

Coordination of State Plan Services with Waiver Services
Frequently Asked Questions: Provider Network
August 2011

1. Do we have any information on the new ODA requirement for the first 14 hours of care to be billed to state plan?

There is no ODA requirement (existing or new) to require the first 14 hours of care to be billed to the state plan home health service. The Medicaid home health service should be accessed when this is the most appropriate service to meet the consumer's assessed unmet need(s).

The ODA requirement is that each PAA will apply a consistent decision-making process to ensure the home health service is being explored as part of the service planning process.

2. We are contracted with two PAAs and are getting different direction:

- *Example 1: PAA XXX states we need to bill the hours that personal care are given;*
- *Example 2: PAA YYY states we are to bill the first 14 hours before billing PASSPORT;*
- *Example 3: PAA ZZZ states we have to separate the hours on the 485.*

None of the above guidance is correct.

- *Example 1: The PAA will make a referral for home health services. If the referral is accepted, the home health agency will provide a plan of care determines the scope, duration, and frequency of the service delivery. The PAA case manager determines if there are remaining unmet needs that will be addressed through waiver service authorization.*
- *Example 2: There is no requirement for the first 14 hours of care to be provided by the home health service before PASSPORT waiver services are authorized.*
- *Example 3: The home health agency is responsible for the plan of care documentation; if the home health agency is also the waiver provider, the communication between the home health agency and the waiver case manager is essential to establish the waiver service authorization.*

3. PASSPORT case managers were told to reduce all their clients' hours by 14 hours and request those hours under state plan.

PASSPORT case managers were not instructed to do an "across the board" shift of waiver service to home health services for every waiver participant. The PASSPORT case managers are expected to apply a consistent process to ensure the Medicaid home health service is accessed when this is the most appropriate service to meet the consumer's assessed unmet need(s).

4. PASSPORT case managers indicated homemaking is "ok" under the state plan.

The PASSPORT case managers were instructed to become familiar with the scope of the home health service outlined in OAC 5101:3-12-01, including the option of the provision of incidental services along with health related services as listed in paragraph (G)(2)(e) of the. The home health agency remains responsible for determining the scope, duration, and frequency of the service and providing the tasks that are in accordance with the service specifications.

5. PASSPORT case managers told me state plan is an "entitlement" but failed to explain what that means.

Entitlement means enrollment in a Medicaid waiver does not prevent a Medicaid recipient from accessing the service provided under the Medicaid state plan.

6. If we partially substitute PASSPORT hours for state plan, we have to double our administrative costs.

Waiver services are the payer of last resort. These services are authorized only when the case manager has determined no other services, furnished by alternate funding sources, can meet the assessed unmet needs of the waiver participant. The waiver personal care service and the Medicaid home health service are not interchangeable. Although the services have some tasks in common, the two services are authorized for different purposes.

7. Clients who are receiving personal care services through PASSPORT will be slowly transition into receiving the personal care hours they are eligible for through Medicaid state plan and then the remainder of the hours the consumer gets will be PASSPORT with a potential for these hours to change to the homemaker rate.

The waiver personal care service and the Medicaid home health service are not interchangeable. The new ODA requirement is that each PAA will apply a consistent decision-making process to ensure the most appropriate mix of services and payers are accessed to meet the waiver participant's assessed needs, throughout the waiver enrollment. This may result in referrals for home health services for waiver participants' who have previously received the waiver personal care service and

subsequent modifications to the waiver service authorization. The process is not expected to result in an “across the board” shift of waiver services to home health services for every waiver participant.

8. CMS has recently given the waiver case managers authority to put Medicaid state plan hours on care plan and are now being asked to monitor this service as well.

CMS has always required the waiver service plan to include all the services, informal and formal, regardless of payer, to be reflected on the service plan. The OAC 5101:3-12-01 (E)(3)(b) requires the Medicaid Home Health service to be included on the waiver service plan in order for the service to be reimbursable.

