

# 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,  
2017

		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
<b>AVAILABLE SERVICES</b>		<ul style="list-style-type: none"> <li>Home Health Nursing</li> <li>Home Health Aide</li> <li>Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)</li> <li>Part time/Intermittent</li> <li>4 hours or less per visit</li> <li>No more than 8 hrs/day combined (nursing/aide/therapies)</li> <li>No more than 14 hours a week combined (nursing/aide) <b>unless Prior Authorized by Permedion</b> <a href="http://hmspermedion.com/oh-medicaid/">http://hmspermedion.com/oh-medicaid/</a></li> <li>HH aide/nursing not for habilitative or respite care</li> <li>HH Skilled therapies not for maintenance, habilitative, or respite care</li> <li>HH nursing not for RN assessment or RN consultation services</li> </ul>	<ul style="list-style-type: none"> <li>Home Health Nursing</li> <li>Home Health Aide</li> <li>Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)</li> <li>Part time/Intermittent</li> <li>4 hours or less per visit</li> <li>No more than 8 hrs./day combined nursing/aide/therapies</li> <li>Up to 28 hours/week combined (nursing/aide)</li> <li>Up to 60 consecutive days post hospital discharge</li> <li>HH aide/nursing not for habilitative or respite care</li> <li>HH Skilled therapies not for maintenance, habilitative, or respite care</li> <li>HH nursing not for RN assessment or RN consultation services</li> </ul>	<ul style="list-style-type: none"> <li>Home Health Nursing</li> <li>Home Health Aide</li> <li>Skilled Therapies – Occupational (OT), Speech (ST), Physical (PT)</li> <li>Part time/Intermittent</li> <li>Individual must require HH services, as ordered by a treating physician</li> <li><i>Additional services/hours</i> must be needed and ordered by a treating physician</li> <li>Individual must require more than 28 hours a week/combined and/or longer than 60 days, and/or</li> <li>No more than 8 hours a day of any home health service(nursing/aide/therapy), and/or</li> <li>No more than 14 hours a week of aide, and/or nursing unless <b>Prior Authorized by ODM or its designee</b> <a href="http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM10124fillix.pdf">http://medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM10124fillix.pdf</a></li> <li>HH aide/nursing not for habilitative or respite care</li> <li>HH Skilled therapies not for maintenance, habilitative, or respite care</li> <li>HH nursing not for RN assessment or RN consultation services</li> </ul>	<ul style="list-style-type: none"> <li>Continuous Skilled Nursing</li> <li>More than 4 but max of 12 hours/visit/nurse per day/24 hour period</li> <li>PDN not provided for habilitative care</li> <li>PDN not provided for RN assessment services</li> <li>PDN not provided for RN consultation services</li> </ul>	<ul style="list-style-type: none"> <li>Continuous Skilled Nursing/Acute Care</li> <li>Up to 56 hours a week</li> <li>More than 4 but max of 12 hours/visit/nurse per day/24 hour period</li> <li>Up to 60 consecutive days post hospital discharge</li> <li>PDN not provided for habilitative care</li> <li>PDN not provided for RN assessment services</li> <li>PDN not provided for RN consultation services</li> </ul>	<ul style="list-style-type: none"> <li>Available beginning 7/1/15</li> <li>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 <b>prior to the start or change of services and/or change in individual's condition.</b></li> </ul>	<ul style="list-style-type: none"> <li>Available beginning 7/1/15</li> <li>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.</li> </ul>
<b>ELIGIBILITY REQUIREMENTS</b>		<ul style="list-style-type: none"> <li>Any age</li> <li>Medical Need</li> <li>Doctor's Order</li> <li>Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Any age</li> <li>Medical Need</li> <li>3 consecutive overnight Hospital Stay</li> <li>Hospital discharge date required</li> <li>Comparable ILOC* = ICF/IID, SLOC</li> <li>ODM form 07137 completed</li> <li>Skilled Service Needs @ 1x/wk.</li> <li>Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care</li> </ul>	<ul style="list-style-type: none"> <li>Child/individuals under age 21</li> <li>Medical Need</li> <li>Comparable ILOC* (ICF/IID LOC, SLOC) as evidenced by enrollment on DODD, ODA or ODM Waivers or evaluation by CareStar <b>AND</b></li> <li>Skilled Service Need @ 1X/wk.</li> <li>Face-to-face encounter by a physician, documented during 90 days before or within 30 days after the start of care</li> </ul>	<ul style="list-style-type: none"> <li>Any age</li> <li>Medical Need</li> <li>Comparable ILOC*</li> <li>Prior Authorization by ODM or its designee</li> </ul>	<ul style="list-style-type: none"> <li>Any age</li> <li>Medical Need</li> <li>3 consecutive overnight Hospital Stay</li> <li>Comparable ILOC* to SLOC</li> <li>ODM form 07137 completed</li> <li>Hospital discharge date required</li> </ul>	<ul style="list-style-type: none"> <li>Any age</li> <li>Follows doctor's order</li> <li>Performed by an RN</li> <li>Completed in home/ residence</li> <li>Pertains to the plan of care</li> <li>Prior-approved by ODM for individual on an ODM-administered waiver required</li> <li>Must be specified on the service plan</li> </ul>	<ul style="list-style-type: none"> <li>Any age</li> <li>Medical Need</li> <li>Does <b>not</b> replace routine direction/ supervision by an RN to an LPN where no significant change exist or that does <b>not</b> necessitate a change in the LPN's intervention or the individual's plan of care.</li> </ul>
<b>ELIGIBLE PROVIDERS</b>		<ul style="list-style-type: none"> <li>Medicare Certified Home Health Agencies (MCHHA) only</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Certified Home Health Agencies (MCHHA) only</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Certified Home Health Agencies (MCHHA) only</li> </ul>	<ul style="list-style-type: none"> <li>Agency (MCHHA);</li> <li>Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies;</li> <li>Non-agency/ independent providers (i.e., RN/LPN)</li> </ul>	<ul style="list-style-type: none"> <li>Agency (MCHHA);</li> <li>Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies;</li> <li>Non-agency/ independent providers (i.e., RN/LPN)</li> </ul>	<ul style="list-style-type: none"> <li>Agency (MCHHA);</li> <li>Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies;</li> <li>Non-agency/ independent providers (i.e., RN/LPN)</li> </ul>	<ul style="list-style-type: none"> <li>Agency (MCHHA);</li> <li>Otherwise accredited agencies (e.g., CHAP/ACHC/Joint Commission Accredited Home Health Agencies;</li> <li>Non-agency/ independent providers (i.e., RN/LPN)</li> </ul>

# 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)

<b>BILLING CODES</b> Nursing (as of 01/01/17)	G0151 = PT G0152 = OT G0153 = ST G0156 = HH Aide G0299 = HH Nursing RN G0300 = HH Nursing LPN	G0151 = PT G0152 = OT G0153 = ST G0156 = HH Aide G0299 = HH Nursing RN G0300 = HH Nursing LPN	G0151 = PT G0152 = OT G0153 = ST G0156 = HH Aide G0299 = HH Nursing RN G0300 = HH Nursing LPN	T1000 (Modifier TD) = RNA RN T1000 (Modifier TE) = RNA LPN	T1000 (Modifier TD) = RNA RN T1000 (Modifier TE) = RNA LPN	T1001	T1001-U9 (Modifier)
---	--	--	--	---	---	-------	---------------------