7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Intermittent or part-time nursing services are available to any Medicaid beneficiary with a medical need for intermittent or part-time nursing services in the beneficiary's place of residence, licensed child day-care center, or, for a child three years and under, in a setting where the child receives early intervention services as indicated in the individualized family service plan. The place of services does not include a hospital, a nursing facility, or an intermediate care facility for the mentally retarded.

Intermittent or part-time nursing services can only be provided by a Medicare Certified Home Health Agency. Such certification requires meeting all the requirements of Medicare Conditions of Participation. Such agencies must also be enrolled as an Ohio Medicaid provider.

Intermittent or part-time nursing services must be ordered by the qualifying treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days. To be a qualifying treating physician, the physician must be a doctor of medicine or osteopathy legally authorized to practice medicine and surgery in the state of Ohio.

Intermittent or part-time nursing services are covered only if the qualifying treating physician certifying the need for home health services documents that he or she had a face-to-face encounter with the beneficiary within the ninety days prior to the home health care start of care date, or within thirty days following the start of care date inclusive of the start of care date. A certified nurse practitioner, clinical nurse specialist, or certified nurse midwife, in collaboration with the qualifying treating physician, or a physician assistant under the supervision of the qualifying treating physician, may perform the face-to-face encounter for the purposes of the supervising physician certifying the need for home health services.

The face-to-face encounter with the beneficiary must occur independent of any provision of home health services to the beneficiary by the individual performing the face-to-face encounter. Only the qualifying treating physician may order these services, document the face-to-face encounter, and certify medical necessity.

Applicable limits are:

- No more than a combined total of eight hours per day of intermittent or part-time nursing services, home health aide services, and physical therapy, occupational therapy, or speech pathology and audiology services;
- No more than a combined total of 14 hours per week of intermittent or part-time nursing services and home health aide services; and
- Visits shall not be more than four hours in length.

An individual can also access intermittent or part-time nursing services and/or home health aide services upon discharge from a covered inpatient hospital stay when medically necessary.

Additional intermittent or part-tirne nursing services provided by a home health agency beyond the established limits may be allowed when medically necessary.

Beneficiaries younger than age twenty-one can access intermittent or part-time nursing services without limitation when medically necessary.

7. Home health services, continued.

b. Home health aide services provided by a home health agency.

Home health aide services are available to any Medicaid beneficiary with a medical need for home health aide services in the beneficiary's place of residence, licensed child day-care center, or, for a child three years and under, in a setting where the child receives early intervention services as indicated in the individualized family service plan. The place of services does not include a hospital, a nursing facility, or an intermediate care facility for the mentally retarded.

Home health aide services can only be provided by a Medicare Certified Home Health Agency. Such certification requires meeting all the requirements of Medicare Conditions of Participation. Such agencies must also be enrolled as an Ohio Medicaid provider.

Home health aide services must be ordered by the qualifying treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days. To be a qualifying treating physician, the physician must be a doctor of medicine or osteopathy legally authorized to practice medicine and surgery in the state of Ohio.

Home health aide services are covered only if the qualifying treating physician certifying the need for home health services document s that he or she had a face-to-face encounter with the beneficiary within the ninety days prior to the home health care start of care date, or within thirty days following the start of care date inclusive of the start of care date. A certified nurse practitioner, clinical nurse specialist, or certified nurse midwife, in collaboration with the qualifying treating physician, or a physician assistant under the supervision of the qualifying treating physician, may perform the face-to-face encounter for the purposes of the supervising physician certifying the need for home health services.

The face-to-face encounter with the beneficiary must occur independent of any provision of home health services to the beneficiary by the individual performing the face-to-face encounter. Only the qualifying treating physician may order these services, document the face-to-face encounter, and certify medical necessity.

Applicable limits are:

- No more than a combined total of eight hours per day of intermittent or part-time nursing services, home health aide services, and physical therapy, occupational therapy, or speech pathology and audiology services;
- No more than a combined total of 14 hours per week of intermittent or part-time nursing services and home health aide services; and
- Visits shall not be more than four hours in length.

An individual can also access intermittent or part-time nursing services and/or home health aide services upon discharge from a covered inpatient hospital stay when medically necessary.

Additional home health aide services provided by a home health agency beyond the established limits may be allowed when medically necessary.

Beneficiaries younger than age twenty-one can access home health aide services without limitation when medically necessary.

7. Home health services, continued.

c. Medical supplies, equipment, and appliances suitable for use in the home.

Medical supplies, equipment, and appliances must be medically necessary, must be ordered by an eligible prescriber, and must be included in a beneficiary's plan of care reviewed by that prescriber.

