

5123-9-17

APPENDIX B

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**BILLING UNITS, SERVICE CODES, AND PAYMENT RATES  
FOR ADULT DAY SUPPORT  
PROVIDED ON OR AFTER JULY 1, 2024**

**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 will not be further altered to reflect actual group size.

CODB Category 1	\$169.75
CODB Category 2	\$171.50
CODB Category 3	\$173.25
CODB Category 4	\$175.25
CODB Category 5	\$176.75
CODB Category 6	\$178.75
CODB Category 7	\$180.50
CODB Category 8	\$182.25

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 will not be further altered to reflect actual group size.

CODB Category	Group A-1	Group A	Group B	Group C
1	\$42.50	\$56.75	\$102.00	\$169.75
2	\$43.00	\$57.25	\$103.00	\$171.50
3	\$43.25	\$57.75	\$104.00	\$173.25
4	\$43.75	\$58.50	\$105.00	\$175.25
5	\$44.25	\$59.00	\$106.00	\$176.75
6	\$44.75	\$59.50	\$107.00	\$178.75
7	\$45.00	\$60.25	\$108.00	\$180.50
8	\$45.50	\$60.75	\$109.00	\$182.25

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 will not be further altered to reflect actual group size.

CODB Category 1	\$6.79
CODB Category 2	\$6.86
CODB Category 3	\$6.93
CODB Category 4	\$7.01
CODB Category 5	\$7.07
CODB Category 6	\$7.15
CODB Category 7	\$7.22
CODB Category 8	\$7.29

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 will not be further altered to reflect actual group size.

CODB Category	Group A-1	Group A	Group B	Group C
1	\$1.70	\$2.27	\$4.08	\$6.79
2	\$1.72	\$2.29	\$4.12	\$6.86
3	\$1.73	\$2.32	\$4.16	\$6.93
4	\$1.75	\$2.34	\$4.20	\$7.01
5	\$1.77	\$2.36	\$4.24	\$7.07
6	\$1.79	\$2.38	\$4.28	\$7.15
7	\$1.80	\$2.41	\$4.32	\$7.22
8	\$1.82	\$2.43	\$4.36	\$7.29

**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 will not be further altered to reflect actual group size.

CODB Category	Group A	Group B	Group C
1	\$56.75	\$102.00	\$169.75
2	\$57.25	\$103.00	\$171.50
3	\$57.75	\$104.00	\$173.25
4	\$58.50	\$105.00	\$175.25
5	\$59.00	\$106.00	\$176.75
6	\$59.50	\$107.00	\$178.75
7	\$60.25	\$108.00	\$180.50
8	\$60.75	\$109.00	\$182.25

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 will not be further altered to reflect actual group size.

CODB Category 1	\$6.79
CODB Category 2	\$6.86
CODB Category 3	\$6.93
CODB Category 4	\$7.01
CODB Category 5	\$7.07
CODB Category 6	\$7.15
CODB Category 7	\$7.22
CODB Category 8	\$7.29

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 will not be further altered to reflect actual group size.

CODB Category	Group A	Group B	Group C
1	\$2.27	\$4.08	\$6.79
2	\$2.29	\$4.12	\$6.86
3	\$2.32	\$4.16	\$6.93
4	\$2.34	\$4.20	\$7.01
5	\$2.36	\$4.24	\$7.07
6	\$2.38	\$4.28	\$7.15
7	\$2.41	\$4.32	\$7.22
8	\$2.43	\$4.36	\$7.29

**Behavioral Support Rate Modification**

Billing Unit: Fifteen minutes  
Amount: \$0.87  
Instructions: Indicate rate modification on the cost projection and payment authorization.

**Medical Assistance Rate Modification**

Billing Unit: Fifteen minutes  
Amount: \$0.17  
Instructions: Indicate rate modification on the cost projection and payment authorization.