



PASSPORT Services & Rates Form

Agency Name: _____

Services You Seek Certification to Provide	PASSPORT Program	Assisted Living	Proposed Rate	PAA 1 Current Max. Rate
<input type="checkbox"/> Adult Day Services: Enhanced			\$80.94	\$80.94
<input type="checkbox"/> 4-8 hours (full day)				
<input type="checkbox"/> ≤3.75 hours (half day)			\$40.48	\$40.48
<input type="checkbox"/> .25 hour			\$2.54	\$2.54
<input type="checkbox"/> Adult Day Services: Intensive			\$106.26	\$106.26
<input type="checkbox"/> 4-8 hours (full day)				
<input type="checkbox"/> ≤ 3.75 hours (half day)			\$53.11	\$53.11
<input type="checkbox"/> .25 hour			\$3.33	\$3.33
<input type="checkbox"/> Adult Day Service: Transportation Service				\$3.12
<input type="checkbox"/> per mile				
<input type="checkbox"/> 2 nd person per mile				\$2.34
<input type="checkbox"/> Per 1-way trip				\$23.21
<input type="checkbox"/> 2 nd person per 1-way trip				\$17.41
<input type="checkbox"/> per roundtrip				\$28.61
<input type="checkbox"/> 2 nd person per roundtrip				\$21.46
<input type="checkbox"/> Choices Home Care Attendant Service .25 hour			Negotiated	Negotiated
<input type="checkbox"/> Community Integration (Previously ILA) .25 hour				\$3.93
<input type="checkbox"/> Emergency Response System				\$32.95
<input type="checkbox"/> Monthly Rental - <input type="checkbox"/> Landline <input type="checkbox"/> Cellular				
<input type="checkbox"/> Mobile				
<input type="checkbox"/> Installation				\$32.95
<input type="checkbox"/> Enhanced Community Living .25 hour				\$6.54
<input type="checkbox"/> Home Care Attendant Service-Nursing				\$27.53
First hour per visit				
Additional .25-hour unit in same visit				\$6.39
<input type="checkbox"/> Home Care Attendant Service-Personal Care				\$4.70
.25 hour				
<input type="checkbox"/> Home Delivered Meal per meal				\$8.80
<input type="checkbox"/> Home Delivered Meal				
<input type="checkbox"/> HDM-Therapeutic/Diet				\$10.61
<input type="checkbox"/> HDM-Kosher				\$10.61
<input type="checkbox"/> Home Maintenance & Chores per job			Per bid	Per bid
<input type="checkbox"/> Chore				
<input type="checkbox"/> Pest Control			Per bid	Per bid
<input type="checkbox"/> Home Medical Equipment per item			Per bid	Per bid
<input type="checkbox"/> Ambulatory				
<input type="checkbox"/> Non-ambulatory - <input type="checkbox"/> Med Dispenser			Per bid	Per bid
<input type="checkbox"/> Nutritional Supplements			Per bid	Per bid
<input type="checkbox"/> Hygiene & Disposable			Per bid	Per bid
<input type="checkbox"/> Repairs			Per bid	Per bid
<input type="checkbox"/> Homemaker .25 hour				\$5.99
<input type="checkbox"/> Home Modifications per job			Per bid	Per bid
<input type="checkbox"/> Personal Care .25 hour				\$7.24
<input type="checkbox"/> Personal Care Agency				
Personal Care 2 nd Person Agency				\$5.43
<input type="checkbox"/> Personal Care Individual				\$3.44
Personal Care 2 nd Person Individual				\$2.58
<input type="checkbox"/> Out of Home Respite Service per day				\$199.82
<input type="checkbox"/> Social Work/Counseling .25 hour				\$16.26
<input type="checkbox"/> Structured Family Caregiving			\$102.68	\$102.68
<input type="checkbox"/> 4-8 hours (full day)				
<input type="checkbox"/> ≤3.75 hours (half day)			\$51.34	\$51.34



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<input type="checkbox"/> Non-Medical Transportation per job(2 nd person at 75%)			Per bid	Per bid
<input type="checkbox"/> Nutrition Consultation Service .25 hour				\$13.34
<input type="checkbox"/> Assisted Living Service per day			\$130.00	\$130.00
<input type="checkbox"/> Tier 1 (Base Rate)				
<input type="checkbox"/> Tier 2 (Critical Access Rate) – **This tier requires specific census requirements and can only be granted by ODA.			**	\$145.00
<input type="checkbox"/> Tier 3 (Memory Care Rate)			\$155.00	\$155.00
<input type="checkbox"/> Community Transition Service lifetime total			\$2000.00	\$2000.00
<input type="checkbox"/> Waiver Nursing				
<input type="checkbox"/> Agency RN first hour*				\$68.44
Additional .25 hour unit in same visit				\$9.25
<input type="checkbox"/> Non-agency RN first hour*				\$56.26
Additional .25 hour unit in same visit				\$7.46
<input type="checkbox"/> Agency LPN first hour*				\$58.72
Additional .25 hour unit in same visit				\$7.82
<input type="checkbox"/> 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****

Revised 5/01/2025