

Medicaid State Plan and Waiver Services

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HOME Choice Spring Service Provider Trainings
March 29, April 4, 7, 12 and 18, 2016



Making Ohio Better

Who are HOME Choice “State Plan” Individuals?

- Participants who have Home Choice case management
 - » Eligible for State Plan services
 - » Eligible for HOME Choice services
- Not enrolled on a waiver
 - » PASSPORT
 - » Ohio Home Care Waiver
 - » DODD waivers
- Can have Medicaid managed care plan
- Can have MyCare Ohio but not MyCare Ohio Waiver

State Plan [HH/PDN/RNA/RNC] Services at a Glance

(All individuals must have a valid Medicaid card at time of service)
(Refer to Hospice at a Glance for Information re State Plan Hospice)

OAC
5160-12-01
to
5160-12-08
as of
January 1,
2016

	Home Health			Private Duty Nursing (PDN)		RN Assessment RN Consultation	
	Home Health Services	Increased Home Health Services 60 Day Post Hospital Stay	Increased Home Health Services "HealthChek"	PDN	PDN-Post Hospital	Registered Nurse (RN) Assessment	Registered Nurse (RN) Consultation
AVAILABLE SERVICES	<p>Home Health Nursing Home Health Aide Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)</p> <p>Part time/Intermittent</p> <ul style="list-style-type: none"> 4 hours or less per visit No more than 8 hrs/day combined (nursing/aide/therapies) No more than 14 hours a week combined (nursing/aide) unless Prior Authorized HH aide/nursing not for habilitative or respite care HH Skilled therapies not for maintenance, habilitative, or respite care HH nursing not for RN assessment or RN consultation services 	<p>Home Health Nursing Home Health Aide Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)</p> <p>Part time/Intermittent</p> <ul style="list-style-type: none"> 4 hours or less per visit No more than 8 hrs./day combined nursing/aide/therapies Up to 28 hours/week combined (nursing/aide) Up to 60 consecutive days post hospital discharge HH aide/nursing not for habilitative or respite care HH Skilled therapies not for maintenance, habilitative, or respite care HH nursing not for RN assessment or RN consultation services 	<p>Home Health Nursing Home Health Aide Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)</p> <p>Part time/Intermittent</p> <ul style="list-style-type: none"> Individual must require HH services, as ordered by a treating physician Additional services/hours must be needed and ordered by a treating physician Individual must require more than 28 hours a week/combined and/or longer than 60 days, and/or More than 8 hours a day of any home health service(nursing/aide/therapy), and/or More than 14 hours a week of aide, and/or nursing provided increase is prior authorized HH aide/nursing not for habilitative or respite care HH Skilled therapies not for maintenance, habilitative, or respite care HH nursing not for RN assessment or RN consultation services 	<p>Continuous Skilled Nursing</p> <ul style="list-style-type: none"> More than 4 but max of 12 hours/visit/nurse per day/24 hour period PDN not provided for habilitative care PDN not provided for RN assessment services PDN not provided for RN consultation services 	<p>Continuous Skilled Nursing/Acute Care</p> <ul style="list-style-type: none"> Up to 56 hours a week More than 4 but max of 12 hours/visit/nurse per day/24 hour period Up to 60 consecutive days post hospital discharge PDN not provided for habilitative care PDN not provided for RN assessment services PDN not provided for RN consultation services 	<p>Available beginning 7/1/15</p> <p>Medicaid service performed as follow up to orders written by the treating physician, involving a face-to-face interview and observation assessment completed by an RN prior to the start or change of services and/or change in individual's condition.</p>	<p>Available beginning 7/1/15</p> <p>Face-to-face or telephone contact between a directing RN and LPN when an individual experiences a significant change that necessitates a change in the existing interventions the LPN must perform during a nursing service visit, and that will result in a change in the individual's plan of care.</p>
ELIGIBILITY REQUIREMENTS	<ul style="list-style-type: none"> Any age Medical Need Doctor's Order Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care Must be provided in residence, a licensed child day-care center, or in the case of a child less than 4 y/o where the child receives early intervention services as indicated in the individualized family service plan 	<ul style="list-style-type: none"> Any age Medical Need 3 consecutive overnight Hospital Stay Hospital discharge date required Comparable ILOC* = ICF/IID, SLOC ODM form 07137 completed Skilled Service Needs @ 1x/wk. Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care 	<ul style="list-style-type: none"> Child/individuals under age 21 Medical Need Comparable ILOC* (ICF/IID LOC, SLOC) as evidenced by enrollment on DODD, ODA or ODM Waivers or evaluation by CareStar AND Skilled Service Need @1X/wk. Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care 	<ul style="list-style-type: none"> Any age Medical Need Comparable ILOC* Prior Authorization by ODM or its designee 	<ul style="list-style-type: none"> Any age Medical Need 3 consecutive overnight Hospital Stay Comparable ILOC* to SLOC ODM form 07137 completed Hospital discharge date required 	<ul style="list-style-type: none"> Any age Follows doctor's order Performed by an RN Completed in home/ residence Pertains to the plan of care Prior-approved by ODM for individual on an ODM-administered waiver required Must be specified on the service plan 	<ul style="list-style-type: none"> Any age Medical Need Does not replace routine direction/ supervision by an RN to an LPN where no significant change exist or that does not necessitate a change in the LPN's intervention or the individual's plan of care.
ELIGIBLE PROVIDERS	<ul style="list-style-type: none"> Medicare Certified Home Health Agencies (MCHHA) only 	<ul style="list-style-type: none"> Medicare Certified Home Health Agencies (MCHHA) only 	<ul style="list-style-type: none"> Medicare Certified Home Health Agencies (MCHHA) only 	<ul style="list-style-type: none"> Agency (MCHHA); Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies); Non-agency/ independent providers (i.e., RN/LPN) 	<ul style="list-style-type: none"> Agency (MCHHA); Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies); Non-agency/ independent providers (i.e., RN/LPN) 	<ul style="list-style-type: none"> Agency (MCHHA); Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies); Non-agency/ independent providers (i.e., RN/LPN) 	<ul style="list-style-type: none"> Agency (MCHHA); Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies); Non-agency/ independent providers (i.e., RN/LPN)
BILLING CODES Nursing Modifiers ** TD for RN TE for LPN	<p>G0151 = PT G0152 = OT G0153 = ST G0154 = HH Nursing ** G0156 = HH Aide</p>	<p>G0151 = PT G0152 = OT G0153 = ST G0154 = HH Nursing ** G0156 = HH Aide</p>	<p>G0151 = PT G0152 = OT G0153 = ST G0154 = HH Nursing ** G0156 = HH Aide</p>	<p>T1000 **</p>	<p>T1000 **</p>	<p>T1001</p>	<p>T1001-U9 (Modifier)</p>

