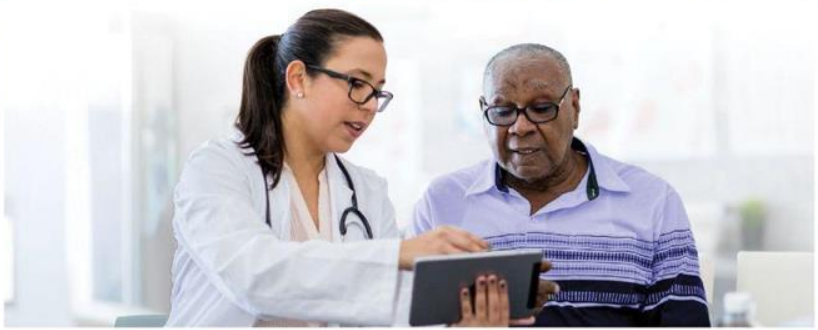
Home and Community Based Services (HCBS) Provider Education

Home Health & Home Care

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare



Agenda

- **Introduction**
  About This Resource, What is MyCare Ohio?
- **State Plan Services**
  Home Health Services, Authorization, Tips & Common Errors
- **Waiver Services**
  Home Care Services, Waiver Authorization, PCSP & POC
- **Compliance & Care Coordination**
  Documentation, Provider Signature, Incident Reporting, Care Management & Transitions
- **Billing & Tools**
  Claims & Reimbursement, EVV, Provider Portal
- **Support**
  Contacts, Resources & FAQs

Introduction

About This Resource

- This resource is intended for providers of home health and home care services under the MyCare Ohio Program.
- It clarifies key roles, billing processes, service distinctions, and care coordination expectations.
- Includes relevant Ohio Administrative Code (OAC) and contract guidance for proper authorization, documentation, and compliance.

What is MyCare Ohio?

- OAC Reference: 5160-58
- MyCare Ohio integrates Medicare and Medicaid services for dual-eligible individuals.
- Services are coordinated through Managed Care Plans (MCPs).
- Includes medical, behavioral, and long-term services and supports (LTSS).

State Plan Services

Home Health Services (Clinical)

- Definition: Medical services provided at home by licensed professionals to treat illness or injury.
- Type of Care: Skilled, clinical care by licensed nurses and therapists.
- Typical Services:
  - Skilled nursing
  - Physical therapy
  - Occupational therapy
  - Speech therapy
  - Wound care
  - Medical social work
  - Health monitoring
  - Patient and caregiver education
- Eligibility: Requires a physician's order and a documented face-to-face encounter.
- Medicare-certified home health agencies (MCHHAs).

For more detailed information, refer to the Ohio Administrative Code:

Rule 5160-12-01: Home Health Services

Home Health Services (State Plan)

- OAC References: 5160-12-01, 5160-12-05
- Includes nursing, therapy (PT, OT, ST), and home health aide services.
- Requires physician order, face-to-face encounter, and Certificate of Medical Necessity (CMN).
- Services must be intermittent (≤ 4 hrs/visit) and medically necessary.

Home Health Services (State Plan)

- **Home Health nursing** is “intermittent” skilled nursing care with a visit limit of 4 hours (16 units) or less.
- **Private Duty Nursing** (PDN) 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).
- **Home Health aide** services
- **Skilled therapies** (physical therapy, occupational therapy, and speech-language pathology)

Medicare Certified Home Health Agencies are the only providers of home health services.

The medical necessity for home health services must be certified by the member's primary care or treating practitioner.

Resources:
Rule 5160-12: State Plan Home Health and Nursing Services
Home Health Services

Home Health Nursing Services

Registered nurse (RN) or a licensed practical nurse (LPN) at the direction of a RN:

- Must be in accordance with the nurse's scope of practice
- Medically necessary
- Not solely for supervision of Home Health aide
- May include home infusion therapy

Only RNs can render:

- Intravenous (IV) insertion, removal or discontinuation.
- IV medication administration.
- Programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous and IV (except routine doses of insulin through a programmed pump).
- Insertion or initiation of infusion therapies.
- Central line dressing changes.
- Blood product administration.

Home Health Aide Services

Home health aide services cannot be rendered by a parent or guardian of a minor, or a spouse.

Activities of daily living

- Bathing and dressing.
- Grooming, hygiene, and shaving.
- Skin care, foot care, ear care, hair, nail and oral care.
- Feeding.
- Assistance with elimination including administering non-medicated enemas unless the skills of a nurse required.
- Routine catheter care and routine colostomy care.
- Assistance with ambulation, changing position in bed, and assistance with transfers.
- Changing bed linens of an incontinent or immobile individual.
- Assistance with routine maintenance exercises and passive range of motion.
- Routine care or prosthetic and orthotic devices.
- Incidental services:*
  - Light chores
  - Laundry
  - Light house cleaning
  - Preparation of meals
  - Taking out the trash

*Cannot be the only reason for the service or substantially extend the service.

