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ODA Rule

- **173-39-02.22** Waiver Nursing
DEFINITIONS

- **Waiver Nursing Services** - services that require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN.

**Waiver Nursing**

- Waiver Nursing must be:
  - performed within a nurse's scope of practice
  - on the service plan and care plan
  - a face-to-face, “in-person” encounter
  - medically necessary
Waiver Nursing does NOT include:

- Delegated nursing services to be performed by individuals who are not licensed nurses.
- Psychiatric nursing.
- Supervisory visit requirements.
- Visits performed for the sole purpose of conducting an “OASIS” assessment.
- Home Care Attendant Service nurse consultation requirements.
- Services performed in excess of the number of hours approved pursuant to, and as specified on the individual’s service plan.

Types of Nursing Service

- **Home Health Nursing (state plan)** is “intermittent” skilled nursing care with a visit limit of 4 hours (16 units) or less.

- **PDN (state plan)** (Private Duty Nursing) is “continuous” skilled nursing care with a visit limit of more than 4 hours (17 units) but less than or equal to 12 hours (48 units).

- **Waiver Nursing (waiver)** is nursing care that requires the skills of an RN or LPN at the direction of an RN. It can be intermittent or continuous. Waiver Nursing can be used for respite.
Providers

Waiver Nursing Providers must:

- Be **ODA Certified** -must be-(Medicare Certified Home Health Agencies, CHAP/ACHC/Joint Commission Home Health Agencies, Non-agency RN/LPN)
- Be identified as the provider on the service plan
- Be providing services as per the care plan
- Provide services for one individual, or up to three individuals in a group setting, during a face-to-face nursing visit

Waiver Nursing Service Provider Eligibility

The waiver nursing service provider **cannot** be:

- Consumer’s spouse, parent or step-parent
- Authorized representative
- Legally responsible family member
- Legal guardian
- Power of attorney
- Foster caregiver
- Authorizing health care professional
Providers
Place of Service

- Individual’s place of residence - Individual’s place of residence is wherever the individual lives, whether the home is the individual’s own dwelling, an apartment, a relative’s home, or another type of living arrangement.

- Place of residence does not include - a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF-MR, ICF-IID), the residence or business location of the provider.

Care Planning - Case Manager

- Care planning considerations:
  - Assess the needs of the individual
    - What is the nursing need?
    - What is the frequency of the need?
    - Is it a respite need?
  - Identify the resources available to meet the individual’s assessed needs
  - Create the care plan
  - Create the waiver service plan
Care Planning-Back-up Plan

PASSPORT consumers receiving Waiver Nursing services must have a back-up plan identified in their care plan for the Waiver Nursing service. The case manager will work with the consumer to determine an appropriate back-up plan that will meet the needs of the consumer.

Service Planning

- Resources in order of utilization:
  - Natural (family/friends) support
  - Community resources
  - Commercial or private insurance
  - Medicare
  - Medicaid state plan
  - Medicaid HCBS waiver services
Service Authorization

- The PAA Case Manager must authorize:
  - **Waiver Nursing**- based on the nursing needs of the individual that are not being met through state plan Home Health Nursing or state plan PDN.

Service Authorization

- **Must get ODM authorization for:**
  - **(State Plan) PDN**- prior authorization is always required for PDN, with exception of the 60 day post-hospital stay benefit. ODM determines eligibility for PDN in addition to the amount, scope and duration of services.
  - **(State Plan) Home Health Nursing** in excess of 8 hrs. per day or 14 hrs. per week
Service Authorization

- **No prior authorization by ODM needed:**
  - **State Plan Home Health Nursing** - 4 hours or less per visit, up to 8 hrs. per day (combined nurse/aide/therapies), **up to 14 hours per week** (combined nurse/aide)
  - **State Plan Home Health Nursing 60 day post hospital stay** - 4 hrs. or less per visit, up to 8 hrs. per day (combined), up to 28 hours per week (combined). Must complete JFS Form 07137.
  - **State Plan Private Duty Nursing 60 day post hospital stay** - more than 4 but max of 12 hours per visit, up to 56 hours per week. Must complete JFS Form 07137.