State Plan Services

- A category of services
 - » Home Health (HH)
 - » Private Duty Nursing (PDN)
 - » RN Exception Services
 - RN Assessment (RNA)
 - RN Consultation (RNC)
- OAC rules 5160-12-01 to 5160-12-08
- Rules were updated 1/1/2016
- <http://medicaid.ohio.gov/FOROHIOANS/Programs/LTCServices.aspx>

State Plan: Home Health

- Any age, any individual with a valid Medicaid card
- No level of care (LOC)* requirement
- “Medical need” and doctor’s order required
- Intended to be part time/intermittent
 - Up to 14 hours a week of combined nursing and home health aide
 - Therapies in addition to this total
- Delivered in the home
- Provider must be a Medicare-certified home health agency

Level of Care (LOC)*

- A non-financial eligibility criteria
- Three levels of care
 - » **Protective**
 - » **Nursing Facility or Intermediate**
 - » **Skilled**
- An assessment determines LOC
 - » Evaluate if individual requires no assistance, supervision or hands-on assistance with
 - ADLs = activities of daily living (i.e. mobility, dressing, eating, etc.)
 - IADLs = instrumental activities of daily living (i.e. shopping, meal preparation, etc.)
 - Medication assistance
 - 24 hour supervision due to cognitive deficits

State Plan: Home Health

- **Home health aide**
 - » cannot be a parent, step-parent, foster parent or guardian of an individual under the age of 18 years
 - » cannot be a spouse
- **Home health aide services**
 - » provided during in-person visits
 - » within aide's scope of practice
 - » documented on the plan of care
 - » may include bathing, dressing hygiene, feeding, assistance with elimination, assist with exercises to support therapy, and more
 - » may include incidental services like light chores, laundry, house cleaning, meal preparation and more
 - Incidental services cannot be the sole purpose of the visit

State Plan: Home Health

- **Home health nursing**
 - » RN or LPN
 - certain tasks can only be done by RN's (these defined in OAC 5160-12-01)
- **Home health nursing services**
 - » provided during in-person visits
 - » within Nurse's scope of practice
 - » documented on the plan of care
 - » medically necessary
 - » may include medication set up or administration, wound care and more
 - RN can do IV medications, central line dressing changes.
 - » do not include RN assessment or RN consultation

State Plan: Home Health

- Services are **not** intended for
 - » habilitative care
 - care provided to assist individual in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside in home and community based settings. (aide, nursing and therapy)
 - » respite care
 - care provided to an individual unable to care for himself because of the absence or need for relief of those persons normally providing care. (aide nursing and therapy)
 - » maintenance care
 - care given individual for the prevention of deteriorating or worsening medical conditions or the management of stabilized chronic disease or conditions. If the individual is no longer making significant improvement for his/her medical condition. (therapy)

State Plan: Home Health Post Hospital

- Includes aide, nursing and therapy services
- Services must be provided by Medicare-certified home health agency
- Eligibility
 - » Three consecutive day overnight hospital stay
 - » OMD form 7137 completed
 - » Level of Care must at least be Intermediate Level of Care (ILOC)
 - » Skilled services needed at least once a week
 - » Hospital discharge date
- Services
 - » Part time/Intermittent
 - » 4 hours or less per visit
 - » No more than 8 hours a day combined (aide, nursing and therapy)
 - » **Up to 28 hours/week combined nursing and aide**
 - » **Up to 60 consecutive days post hospital discharge**

ODM 7137

Consumer Name	Consumer's Medicaid Billing Number
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II. POST-HOSPITAL SERVICE FOR HOME HEALTH SERVICES

Increased home health service is the provision of part time and intermittent nursing, aide and/or skilled therapies above the basic benefit of 14 hours up to 28 hours per week with the length of each visit not more than four hours.

Check all boxes that apply:

- The above-named consumer was discharged from an inpatient hospital stay of three or more days in length.
Discharge Date: _____
- By my signature below, I certify that I am the qualifying treating physician for the above-named consumer. I certify that the consumer needs nursing services and/or a skilled therapy at least once per week, and I ordered these needed services.
- By my signature below, I certify that I, or an advanced practice nurse in collaboration with me or a physician assistant under my supervision conducted and documented that a face-to-face encounter with the consumer occurred within the ninety days prior to the home health services start of care date, or within thirty days following the start of care date inclusive of the start of care date, preceding this certification of medical necessity.
- By my signature below, I certify that the consumer as a level of care comparable to an institutional level of care as evidenced by the fact that the consumer is enrolled on a waiver, or, though not enrolled on a waiver, still meets one of the following criteria:
 - Requires hands-on assistance with at least two activities of daily living (ADLs).
 - Requires hands-on assistance with one ADL, and needs medication and is unable to self-administer those medications.
 - Requires awake supervision on a 24-hour basis to prevent harm due to cognitive impairment.
 - Is below age five and exhibits at least three developmental delays (adaptive behavior, physical development, communication, cognition, social or emotional development) and would benefit from services to promote acquisition of skills and decrease or prevent regression.
 - Is age six through 15 with at least one other diagnosed condition, other than mental illness, that is likely to continue indefinitely, has functional limitations in three or more major life areas (capacity for independent living, communication, learning, mobility, personal care and self-direction), and would benefit from services that promote acquisition of skills and prevent or decrease regression in the performance of tasks in the major life areas.
 - Is age 16 and older with at least one other diagnosed condition other than mental illness, the condition manifested before the consumer's 22nd birthday and is likely to continue indefinitely, functional limitations in three or more major life areas (capacity for independent living, communication, learning, mobility, personal care, self-direction and economic self-sufficiency) and would benefit from services that promote acquisition of skills and prevent or decrease regression in the performance of tasks in the major life areas.
 - Needs at least a skilled nursing service to be delivered 7 days a week and/or PT, OT or speech pathology to be delivered at least 5 days a week, ordered by a physician and delivered by a licensed and/or certified professional due to either:
 - The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the complexity of the prescribed service; or

Consumer Name	Consumer's Medicaid Billing Number
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II. POST-HOSPITAL SERVICE FOR HOME HEALTH SERVICES

Increased home health service is the provision of part time and intermittent nursing, aide and/or skilled therapies above the basic benefit of 14 hours up to 28 hours per week with the length of each visit not more than four hours.

Check all boxes that apply:

- The above-named consumer was discharged from an inpatient hospital stay of three or more days in length.
Discharge Date: _____
- By my signature below, I certify that I am the qualifying treating physician for the above-named consumer. I certify that the consumer needs nursing services and/or a skilled therapy at least once per week, and I ordered these needed services.
- By my signature below, I certify that I, or an advanced practice nurse in collaboration with me or a physician assistant under my supervision conducted and documented that a face-to-face encounter with the consumer occurred within the ninety days prior to the home health services start of care date, or within thirty days following the start of care date inclusive of the start of care date, preceding this certification of medical necessity.
- By my signature below, I certify that the consumer as a level of care comparable to an institutional level of care as evidenced by the fact that the consumer is enrolled on a waiver, or, though not enrolled on a waiver, still meets one of the following criteria:
 - Requires hands-on assistance with at least two activities of daily living (ADLs).
 - Requires hands-on assistance with one ADL, and needs medication and is unable to self-administer those medications.
 - Requires awake supervision on a 24-hour basis to prevent harm due to cognitive impairment.
 - Is below age five and exhibits at least three developmental delays (adaptive behavior, physical development, communication, cognition, social or emotional development) and would benefit from services to promote acquisition of skills and decrease or prevent regression.
 - Is age six through 15 with at least one other diagnosed condition, other than mental illness, that is likely to continue indefinitely, has functional limitations in three or more major life areas (capacity for independent living, communication, learning, mobility, personal care and self-direction), and would benefit from services that promote acquisition of skills and prevent or decrease regression in the performance of tasks in the major life areas.
 - Is age 16 and older with at least one other diagnosed condition other than mental illness, the condition manifested before the consumer's 22nd birthday and is likely to continue indefinitely, functional limitations in three or more major life areas (capacity for independent living, communication, learning, mobility, personal care, self-direction and economic self-sufficiency) and would benefit from services that promote acquisition of skills and prevent or decrease regression in the performance of tasks in the major life areas.
 - Needs at least a skilled nursing service to be delivered 7 days a week and/or PT, OT or speech pathology to be delivered at least 5 days a week, ordered by a physician and delivered by a licensed and/or certified professional due to either:
 - The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the complexity of the prescribed service; or

Consumer Name	Consumer's Medicaid Billing Number
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- The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the presence of special medical complications.

Name and Credentials of Person who Conducted a Face-to-Face Encounter	Face-to-Face Encounter Date
Certifying Physician's Signature and Credentials	Certifying Physician's Signature Date

III. POST-HOSPITAL SERVICE FOR PRIVATE DUTY NURSING SERVICES

Private duty nursing is the provision of continuous nursing in visits that range in length from more than four hours up to 12 hours and up to a total of 56 hours per week.

Check all boxes that apply:

- The consumer was discharged from a hospital stay of three or more days in length.
Discharge Date: _____
- By my signature below, I certify that the consumer has a level of care comparable to a skilled level of care as evidenced by a need for at least one skilled nursing service to be delivered 7 days a week and/or physical therapy, occupational therapy, or speech-language pathology to be delivered at least 5 days a week, and I ordered these services to be delivered by a licensed and/or certified professional due to either:
 - The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the complexity of the prescribed service; or
 - The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the presence of special medical complications.

Name and Credentials of Person who Conducted a Face-to-Face Encounter	Face-to-Face Encounter Date
Certifying Physician's Signature and Credentials	Certifying Physician's Signature Date

Note: This form is required as a certification of level of care for home health services or private duty nursing services in accordance with Chapters 5101:3-12, and 5101:3-3 of the Administrative Code. Under no circumstances does this certification constitute a determination of a level of care for waiver eligibility or admission to a Medicaid-covered long term care institution.

State Plan: Home Health “HealthChek”

- Includes aide, nursing and therapy services
- Services must be provided by Medicare-certified home health agency
- Eligibility
 - » Children/individuals under age 21
 - » Medical need
 - » Level of care at least be Intermediate Level of Care (ILOC)
 - » Skilled services needed at least once a week
- Services
 - » Need more hours, more hours /day, or more days of increased services
 - » Prior Authorization
 - » Program covers many other services

Ohio

Department of Medicaid

fact sheet

OVERVIEW

Healthchek services are required by the federal government. These services include a comprehensive health and developmental history to assess physical and mental health, screenings for potential health problems – including vision, hearing, and dental screenings.

Healthchek also covers:

- » necessary laboratory tests,
- » vaccines,
- » blood lead screening, and
- » health education and nutritional advice.

Providers may make referrals to other health providers for more specialized care. Healthchek services are also available to individuals covered by a Medicaid managed care plan or who are on a Medicaid home and community-based waiver.

Additional Services

If a screening reveals a medical condition, Ohio Medicaid can be billed for any necessary follow-up services provided to treat the child's medical condition.

HEALTHCHEK: OHIO'S EPSDT PROGRAM

Healthchek is Ohio's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service package. These are comprehensive and preventative services for babies, kids, and young adults younger than age 21 who are covered by Ohio Medicaid.

A CLOSER LOOK AT HEALTHCHEK IN OHIO

WHEN SHOULD A CHILD GET HEALTHCHEK SERVICES?

Babies should have at least 8 Healthchek exams by their first birthday. Children should have Healthchek exams at 15, 18, 24, and 30 months. After 30 months, one exam per year is recommended until the age of 21.

HEALTHCHEK COORDINATORS

Every county department of job and family services has a coordinator responsible for informing Ohioans covered by Medicaid about available Healthchek services. The person supports the coordination of non-medical Healthchek support services when requests are made.

Examples of these services include:

- » assistance making appointments,
- » transportation,
- » referrals to food pantries, clothing, and heat assistance, and
- » referrals to lead-free housing options.

For a list of Healthchek Coordinators, visit:
<http://medicaid.ohio.gov/Healthchek>

HEALTHCHEK PROVIDERS

Any doctor who accepts Medicaid can provide Healthchek services. Individuals can ask their doctors for Healthchek services at their next appointment. Sometimes, a provider may refer a patient for specialized care. Some services may need prior approval.

HEALTHCHEK AND MANAGED CARE

Healthchek services are a part of the benefit package every managed care plan offers its members. Managed care plans and county Healthchek coordinators work together to ensure Healthchek services are available.

PREGNANCY RELATED SERVICES

In many counties, the Pregnancy Related Services (PRS) and Healthchek coordinators are the same. The county's PRS coordinator can explain the importance of Healthchek services to a mother before a baby is born. They can also assist pregnant women with services like arranging transportation, making prenatal appointments and explaining the importance of attending these appointments to increase the likelihood of a healthy pregnancy and a healthy baby.

State Plan: Private Duty Nursing (PDN)

- Requirements
 - » Any age
 - » Medical need
 - » Intermediate LOC (ILOC)
 - » Prior Authorization by Ohio Department of Medicaid (ODM)
- Provider must be a Medicare-certified home health agency, or a non-agency RN or LPN independent provider
- Services
 - » Delivered in the home
 - » Continuous skilled nursing care
 - » More than 4 hours nursing per visit
 - » Up to 12 hours maximum hours per visit in a 24 hour period

State Plan: PDN - Post Hospital

- Requirements
 - » Any age
 - » Medical need
- Delivered by agency or non-agency providers
- Continuous skilled nursing care
- Eligibility
 - » Three consecutive day overnight hospital stay
 - » OMD form 7137 completed
 - » Level of Care must at least be Intermediate Level of Care (ILOC) or SLOC
- Services
 - » **Up to 56 hours/week skilled nursing**
 - » **Up to 60 consecutive days post hospital discharge**

State Plan: RN Assessment and RN Consultation

- **RN Assessment**

- » performed as the follow up to orders written by Physician for a face to face interview with individual prior to the start of services

- **RN Consultation**

- » contact between a directing RN and LPN when an individual experiences a significant change that necessitates a change in the individual's plan of care

State Plan Services and Medicaid Managed Care

- What if your Medicaid card looks like this?

 **buckeye health plan.**

US Script
BIN#008019
Pharmacies call: 1-800-460-8988

Name: _____ Effective Date: _____
MMIS#: _____ DOB: _____
PCP Name: _____ PCP Phone #: _____

If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye NurseWise toll-free at 1-866-246-4358 and follow the prompt for 'Nurse' or TTY at 1-800-750-0750. NurseWise is open 24 hours per day.

 **CareSource** Health Care with Heart

Member Name: Mary Doe **SAMPLE** Date of Birth: 04-12-73
CareSource Member ID #: 12345678900
MMIS #: 987654321000 Case #: 7654321000
Primary Care Provider/Clinic Name: Good, lam A.
Provider/Clinic Phone: (937) 123-4567
Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
24-hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

 **MOLINA HEALTHCARE** Molina Medicaid

Member: DUMMY NAME
Identification #: XXXXXXXXXXXX Date of Birth: 01/01/01 Effective Date: 01/01/01
Primary Care Provider: DUMMY PCP
Primary Care Provider Phone: (XXX) XXX-XXXX
MMIS# XXXXXXXXXX BIN# XXXXXX Issue Date: 01/01/01

 **PARAMOUNT ADVANTAGE**
www.paramountadvantage.org
HEALTH PLAN (80840) 7952304120
ID NUMBER A999999901
MEMBER NAME Jane Doe
PRIMARY CARE PROVIDER John Smith (419) 5551212
PROVIDERS CALL FOR PRIOR AUTH 800-891-2500/419-887-2520

GROUP NUMBER ADV0010011
EFF. DATE 01/01/2015
MMIS NUMBER 000000000000
CVS/CAREMARK RXGRP RX6407
RXBIN 004336
RXPCN ADV

 **UnitedHealthcare** Community Plan
Health Plan (80840) 911-87726-04
Member ID: 999999999 Group Number: OHPHCP
Member: SUBSCRIBER BROWN
MMIS: 999999999999
PCP Name: DR. PROVIDER BROWN
PCP Phone: (999)999-9999
Payer ID: 87726

 **OPTUMRx**
Rx Bin: 610494
Rx Grp: ACUOH
Rx PCN: 9999

0501 Administered by UnitedHealthcare Community Plan of Ohio, Inc. OH - Medicaid

State Plan Services and Medicaid Managed Care

- Choice of five state-wide providers
- Permanent card issued upon enrollment
- Acts like a regular private health insurance company
 - » Individuals enrolled in a Medicaid managed care plan must access **home health services** through their managed care plan.
 - » An individual on a Medicaid managed care plan may receive **private duty nursing services**. Medicaid managed care plans have their own authorization processes individuals must follow in order to access these services

Medicaid Managed Care

- Began in 2005
- Expanded in 2011, 2013 and will again in **July 2016 and January 2017**
- Not just a trend in Ohio...according to Federal Government stats **80% Medicaid recipients nationwide receive services through managed care plans**
- **Case manage 2% of recipients**
- Individuals can change their plan
 - » During first 90 days of enrollment
 - » During open enrollment every November
 - » After a “just cause” change request is approved

HCBS Waivers

- **HCBS**
 - » Home and Community-Based Service
- **Waiver**
 - » individuals with long-term care needs (like those delivered in a NF or ICF – IID) provided the option of receiving their services at home or in community setting, and
- Individuals must meet financial criteria

HCBS Waivers

Ohio Medicaid Waiver Comparison Chart - Enrollment Figures for January 2016

Waiver Program Control#	MyCare Ohio OH1035.R00	Ohio Home Care Waiver 0337	PASSPORT Waiver 0198	Assisted Living Waiver 0446	Transitions DD Waiver 0383	Individual Options Waiver 0231	Level One Waiver 0380	S.E.L.F. 0877
Unduplicated Capacity (SFY 2016)	See below	8,000	30,822	4,678	3,000	19,000	16,000	900
Enrolled January 2016	24,726	5,716	19,544	2,824	2,155	18,884	14,354	569
Avg. Individual Waiver Costs 372 Report (SFY13)	Managed Care Waiver	\$19,285	\$8,919	\$12,673	\$21,270	\$62,432	\$12,117	\$3,874
1. What are the eligibility requirements?	1. Eligible for Medicare Parts A,B,&D, and full benefits under Medicaid; age 18+; Reside in a demonstration county; must be enrolled in the MyCare demonstration; Intermediate or Skilled LDC; Require NF or hospital in the absence of MyCare waiver; require at least one waiver service monthly, not reside in NF or CF-IID.	1. Specific Financial Criteria, Nursing Facility Level of Care, Age 59 or younger	1. Specific Financial Criteria, Nursing Facility Level of Care, Ages 60 +	1. Specific Financial Criteria, Nursing Facility Level of Care, age 21 or older	1. Specific Financial Criteria, ICF/IID Level of Care , All Ages; Available only to individuals enrolled on the Ohio Home Care Waiver whose intermediate or skilled level of care is reevaluated to be an ICF/IID level of care.	1. Specific Financial Criteria; ICF/IID Level of Care; All Ages	1. Specific Financial Criteria; ICF/IID Level of Care; All Ages	1. Specific Financial Criteria, ICF/IID Level of Care, All Ages; reserve capacity of 100 SELF waiver allocations for children w/ intensive behavioral needs; state funded. *Participant directed model *Cost limitations for the SLLI waiver are \$25,000/year for children (defined as under age 21) and \$40,000/year for adults) are sufficient to assure individual's health and welfare.
2. What services are available?	<ul style="list-style-type: none"> • Adult day health • Alternative meals • Assisted living service • Choices home care attendant • Chores • Community transition • Emergency response • Enhanced community living • Home care attendant • Home delivered meals • Home medical equipment and supplemental adaptive and assistive devices • Home modification, maintenance and repair • Homemaker • Independent living assistance • Nutritional consultation • Out-of-home respite • Personal care aide • Pest control • Social work counseling • Waiver nursing • Waiver transportation 	<ul style="list-style-type: none"> • Adult day health • Emergency response • Home care attendant • Home delivered meals • Home modification • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing 	<ul style="list-style-type: none"> • Adult day health • Emergency meal service • Choices home care attendant • Chores • Community transition • Enhanced community living • Environmental accessibility adaptation • Home care attendant • Home delivered meals • Homemaker/personal care • Independent living assistance • Non medical transportation • Nutritional consultation • Out of home respite • Personal emergency response systems • Pest control • Social work and counseling • Specialized medical equipment and supplies • Transportation • Waiver nursing 	<ul style="list-style-type: none"> • Assisted living services • Community transition (for nursing home residents only) 	<ul style="list-style-type: none"> • Adult day health • Emergency response services • Home modification • Home-delivered meals • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing 	<ul style="list-style-type: none"> • Adaptive and assistive equipment • Adult day support • Adult family living • Adult foster care • Community respite • Environmental accessibility adaptations • Homemaker/personal care • Home-delivered meals • Interpreter • Non-medical transportation • Nutrition • Remote monitoring and equipment • Residential respite • Social work • Supported employment (community and enclave) • Transportation • Vocational habilitation 	<ul style="list-style-type: none"> • Community Respite • Environmental accessibility adaptations • Habilitation (adult day support and vocational) • Homemaker/personal care • Home-Delivered Meals • Informal Respite • Non-medical transportation • Personal emergency response system (PERS) • Residential Respite • Remote Monitoring and Equipment • Specialized medical equipment and supplies • Supported employment (adaptive equipment, community and enclave) • Transportation 	<ul style="list-style-type: none"> • Clinical/therapeutic intervention • Community inclusion • Functional behavioral assessment • Habilitation (adult day support and vocational) • Integrated employment • Non-medical transportation services • Participant/family stability assistance • Remote monitoring and equipment • Respite (residential and community) • Support brokerage • Supported employment (enclave)
3. How do and where to I request a waiver?	3. Eligible individual currently on one of the 5 ODA or ODM NF-based waivers will be transitioned to the MyCare waiver automatically. MyCare Ohio members who transition from an ODA or ODM waiver should ask their MyCare Plan Care Manager or Waiver Service Coordinator. An ODM 02399 form must be submitted.	3.The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS)	3. The ODM 02399 form is use to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the regional PAA office.	3. The PDM 02399 form is used to request the waiver and can be obtained at the local CDJFS or at the regional PAA office.	3. Closed to new enrollment effective 7/1/15. Transitions DD will be phased out between 7/1/15 - 6/30/17.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the local county board of DD.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJFS or at the local county board of DD.	3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJFS or at the local county board of DD.
4. Who administers the waiver?	4. ODM Administers this waiver. ODM contracts with MyCare Managed Care Plans Unduplicated Capacity 3/1/15-2/29/16 39,365 3/1/16-2/28/17 41,700 3/1/17 - 2/28/18 44,038 3/1/18-2/28/19 46,360	4. The Ohio Department of Medicaid (ODM) administers this waiver program. ODM contracts with a Case Management Agencies to provide administrative case management services.	4. ODA administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program. Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.	4. ODA administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program. Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.	4. DODD administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program. Local County boards of DD provide case management services.	4. DODD administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program. Local County boards of DD provide case management services.	4. DODD administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program. Local County boards of DD provide case management services.	4. DODD administers the day to day operations of the SELF waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program.

What are Waivers?

- 1915(c) Home & Community-Based Waivers (HBCS)
 - » Option to deliver long term care services (like those received in a NF or ICF) in the home/community
 - » States have to apply to CMS for their waiver programs
 - » Periodically report back to CMS regarding waiver performance
- Ohio offers eight waivers
 - » Specialized populations
 - » Specialized services

Ohio Home Care Waiver

- Administered by **Ohio Department of Medicaid (ODM)**
- Eligibility
 - » For individuals **birth through age 59** who are eligible for **Medicaid** and have a **nursing facility level of care**
- Services
 - » Includes personal and home care, nursing, adult day health care, home-delivered meals, home modifications, supplemental adaptive and assistive devices, out-of-home respite, non-medical transportation, and an emergency response system.

Ohio Home Care Waiver

- Enrollment Process (ODM 2399)
 - » Assessment for LOC eligibility
 - » JFS does the financial eligibility
- Requirements
 - » Have needs that can be safely met through the Ohio Home Care waiver in a home or community setting
 - » Need at least one waiver service monthly
 - » Agree to case management services
 - » Agree to annual assessments

PASSPORT

- Administered by **Ohio Department of Aging (ODA)** but ODM has overall responsibility for the program
- Eligibility
 - » For individuals **age 60 and over** who are eligible for **Medicaid** and have a **nursing facility level of care**.
- Services
 - » Include personal and home care, nursing, adult day health care, home-delivered meals, home modifications, supplemental adaptive and assistive devices, out-of-home respite, non-medical transportation, pest control, and an emergency response system.

PASSPORT

- Enrollment Process (ODM 2399)
 - » Assessment for LOC eligibility
 - » JFS does the financial eligibility
- Requirements
 - » Have needs that can be safely met through PASSPORT waiver in a home or community setting
 - » Need at least one waiver service monthly
 - » Agree to case management services
 - » Agree to annual assessments

Assisted Living Waiver

- Administered by **Ohio Department of Aging (ODA)** but ODM has overall responsibility for the program
- Eligibility
 - » For individuals **age 21 and over** who are eligible for **Medicaid** and have a **nursing facility level of care.**
- Services
 - » Include assisted living services at a participating provider facility