Home Health Skilled Therapy Services

Skilled physical, occupational or speech therapy

- Must be within the therapist’s scope of practice.
- Provided with the expectation of the individual's rehabilitation potential according to the treating clinician's prognosis of illness or injury.
  - Condition of the individual will measurably improve within a reasonable period.
  - The services are necessary to the establishment of a safe and effective maintenance program.

Home Health Agencies

- OAC References: 5160-12-03 & 5160-12-03.1
- Certification: Medicare-certified or JCAHO/CHAP accredited
- Services: Skilled nursing, therapies, medical social services
- Role: Provide skilled, physician-directed care post-hospitalization or for chronic conditions
- Key Distinction: Institutional-level clinical services; strict regulatory standards

Prior Authorization (State Plan)

Home Health Authorization (State Plan)

Key Reminders for Submitting PA Requests:

- Use the provider web portal for all PA submissions (required starting 7/1/2025).
- Attach all supporting documentation: orders, CMN, clinical notes, face-to-face info.
- Reach out to Buckeye UM team with pre-submission questions.
- Authorization ≠ payment guarantee. Member must be eligible when services are rendered.

Types of Services:

- Medicaid State Plan Home Health follows a separate process from Waiver services.
- Person-Centered Service Plan (PCSP) does not confirm authorization of State Plan services.

Home Health Authorization (State Plan) Process

- OAC Reference: 5160-12-01
- Requires physician order, face-to-face encounter, and CMN.
- Request authorization from Buckeye with supporting documentation.
- Authorization is not a guarantee of payment – member eligibility must be verified on service date.

Home Health Authorizations: Individual Approach

- Buckeye Health Plan is committed to providing an **individual approach** when reviewing requests for home health services, including Private Duty Nursing services (PDN).
- Buckeye Health Plan **does not** apply hard limits on the number of care hours delivered per week or during the certification period. All hours requested will be reviewed to determine medical need with appropriate supporting clinical documentation.
- Buckeye Health Plan **does not** apply hard limits on the number of days in a Medicaid certification period when members with special, complex needs are identified, and those needs are not expected to change over an extended period of time. Providers may request a longer certification period for these authorizations with supporting clinical documentation.

Prior Authorization Tips & Common Errors

Helpful Tips:

- Submit complete and legible documentation the first time.
- OAC allows up to 14 hours/week combined home health nursing and aide.
- Home health hours cannot be increased for incidental tasks (e.g., chores, meal prep).

Common Errors That Delay or Deny PA Requests:

- Missing or insufficient clinical information.
- No progress notes or lack of face-to-face documentation.
- Illegible or incomplete paperwork.

Documentation Requirements

Documentation	Start of Care	Continuing Care	All Requests
Face-to-Face Encounter	Within 90 days before or 30 days after SOC	Date of last encounter	Yes
Certificate of Medical Necessity (CMN)	Yes	Yes	Yes
Nursing Assessment	Yes	Yes	Yes
Functional ADL Assessment	Yes (if non-OASIS)	Yes	Yes
Physician Order	Yes	Required for recertification	Yes
Clinical Info (meds, DME, status)	Yes	Yes	Yes
Skilled Nursing Need (if applicable)	Yes	Yes	Yes
Wound Details (if applicable)	Yes	Yes	Yes
Recent 485/Order	Yes	Yes	Yes
Daily Notes (2 weeks)	—	Yes	Yes

Waiver Services

Home Care Services (Non-Clinical)

- Definition: Non-medical assistance with daily activities to remain independent.
- Type of Care: Non-skilled, supportive care by caregivers or aides.
- Typical Services:
  - Bathing and grooming
  - Dressing and toileting
  - Meal preparation
  - Light housekeeping
  - Companionship
  - Medication reminders
  - Transportation assistance
- Eligibility: Determined through Medicaid waiver programs.
- Providers: ODM-certified agencies or approved caregivers.

For more detailed information, refer to the Ohio Administrative Code:

Rule 5160-46-04: Home Care Waiver Services

Home Care Services (Waiver)

- OAC References: 5160-44
- Includes personal care aide services, homemaker services, home care attendant services and waiver nursing services.
- No physician order required; services must be part of an approved Person-Centered Service Plan (PCSP).
- Provided by ODA or ODM-certified agency or independent waiver provider.