The waiver case managers have no new monitoring responsibilities related to the delivery of the Medicaid home health services. The waiver case managers have always been expected to coordinate service planning and communicate service delivery with the home health agency to ensure the health and safety of the waiver participant is maintained. (OAC 5101:3-31-02 and OAC 173-39-01)

9. Providers and case managers, together with the physician, will decide if clients meet the criteria for Medicaid state plan hours and how many hours they need.

There are no new expectations related to establishing a plan of care. The home health agency is responsible for assessing the waiver participant for medical necessity and obtaining the required physician certification to deliver the service. The waiver case manager will provide, as appropriate, information obtained during the waiver assessment process to assist the HOME HEALTH AGENCY and the MD in developing the plan of care.

10. We have received many calls from PASSPORT case managers who have told us they must convert their clients over to the state plan because of a change in the Ohio Medicaid laws.

There have been no changes in the Ohio Medicaid laws related to the coordination of state plan services with waiver services. The PASSPORT case managers have not been instructed to convert clients to state plan.. The new ODA requirement is that each PAA will apply a consistent decision-making process to ensure the most appropriate mix of services and payers are accessed to meet the waiver participant's assessed needs, throughout the waiver enrollment. This may result in referrals for home health services for waiver participants' who have previously received the waiver personal care service and subsequent modifications to the waiver service authorization. The process is not expected to result in an “across the board” shift of waiver services to home health services for every waiver participant.

11. We received a message to switch consumers to state plan services and the case manager is required the 485 before giving the HOME HEALTH AGENCY a copy of the “all services plan”.

PASSPORT case managers have not been instructed to switch consumers to state plan services. The ODA requirement is that each PAA will apply a consistent decision-making process to ensure the most appropriate mix of services and payers are accessed to meet the waiver participant’s assessed needs, throughout the waiver enrollment. This may result in referrals for home health services for waiver participants’ who have previously received the waiver personal care service and subsequent modifications to the waiver service authorization. The process is not expected to result in an “across the board” shift of waiver services to home health services for every waiver participant.

PASSPORT case managers have been instructed to request a copy of the plan of care in order to incorporate the Medicaid Home Health Services on the waiver service plan. There has been no instruction to only accept a plan of care after the physician has signed the plan of care. The OAC 5101:3-12-01 (E)(3)(b) requires the Medicaid Home Health service to be included on the waiver service plan in order for the service to be reimbursable.

12. The home health agency manager discussed the need for skilled services with the PASSPORT case manager.

Per Ohio Department of Job and Family Services, Bureau of Home and Community Services, a Medicaid recipient is not required to have a need for a skilled service in order to access home health aide services.

The waiver case manager’s primary responsibility is to make a referral for Medicaid Home Health services. The home health agency retains the responsibility for completing the assessment to determine eligibility and establishing the scope, duration, and frequency of the service delivery. It is not the responsibility of the waiver case manager to debate the eligibility determination and subsequent plan of care. ODJFS has confirmed a Medicaid recipient is not required to have a need for a skilled service in order to access home health aide services.

13. PASSPORT case managers are requiring a 485 (also known as the physician plan of treatment or plan of care) signed by the physician before providing a copy of the waiver service schedule.

PASSPORT case managers have been instructed to request a copy of the plan of care in order to incorporate the Medicaid Home Health Services on the waiver service plan. There has been no instruction to only accept a plan of care after the physician has signed the plan of care. The OAC 5101:3-12-01 (E)(3)(b) requires the Medicaid Home Health service to be included on the waiver service plan in order for the service to be reimbursable.

14. Once a home health agency determines eligibility for skilled services, the consumer is no longer under the PASSPORT waiver.

A waiver participant who receives Medicaid home health services continues to be a PASSPORT waiver participant.

15. We have a patient that gets 8 hours a day, all one shift and cannot be left alone. PASSPORT wants the first hours to be state plan and the rest to be PASSPORT. How do we not leave this person alone if we aren't permitted to run back to back?

The waiver case manager's primary responsibility is to make a referral for Medicaid Home Health services, not to determine the scope/duration/frequency of the Home Health Service. The home health agency and the waiver case manager will determine the most appropriate service. Considerations: the Medicaid Home Health Service is intermittent and does not provide respite.