



“Basic” Medicaid State Plan Home Health Services

Ohio Office of Medical Assistance
Bureau of Long Term Care Services & Support
and
State Plan Related Services Work Group
(Hospice, Home Health, & Private Duty Nursing)

January 2013



Webinar “Housekeeping”

- ***Questions -- Please send your questions to this mailbox:***

BHCS@jfs.ohio.gov



Webinar “Housekeeping” (con’t)

- **January 9th original webinar will be rebroadcasted next week. Pre-registration is required.**
 - **Tuesday, January 15th at 12:30 pm**
<https://www3.gotomeeting.com/register/325482934>
 - **Wednesday, January 16th at 9:00 am**
<https://www3.gotomeeting.com/register/840320254>
 - **Thursday, January 17th at 1:00 pm**
<https://www3.gotomeeting.com/register/547546422>



Webinar “Housekeeping” (con’t)

- **Planned webinars. Pre-registration is required.**
 - **“Basic” Medicaid State Plan Private Duty Nursing Services on Tuesday, February 12th at 1:00 pm**
<https://www3.gotomeeting.com/register/579988654>
 - **Rebroadcasted on Tuesday, February 19th at 1:30 pm**
<https://www3.gotomeeting.com/register/765419638>



Webinar “Housekeeping” (con’t)

- **Planned webinars. Pre-registration is required.**
 - **“Basic” Medicaid State Plan Hospice on Thursday, February 14th at 1:00 pm**
<https://www3.gotomeeting.com/register/808975254>
 - **Rebroadcasted on Wednesday, Feb. 20th at 9:00 am**
<https://www3.gotomeeting.com/register/745744966>



Objective

- Describe the main components and requirements of “basic” state plan Medicaid
- Improve coordination of “basic” state plan Medicaid services with HCBS waiver services
- “Basic” and “related” state plan Medicaid services included are
 - Home health (HH) services
 - Private duty nursing (PDN) services
 - Hospice services



“Basic” Medicaid State Plan Services

- Behavioral Health
- Dental*
- Durable Medical Equipment (DME)
- **Home Health (HH)**
- **Hospice**
- Immunizations
- Inpatient Hospital
- Laboratory

***Services subject to co-payments**



“Basic” Medicaid State Plan Services (con’t)

- Outpatient Hospital
- Prescriptions**
- **Private Duty Nursing (PDN)**
- Radiology
- Therapies
- Transportation
- Vision*
- Other Services

* Services subject to co-payments

** Drug benefit provided through Medicare for certain ABD consumers



“Basic” Medicaid State Plan Benefits

- **Ohio Medicaid card**
- **All Ohio Medicaid consumers/recipients/beneficiaries**
- **No case management services for non-waiver (“basic” Medicaid state plan) consumers/recipients/beneficiaries**
- **Services must be medically necessary; and reasonable in their amount, frequency, and duration**
- **Children and adults with an Ohio Medicaid card may be enrolled in a waiver**



“Basic” Medicaid State Plan Benefits (con’t)

- **Qualified Medicare Beneficiary (QMB) Only, Specified Low-Income Medicare Beneficiary (SLMB or Q-2), and Qualified Individual (Q-1) are not Ohio Medicaid beneficiaries**
- **Recipient who has not yet met his/her spenddown requirement is not entitled to institutional room & board (revenue code 101) nor to hospice room & board (T2046) until the date the County Department of Job & Family Services (CDJFS) released his/her monthly Medicaid card**
- **If county caseworker finds improperly transferred resources, Medicaid will not pay for institutional room & board (revenue code 101) nor hospice room & board (T2046) for a specified period of time called Restricted Medicaid Coverage Period.**



HH Services Per CMS **(Centers for Medicare & Medicaid Services)**

- HH Nursing and HH Aide are required Medicaid services for recipients with a comparable institutional level of care but may not be for those without it
- HH Therapies (PT, OT, SLP or ST) are not required Medicaid services within the home health services benefit, but Ohio opted to cover them