Home Care Waiver Providers

- **Personal care aide** services as set forth in rule 173-39-02.11 or 5160-46-04 of the Administrative Code
- **Waiver nursing** services as set forth in rule 173-39-02.22 or 5160-44-22 of the Administrative Code
- **Home care attendant** services as set forth in rule 173-39-02.24 or 5160-44-27 of the Administrative Code
- **Choices home care attendant** services as set forth in rule 173-39-02.4 of the Administrative Code
- **Homemaker** services as set forth in rule 173-39-02.8 of the Administrative Code

Resources:

Rule 5160-58-04: MyCare Ohio Waiver Services

Independent Nurses (RNs and LPNs)

- OAC Reference: 5160-44-22
- Certification: Active Ohio nursing license (RN or LPN under RN supervision)
- Services: Nursing care, medication administration, wound care
- Role: Deliver care under person-centered care plans
- Key Distinction: Independent, non-agency-based; more personalized support

Independent Personal Care Aides

- OAC Reference: 5160-46-04
- Certification: Waiver provider enrollment, training and background check
- Services: ADL assistance (bathing, dressing), light housekeeping, meal prep
- Role: Non-medical support selected/employed by the member
- Key Distinction: member-directed care with routine, daily help

Home Care Attendants

- OAC Reference: 5160-44-27
- Certification: Trained and delegated under RN supervision
- Services: Personal care + delegated clinical tasks (e.g., ostomy, catheter)
- Role: Mid-level care between aide and skilled nurse
- Key Distinction: Expanded scope for more complex home care

Homemaker Services

- OAC Reference: 173-39-02.8
- Certification: Certified through Ohio Department of Aging (ODA)
- Services: Housekeeping, shopping, laundry, meal prep
- Role: IADL support to maintain independence
- Key Distinction: Non-personal care; strictly household assistance

Prior Authorization (Waiver)

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

Authorization Process – Waiver Services

- OAC Reference: 5160-44-31
- Authorization follows Person-Centered Service Plan (PCSP) development and provider listing.
- Confirmation sent by Buckeye HCBS Program Coordinator.
- Start services after authorization confirmation is documented.

Waiver Home Care Authorization

- Services will be based on the member's Person-Centered Service Plan (PCSP) .
- The Waiver Service Coordinator (WSC) will be in contact with both the member and provider.
- Once services are added to the Person-Centered Service Plan (PCSP), an authorization will be entered into the system by an HCBS Program Coordinator.
- The Person-Centered Service Plan (PCSP) is authorization to begin and/or continue services.
- The HCBS Program Coordinator will send authorization confirmation to service providers with an authorization number to submit claims for payment.

Person-Centered Service Plan (PCSP) & Authorization Knowledge

- Prior Authorization is required for ALL Waiver Services.
- The service provider is responsible to review each Person-Centered Service Plan (PCSP) to assure they are correctly listed as a provider for an eligible service identified on the PCSP.
- Being listed on the PCSP will validate approval and is the basis for rendering services.
- The Authorization Confirmation will further validate approval to bill for services.

Person-Centered Service Plan (PCSP)

- **Person-Centered Service Plan (PCSP):** Outlines the person-centered goals, objectives, and interventions selected by the Waiver Service Coordinator, member, and their interdisciplinary team.
- The PCSP includes the member's approved, medically-necessary services and supports, and will inform providers of their tasks and schedule, as well as the billing codes and the amount of payment they are authorized to receive.
- Providers must be authorized to provide services on the PCSP **prior** to service delivery.

Plan of care (POC)

- **Plan of care (POC):** Is the medical treatment plan that is established, approved, and signed by the primary care or treating physician.
- The plan of care specifies the type, frequency, scope, and duration of the services being provided.
- The plan of care is **not** the same as the person-centered services plan.

Compliance & Care Coordination

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

Documentation Standards

- **Maintain accurate service documentation** including identifying information, date/location of service, start/end times, tasks completed, progress notes, provider and individual/representative signatures, and applicable ICD-10 codes.
- Nursing and personal care services must align with goals in **Plan of Care (POC)** or **Person-Centered Service Plan (PCSP)**.
- **Clinical records must be kept confidential** and retained for **at least six years**.

Waiver Provider Signature Requirement

- Waiver service providers for MyCare are required to sign the member's person-centered service plan (PCSP).
- The provider's signature confirms that the provider acknowledges and agrees to provide the waiver service, as authorized in the waiver service plan.
- A signature is required when a new service is authorized, an existing service authorization is adjusted and anticipated to continue for the duration of the service plan, or a new service plan has been issued.
- Only the provider affected by the change needs to provide a signature.

