

# Program Information

## For Home Care Providers

December, 2015

# Adult Programs

# Core Community Services

- Must have Medicaid Eligibility
- Must have an active “Core Community Service” eligibility segment
- Beneficiary may have a share
  - This information is obtained from the Social Worker

Eligible Services	
Personal Care Only	S5125
Combined Personal Care and Homemaker	S5125 U1
Homemaker Only	S5130
Homemaker LPN	S5130 TE

# DEA Copay Program

- Must not be eligible for Medicaid
- Must have a Prior Authorization approved via DEA

Eligible Services	
Combined Personal Care and Homemaker	S5125 U1

Level 1	MDE030	Copay reduces claim by \$4.50 per hour
Level 2	MDE040	Copay reduces claim by \$7.50 per hour

# DEA Waiver Program

- Must have Medicaid Eligibility
- Must have an active DEA waiver Eligibility segment
- Beneficiary may have a share
  - This information is obtained from the Social Worker

<b>Eligible Services</b>	
Personal Care Only	S5125
Combined Personal Care and Homemaker	S5125 U1
Homemaker Only	S5130

# BHDDH Waiver

- Must have Medicaid Eligibility
- Must have an active BHDDH waiver Eligibility segment
- Beneficiary may have a share
  - This information is obtained from the Social Worker
- BHDDH must authorize the services - you will obtain a Quarterly authorization from BHDDH for the services approved

<b>Eligible Services</b>	
Personal Care Only	S5125
Combined Personal Care and Homemaker	S5125 U1
Homemaker Only	S5130

# Preventive

- Must have Medicaid eligibility
- Must have an active “preventive community services” Eligibility Segment

Eligible Services	
Combined Personal Care and Homemaker	S5125 U1
Homemaker Only	S5130

# Habilitation Community Services

- Must have Medicaid eligibility
- Must have an active “habilitation community services” Eligibility Segment

Eligible Services	
Personal Care Only	S5125
Combined Personal Care and Homemaker	S5125 U1
Homemaker Only	S5130
Private Duty Nursing	T1000

# Pediatric Programs

# Skilled Nursing Visit

- Must have Medicaid eligibility
- Must have Prior Authorization – requested by the Provider
- May be provided by an RN or LPN

Eligible Services	
Private Duty Nursing	T1000
Private Duty Nursing – Second Child	T1000 UN

# Certified Nursing Assistant

- Must have Medicaid eligibility
- Does not require a prior authorization

Eligible Services	
Personal Care	S5125

# Skilled Home Health

# PT, OT, ST or RN

- Must have Medicaid eligibility
- If beneficiary has a prime insurance, must be billed to them first
- Must have Doctor's orders

Eligible Services	
PT, OT, ST or RN – 1 unit per visit per day	X0043

# Home Health Aide

- Must have Medicaid eligibility
- Must have Doctor's orders

Eligible Services	
Home Health Aide – 15 Minutes	G0156

# Enhanced Rates

Shift modifiers may be submitted if your facility applies for and is approved for Enhanced Home Health Reimbursement Rates.

The application must be completed and sent to:

**RI Department of Human Services  
Center for Child & Family Health  
Attention: Robin Etchingham  
Hazard Building #74, 1<sup>st</sup> Floor  
74 West Road  
Cranston, RI 02920**

For a copy of the application, contact Marlene Lamoureux, Provider Representative  
[Marlene.lamoureux@dxc.com](mailto:Marlene.lamoureux@dxc.com)

# Modifiers

Modifiers	
TV	Weekend/Holiday shift
UH	Evening Shift 3PM – 11PM
UJ	Night Shift 11PM - 7AM
U9	High Acuity - see next slide

**Note:** Modifiers are not allowed on S5130.

Procedure	Mod 1	Mod 2	Mod 3
S5125	TV	U9	
S5125	TV		
S5125	U1	TV	
S5125	U1	TV	U9
S5125	U1	U9	
S5125	U1	UH	
S5125	U1	UH	U9
S5125	U1	UJ	
S5125	U1	UJ	U9
S5125	U1		
S5125	U9		
S5125	UH	U9	
S5125	UH		
S5125	UJ	U9	
S5125	UJ		
S5130			

# High Acuity

- An RN must complete an MDS record to qualify for High Acuity for a period of six months.
- A new MDS record must be completed prior to the expiration of the current assessment, for high acuity to stay active. High Acuity cannot be backdated.
- The MDS record must be submitted within 2 weeks of the date the assessment is completed.
- MDS form is available at: <http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/mdsform.pdf>

**Minimum Data Set (MDS) for Home Care**

Score for Behavior/Function over past 7 days

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Medical Assistance Number \_\_\_\_\_ Agency \_\_\_\_\_

Agency NPI \_\_\_\_\_ RN Signature \_\_\_\_\_

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**Section B: Cognitive Patterns**

1. Memory	Short Term Memory appears OK- Seems to recall after 5 minutes. 0- Memory OK 1- Memory Problem	<input type="text"/>
2. Cognitive Skills for Daily Decision Making	How well the client made decisions about organizing the day (e.g. when to get up or have meals, which clothes to wear) 0- Independent – decisions consistently reasonable 1-Modified Independence – some difficulty in new situations 2-Moderately Impaired – decisions poor, cues/supervision needed 3- Severely Impaired – never/rarely makes decisions	<input type="text"/>
3. Indicators of Delirium	a. Sudden or new onset/change in mental function (including ability to pay attention, awareness of surroundings, coherency) 0- No 1- Yes	<input type="text"/>
	b. In the last 90 days, client has become disoriented or agitated such that his/her safety is endangered or client requires protection by others. 0- No 1- Yes	<input type="text"/>

**TOTAL COGNITIVE (B1, 2 and 3)** \_\_\_\_\_

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**Section E: Mood and Behavior Patterns**

1. Indicators of depression, anxiety, sad mood	Indicators observed in the last 30 days regardless of cause. 0 Indicator not exhibited in the last 30 days
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# Thank you

Marlene Lamoureux, Provider Representative

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401-784-3805