Coordination of Medically Necessary Services

- **Improve coordination of “basic” state plan Medicaid services with HCBS waiver services**
- **Establish consistent care planning practices and coordinated case management**
- **Share responsibility for difficult care planning decisions**
- **Utilize services efficiently and effectively by consistent service planning**
- **Address consumers’ needs including health and safety risk factors**



Coordination (con't)

- **Care Planning Considerations**
 - **Assess the needs of the consumer**
 - **Identify the resources available to meet the consumer's assessed needs**
 - **Create the waiver service plan for a waiver consumer**
 - **Create the plan of care**



Coordination (con't)

- **Hierarchy of Services in Service Planning**
 1. **Natural (family/friends) support**
 2. **Community resources**
 3. **Commercial or private insurance**
 4. **Medicare**
 5. **Medicaid state plan or “basic” services**
 6. **Medicaid HCBS waiver services including those administered by ODA, by DODD, and OMA**



Coordination (con't)

- **The Health Care Puzzle**
 - **Care that is delivered to a consumer is the care that is financed.**
 - **Each professional has a role to play in the delivery of health care to a consumer.**
 - **Each organization has constraints, e.g. agency policies and procedures, professional standards of care, federal and state regulations, conditions of participation, etc.**
 - **Agency staff whether for profit or non-for-profit, government or private, are each other's customers.**
 - **Collaboration and coordination work together for the benefit of the consumer. They require respecting each other's professional role and keeping focused on what is best for the consumer.**



Ohio Department of Aging Resources

- **Ohio Revised Code 173.431 Administration of budget**
- **Ohio Revised Code 173.432 Care management and authorization services**
- **Ohio Administrative Code 173-39-02.11 Personal care service**



Part I. “Basic” Medicaid State Plan – Home Health (HH) Services



HH Outline

- **Providers of HH and Selected COPs**
- **Requirements for HH Services including Therapy Services**
- **Health Care Reform (PPACA) Updates**
- **Types of HH Services**
- **HH Nursing Services**
- **HH Aide Services**
- **HH Service Limits**
- **Post-Hospital HH Services Benefit & Requirements**
- **Healthchek HH for Children**
- **References & Links**



State Plan HH Service Providers

- **Only Medicare Certified Home Health Agencies (MCRHHA)**



Selected Conditions of Participation (COPs) for MCRHHA (42 CFR Part 484)

- **§ 484.10 Patient rights**
 - (a) **Notice of rights: Must provide consumer with written notice of rights before initiation of treatment.**
 - (b) **Right to be informed and participate in planning care and treatment: Consumer has right to participate in planning care and treatment, and to be informed prior to any change in the plan of care (POC).**



Selected COPs for MCRHHAs (con't)

- **§ 484.14 Organization, services, and administration**
 - **(a) Services furnished: Part-time or intermittent skilled nursing services and at least one other therapeutic service (physical, speech, or occupational therapy; or home health aide services) are made available in recipient's place of residence. HHA must provide at least one of the services directly but may provide the additional services under arrangement with another agency.**
 - **(g) Coordination of patient services: Maintain liaison with all personnel furnishing services to ensure coordinated effectively and support objectives in POC.**



Selected COPs for MCRHHAs (con't)

- **§ 484.14 Organization, services, and administration**

Note: Section 1861(m)(7)(B) of the Social Security Act states

-- “part-time and intermittent services” means skilled nursing and HH aide services furnished any number of days per week as long as they are furnished (combined) less than 8 hours each day, and 28 or fewer hours each week or less

-- “intermittent” means skilled nursing care that is provided on fewer than 7 days each week or less than 8 hours of each day for periods of 21 days or less



Selected COPs for MCRHHAs (con't)

