

5123:2-9-17

APPENDIX A

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**BILLING UNITS, SERVICE CODES, AND PAYMENT RATES
FOR ADULT DAY SUPPORT**

Adult Day Support by Providers Certified by the Ohio Department of
Developmental Disabilities

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 shall not be further altered to
reflect actual group size.

CODB Category	Group A	Group A-1	Group B	Group C
1	\$39.50	\$29.56	\$71.00	\$118.25
2	\$39.75	\$29.86	\$71.75	\$119.50
3	\$40.25	\$30.17	\$72.50	\$120.75
4	\$40.75	\$30.47	\$73.25	\$122.00
5	\$41.00	\$30.78	\$74.00	\$123.25
6	\$41.50	\$31.09	\$74.75	\$124.50
7	\$42.00	\$31.39	\$75.50	\$125.50
8	\$42.25	\$31.70	\$76.00	\$126.75

Adult Day Support by Providers Certified by the Ohio Department of
Developmental Disabilities

Billing Unit: Fifteen minutes

Service Codes When Community Integration Rate Modification Applies:

Individual Options Waiver	ADE
Level One Waiver	FDE
Self-Empowered Life Funding Waiver	SDE

Service Codes When Community Integration Rate Modification Does Not Apply:

Individual Options Waiver	ADF
Level One Waiver	FDF
Self-Empowered Life Funding Waiver	SDF

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis, segregated by group assignment. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A	Group A-1	Group B	Group C
1	\$1.58	\$1.19	\$2.84	\$4.73
2	\$1.59	\$1.20	\$2.87	\$4.78
3	\$1.61	\$1.21	\$2.90	\$4.83
4	\$1.63	\$1.22	\$2.93	\$4.88
5	\$1.64	\$1.23	\$2.96	\$4.93
6	\$1.66	\$1.25	\$2.99	\$4.98
7	\$1.68	\$1.26	\$3.02	\$5.02
8	\$1.69	\$1.27	\$3.04	\$5.07

Adult Day Support Provided Through Contract with Providers Certified by the
Ohio Department of Aging

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 shall not be further altered to reflect
actual group size.

CODB Category	Group A	Group B	Group C
1	\$39.50	\$71.00	\$118.25
2	\$39.75	\$71.75	\$119.50
3	\$40.25	\$72.50	\$120.75
4	\$40.75	\$73.25	\$122.00
5	\$41.00	\$74.00	\$123.25
6	\$41.50	\$74.75	\$124.50
7	\$42.00	\$75.50	\$125.50
8	\$42.25	\$76.00	\$126.75

Adult Day Support Provided Through Contract with Providers Certified by the Ohio Department of Aging

Billing Units: Fifteen minutes

Service Codes When Community Integration Rate Modification Applies:

Individual Options Waiver	AGE
Level One Waiver	FGE
Self-Empowered Life Funding Waiver	SGE

Service Codes When Community Integration Rate Modification Does Not Apply:

Individual Options Waiver	AGF
Level One Waiver	FGF
Self-Empowered Life Funding Waiver	SGF

Payment Rates: Listed below by cost-of-doing-business (CODB) category. Rates are presented on a per-person basis, segregated by group assignment. Rates shall not be further altered to reflect actual group size.

CODB Category	Group A	Group B	Group C
1	\$1.58	\$2.84	\$4.73
2	\$1.59	\$2.87	\$4.78
3	\$1.61	\$2.90	\$4.83
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5	\$1.64	\$2.96	\$4.93
6	\$1.66	\$2.99	\$4.98
7	\$1.68	\$3.02	\$5.02
8	\$1.69	\$3.04	\$5.07

Behavioral Support Rate Modification

Billing Unit: Fifteen minutes

Amount: \$0.63

Instructions: Indicate rate modification on the cost projection and payment authorization.

Medical Assistance Rate Modification

Billing Unit: Fifteen minutes

Amount: \$0.12

Instructions: Indicate rate modification on the cost projection and payment authorization.

Community Integration Rate Modification

Billing Unit: Fifteen minutes

Amount: \$0.52

Instructions: Indicate rate modification on the cost projection and payment authorization.