OAC Reference: 5160-44-02

Incident Management & Reporting

- An **incident** is any actual, alleged, or suspected event that deviates from routine care or service and **must be reported**.
- **Immediately report** serious incidents such as abuse, neglect, exploitation, misappropriation, or death. All other incidents must be reported within **24 hours** (or sooner if required by law or license).
- **Notify the member's case manager and appropriate authorities** as soon as the incident is discovered.
- Providers must **cooperate fully** with any incident investigations.

OAC 5160-44-05

Care Management and Service Coordination

- All members enrolled in the MyCare Ohio Waiver will receive Care Management services and be assigned a dedicated Buckeye Care Manager.
    - For members **aged 60 and older**, Buckeye partners with the **Area Agency on Aging (AAA)** to provide Waiver Service Coordination.
    - For members **aged 59 and younger**, the **Buckeye Care Manager** also serves as the **Waiver Service Coordinator (WSC)**.
- In some cases, the Care Manager and Waiver Service Coordinator may be the same person.
- Once a member's needs are assessed, Buckeye collaborates with approved Home and Community-Based Services (HCBS) providers to ensure timely, appropriate, and coordinated care delivery.

Transitions of Care – Provider Role

- **Timely Notification:** Providers must promptly inform the WSC and Buckeye of any transitions impacting service delivery.
- **Care Plan Updates:** Person-Centered Service Plan (PCSP) should be updated to reflect changes in the member's condition and service needs.
- **Back-Up Plans:** Providers must maintain back-up plans to ensure service continuity and member safety.
- **Collaboration:** Providers should engage with WSCs and Buckeye in discharge planning and reassessment.

Billing & Tools

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

Claims Submission & Reimbursement Guidance

- Claims for Home Health and Home Care Waiver services can be submitted through the Buckeye Secure Provider Portal.
- Buckeye will reimburse in accordance with Ohio Administrative Code (OAC) Rule: 5160-12-05, 5160-46-06, 5160-46-06.1
- Use correct billing codes, units (e.g. 15-minute), and modifiers.
- Verify reimbursement rates by provider type and service.
- Buckeye recommends contacting PaySpan to setup Direct Deposit/Electronic Funds Transfer (EFT).
- Check run occurs twice a week, typically on Tuesday and Friday.

Payer sequence: Medicare (for Medicare-covered services), followed by Medicaid, and then other sources if applicable. Medicaid, including waiver services, is the payer of last resort.

Base Rate & Unit Rate Billing Info

Description	Details
Base Rate	- Applies to services provided for **35–60 minutes**. - Provider must be present and providing services for **at least 35 minutes**.
Unit Rate	- Applies when: • Visit is **≤ 34 minutes**, or • **Each 15-minute increment** beyond the first hour. - Max limits apply.

For more detailed information, refer to the Ohio Administrative Code: OAC 5160-12-05 Reimbursement: home health services, OAC 5160-46-06 Ohio home care waiver program: reimbursement rates and billing procedures

Waiver Nursing & Personal Care Services

Service Type	Description	Billing Code / Modifier
Waiver Nursing (RN)	For individuals on HCBS waivers. - RN providing direct care services.	**T1002**
Waiver Nursing (LPN)	For individuals on HCBS waivers. - LPN providing direct care services.	**T1003**
Waiver Personal Care Aide	Agency or non-agency provider. - Provides hands-on assistance with activities of daily living and instrumental tasks.	**T1019**

For more detailed information and rates, refer to the Ohio Administrative Code: OAC 5160-46-06

Waiver Home Care Attendant Services

Service Type	Description	Billing Code / Modifier
Waiver Home Care Attendant	- Provides personal care and home maintenance services in a waiver setting. - **Must use U8 modifier** for personal care tasks.	**S5125 U8**

For more detailed information and rates, refer to the Ohio Administrative Code: OAC 5160-46-06.1

Waiver Homemaker Services

Service Type	Description	Billing Code / Modifier
Homemaker	Provides assistance with light housekeeping, laundry, meal prep, and other routine household tasks for waiver participants.	**S5130**

For more detailed information and rates, refer to the Ohio Administrative Code: OAC 5160-1-06.1 – View Appendix

Home Health Services

Service Type	Description	Billing Code / Modifier
Home Health Nursing (RN)	Must be Medicare-certified agency.	**G0299**
Home Health Nursing (LPN)	Must be Medicare-certified agency.	**G0300**
Home Health Aide	- Units: • 1–15 mins = 1 unit • 16–34 mins = 2 units • 35–60 mins = base rate (or 4 units) • Longer visits = base + units.	**G0156**