- **§ 484.18 Acceptance of patients, plan of care, and medical supervision**
 - **(a) Plan of care: POC developed in consultation with staff (including physician and therapists as appropriate) covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measure to protect against injury, instructions for timely discharge or referral, and any other appropriate items.**



Selected COPs for MCRHHAs (con't)

- **§ 484.18 Acceptance of patients, plan of care, and medical supervision**
- **(b) Periodic review of POC: POC reviewed by attending physician and HHA staff as often as severity of consumer's condition requires, but at least once every 60 days or more frequently when there is a transfer, significant change in condition, or a discharge and return to the same HHA during the 60-day episode.**



Selected COPs for MCRHHAs (con't)

- **§ 484.18 Acceptance of patients, plan of care, and medical supervision**
 - **(c) Conformance with physician orders: Drugs and treatments are administered as ordered by the physician; verbal orders are put in writing and received by the registered nurse or qualified therapist.**



Selected COPs for MCRHHAs (con't)

- ***§ 484.30 Skilled nursing services***
 - **(a) Duties of registered nurse: Makes the initial evaluation visit, regularly reevaluates the consumer's nursing needs, initiates the POC and necessary revisions, furnishes those services requiring substantial and specialized nursing skill, initiates appropriate preventive and rehabilitative nursing procedures, prepares clinical and progress notes, coordinates services, informs physician and other personnel of changes in consumer's condition and needs, counsels the consumer and family in meeting nursing needs, participates in in-service programs, and supervises and teaches other nursing personnel.**



Selected COPs for MCRHHAs (con't)

- **§ 484.36 Home health aide services**
 - **(c) Assignment and duties of HH aide: Duties include provision of hands-on personal care, performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance in administering medications that are ordinarily self-administered.**



Selected COPs for MCRHHAs (con't)

- **§ 484.36 Home health aide services**
 - Note: This means that a HH aide can not physically apply medicated ointments, instill medicated eye drops, or place medications in a recipient's mouth. HH aides can not administer over-the-counter (OTC) medications and can not administer prescription medications. HH aides may prompt or provide cues to a recipient who then self-administers the medication(s).**



Selected COPs for MCRHHAs (con't)

- **§ 484.36 Home health aide services**
 - (d) Supervision (2): **Skilled** nursing care or therapy requires an on-site visit by the RN or therapist to the consumer's home **no less frequently than every 2 weeks.**
 - (d) Supervision (3): **No skilled** nursing care or therapy requires a supervisory visit by the RN to the consumer's home **no less frequently than every 60 days while the home health aide is providing patient care.**



Selected COPs for MCRHHAs (con't)

- **§ 484.55 Comprehensive assessment**
 - **Must reflect the consumer's current health status and includes information that may be used to demonstrate the consumer's progress toward achievement of desired outcomes.**
 - **Must identify the consumer's continuing need for home care and meet the consumer's medical, nursing, rehabilitative, social, and discharge planning needs.**



Selected COPs for MCRHHAs (con't)

- **§ 484.55 Comprehensive assessment**
 - (a) **Initial assessment visit: RN must conduct initial assessment visit to determine the immediate care and support needs of the recipient, and for Medicare recipients to determine eligibility for Medicare home health benefit, including home bound status.**
 - Note that Medicare eligibility includes medical necessity and a qualifying skilled need.
 - (a) **Initial assessment visit: The initial assessment visit must be held either within 48 hours of referral or within 48 hours of the consumer's return home, or on the physician-ordered start of care date.**
 - (a) **Initial assessment visit: When rehabilitation therapy service is the only service ordered by the physician, and if that service establishes Medicare eligibility, the initial assessment visit may be made by the appropriate rehabilitation skilled professional.**



Selected COPs for MCRHHAs (con't)

- **§ 484.55 Comprehensive assessment**
 - (b) Completion of comprehensive assessment:
Must be completed in a timely manner, consistent with the consumer's immediate needs, but no later than 5 calendar days after the start of care.



