



Enhanced Home Health Reimbursement Application

Overview

Additional payment through enhancements and modifiers is available for S5125 (Personal Care), S5125 U1 (Personal Care and Homemaker Combined), and S5130 (Homemaker) procedure codes.

- Enhancements increase the base rate paid to a provider for all claims.
- Modifiers add funding for billed services that meet certain criteria

Enhancements	Eligible HCPCS Codes
Staff Education and Training	S5125, S5125 U1
National Accreditation OR State Accreditation	S5125, S5125 U1
Client Satisfaction [1]	S5125, S5125 U1
Continuity of Care [1]	S5125, S5125 U1, S5130
Worker Satisfaction [1]	S5125, S5125 U1, S5130
Behavioral Health Training [2]	S5125, S5125 U1, S5130
Modifiers	
Shift Differential	S5125, S5125 U1
Client Acuity Reimbursements	S5125, S5125 U1

[1] These enhancements were available to some agencies based on former enhanced standards. Agencies who were approved for these continue to receive the enhancements.

[2] To apply for the Behavioral Health Training Enhancement, please visit this EOHHS website:
<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-12/hha-bh-rate-enhancement-policy-and-procedures-and-reporting-template-2021.pdf>

The values of all enhancements and modifiers are listed in the current rate sheet available on the EOHHS Home Health and Personal Care Assistant [webpage](#).

Please see the [RI Medicaid State Plan](#) (Attachment 4.19-B 1 to Attachment 4.19-C Pg. 3) for authorizing language.

Prior to the receipt of enhancements and modifiers, facilities must complete and submit the application on the next page, along with supporting documentation, via email to OHHS.MedicaidFinance@ohhs.ri.gov. Questions related to the enhancement and modifier program may also be directed to this email address.



Enhanced Home Health Reimbursement Application

Agency Name: _____ Date: _____

Agency Address: _____

Contact Person: _____ Title: _____

Contact Person's Email Address: _____

Contact Person's Telephone Number: _____

Medical Assistance Provider Number(s): _____

National Provider Identifier (NPI):

The agency wishes to apply for the following enhancements and modifiers:

1. Staff Education and Training (See Appendix A) _____
2. National Accreditation **OR** State Agency Accreditation
(See Appendix B) _____
3. Shift Differential (See Appendix C) _____
4. Client Acuity Reimbursements (See Appendix D) _____

Please submit this page along with required documentation detailed in each appendix to OHHS.MedicaidFinance@ohhs.ri.gov.

Appendix A: Staff Education and Training

Enhancement Value

\$0.33 per 15 minutes (\$1.32 per hour) for all Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.

Qualifications:

1. The qualified agency must offer in-services at a frequency at least 20% over the RI Department of Health's licensure requirement. This means that at least fourteen (14) one-hour in-services will be required in a year.
2. In-services training may include, but are not limited to, the following topics:
 - Individualized Skills checklist,
 - Abuse detection,
 - Detection of possible risk factors,
 - Fire and home safety,
 - Mental health and cognitive disability,
 - Alzheimer's disease,
 - Staff and client safety,
 - Patient Bill of Rights, and
 - Cultural sensitivity
3. **The Agency must pay CNAs to attend all required in-service.**
4. There must be 100% agency-employed CNA participation, or proof of equivalent training by the individual CNA within a year's time to a given scheduled in-service during that person's time of employment with the agency.

How to Receive Enhancement

A plan of scheduled in-service topics, dates, times, and instructors should be submitted to EOHHS for the six-month period following initial application for this enhancement. Please see sample Staff Education and Training In-service Summary template at the end of Appendix A.

To continue receiving the enhanced base rate beyond the initial six-month period, **the agency must submit to EOHHS for each in-service the title, training objectives, number of CNAs on the payroll on the date of the in-service, and a copy of the in-service sign-in sheet.**

Submissions should be for at least seven (7) in-services over a six-month period. All submission must be emailed to OHHS.MedicaidFinance@ohhs.ri.gov.

For example, a qualified agency might receive the enhancement (based on a plan of in-services sent to EOHHS) as of June 1, 2022. The agency will be authorized the enhancement through December 31, 2022. At least two weeks prior to the expiration date (in this case 12/31/2022), the provider must complete & file the actual provided in-service title, objectives summary, dates and times, number of CNAs on payroll that date, and a copy of the sign-in sheet for each of (at least the seven required) in-services since initial application for this enhancement. This in-service information must be on file and available should the State request it.