For more detailed information and rates, refer to the Ohio Administrative Code: OAC 5160-12-05 – View Appendix

RN Assessment & Consultation Services

Service Type	Description	Billing Code / Modifier
RN Assessment	- Face-to-face visit, clinical evaluation, pre-service care planning. - Billable every 60 days or with significant change in condition.	**T1001**
RN Consultation	- RN-to-LPN consultation following a significant change in individual's status requiring change in care plan. - Not for routine supervision.	**T1000 U9**

For more detailed information and rates, refer to the Ohio Administrative Code: OAC 5160-12-08 – View Appendix

Electronic Visit Verification (EVV)

- EVV is required for certain Medicaid-covered home health and personal care services to verify visit details (service type, member, date, location, caregiver, and visit start/end times).
- Agency providers may use the state system (Sandata) or an approved alternate system; independent providers must use Sandata.
- Claims may deny if required EVV data is missing or incomplete.
- Support: 855-805-3505 | ODMEVV@sandata.com | ODM EVV Website

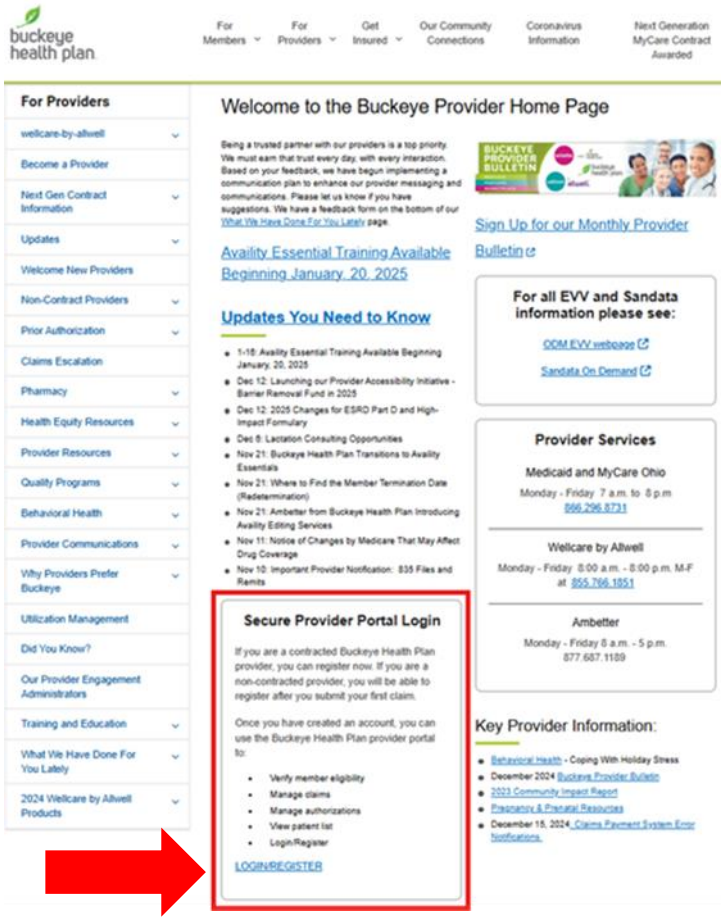
OAC Reference: 5160-32

Provider Portal

Navigate to the **Provider Home Page** to find the **Secure Provider Portal Login**.

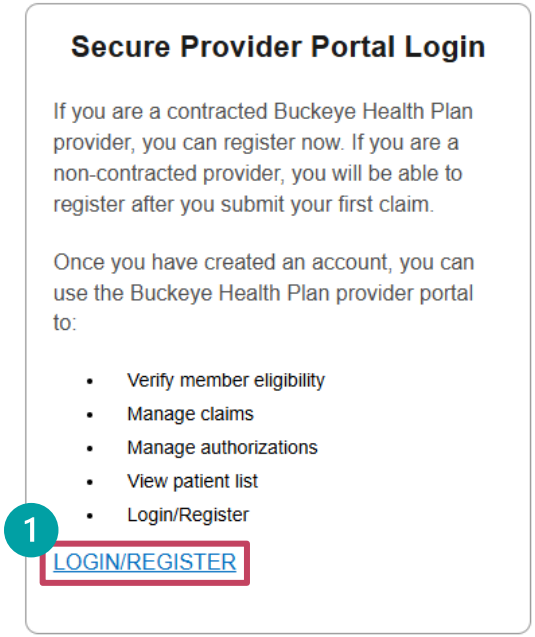
If you don't have it bookmarked, you can find it on our provider website pages at:

