

5123-9-27

APPENDIX

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BILLING UNIT, SERVICE CODES, AND PAYMENT RATE
FOR HEALTH CARE ASSESSMENT

| | | |
|----------------|------------------------------------|-----|
| Billing Unit: | Calendar month | |
| Service Codes: | Individual Options Waiver | AAS |
| | Level One Waiver | FAS |
| | Self-Empowered Life Funding Waiver | SAS |
| Payment Rate: | \$34.50 per calendar month | |