

5123:2-9-30

APPENDIX A

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**BILLING UNITS, SERVICE CODES, AND PAYMENT RATES
FOR HOMEMAKER/PERSONAL CARE**

Homemaker/Personal Care (Routine) - Independent Provider

Billing Unit: Fifteen minutes

Service Codes:	Individual Options Waiver	APC
	Level One Waiver	FPC

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Independent Provider Base Rates:

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$4.19	\$4.48	\$4.90	\$5.44
2	\$4.23	\$4.53	\$4.95	\$5.50
3	\$4.27	\$4.57	\$5.00	\$5.56
4	\$4.32	\$4.62	\$5.05	\$5.61
5	\$4.36	\$4.67	\$5.10	\$5.67
6	\$4.40	\$4.71	\$5.15	\$5.73
7	\$4.45	\$4.76	\$5.20	\$5.78
8	\$4.49	\$4.81	\$5.25	\$5.84

Homemaker/Personal Care (Routine) - Agency Provider

Billing Unit: Fifteen minutes

Service Codes: Listed below. Based on number of staff providing services.

1 Staff	Individual Options Waiver	APC
	Level One Waiver	FPC
2 Staff	Individual Options Waiver	AMW
	Level One Waiver	FMW
3 Staff	Individual Options Waiver	AMX
	Level One Waiver	FMX
4 Staff	Individual Options Waiver	AMY
	Level One Waiver	FMY
5 Staff	Individual Options Waiver	AMZ
	Level One Waiver	FMZ

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category, number of individuals receiving services, and number of staff providing services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Agency Provider Base Rates Per One Staff:

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$4.84	\$5.18	\$5.67	\$6.30
2	\$4.89	\$5.24	\$5.73	\$6.36
3	\$4.94	\$5.29	\$5.79	\$6.43
4	\$4.99	\$5.34	\$5.84	\$6.49
5	\$5.04	\$5.40	\$5.90	\$6.56
6	\$5.10	\$5.45	\$5.96	\$6.62
7	\$5.15	\$5.51	\$6.02	\$6.69
8	\$5.20	\$5.56	\$6.08	\$6.75

Homemaker/Personal Care (Routine) Behavioral Support Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.63

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Homemaker/Personal Care (Routine) Medical Assistance Rate Modification

Billing Unit: Fifteen minutes

Rate Modification Amount: \$0.12

Instructions: Applicable to Homemaker/Personal Care (Routine) rate. Indicate modification on the cost projection and payment authorization.

Homemaker/Personal Care (On-Site/On-Call) - Independent Provider

Billing Unit: Fifteen minutes

Service Codes:	Individual Options Waiver	AOC
	Level One Waiver	FOC

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Independent Provider Base Rates:

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$2.03	\$2.17	\$2.38	\$2.64
2	\$2.05	\$2.19	\$2.40	\$2.67
3	\$2.07	\$2.22	\$2.42	\$2.69
4	\$2.09	\$2.24	\$2.45	\$2.72
5	\$2.11	\$2.26	\$2.47	\$2.75
6	\$2.14	\$2.28	\$2.50	\$2.78
7	\$2.16	\$2.31	\$2.52	\$2.80
8	\$2.18	\$2.33	\$2.55	\$2.83

Homemaker/Personal Care (On-Site/On-Call) - Agency Provider

Billing Unit: Fifteen minutes

Service Codes: Listed below. Based on number of staff providing services.

1 Staff	Individual Options Waiver	AOC
	Level One Waiver	FOC
2 Staff	Individual Options Waiver	AOW
	Level One Waiver	FOW
3 Staff	Individual Options Waiver	AOX
	Level One Waiver	FOX
4 Staff	Individual Options Waiver	AOY
	Level One Waiver	FOY
5 Staff	Individual Options Waiver	AOZ
	Level One Waiver	FOZ

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category, number of individuals receiving services, and number of staff providing services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Agency Provider Base Rates Per One Staff:

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$2.81	\$3.01	\$3.29	\$3.65
2	\$2.84	\$3.04	\$3.32	\$3.69
3	\$2.87	\$3.07	\$3.36	\$3.73
4	\$2.90	\$3.10	\$3.39	\$3.77
5	\$2.93	\$3.13	\$3.42	\$3.80
6	\$2.96	\$3.16	\$3.46	\$3.84
7	\$2.98	\$3.19	\$3.49	\$3.88
8	\$3.01	\$3.22	\$3.53	\$3.92