

Fee Schedule Maximums for Home and Community-Based Services- Individual Options (*1) effective 7/1/16

Service Description	Maximum Rate	Billing Unit	Individual Options Service Code
Homemaker/Personal Care(*2)	\$6.12	15 Minute	MR940
Homemaker/Personal Care – On Site/On Call(*3)	\$2.79	15 Minute	MR951
Transportation	\$0.45	Mile	MR941
Interpreter Services	\$9.92	15 Minute	MR943
Nutritional Services	\$10.95	15 Minute	MR944
Social Work/Counseling Services	\$9.71	15 Minute	MR947
Home Delivered Meals	\$7.00	Meal	MR948
Adaptive and Assistive Equipment	\$10,000.00	Item	MR950
Adult Foster Care Agency (*4)	\$167.10	Day	MR073
Adult Foster Care Independent (*4)	\$149.71	Day	MR074
Homemaker/ Personal Care - Daily Billing Unit Agency (*5)	403.98	Day	MR108
Homemaker /Personal Care - Daily Billing Unit Independent (*5)	\$403.98	Day	MR109
Remote Monitoring Unpaid Support	\$6.47	Hour	MR110
Remote Monitoring Paid Support	\$9.83	Hour	MR111
Remote Monitoring Equipment	\$5,000.00	Item	MR112
Adult Family Living Daily Rate	\$165.84	Day	MR113
Adult Family Living 15 Minute Rate	\$5.45	15 Minutes	MR114
Residential Respite ICF/MR	\$200.00	Day	MR115
Residential Respite Licensed Facility	\$130.00	Day	MR116
Residential Respite Residence	\$130.00	Day	MR129
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
Waiver Nursing –Independent RN	\$38.60	Base Rate* ⁽⁶⁾	T1002
Waiver Nursing –Independent RN	\$6.96	15 Minutes ⁽⁷⁾	T1002
Waiver Nursing –Agency RN	\$45.40	Base Rate* ⁽⁶⁾	T1002
Waiver Nursing –Agency RN	\$8.32	15 Minutes ⁽⁷⁾	T1002
Waiver Nursing –Independent LPN	\$31.65	Base Rate* ⁽⁶⁾	T1003
Waiver Nursing –Independent LPN	\$5.57	15 Minutes ⁽⁷⁾	T1003
Waiver Nursing –Agency LPN	\$37.90	Base Rate* ⁽⁶⁾	T1003
Waiver Nursing –Agency LPN	\$6.82	15 Minutes ⁽⁷⁾	T1003

(*1) All payments for services are subject to the benefit limitations pertaining to the Individual Options 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, plus the developmental center or residents of converted facilities community integration add-on of \$0.52 per 15 minute unit as indicated in Section 263.20.70 of the Ohio Revised Code. Billing codes for multiple staff are on page 3 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.

(*4) The maximum rate for Adult Foster Care represents the rate for one-to-one service in Category 8 as indicated in rule 5123:2-9-33 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) The base rate amount shall be paid for the first thirty-five to sixty minutes of service delivered) for dates of service on and after 7/1/16.

(*7) 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.

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

Service Description	Maximum Rate	Billing Unit	Individual Options Service Code
Homemaker/Personal Care			
Staff Size: 2	\$10.96	15 Minute	MR816
Staff Size: 3	\$15.81	15 Minute	MR817
Staff Size: 4	\$20.65	15 Minute	MR818
Staff Size: 5	\$25.50	15 Minute	MR819
Homemaker/Personal Care – On Site/On Call			
Staff Size: 2	\$5.60	15 Minute	MR832
Staff Size: 3	\$8.40	15 Minute	MR833
Staff Size: 4	\$11.20	15 Minute	MR834
Staff Size: 5	\$14.00	15 Minute	MR835

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