

5123-9-17

APPENDIX A

Page 1 of 5

**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<br>Category | Group<br>A | Group<br>A-1 | Group<br>B | Group<br>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, 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<br>Category | Group<br>A | Group<br>B | Group<br>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, 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  |
| 4             | \$1.63  | \$2.93  | \$4.88  |
| 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.