

Rates Effective 10/01/17

Fee Schedule for Home and Community-Based Services-Individual Options Waiver

Service Description	Maximum Rate	Billing Unit	Individual Options Service Code
Adaptive and Assistive Equipment	\$10,000.00	Item	MR950
Community Respite Full Day No Modifications	\$154.21	Day	MR117
Community Respite Full Day Medical Add-on	\$162.09	Day	MR118
Community Respite Full Day Behavioral Add-on	\$194.73	Day	MR119
Community Respite Full Day Medical/Behavioral	\$202.41	Day	MR120
Community Respite Partial Day No Modifications	\$47.27	Partial Day	MR121
Community Respite Partial Day Medical Add-on	\$50.27	Partial Day	MR122
Community Respite Partial Day Behavioral Add-on	\$63.02	Partial Day	MR123
Community Respite Partial Day Medical/Behavioral	\$66.02	Partial Day	MR124
Community Respite 15- Minute No Modifications	\$1.89	15 Minutes	MR125
Community Respite 15-Minute Medical Add-on	\$2.01	15 Minutes	MR126
Community Respite 15-Minute Behavioral Add-on	\$2.52	15 Minutes	MR127
Community Respite 15-Minute Medical/Behavioral	\$2.64	15 Minutes	MR128
Environmental Accessibility Adaptations	\$10,000.00	1 Item	MR107
Home Delivered Meals	\$7.00	1 Meal	MR948
Homemaker/Personal Care(*2)	\$7.10	15 Minutes	MR940
Homemaker/ Personal Care - Daily Billing Unit Agency (*4)	\$403.98	Day	MR108
Homemaker /Personal Care - Daily Billing Unit Independent (*4)	\$403.98	Day	MR109
Homemaker/Personal Care – On Site/On Call(*3)	\$3.01	15 Minutes	MR951
Interpreter Services	\$9.92	15 Minutes	MR943
Money Management- IO Agency (*6)	\$5.20	15 Minutes	DD218
Money Management- IO Independent (*6)	\$4.49	15 Minutes	DD219
Nutritional Services	\$10.95	15 Minutes	MR944
Remote Monitoring Unpaid Support	\$5.95	Hour	MR110
Remote Monitoring Paid Support	\$9.83	Hour	MR111
Remote Monitoring Equipment	\$5,000.00	Item	MR112

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Residential Respite ICF/IID	\$200.00	Day	MR115
Residential Respite Licensed Facility	\$130.00	Day	MR116
Residential Respite Residence	\$130.00	Day	MR129
Shared Living (Agency) (*5)	\$202.00	Day	DD236
Shared Living (Independent) (*5)	\$177.36	Day	DD237
Social Work/Counseling Services	\$9.71	15 Minutes	MR947
Transportation	\$0.45	Mile	MR941
Waiver Nursing Independent RN(*7)	\$38.60	Base Rate	T1002
Waiver Nursing Independent RN(*8)	\$6.96	15 minutes	T1002
Waiver Nursing Agency RN(*7)	\$45.40	Base Rate	T1002
Waiver Nursing Agency RN(*8)	\$8.32	15 minutes	T1002
Waiver Nursing Independent LPN(*7)	\$31.65	Base Rate	T1003
Waiver Nursing Independent LPN(*7)	\$5.57	15 minutes	T1003
Waiver Nursing Agency LPN(*8)	\$37.90	Base Rate	T1003
Waiver Nursing Agency LPN(*8)	\$6.82	15 minutes	T1003

- (*1) All payments for services are subject to the benefit limitations pertaining to Individual Options waiver program pursuant to Chapter 5123:2-9 of 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 \$5.20, plus the behavior support rate modification of \$0.63, plus the medical assistance rate modification of \$0.12 per 15-minute unit of service, plus a Complex Care add-on of \$0.63 per 15-minute unit billing increment. Billing codes for multiple staff are on page 3 of this document and include rate modifications.
- (*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. An overtime rate is applicable to Independent providers and shall not exceed the Medicaid maximum of \$3.27 per 15-minute billing increment.
- (*4) The maximum rate to reimburse for Homemaker/Personal Care- Daily Billing Unit may not exceed the amount of \$403.98 as a service unit.
- (*5) The maximum rate for Shared Living represents the rate for one-to-one service in Category 8 as indicated in rule 5123:2-9-33 of the OAC.
- (*6) The maximum rate paid to an Independent provider for the Money Management service is \$5.94 when the entire claim is billed for overtime. The claim must contain the "TU" modifier to be eligible for reimbursement.
- (*7) The base amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than thirty-four minutes in length for dates of service on and after 7/1/16.
- (*8) The amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than thirty-four minutes in length for dates of service on and after 7/1/16.

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Service Description	Maximum Rate	Billing Unit	Individual Options Service Code
Homemaker/Personal Care			
Staff Size: 2 (*9)	\$11.66	15 Minutes	MR816
Staff Size: 3 (*9)	\$16.86	15 Minutes	MR817
Staff Size: 4 (*9)	\$22.05	15 Minutes	MR818
Staff Size: 5 (*9)	\$27.25	15 Minutes	MR819
Homemaker/Personal Care – On Site/On Call			
Staff Size: 2 (*3)	\$6.03	15 Minutes	MR832
Staff Size: 3 (*3)	\$9.04	15 Minutes	MR833
Staff Size: 4 (*3)	\$12.06	15 Minutes	MR834
Staff Size: 5 (*3)	\$15.07	15 Minutes	MR835

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

(*9) The maximum rate for Homemaker/Personal Care for multiple staff represents the base rate for one-to-one service in Category 8 of \$10.39 for staff size of two, staff size of three \$15.59, for staff size of four \$20.78 and for staff size of five \$25.98 plus the behavior support rate modification of \$0.63, plus the medical assistance rate modification of \$0.12 per 15-minute unit of service, plus the Community Integration add-on of \$0.52 per 15-minute unit billing increment.