Medical supplies, equipment, and appliances listed at http://jfs.ohio.gov/OHP/bhpp/FSRDisclaimer.stm must be ordered by the treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days. These services and supplies are covered only if the treating physician certifying the need for these services and supplies documents that he or she had a face-to-face encounter with the beneficiary no more than one hundred and eighty days prior to the prescription being written and not after the date the prescription is written. A certified nurse practitioner or a clinical nurse specialist in collaboration with the treating physician, or a physician assistant under the supervision of the treating physician, may perform the face-to-face encounter for the purposes of the supervising physician certifying the need for home health services. The face-to-face encounter with the beneficiary must occur independent of any provision of these services and supplies to the beneficiary by the individual performing the face-to-face encounter. Only the treating physician may order these services, document the face-to-face encounter, and certify medical necessity. A single face-to-face encounter can support the need for multiple covered items as long as it is clearly documented in the medical record that the consumer was evaluated or treated for a condition that supports the need for each covered item.

Certain covered items require prior authorization. Several items may be provided in an amount beyond established limits with prior authorization. The State assures that the following conditions are met, in accordance with the DeSario v. Thomas ruling in the United States Court of Appeals for the Second Circuit, with respect to an individual applicant's request for ME:

- The process is timely and employs reasonable and specific criteria by which an individual item of ME will be judged for coverage under the State's home health services benefit. These criteria must be sufficiently specific to permit a determination of whether an item of ME that does not appear on the State's pre-approved list has been arbitrarily excluded from coverage based solely on a diagnosis, type of illness, or condition.

- The State's process and criteria, as well as the State's list of pre-approved items, are made available to beneficiaries and the public.

- Beneficiaries are informed of their right, under 42 CFR. Part 431 Subpart E, to a fair hearing to determine whether an adverse decision is contrary to the law cited above.

Beneficiaries younger than age twenty-one can access medical supplies, equipment, and appliances without limitation when medically necessary.

7. Home health services, continued.

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Physical therapy, occupational therapy, or speech-language pathology and audiology services are available to any Medicaid beneficiary with a medical need for physical therapy, occupational therapy, or speech-language pathology and audiology services in the beneficiary's place of residence, licensed child day-care center, or, for a child three years and under, in a setting where the child receives early intervention services as indicated in the individualized family service plan. The place of services does not include a hospital, a nursing facility, or an intermediate care facility for the mentally retarded.

Physical therapy, occupational therapy, or speech-language pathology and audiology services must be ordered by the qualifying treating physician, and included in a beneficiary's plan of care that is reviewed by that physician at least every 60 days.

Providers of these services under the home health benefit must meet the same requirements of providers of such services under the physical therapy and related benefit, described under Attachment 3.1-A, Item 11.

Physical therapy, occupational therapy, or speech-language pathology and audiology services can only be provided by a Medicare Certified Home Health Agency. Such certification requires meeting all the requirements of Medicare Conditions of Participation. Such agencies must also be enrolled as an Ohio Medicaid provider.

Applicable limits are:

- No more than a combined total of eight hours per day of intermittent or part-time nursing services, home health aide services, and physical therapy, occupational therapy, or speech-language pathology and audiology services; and
- Visits shall not be more than four hours in length.

There are no weekly limits for physical therapy, occupational therapy, or speech pathology and audiology services.

Additional physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility beyond the established limits may be allowed when medically necessary.

Beneficiaries younger than age twenty-one can access physical therapy, occupational therapy, or speech-language pathology and audiology services without limitation when medically necessary.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's fee schedule.

Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The agency's fee schedule was set as of January 1, 2010, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

7. Home health services, continued.

   b. Home health aide services provided by a home health agency.

      Payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's fee schedule.

      Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The agency's fee schedule was set as of January 1, 2010, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

7. Home health services, continued.

   c. Medical supplies, equipment, and appliances suitable for use in the home.

      Payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service or item. The Medicaid maximum is the amount listed on the Department's fee schedule. Where no Medicaid maximum is specified, payment is either 72 per cent of the list price or 147 per cent of the invoice price.

      Payment for enteral nutrition products is the lesser of the billed charge or an amount based on the Medicaid maximum for the product. The Medicaid maximum is the amount listed on the Department's fee schedule. Where no Medicaid maximum is specified, payment is the average wholesale price (AWP) minus 23 per cent.

      Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The agency's fee schedule was set as of January 1, 2010, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

7. Home health services, continued.

   d. Physical therapy, occupational therapy, or speech-language pathology and audiology services provided by a home health agency or rehabilitation facility.

      Payment is the lesser of the billed charge or an amount based on the Medicaid maximum for the service. The Medicaid maximum is the amount listed on the Department's fee schedule.

      Rates and fees can be found by accessing the agency's website at jfs.ohio.gov/OHP/provider.stm. The agency's fee schedule was set as of January 1, 2010, and is effective for services provided on or after that date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.