Selected COPs for MCRHHAs (con't)

- **§ 484.55 Comprehensive assessment**
 - (d) Update of the comprehensive assessment: Must be updated and revised as frequently the consumer's condition warrants due to a major decline or improvement in the consumer's health status, but not less frequently than
 - (1) Last 5 days of every 60 days beginning with the start-of-care date unless there is a beneficiary elected transfer, significant change in condition, or discharge and return to the same HHA during the 60-day episode
 - (2) Within 48 hours of the consumer's return home from a hospital admission of 24 hours or more for any reason other than diagnostic tests
 - (3) At discharge.



PPACA & HH Services Requirement

(Patient Protection & Affordable Care Act)

- **Physician certifying the need for HH services must document face-to-face encounter with the consumer 90 days preceding the start of care (SOC) or within 30 days of SOC.**
- **Only the physician may certify medical necessity (same practice as today which continues).**
- **Face-to-face encounter may be conducted by**
 - MD or DO
 - Advanced practice nurse or physician assistant under the supervision of the physician may conduct the face-to-face encounter.



PPACA & HH Services Requirement (con't)

- **What is an advanced practice nurse (OAC 3-8-21)?**
 - Certified nurse practitioner
 - Clinical nurse specialist
 - Certified nurse midwife (not permitted to document face-to-face encounter for durable medical equipment per PPACA)



PPACA & HH Services Requirement (con't)

- **Documentation of encounter & certification**
 - **JFS 07137 “Certificate of Medical Necessity for HH Services and PDN Services” (rev. 2/2011) at <http://www.odjfs.state.oh.us/forms/results1.asp> or**
 - **Consumer’s plan of care (POC) used to certify medical necessity if all the data elements specified in JFS 07137 are included and POC contains physician’s signature, physician’s credentials and date of the physician’s signature**
 - **FAQs at <http://jfs.ohio.gov/ohp/providers/pdf/F2F%20FAQ%203-4-11%20FIRST%20UPDATE%20FINAL.pdf>**



PPACA & HH Services Requirement (con't)

- **Face-to-face requirement for certain durable medical equipment will be coming in 2013, likely sometime in the second half.**



Requirements for HH Services

- **HH nursing and HH aide services**
 - **Only part-time and intermittent basis**

Note: “Part-time and intermittent” means that visits are limited to a maximum of 4 hours. Also, HH service limits on hours per day, hours per week, and the post-hospital benefit are discussed later in this presentation.



Requirements for HH Services (con't)

- **Certification of medical necessity including face-to-face encounter**
- **Physician's order**
- **Plan of care**
- **Waiver service plan for waiver consumers**



Requirements for HH Services (con't)

- **Place of care**
 - **Consumer's place of residence**
 - **Licensed child day-care center**
 - **Early intervention services (EI) for a child 3 years or younger**



Requirements for HH Services (con't)

- **No habilitative care and no respite care for state plan HH nursing/aide services**
- **No maintenance care, no habilitative care, and no respite care for state plan HH skilled therapy services**



Requirements for HH Services (con't)

- **“Habilitative care” or “habilitation services”**
 - **Definition: Designed to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to reside successfully” in community settings [definition per USC § 1396n(c)(5)(A)]**
 - **Not a regular or “basic” state plan service**
 - **Only offered in an ICF-MR (ICF-IID) or through a HCBS waiver**



Requirements for HH Services (con't)

- **“Respite care” Definition: Care provided to consumer unable to care for himself or herself because of absence or need for relief of those persons normally providing care.**
- **No respite care for state plan HH nursing/aide services.**



Requirements for HH Services (con't)

- **“Maintenance care” Definition: Care given to a consumer for prevention of deteriorating or worsening medical or management of stabilized chronic diseases or conditions.**
- **Care is considered maintenance when the consumer is no longer making significant improvement.**