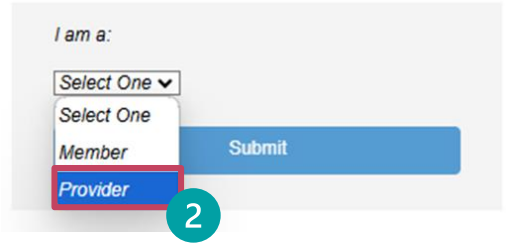
https://www.buckeyehealthplan.com/providers.html

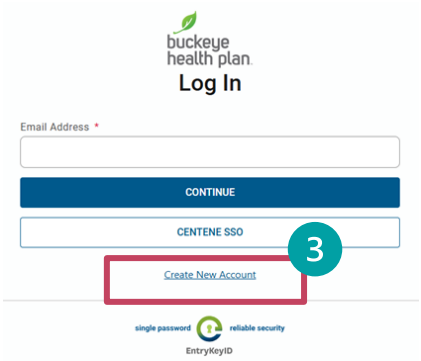


wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

Login/Register for the Provider Portal







1) Click **Login/Register**

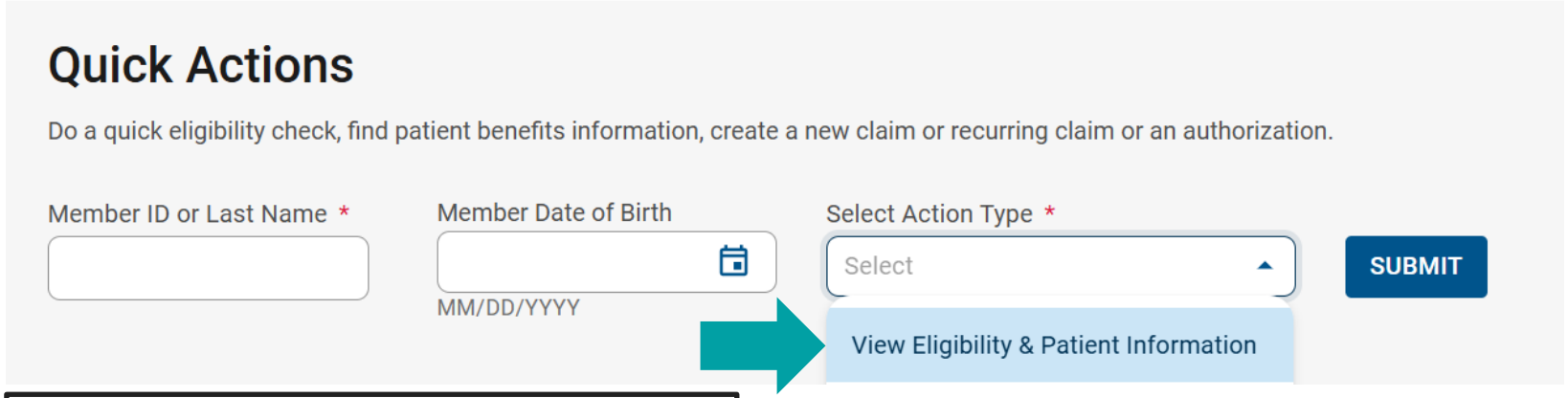
2) Select **Provider** and click **Submit**

3) Select **Create New Account**

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

If you would like Portal Training, please reach out to your Provider Engagement Account Manager to schedule a training session.

Member Eligibility – Provider Portal



To Look Up Eligibility Information for a Member

Enter the following information:

- **Member ID** or **Last Name**
- **Member Date of Birth**

Select "View Eligibility & Patient Information"