PDN Service Limits

- **Visit must be more than 4 hours (17 units), and less than or equal to 12 hours (48 units):**

- **Minimum of 2 hours between visits:**

- **No “stacking” of similar nursing services to avoid 2 hour break between visits.**
Home Health Service Limits

- **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.

- **Different or dissimilar services can be delivered “back to back”**
  - Example: 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)
  - Example: 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)

FORMS

- **JFS 07137 Certificate of Medical Necessity for Home Health Service and PDN Services**
  - physician completes

- **JFS 02374 Private Duty Nursing Request Form**
  - ODA case manager completes, must be signed by the consumer or authorized rep.

- **Permedion form: Prior Authorization of Increased State Plan Home Health Services**
  - provider completes
FORMS

- **(State Plan) PDN** - ODA case manager e-mails a scanned, completed JFS Form #02374 (Private Duty Nursing Services Request Form) to PDN_BCSP@jfs.ohio.gov or fax it to 614-387-7661.

- **(State Plan) Home Health Nursing** in excess of 8 hrs. per day or 14 hrs. per week. Provider completes Permedion “Prior Authorization of Increased State Plan Home Health Services” form and faxes to: 1-855-474-4306

PIMS

- The ODA case manager must enter the total units of waiver nursing authorized per day or month on the service plan in PIMS.

- The ODA case manager must always put the number of visits per day in the comment box on the service plan if there are multiple visits per day.

- The provider must bill each visit on a separate line.
RATES

Waiver Nursing (agency nurse RN or LPN):
- $52.20 for first hour
- $5.69 for each unit (15 min.) thereafter
- Code for RN: T1002
- Code for LPN: T1003

Waiver Nursing (non-agency & individual provider RN or LPN):
- $41.76 for first hour
- $5.69 for each unit (15 min.) thereafter
- Code for RN: T1002
- Code for LPN: T1003

- Group rate is 75% of individual rate.
- HQ modifier for T1002 (RN) and T1003 (LPN)
Links to ODM/ODJFS Web Pages

- ODJFS Form # 02374 and # 07137 available at http://www.odjfs.state.oh.us/forms/inter.aspx
- Home Health (HH) Services http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/HomeHealthServices.aspx

Links

Private Duty Nursing (PDN) Services: http://medicaid.ohio.gov/PROVIDERS/ProviderTypes/HomeHealthPrivateDutyNursing.aspx

PDN prior-authorization mailbox PDN_BCSP@jfs.ohio.gov

eManuals http://medicaid.ohio.gov/providers.aspx

- Miscellaneous links at this location include ‘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
### STATE PLAN

**State Plan Home Health Nursing**

- Part-time intermittent nursing (4 hours or less per visit)
- More than 8 hours/day combined (nursing, aide, therapies)
- More than 4 but max of 12 hours per visit
- Up to 60 consecutive days post hospital discharge

**State Plan Home Health Nursing-60 day post hospital stay**

- Continuous skilled nursing
- Continuous skilled nursing acute care
- ODM determines the amount, scope and duration of services
- Up to 56 hours per week

**State Plan Private Duty Nursing**

- More than 4 but max of 12 hours per visit
- Up to 60 consecutive days post hospital discharge

**State Plan Private Duty Nursing-60 day post hospital stay**

- Not for Respite or Habilitative Care, or Therapy Maintenance Care

### Eligibility Requirements

- Medical need
- Doctor's order
- Face-to-face encounter
- Skilled service need 1x/wk
- 3 consecutive overnight hospital stay
- ODM determines the amount, scope and duration of services
- Up to 56 hours per week

### Eligible Providers

- Medicare Certified Home Health Agencies only.
- Medicare Certified Home Health Agencies, CHAP/AHCJ/Commission Home Health Agencies
- Non-agency RN/LPN

### Billing Codes

- Nurse-G0154
- Nurse-G0154
- T1000
- T1000

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**Thank You**

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