Requirements for HH Skilled Therapy Services

- **No intermittent requirement for therapies**
- **Medically necessary**
- **Plan of care**
- **Reasonable amount, frequency, & duration**
- **Expectation of consumer's improvement or to establish a safe & effective maintenance program**
- **Includes treatments, assessments &/or therapeutic exercise**
- **May not include activities for general welfare, including motivational or general activities for overall fitness**



Requirements for HH Skilled Therapy Services (con't)

- **Provided with the expectation of consumer's condition measurably improving within a reasonable period of time or**
- **Provided to establish a safe and effective maintenance program to be turned over to a caregiver or consumer**



5 Types of State Plan HH Services (G-codes)

- **Home Health Nursing (G0156 code)**
- **Home Health Aide (G0154 code)**
- **3 types of therapy:**
 - **Physical Therapy (PT) (G0151 code)**
 - **Occupational Therapy (OT) (G0152 code)**
 - **Speech-Language Pathology or Speech Therapy (SLP or ST) (G0153 code)**



HH Nursing Services

- **Registered nurse (RN) or a licensed practical nurse at the direction of a RN**
- **Employed or contracted by MCRHHA (no independent providers)**
- **Within the nurse's scope of practice**
- **Provided & documented per plan of care**



HH Nursing Services (con't)

- **Face-to-face encounter for service delivery means “in-person” service visit**
- **Medically necessary**
- **Not solely for supervision of HH aide**
- **May include home infusion therapy**



HH Aide Services

- **No skilled nursing requirement for delivery of Medicaid HH aide services**
- **Necessary to facilitate the nurse or therapist in the care of the consumer's illness or injury or**
- **Help the consumer maintain a certain level of health in order to remain in the home setting**



HH Aide Services (con't)

- **Face-to-face encounter for service delivery means “In-person” service visit**
- **Medically necessary**
- **Requires skills of HH aide**
- **Within HH aide’s scope of practice**
- **Provided & documented per plan of care**
- **Employed or contracted by MCRHHA**
- **Not be the parent, step-parent, foster parent or legal guardian of a consumer under age 18, or the consumer’s spouse, or other person who stands in place of a parent**



HH Aide Services (con't)

- ***Medicaid home health services per rule 5101:3-12(G)(2)(e) of the Ohio Administrative Code:***
 - Bathing & dressing
 - Grooming, hygiene, & shaving
 - Skin care, foot care, ear care, hair, nail & oral care
 - Changing bed linens of an incontinent or immobile consumer
 - Feeding
 - Assistance with elimination including administering non-medicated enemas unless the skills of a nurse required



HH Aide Services (con't)

- ***Medicaid home health services per rule 5101:3-12(G)(2)(e) of the Ohio Administrative Code(con't):***
 - Routine catheter care & routine colostomy care
 - Assistance with ambulation, changing position in bed, & assistance with transfers
 - Assistance with routine maintenance exercises & passive range of motion
 - Routine care or prosthetic & orthotic devices
 - “Incidental services”
 - Performing a selected nursing activity or task as delegated



Delegation

- **Duties of home health aides may include “performance of simple procedures as an extension of therapy or nursing services” is part of a HHA COP under 42 CFR § 484.36(c)(2).**
- **Delegation of nursing tasks to an unlicensed person is covered by Chapter 4723-123 of the Ohio Administrative Code (OAC).**
- **Condition of participation for HH aide services is 42 CFR § 484.36.**



Delegation (con't)

- **Medication administration & performance of health-related activities by Department of Developmental Disabilities staff are covered in chapter 5123.41 thru 5123.47 of the Ohio Revised Code (ORC).**



HH Aide “Incidental Services”

- **Necessary household tasks –**
 - **Light chores**
 - **Consumer’s laundry**
 - **Light house cleaning**
 - **Preparation of meals**
 - **Taking out the trash**
 - **Not include errand service**



HH Aide “Incidental Services” (con’t)