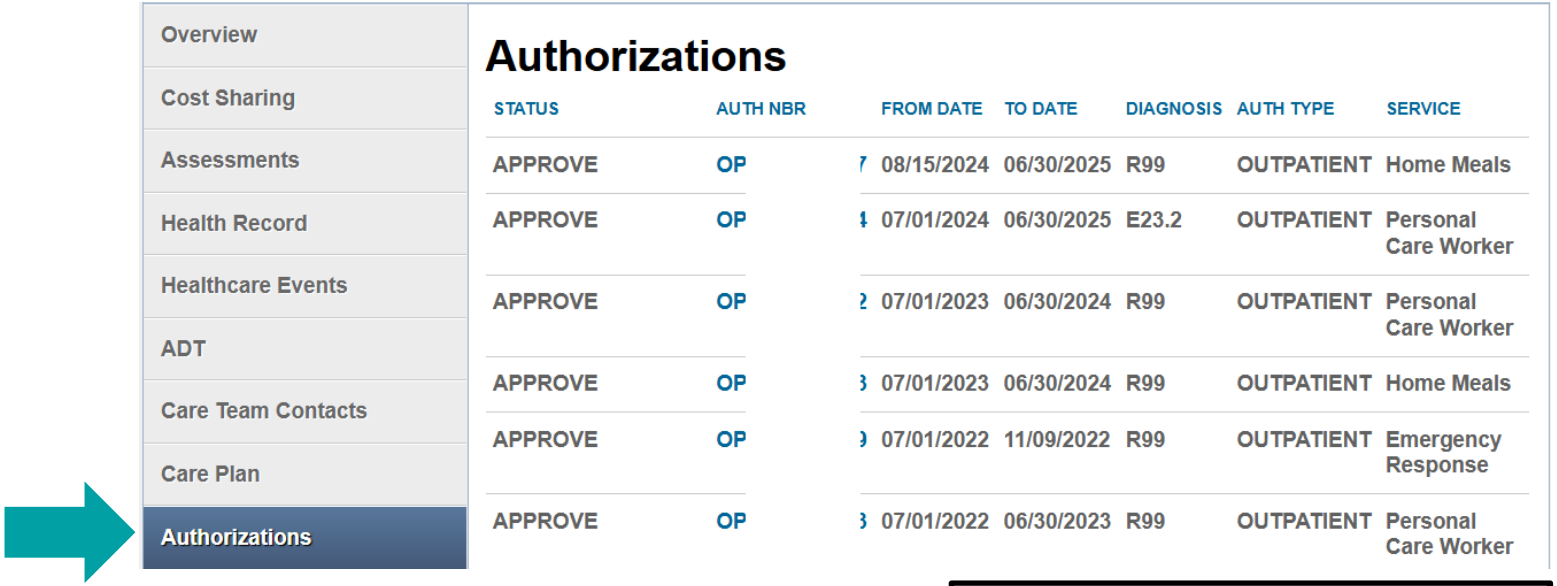
Click **Submit**.

Access the Member Record

From the **Eligibility Check** screen, click the name of the member linked under **Patient Name**.

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

Authorizations – Provider Portal

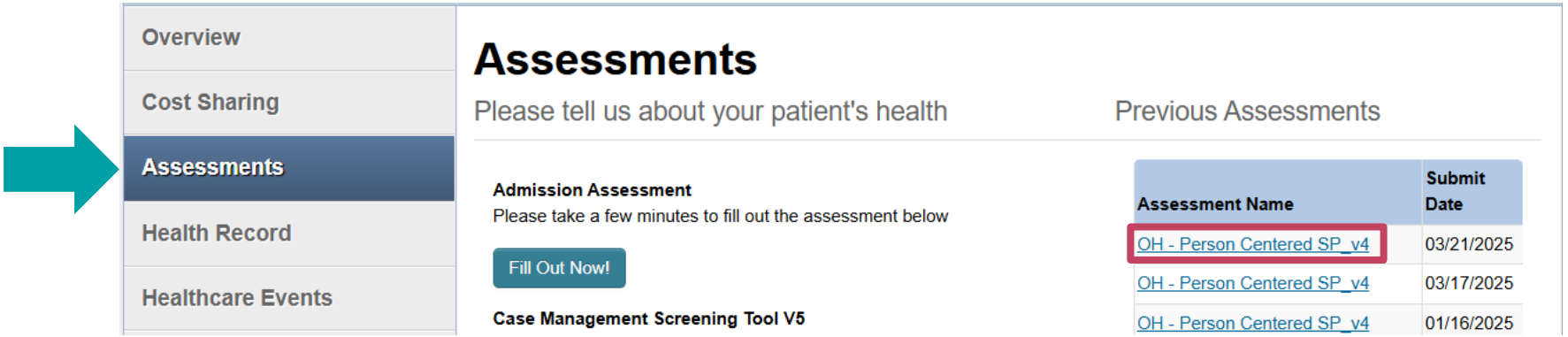


Member Record: Authorizations Tab

Create a new Authorization or view previously submitted authorizations from within the member record.

