

Rates Effective 10/1/17

Fee Schedule for Home and Community-Based Services-Level One Waiver (*1)

Service Description	Maximum Rate	Billing Unit	Level One Waiver Service Code	Level One Waiver Emergency Assistance Service Code
Community Respite Full Day No Modifications	\$154.21	Day	DD129	N/A
Community Respite Full Day Medical Add-on	\$162.09	Day	DD130	N/A
Community Respite Full Day Behavioral Add-on	\$194.73	Day	DD131	N/A
Community Respite Full Day Medical/Behavioral	\$202.41	Day	DD132	N/A
Community Respite Partial Day No Modifications	\$47.27	Partial Day	DD121	N/A
Community Respite Partial Day Medical Add-on	\$50.27	Partial Day	DD122	N/A
Community Respite Partial Day Behavioral Add-on	\$63.02	Partial Day	DD123	N/A
Community Respite Partial Day Medical/Behavioral	\$66.02	Partial Day	DD124	N/A
Community Respite 15 Minute No Modifications	\$1.89	15 Minutes	DD125	N/A
Community Respite 15 Minute Medical Add-on	\$2.01	15 Minutes	DD126	N/A
Community Respite 15 Minute Behavioral Add-on	\$2.52	15 Minutes	DD127	N/A
Community Respite 15 Minute Medical/Behavioral	\$2.64	15 Minutes	DD128	N/A
Environmental Accessibility Adaptations	\$7,500.00	1 Item	MR975	N/A
Environmental Accessibility Adaptations Emergency Assistance Benefit	\$8,000.00	1 Item	N/A	MR985
Homemaker/Personal Care(*2)	\$5.95	15 Minutes	MR970	MR980
Homemaker/Personal Care – On Site/On Call(*3)	\$3.01	15 Minutes	MR979	MR989
Home Delivered Meals	\$7.00	1 Meal	DD145	N/A
Informal Respite	\$2.75	15 Minutes	MR972	DD146
Money Management- L1 Agency	\$5.20	15 Minutes	DD220	-----
Money Management- L1 Independent (*4)	\$4.49	15 Minutes	DD221	-----
Personal Emergency Response Systems – Installation	\$7,500.00	1 Item	MR977	-----
Personal Emergency Response Systems – Installation Emergency Assistance	\$8,000.00	1 Item	-----	MR987
Personal Emergency Response Systems - Maintenance	\$50.00	Month	MR978	MR988
Residential Respite Residence	\$130.00	Day	DD133	DD134
Residential Respite ICF-IID	\$200.00	Day	DD135	DD136
Residential Respite Licensed Facility	\$130.00	Day	DD137	DD138
Remote Monitoring Unpaid Support	\$6.47	Hour	DD139	DD140

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Remote Monitoring Paid Support	\$9.83	Hour	DD141	DD142
Remote Monitoring Equipment	\$5,000.00	1 Item	DD143	DD144
Specialized Medical Equipment and Supplies	\$7,500.00	1 Item	MR976	-----
Specialized Medical Equipment and Supplies Emergency Assistance	\$8,000.00	1 Item	-----	MR986
Level One Transportation	\$0.45	1 Mile	MR971	MR981

- (*1) All payments for services are subject to the benefit limitations pertaining to the Level One waiver program pursuant to Chapter 5123:9 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 billing increment. Billing codes for multiple staff are on page 3 of this document. The maximum overtime reimbursement rate for an Independent provider is \$6.69 per fifteen minute billing increment.
- (*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. The maximum overtime reimbursement rate for an Independent provider is \$3.27 per fifteen minute billing increment.
- (*4) The maximum rate paid to an Independent provider for the Money Management service is \$5.94 when the entire claim is being billed for Overtime. The claim must contain the "TU" modifier to be eligible for reimbursement.

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Service Description	Maximum Rate	Billing Unit	Level One	Level One Emergency
Homemaker/Personal Care				
Staff Size: 2 (*5)	\$11.14	15 Minutes	MR820	MR824
Staff Size: 3 (*5)	\$16.34	15 Minutes	MR821	MR825
Staff Size: 4 (*5)	\$21.53	15 Minutes	MR822	MR826
Staff Size: 5 (*5)	\$26.73	15 Minutes	MR823	MR827
Homemaker/Personal Care – On Site/On Call				
Staff Size: 2 (*3)	\$6.03	15 Minutes	MR836	MR840
Staff Size: 3 (*3)	\$9.04	15 Minutes	MR837	MR841
Staff Size: 4 (*3)	\$12.06	15 Minutes	MR838	MR842
Staff Size: 5 (*3)	\$15.07	15 Minutes	MR839	MR843

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

(*5) 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.