- **Not be the reason for the visit**
- **Occur because there is a small amount of time left in the visit and the HH aide can see that there is a necessary household task that should be done to keep the environment safe for the consumer and/or to maintain his/her health.**
- **Not substantially extend the time of the visit to deliver health related services**
- **Visit not solely to perform incidental services**
- **Only for the consumer not for other people in the consumer’s residence**



Consumers Receiving Services from Other Medicaid Benefits

- **Program for the All-inclusive Care of the Elderly (PACE) program**
 - HH services through PACE (available in Cincinnati and Cleveland areas only)
- **Managed care plan (MCP)**
 - HH services from the MCP
- **Hospice benefit elected by consumer**
 - HH and private duty nursing services related to terminal condition(s) from the hospice provider.
 - Hospice T-codes are not reimbursed by Medicaid on the same dates of service as HH G-codes.
 - Hospice T-codes are not reimbursed by Medicaid on the same dates of service as private duty nursing code (T1000).



HH Service Limits

- **Visit Limit**
 - Visits maximum of 4 hours (16 units)
 - Minimum 2-hour break between visits
 - ~~Bad Example 1: Home health nursing visit (G0154) for 4 hours followed by waiver nursing, RN (T1002) or LPN (T1003) for 4 hours~~



- **Visit Limit**

- **Good Example 1: Home health nursing visit (G0154) for 2 hours followed by PASSPORT personal care services (PT 824) for 4 hours then a second home health nursing visit for 2 hours**
- **Good Example 2: Caregiver works from 9 am - 5 pm. Home health aide comes from 8 am - 9 am to provide bath and hygiene services, then PASSPORT personal care aide (PCA) comes from 9 am – 5 pm specifically to provide respite.**
- **Good Example 3: Caregiver wants to attend church on Sunday morning and expects to be gone for 3 hours. Home health aide comes for 1st hour to administer personal care services while PASSPORT PCA comes immediately following the home health aide to provide respite for the remaining 2 hours.**



HH Service Limits (con't)

- **Day Limit**
 - No more than 8 hours (32 units) combined HH nursing/aide & therapies
- **Week Limit**
 - No more than 14 hours (56 units) HH nursing/aide



HH Service Limits (con't)

- **No “stacking” of like or similar “scope” of services**
 - **Example: 4 consecutive hours of personal care services can not be authorized as 2 hours of HH aide (G0156) and 2 hours of Ohio Home Care waiver personal care aide (T1019) without a 2-hour break. HH aide can not be used for respite. A 2-hour gap is required.**



HH Service Limits (con't)

- **Respite “scope” of service**
 - **Example: Caregiver is home when the HH aide (G0156) gets the consumer ready for the day between 6 am and 8 am. Caregiver leaves at 8 am when PASSPORT personal care aide (PT624 and PT626) arrives and works from 8 am until noon providing in home respite. Caregiver returns at noon to care for his/her family member. No 2-hour gap is required although 6 hours of services were delivered to the consumer. The differing scopes of service must be well documented in the waiver service plan, plan of care, and daily documentation.**



HH Service Limits (con't)

- For consumers enrolled in a waiver, services must be **specified in the waiver service plan in addition to plan of care requirements**



HH Service Limits (con't)

- **Different or dissimilar services can be delivered “back to back”**
 - E.g., 2 hours of HH aide (G0156) followed by 4 hours of waiver nursing (T1002 RN or T1003 LPN) followed by 2 hours of HH aide (minimum 2-hour break in “like” services occurred)
 - E.g., 4 hours of HH aide (G0156) followed by 2 hours of PASSPORT homemaker service (PT570, PT572), followed by 2 hours of HH aide (minimum 2-hour break in “like” services occurred)



HH Service Limits (con't)

- **Different or dissimilar services can be delivered “back to back”**
 - E.g., HH aide (G0156) visit for 1 hour to assist with personal care followed immediately by homemaker/personal care services (MR940) to transport (MR941) recipient to community activities.
 - E.g., Community inclusion services (DD115) for 4 hours to support individual with household chores and recreational activities. Home health nursing (G0154) follows immediately for one hour to provide skilled service.



