



Program Information For Home Care Providers

January 2023





Adult Programs





HCBS LTSS Services

- Must have Medicaid Eligibility
- Must have an active “HCBS LTSS Services” eligibility segment
- Must have a prior authorization entered by a case worker
- Beneficiary may have a share
 - This information is obtained from the case worker

Eligible Services

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



OHA At Home Cost Share

- Must not be Medicaid Eligible
- Must have an active “OHA At Home Cost Share” eligibility segment
- Must have a prior authorization approved by the Office of Healthy Aging (OHA)

Eligible Services	
Combined Personal Care and Homemaker	\$5125 U1
Level 1	Copay reduces claim by \$4.50 per hour
Level 2	Copay reduces claim by \$7.50 per hour



OHA Community Waiver Program



- Must have Medicaid Eligibility
- Must have an active “OHA Community Waiver Program” eligibility segment
- Must have a prior authorization entered by a case worker
- Beneficiary may have a share
 - This information is obtained from the case worker

Eligible Services

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 Community Support” eligibility segment
- Beneficiary may have a share
 - This information is obtained from the case worker
- BHDDH must authorize the services - you will obtain a Quarterly authorization from BHDDH for the services approved

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



Medicaid Preventive Services



- Must have Medicaid Eligibility
- Must have an active “Medicaid Preventive Services” eligibility segment
- Must have a prior authorization entered by a case worker

Eligible Services	Procedure Code
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
- Must have a prior authorization entered by a case worker

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



Pediatric Program



Skilled Nursing Visit

- Must have Medicaid Eligibility
- Must have an active “Severely Disabled Home Care Services” eligibility segment
- Must have a prior authorization entered by a case worker
- 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
- Must have an active “Severely Disabled Home Care Services” eligibility segment
- Must have a prior authorization entered by a case worker

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 and submitted with the EOB from the primary insurance
- Must have a Doctor's orders

Eligible Services

PT, OT, ST or RN – 2 occurrences per day	X0043
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Home Health Aide



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

Eligible Services	
Home Health Aide 16 units per day 1 unit=15 Minutes	G0156

Enhanced Rates

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

The application must be completed and sent to:

**RI Executive Office of Health & Human Services
Attention: Arthur Abraham, Medicare Finance
Virk's Building, Room 432
3 West Road
Cranston, RI 02920
RE: HCBS Reimbursement Program**

A copy of the application is located on www.eohhs.ri.gov website under [Forms and Applications](#)



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 _____

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="checkbox"/>
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="checkbox"/>
3. Indicators of Delirium	a. Sudden or new onset/change in mental function (including ability to pay attention, awareness of surroundings, coherentness) 0- No 1- Yes	<input type="checkbox"/>
	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="checkbox"/>

TOTAL COGNITIVE (B1, 2 and 3) _____

Section E: Mood and Behavior Patterns

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



Contact Information

DHS

Help Line 401-574-8474

Dhs.ltss@dhs.ri.gov

FAX 401-574-9915

Gainwell Help Desk

Monday-Friday 8am-5pm

401-784-8100

Marlene Lamoureux, Provider Representative

Marlene.lamoureux@gainwelltechnologies.com

571-895-4938