

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

Service Description	Maximum Rate	Billing Unit	Level One Waiver Service Code	Level One Waiver Emergency Assistance Service Code
Homemaker/Personal Care(*2)	\$5.95	15 Minute	MR970	MR980
Homemaker/Personal Care – On Site/On Call(*3)	\$3.01	15 Minute	MR979	MR989
Transportation	\$0.45	Mile	MR971	MR981
Informal Respite	\$2.75	15 Minute	MR972	DD146
Environmental Accessibility Adaptations	\$7, 500.00	Item	MR975	N/A
Environmental Accessibility Adaptations Emergency Assistance Benefit	\$8,000.00	Item	N/A	MR985
Specialized Medical Equipment and Supplies	\$7, 500.00	Item	MR976	
Specialized Medical Equipment and Supplies Emergency Assistance	\$8,000.00	Item		MR986
Personal Emergency Response Systems – Installation	\$7, 500.00	Item	MR977	
Personal Emergency Response Systems – Installation Emergency Assistance	\$8,000.00	Item		MR987
Personal Emergency Response Systems - Maintenance	\$50.00	Month	MR978	MR988
Community Respite Full Day No Modifications	\$154.21	Day	DD121	N/A
Community Respite Full Day Medical Add-on	\$162.09	Day	DD122	N/A
Community Respite Full Day Behavioral Add-on	\$194.73	Day	DD123	N/A
Community Respite Full Day Medical/Behavioral	\$202.41	Day	DD124	N/A
Community Respite Partial Day No Modifications	\$47.27	Partial Day	DD125	N/A
Community Respite Partial Day Medical Add-on	\$50.27	Partial Day	DD126	N/A
Community Respite Partial Day Behavioral Add-on	\$63.02	Partial Day	DD127	N/A
Community Respite Partial Day Medical/Behavioral	\$66.02	Partial Day	DD128	N/A
Community Respite 15 Minute No Modifications	\$1.89	15 Minutes	DD129	N/A
Community Respite 15 Minute Medical Add-on	\$2.01	15 Minutes	DD130	N/A
Community Respite 15 Minute Behavioral Add-on	\$2.52	15 Minutes	DD131	N/A
Community Respite 15 Minute Medical/Behavioral	\$2.64	15 Minutes	DD132	N/A
Residential Respite Residence	\$130.00	Day	DD133	DD134
Residential Respite ICF-IID	\$200.00	Day	DD135	DD136

Effective 1/1/16

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Residential Respite Licensed Facility	\$130.00	Day	DD137	DD138
Remote Monitoring Unpaid Support	\$6.47	Hour	DD139	DD140
Remote Monitoring Paid Support	\$9.83	Hour	DD141	DD142
Remote Monitoring Equipment	\$5,000.00	Item	DD143	DD144
Home Delivered Meals	\$7.00	Meal	DD145	N/A

(*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.

(*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.

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

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

(*3) 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.