HH Service Limits (con't)

- **Medicare HH benefit**
 - Medicare HH reimbursement is based on a **60-day episode** which includes part-time or intermittent skilled nursing care, part-time or intermittent home health aide services, and/or physical therapy, speech-language pathology services, and /or occupational therapy
 - Medicaid HH reimbursement is based on specific dates of service
 - Medicaid HH benefit may **not** be delivered within the 60-day episode of the Medicare HH benefit



HH Service Limits (con't)

- Hospice claims will not pay on the same date of service for home health services.
- Hospice claims will not pay on the same date of service for private duty nursing services.



Post-Hospital HH Services Benefit

- Combined maximum total of 28 hours (112 units) per week of HH nursing & HH aide services
- Up to a maximum of 60 consecutive days from the date of discharge from an inpatient (IP) hospital



Requirements for Post-Hospital HH Services (con't)

- **3-day (overnights) hospital stay**
 - **Does not include time spent in ER or observation**
 - **Does not include day of discharge**
 - **Does include days spent in acute rehab facility as result of direct transfer from hospital**



Requirements for Post-Hospital HH Services (con't)

- **Medical necessity certified by physician (JFS 07137 “Certificate of Medical Necessity for Home Health Services and Private Duty Nursing Services”)**
 - **PPACA face-to-face encounter requirement is part of certification of medical necessity**
- **Comparable Institutional Level of Care either Skilled LOC, Intermediate LOC, or ICF-MR [ICF-IID] LOC (Form JFS 07137)**



Requirements for Post-Hospital HH Services (con't)

- **Comparable LOC is not determination of LOC for other purposes**
- **Requires medically skilled service as ordered by the physician at least once per week**
 - Home health nursing or
 - Combination of PDN/ HH nursing/waiver nursing/skilled therapy service



Requirements for Post-Hospital HH Services (con't)

- **Hospital discharge date on JFS 07137 & provider's billed claim**
- **Day of hospital discharge counts as day one of the 60 day benefit**
- **Date of hospital discharge must be on MITS claim**
- **Days spent in a nursing facility after hospital discharge counts in the 60 day benefit**



Healthchek HH Services Benefit

- **Early, Periodic, Screening, Diagnosis, & Treatment (EPSDT) in federal regulations**
- **Increased state plan HH services for children age less than 21 years**
- **Same part-time, intermittent needs**
- **Same visit policy (visits 4 hours or less with 2 hours minimum break between “like” services)**



Healthchek HH Services Benefit (con't)

- **Child requires more HH services per physician order than the basic state plan HH benefit provides (see service limits)**
- **Comparable Level of Care (LOC) Medical Necessity**



Requirements for Healthchek HH Services (con't)

- **Requires medically skilled service as ordered by the physician at least once per week**
 - Home health nursing or
 - Combination of PDN/ HH nursing/waiver nursing/skilled therapy service

- **CareStar (Toll Free 800.616.3718) completes in-person evaluation visit for children not enrolled on a HCBS waiver**



Healthchek Links & Phone Number

- **Medicaid Combined Programs Application (JFS 07216) at**
<http://www.odjfs.state.oh.us/forms/inter.asp>
- **Healthchek information, including county coordinators, at**
<http://jfs.ohio.gov/ohp/consumers/Healthchek.stm>
- **Ohio Medicaid's Consumer Hotline 800-324-8680**



HH References

- **Ohio Administrative Code (OAC)**
 - **OAC 5101:3-12-01 HH services: provision requirements, coverage, & service specification**
 - **OAC 5101:3-12-03 MCRHHAs: qualifications & requirements**
 - **OAC 5101:3-12-04 HH and PDN: visit policy**
 - **OAC 5101:3-12-05 Reimbursement: HH services**
 - **OAC 5101:3-12-07 Reimbursement: exceptions**



Level of Care References

- **Level of Care (LOC)**
 - **OAC 5101:3-3-08 Skilled (SLOC)**
 - **OAC 5101:3-3-08 Intermediate (ILOC)**
 - **OAC 5101:3-3-15.3 & 15.5 ICF/MR LOC (ICF/IID LOC)**
 - **OAC 5101:3-3-06 Protective LOC**



HH Links

- eManuals <http://jfs.ohio.gov/ohp/provider.stm>
 - Miscellaneous links at this location include ‘Billing’, ‘Enrollment & Support’, ‘Provider Types’, ‘Other Resources’ (eManuals, forms, etc.), and ‘News’
 - Under ‘Other Resources’ Click on eManuals > Provider Types (more) > Ohio Health Plans – Provider (more) > Home Health-Private Duty Nursing
 - Here you can click on Home Health/Private Duty Nursing Rules, Forms, General Billing Instructions, Medical Assistance Letters, & Miscellaneous Medicaid Handbook Transmittal Letters
 - Rules at this location have changes [deletions (struck or lined out) and additions]) indicated



More OAC Links

- **Ohio Administrative Code (finalized rules)**

<http://codes.ohio.gov/oac>

- **Register of Ohio (rules in progress)**

<http://www.registerofohio.state.oh.us/>



Links to OMA/ODJFS Web Pages

Home Health (HH) Services

<http://jfs.ohio.gov/ohp/providers/HHS.stm>

Medicaid Information Technology System (MITS)

<http://jfs.ohio.gov/mits/index.stm>

Ohio Medicaid Providers (billing, enrollment, etc.)

<http://jfs.ohio.gov/ohp/provider.stm>



Myth or Fact – Indicate which

- **1 -- A Medicaid recipient may not receive Medicaid home health and Medicaid Hospice services simultaneously because MITS will not pay claims for Medicaid home health and Medicaid hospice on the same date of service *Myth/ Fact***
- **2 -- A Medicaid recipient may not receive Medicaid private duty nursing services and Medicaid Hospice services simultaneously because MITS will not pay claims for Medicaid private duty nursing and Medicaid hospice on the same date of service. *Myth/ Fact***
- **3 -- ODA requires the first 14 hours of care to be billed to the Medicaid home health service before accessing PASSPORT personal care service for Choices home care attendant service. *Myth/ Fact***



Myth or Fact (con't)

- **4 -- When a consumer has previously received services from a waiver services provider and wants to maintain their relationship with this provider the consumer's provider preference should be considered first when selecting a service provider. *Myth/ Fact***
- **5 -- The PASSPORT administrative agencies MUST give hearing rights when a consumer chooses NOT to access Medicaid home health services and PASSPORT personal care services or Choices home care attendant services are subsequently decreased. *Myth/ Fact***
- **6 – A consumer can receive both Medicaid home health service and PASSPORT personal care services for respite services. *Myth/ Fact***
- **7 -- A Medicaid recipient is not required to have a need for skilled services in order to access home health aide services. *Myth/ Fact***



Myth or Fact (con't)

- **8 -- In order for a consumer to access Medicaid home health service, the consumer is required to have a face to face encounter with the physician in order to receive Medicaid home health services. *Myth/ Fact***
- **9 -- It is the case manager's responsibility to educate the consumer about the Medicare and Medicaid home health services they qualify for. *Myth/ Fact***
- **10 -- A consumer cannot receive both Medicare home health services and Medicaid home health services at the same time. *Myth/ Fact***



Myth or Fact (con't)

- **Answer key –**
 - Myths – 3 & 4; and
 - Facts – 1, 2, 5, 6, 7, 8, 9, & 10
- **Questions -- Please send your questions to this mailbox:**
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