

5123-9-17

APPENDIX A

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**BILLING UNITS, SERVICE CODES, AND PAYMENT RATES
FOR ADULT DAY SUPPORT
PROVIDED JANUARY 1, 2024 THROUGH JUNE 30, 2024**

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

Adult Day Support Provided In-Person in an Integrated Community
Setting for a Group of Four or Fewer Individuals

Billing Unit: Daily

Service Codes: Individual Options Waiver ADU
Level One Waiver FDU
Self-Empowered Life Funding Waiver SDU

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

CODB Category 1	\$160.75
CODB Category 2	\$162.50
CODB Category 3	\$164.25
CODB Category 4	\$165.75
CODB Category 5	\$167.75
CODB Category 6	\$169.25
CODB Category 7	\$171.00
CODB Category 8	\$172.75

Adult Day Support Provided In-Person in a Setting Other Than an
Integrated Community Setting for a Group of Four or Fewer Individuals

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 will not be further altered to reflect actual group size.

CODB Category	Group A-1	Group A	Group B	Group C
1	\$40.25	\$53.75	\$96.50	\$160.75
2	\$40.75	\$54.25	\$97.50	\$162.50
3	\$41.00	\$54.75	\$98.50	\$164.25
4	\$41.50	\$55.25	\$99.50	\$165.75
5	\$42.00	\$55.75	\$100.50	\$167.75
6	\$42.50	\$56.25	\$101.50	\$169.25
7	\$42.75	\$56.75	\$102.50	\$171.00
8	\$43.25	\$57.25	\$103.50	\$172.75

Adult Day Support Provided In-Person in an Integrated Community
Setting for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes: Individual Options Waiver ADT
Level One Waiver FDT
Self-Empowered Life Funding Waiver SDT

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

CODB Category 1	\$6.43
CODB Category 2	\$6.50
CODB Category 3	\$6.57
CODB Category 4	\$6.63
CODB Category 5	\$6.71
CODB Category 6	\$6.77
CODB Category 7	\$6.84
CODB Category 8	\$6.91

Adult Day Support Provided in a Setting Other Than an Integrated
Community Setting for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes:

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

Virtual Support: Individual Options Waiver ADW
Level One Waiver FDW
Self-Empowered Life Funding Waiver SDW

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

CODB Category	Group A-1	Group A	Group B	Group C
1	\$1.61	\$2.15	\$3.86	\$6.43
2	\$1.63	\$2.17	\$3.90	\$6.50
3	\$1.64	\$2.19	\$3.94	\$6.57
4	\$1.66	\$2.21	\$3.98	\$6.63
5	\$1.68	\$2.23	\$4.02	\$6.71
6	\$1.70	\$2.25	\$4.06	\$6.77
7	\$1.71	\$2.27	\$4.10	\$6.84
8	\$1.73	\$2.29	\$4.14	\$6.91

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

Adult Day Support Provided in Any Setting

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 will not be further altered to reflect actual group size.

CODB Category	Group A	Group B	Group C
1	\$53.75	\$96.50	\$160.75
2	\$54.25	\$97.50	\$162.50
3	\$54.75	\$98.50	\$164.25
4	\$55.25	\$99.50	\$165.75
5	\$55.75	\$100.50	\$167.75
6	\$56.25	\$101.50	\$169.25
7	\$56.75	\$102.50	\$171.00
8	\$57.25	\$103.50	\$172.75

Adult Day Support Provided In-Person in an Integrated Community Setting
for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

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

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

CODB Category 1	\$6.43
CODB Category 2	\$6.50
CODB Category 3	\$6.57
CODB Category 4	\$6.63
CODB Category 5	\$6.71
CODB Category 6	\$6.77
CODB Category 7	\$6.84
CODB Category 8	\$6.91

Adult Day Support Provided in a Setting Other Than an Integrated
Community Setting for a Group of Four or Fewer Individuals

Billing Unit: Fifteen minutes

Service Codes:

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

Virtual Support: Individual Options Waiver AGW
Level One Waiver FGW
Self-Empowered Life Funding Waiver SGW

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

CODB Category	Group A	Group B	Group C
1	\$2.15	\$3.86	\$6.43
2	\$2.17	\$3.90	\$6.50
3	\$2.19	\$3.94	\$6.57
4	\$2.21	\$3.98	\$6.63
5	\$2.23	\$4.02	\$6.71
6	\$2.25	\$4.06	\$6.77
7	\$2.27	\$4.10	\$6.84
8	\$2.29	\$4.14	\$6.91

Behavioral Support Rate Modification

Billing Unit: Fifteen minutes
Amount: \$0.82
Instructions: Indicate rate modification on the cost projection and payment authorization.

Medical Assistance Rate Modification

Billing Unit: Fifteen minutes
Amount: \$0.16
Instructions: Indicate rate modification on the cost projection and payment authorization.