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare

Person Centered Service Plan – Provider Portal



Member Record: Assessments Tab

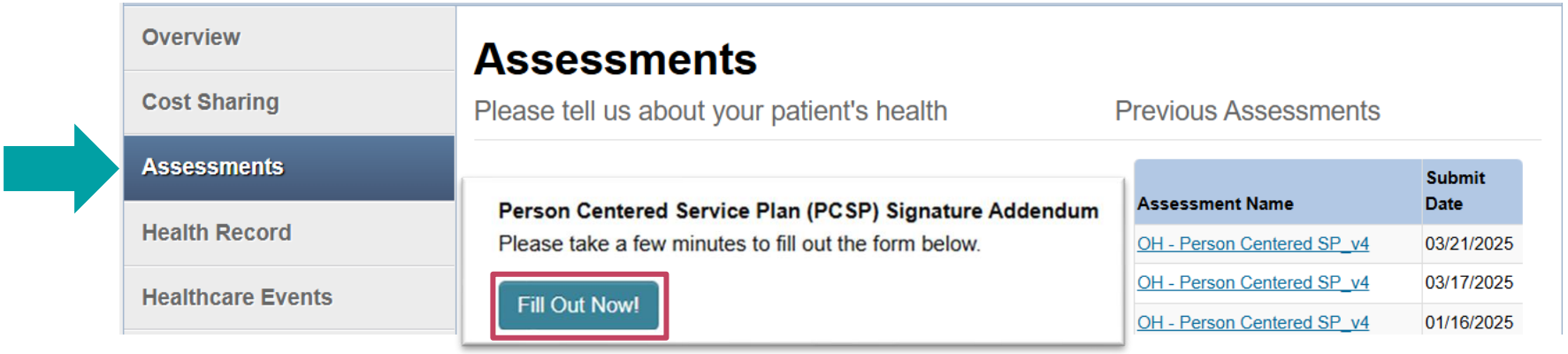
Select the Assessments tab to access an assessment from inside the member record.

To View Previously Submitted Assessment Responses

Submitted assessments appear in a column on the right under **Previous Assessments**. Response information is available to view for any linked assessment.

1. Click the link for the name of the assessment you want to view. The responses display.
2. Click the **Back** button to return to the previous screen.

Waiver Provider Signature – Provider Portal



Member Record: Assessments Tab

Select the Assessments tab to access an assessment from inside the member record.

To Add an Assessment to a Patient's Record

1. Click **Fill Out Now** to the right of the assessment.
2. Enter your responses. Be sure to complete all required fields.
3. Submit the assessment.

Support


wellcare
By
buckeye
health plan
Ohio
Department of
Medicaid
Next Generation MyCare

Contacts - Care Management Teams

- Member's Care Manager Identification (866) 549-8289 option 4
- Person-Centered Service Plan (PCSP) & Waiver Authorization Requests:
    - Contact Member's AAA Waiver Service Coordinator or Buckeye Care Manager
- Member's Care Manager/Waiver Service Coordinator is the point of contact regarding Person-Centered Service and authorizations.
- Care Manager/Waiver Service Coordinator name and contact can also be found in the Buckeye Provider Portal.

Buckeye Contacts and Claim Information

Provider Services	866.296.8731
Utilization Management	866.246.4359 option 1 (MyCare)
Care Management	866.549.8289 option 4
Provider Portal	https://www.buckeyehealthplan.com/providers.html
EFT/ERA (Direct Deposit)	PaySpan – 877.331.7154 www.payspanhealth.com
Electronic Claims Submission	MyCare Medical Payer ID 68069 MyCare Behavioral Health Payer ID 68068
Timely Filing	Claims submission – 365 days from the date of service Request for Adjustments, corrected claims or appeals – 180 days from the date of the EOP

Provider Resources

Visit the Buckeye Provider Home Page to access:

- Provider Manuals
- Provider Orientations
- Newsletters & Network Notifications
- Quick reference guides
- And more

Buckeye Provider Home Page:
https://www.buckeyehealthplan.com/providers.html

Provider FAQs

- **Do I need to be listed on a member's Person-Centered Service Plan (PCSP) to provide services?**
  Yes. For **waiver services**, providers **must be listed** on the member's PCSP in order to deliver those services.

- **As an independent provider, can I serve multiple Buckeye members?**
  Yes. Independent providers may serve **multiple members**, as long as they are **included on each member's PCSP**.

- **Is the PCSP my authorization to provide services?**
  Yes, being listed on a member's PCSP serves as your **authorization** to render **waiver services**.
  You will also receive **authorization confirmation** from Buckeye's Centralized HCBS Waiver Authorization Department.
  - *Note: Authorization is not a guarantee of payment. The member must be eligible on the date of service, and the service must be covered, medically necessary, and follow Buckeye's prior authorization guidelines.*

- **Does the PCSP authorize State Plan Home Health services?**
  No. The PCSP is for informational purposes only regarding **State Plan Home Health**.
  Providers should verify authorized State Plan services through the **provider portal** and by reviewing **approval letters** received.

Thank you for supporting members to live safely at home.

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare