

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 <i>Additional services/hours</i> 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>