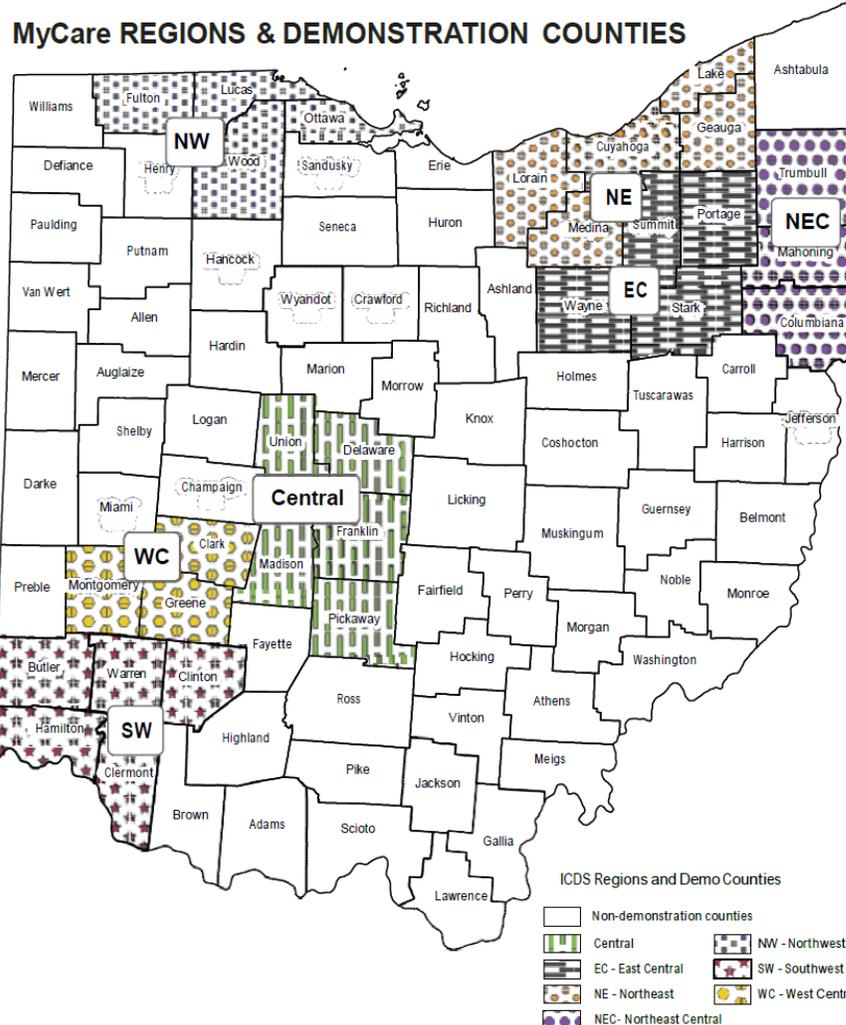
Assisted Living Waiver

- Enrollment Process (ODM 2399)
 - » Assessment for LOC eligibility
 - » JFS does the financial eligibility
 - » Have to have a minimum amount of income to cover room and board. Get to keep \$50/month.
- Have an Assisted Living facility provider “accept” the individual

MyCare

- Eligibility requirements:
 - » **Medicare** parts A, B and D
 - » full benefits under **Medicaid**
 - » **Age 18 and older**
 - » **Live in one of the 29 demonstration counties**
 - » **No liability or spenddown**
- Launched in 2014
- **Five plans**
- **Seven regions**

MyCare Regions



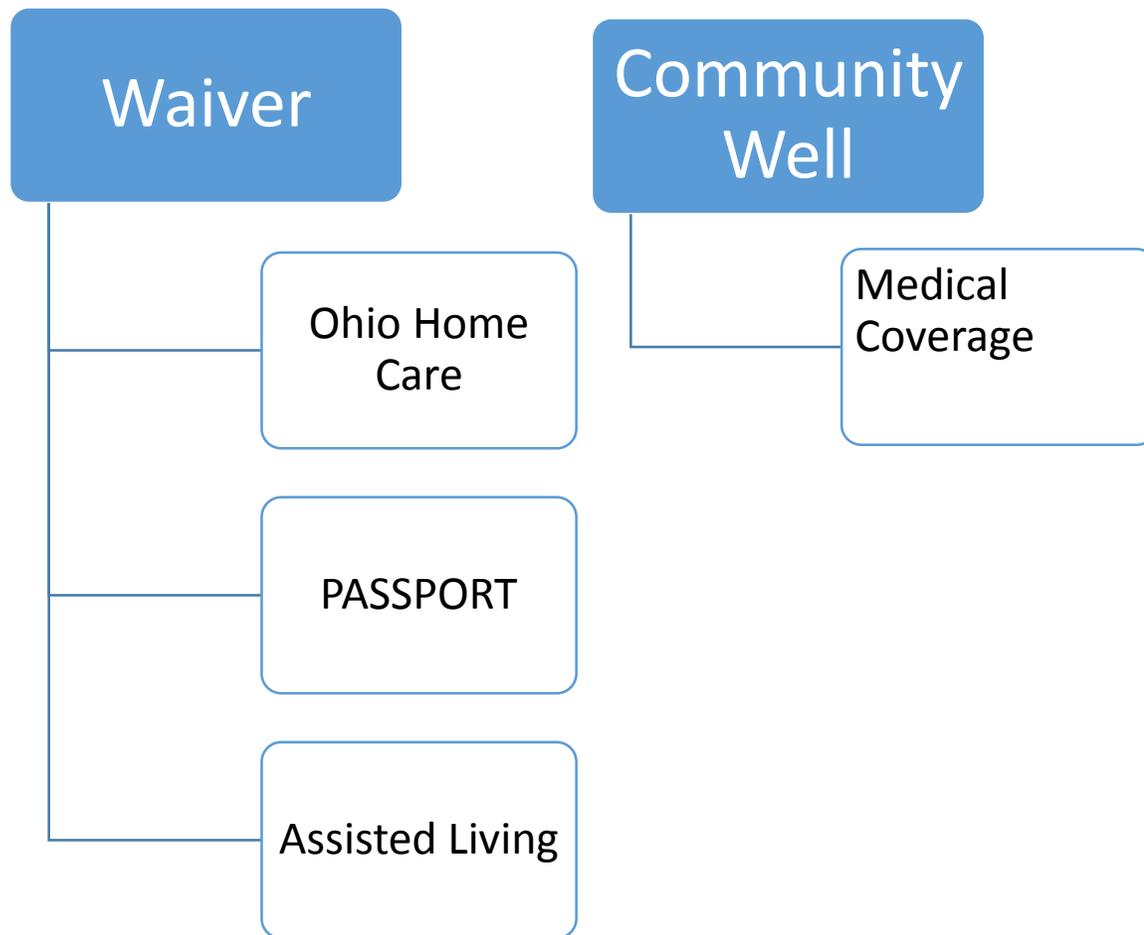
DEMONSTRATION REGION & POPULATION	MANAGED CARE PLANS AVAILABLE
Northwest: 9,884 Fulton, Lucas, Ottawa, Wood	- Aetna - Buckeye
Southwest: 19,456 Butler, Clermont, Clinton, Hamilton, Warren	- Aetna - Molina
West Central: 12,381 Clark, Greene, Montgomery	- Buckeye - Molina
Central: 16,029 Delaware, Franklin, Madison, Pickaway, Union	- Aetna - Molina
East Central: 16,225 Portage, Stark, Summit, Wayne	- CareSource - United
Northeast Central: 9,284 Columbiana, Mahoning, Trumbull	- CareSource - United
Northeast: 31,712 Cuyahoga, Geauga, Lake, Lorain, Medina	- Buckeye - CareSource - United

