 4	\$126.75
CODB Category 5	\$128.25
CODB Category 6	\$129.50
CODB Category 7	\$130.75
CODB Category 8	\$132.00

Adult Day Support Provided In-Person in a Setting Other Than an
Integrated Community Setting for a Group of Four or Fewer Individuals

Billing Unit: Daily

Service Codes: Individual Options Waiver ADS
Level One Waiver FDS
Self-Empowered Life Funding Waiver SDS

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis, by group assignment. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A	Group A-1	Group B	Group C
1	\$41.00	\$31.00	\$73.75	\$123.00
2	\$41.50	\$31.25	\$74.50	\$124.25
3	\$41.75	\$31.50	\$75.25	\$125.50
4	\$42.25	\$31.75	\$76.00	\$126.75
5	\$42.75	\$32.25	\$77.00	\$128.25
6	\$43.25	\$32.50	\$77.75	\$129.50
7	\$43.50	\$32.75	\$78.50	\$130.75
8	\$44.00	\$33.00	\$79.25	\$132.00

Adult Day Support Provided In-Person in an Integrated Community
Setting for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes: Individual Options Waiver ADT
Level One Waiver FDT
Self-Empowered Life Funding Waiver SDT

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis. Rates shall not be further altered to reflect actual group size.

CODB Category 1	\$4.92
CODB Category 2	\$4.97
CODB Category 3	\$5.02
CODB Category 4	\$5.07
CODB Category 5	\$5.13
CODB Category 6	\$5.18
CODB Category 7	\$5.23
CODB Category 8	\$5.28

Adult Day Support Provided in a Setting Other Than an Integrated
Community Setting for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes:

In-Person: Individual Options Waiver ADF
Level One Waiver FDF
Self-Empowered Life Funding Waiver SDF

Virtual Support: Individual Options Waiver ADW
Level One Waiver FDW
Self-Empowered Life Funding Waiver SDW

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis, by group assignment. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A	Group A-1	Group B	Group C
1	\$1.64	\$1.24	\$2.95	\$4.92
2	\$1.66	\$1.25	\$2.98	\$4.97
3	\$1.67	\$1.26	\$3.01	\$5.02
4	\$1.69	\$1.27	\$3.04	\$5.07
5	\$1.71	\$1.29	\$3.08	\$5.13
6	\$1.73	\$1.30	\$3.11	\$5.18
7	\$1.74	\$1.31	\$3.14	\$5.23
8	\$1.76	\$1.32	\$3.17	\$5.28

Adult Day Support Provided Through Contract with Providers Certified by the Ohio Department of Aging

Adult Day Support Provided in Any Setting

Billing Unit: Daily

Service Codes: Individual Options Waiver AGD
 Level One Waiver FGD
 Self-Empowered Life Funding Waiver SGD

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis, by group assignment. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A	Group B	Group C
1	\$41.00	\$73.75	\$123.00
2	\$41.50	\$74.50	\$124.25
3	\$41.75	\$75.25	\$125.50
4	\$42.25	\$76.00	\$126.75
5	\$42.75	\$77.00	\$128.25
6	\$43.25	\$77.75	\$129.50
7	\$43.50	\$78.50	\$130.75
8	\$44.00	\$79.25	\$132.00

Adult Day Support Provided In-Person in an Integrated Community Setting
for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes: Individual Options Waiver AGE
Level One Waiver FGE
Self-Empowered Life Funding Waiver SGE

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis. Rates shall not be further altered to reflect actual group size.

CODB Category 1	\$4.92
CODB Category 2	\$4.97
CODB Category 3	\$5.02
CODB Category 4	\$5.07
CODB Category 5	\$5.13
CODB Category 6	\$5.18
CODB Category 7	\$5.23
CODB Category 8	\$5.28

Adult Day Support Provided in a Setting Other Than an Integrated
Community Setting for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes:

In-Person: Individual Options Waiver AGF
Level One Waiver FGF
Self-Empowered Life Funding Waiver SGF

Virtual Support: Individual Options Waiver AGW
Level One Waiver FGW
Self-Empowered Life Funding Waiver SGW

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis, by group assignment. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A	Group B	Group C
1	\$1.64	\$2.95	\$4.92
2	\$1.66	\$2.98	\$4.97
3	\$1.67	\$3.01	\$5.02
4	\$1.69	\$3.04	\$5.07
5	\$1.71	\$3.08	\$5.13
6	\$1.73	\$3.11	\$5.18
7	\$1.74	\$3.14	\$5.23
8	\$1.76	\$3.17	\$5.28

Behavioral Support Rate Modification

Billing Unit: Fifteen minutes

Amount: \$0.63

Instructions: Indicate rate modification on the cost projection and payment authorization.

Medical Assistance Rate Modification

Billing Unit: Fifteen minutes

Amount: \$0.12

Instructions: Indicate rate modification on the cost projection and payment authorization.