REQUEST FOR PASSPORT AGREEMENT RENEWAL/EXPANSION

Purpose of Request (check all that apply):

- O Renew provider agreement (same service)
- O Add or delete services (circle which)
- O Change counties served (same PAA)
- O Expand into another PAA (must be certified in another PAA)
  Certified in PAA _____
- O Expand to open a new office (must already be certified in PAA-9)

Provider Name:		Date:
Doing Business As (dba), if applicable:		Fed. I.D./SSN:
Corporate:	**Business Address:**	**Mailing Address (if different):**
Street:		
City, State & Zip		
Location # (if known):		
Phone #:	( )	( )
Fax #:	( )	( )

Contact Person: Phone #: Email:

Change in provider ownership? O Yes O No
If "yes," please record change or attach a separate statement.

Change in provider governing body? O Yes O No
If "yes," please record change or attach a separate statement.

Change in management or administration? O Yes O No
If "yes," please record change or attach a separate statement.

Authorization to sign provider agreement:	Name	Title:
	Address	Phone:

FORM COMPLETED BY:

Signature: Date:

Title:

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Services You Seek Certification to Provide	PASSPORT Program	Assisted Living	Counties You Propose to Serve Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum & Tuscarawas Counties	Proposed Rate	PAA 9 Current Rate
☐ **Adult Day Services: Enhanced** ☐ 4-8 hours				$80.94	$80.94
☐ ≤3.75 hours				$40.48	$40.48
☐ .25 hour				$2.54	$2.54
☐ **Adult Day Services: Intensive** ☐ 4-8 hours				$106.26	$106.26
☐ ≤ 3.75 hours				$53.11	$53.11
☐ .25 hour				$3.33	$3.33
☐ **Adult Day Service: Transportation Service** ☐ per mile					$3.12
☐ round trip					$28.61
☐ one-way trip					$23.21
☐ **Choices Home Care Attendant Service** .25 hour				Negotiated	Negotiated
☐ **Community Integration (Previously ILA)** .25 hour					$3.93
☐ **Emergency Response System** ☐ Monthly Rental - ☐ Landline ☐ Cellular ☐ Mobile					$32.95
☐ Installation					$32.95
☐ **Enhanced Community Living** .25 hour					$6.54
☐ **Home Care Attendant Service-Nursing** First hour per visit					$27.53
Additional .25 hour unit in same visit					$6.39
☐ **Home Care Attendant Service-PC** .25 hour					$4.70
☐ **Home Delivered Meal** meal ☐ Home Delivered Meal					$8.80
☐ HDM-Therapeutic/Diet					$10.61
☐ HDM-Kosher					$10.61
☐ **Home Maintenance & Chores** per job ☐ Chore				Per bid	Per bid
☐ Pest Control				Per bid	Per bid
☐ **Home Medical Equipment** per item ☐ Ambulatory				Per bid	Per bid
☐ Non-ambulatory - ☐ Med Dispenser				Per bid	Per bid
☐ Nutritional Supplements				Per bid	Per bid
☐ Hygiene & Disposable				Per bid	Per bid
☐ Repairs				Per bid	Per bid
☐ **Homemaker** .25 hour				$5.99	$5.99
☐ **Home Modifications** per job				Per bid	Per bid
☐ **Personal Care** .25 hour ☐ **Personal Care *Agency***				$7.24	$7.24
Personal Care 2nd Person *Agency*				$5.43	$5.43
☐ **Personal Care *Individual***					$3.44
Personal Care 2nd Person *Individual*					$2.58
☐ **Out of Home Respite Service** per day					Billing maximum established in OAC 5160-46-06
☐ **Social Work/Counseling** .25 hour					$16.26
☐ **Non-Medical Transportation** (Round Trip) (2nd person at 75%)				Per bid	Per bid
☐ **Non-Medical Transportation** per job (one-way) (2nd person at 75%)				Per bid	Per bid
☐ **Nutrition Consultation Service** .25 hour					$13.34
☐ **Structured Family Caregiving (One Day)**					Billing maximum established in OAC 5160-46-06

☐ **Structured Family Caregiving (Half Day)**					Billing maximum established in OAC 5160-46-06
☐ **Assisted Living Service** per day ☐ Base Assisted Living Service				$130.00	$130.00
☐ Memory Care Assisted Living Service				$155.00	$155.00
☐ **Community Transition Service** lifetime total				$2000.00	$2000.00
☐ **Waiver Nursing** ☐ ***Agency RN*** first hour*					$68.44
Additional .25 hour unit in same visit					$9.25
☐ ***Non-agency RN*** first hour*					$56.26
Additional .25 hour unit in same visit					$7.46
☐ ***Agency LPN*** first hour*					$58.72
Additional .25 hour unit in same visit					$7.82
☐ ***Non-agency LPN*** first hour*					$48.00
Additional .25 hour unit in same visit					$6.24
Group rate (2+ consumers) is 75% of Individual Rate					
*Waiver nursing first hour requires the provider to furnish service for more than two units (a minimum of 35 minutes) in order to be paid for a 'loaded first hour' or 'base rate'					
*****NOTE: STATE PLAN SERVICES MUST BE USED PRIOR TO USING WAIVER SERVICES***					
Rev 11/6/2024					