MyCare

- **Mandatory** enrollment for Medicaid services
 - » Can opt out for Medicare services
- Provides
 - » all health care
 - » case management
 - » long term care
 - » behavioral health services
 - » **all waiver services from ODM and ODA Waivers (including Assisted Living)**



MyCare



MyCare

- Waiver Enrollment
 - » Initiated by the MyCare care manager
 - » 2399 Submitted
 - » LOC assessment for enrollment completed by the ODA or ODM case management agencies

Department of Developmental Disabilities Waivers

- Four waivers
 - » **Transitions DD Waiver** – closed to new enrollments 7/1/15. Will be phased out by 6/30/17.
 - » **Level One Waiver**
 - » **S.E.L.F. (the Self Empowered Life Funding) Waiver**
 - » **I/O or Individual Options Waiver**
- Handbooks available for each waiver

DODD Waiver: Level One

- <https://doddportal.dodd.ohio.gov/Documents/handbook-level1waiver.pdf>
- Eligibility
 - » All ages
 - » Medicaid (financial eligibility determined at county Job and Family Services)
 - » Developmentally disabled
 - » Meet ICF Level of Care but want to live in the community
- Enrollment
 - » Apply at county board of developmental disabilities

DODD Waiver: Level One

- Services include but are not limited to:
 - » Homemaker/personal care
 - » Transportation
 - » Respite
 - » Supported employment
 - » Medical equipment and supplies
 - » Environmental accessibility adaptations
 - » Emergency response systems
 - » Home delivered meals
- Different services have different caps for different time periods

DODD Waiver: SELF

- <http://www.ohiosibs.com/wp-content/uploads/2012/07/SELF-Handbook.pdf>
- Eligibility
 - » All ages
 - » Medicaid (financial eligibility determined at county Job and Family Services)
 - » Developmentally Disabled
 - » Meet ICF Level of Care, but want to live in the community
 - » Willing and able to perform duties associated with participant direction
- Enrollment
 - » Apply at county board of developmental disabilities

DODD Waiver: SELF

- Services include but are not limited to:
 - » Service brokerage
 - » Community inclusion (personal assistance, transportation)
 - » Functional behavioral assessment
 - » Integrated employment
 - » Remote monitoring and monitoring equipment
 - » Adult day supports
 - » Vocational habilitation
- Cost Caps
 - » Adults: up to \$40,000/year
 - » Children: up to \$25,000/year

DODD Waiver: SELF

- Some services have annual service limits
 - » Support brokerage
 - » Functional behavioral assessment
 - » Remote monitoring equipment
- Other services go into annual cap
- Enrollment:
 - » Apply at county board of developmental disabilities
 - » If transfer from another waiver, have 180 days to transfer back

DODD Waiver: Individual Options

- <https://doddportal.dodd.ohio.gov/INF/finditfast/publications/Documents/IO%20Waiver%20Handbook,%20New%20Rev.%207-15-11.pdf>
- Eligibility
 - » All ages
 - » Medicaid (financial eligibility determined at county job and family services)
 - » Developmentally disabled
 - » Meet ICF level of care, but want to live in the community
- Enrollment
 - » Apply at county board of developmental disabilities

DODD Waiver: Individual Options

- Services include but are not limited to:
 - » Homemaker/personal care
 - » Adult foster care
 - » Adult family living
 - » Remote monitoring and monitoring equipment
 - » Environmental accessibility adaptations
 - » Transportation
 - » Respite
 - » Home delivered meals
 - » Adult day waiver services (includes supported employment)
- Service budgeting is very individual/based upon needs

**MAKING
OHIO
BETTER**