Appendix A: Staff Education and Training (Continued)

Enhancement Submission Dates		
Enhancement Start Date	Enhancement Expiration Date	Summary & Sign-in Sheets Completion dates
June 1 st	December 31 st	Mid-December
July 1 st	January 31 st	Mid-January
August 1 st	February 28 th	Mid-February
September 1 st	March 31 st	Mid-March
October 1 st	April 30 th	Mid-April
November 1 st	May 31 st	Mid-May
December 1 st	June 30 th	Mid-June
January 1 st	July 31 st	Mid-July
February 1 st	August 31 st	Mid-August
March 1 st	September 30 th	Mid-September
April 1 st	October 31 st	Mid-October
May 1 st	November 30 th	Mid-November

Supplemental Documents Required for Application

A plan of scheduled in-service topics, dates, times, and instructors must be submitted to EOHHS for the six-month period following initial application for this enhancement.

Required Reporting After Receipt of Enhancement

1. To continue receiving the enhanced base rate beyond the initial six-month period, the agency must submit to EOHHS for each in-service the title, training objectives, number of CNAs on the payroll on the date of the in-service, and a copy of the in-service sign-in sheet. Submissions should be for at least seven (7) in-services over a six-month period. All submissions must be emailed to OHHS.MedicaidFinance@ohhs.ri.gov.
2. It is the agency's responsibility to continue to send proof of training to EOHHS. Failure to do so may result in revocation of the enhancement.

Appendix A: Staff Education and Training (Continued)

Staff Education and Training In-service Summary

Agency _____ Date: _____

Address: _____

Signature: _____ Title: _____

Email Address: _____ Telephone: _____

Date	CNAs on Payroll	Title and Objectives Teaching Method (example: one on one; group presentation; web-based; take home with quiz, etc.)	Trainer
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	
		In-Service Title: 1. 2. 3. Teaching Method:	

Include staff sign-in sheet for each in-service provider

Appendix B: National OR State Accreditation

Enhancement Value

Agencies may apply for **either** a National Accreditation enhancement **or** a State Accreditation enhancement **Agencies may not receive both.**

- National Accreditation: \$0.33 per 15 minutes (\$1.32 per hour) of Personal Care and Combination Personal Care/Homemaker services provided by a qualified agency.
- State Accreditation: \$0.17 per 15 minutes (\$0.68 per hour) enhancement.

Supplemental Documents Required for Application

National Accreditation

Submit current accreditation certificate and survey results for the Community Health Accreditation Program (CHAP), Council on Accreditation (COA), Joint Commission for Accreditation of Healthcare Facilities (JCAHO), or Accreditation Commission for Health Care (ACHC) program.

State Accreditation

Once an agency indicates its interest in applying for the State Accreditation, EOHHS will contact the agency to arrange for an on-site review to ensure that the agency meets Accreditation Standards. A team of two EOHHS employees, including one registered nurse, will perform a review at the home health agency that may last up to four (4) hours. EOHHS will review:

- Two randomly selected client records of Medicaid recipients
- Evidence demonstrating compliance to each accreditation standard (Please see the last page of Appendix B for the State Accreditation Standards)
- Evidence provided that demonstrates agency exceeds Department of Health Regulations (Evidence may be demonstrated through policy, procedures, client records, personnel records, meeting minutes, strategic plans, etc. Emphasis will be placed on how the evidence is linked between the different sources i.e. policy/procedure compliance noted in record documentation)

Required Reporting After Receipt of Enhancement

National Accreditation

Agencies must submit new certificate and survey results as they are completed, and before expiration of the national accreditation, to continue payment of the enhanced base rates. Failure to do so may result in revocation of the enhancement.

State Accreditation

Agencies are subject to EOHHS on-site reviews to check continued compliance with State Accreditation Standards.

Appendix B: National OR State Accreditation (Continued)

State Accreditation Standards

- 1. Process to Assess and Improve Client Satisfaction (20 Points)**
 - A. Client Satisfaction Survey
 - B. Sampling Process
 - C. Evaluation and Follow-up
 - D. Complaint/Concern Resolution

- 2. Performance Improvement Process (20 Points)**
 - A. Identification of Care/Practice Issues
 - B. Intervention Planning and Integration
 - C. Evaluation and Reassessment

- 3. Development of and Compliance to Care Plan (20 Points)**
 - A. Client Participation in Care Plan Development
 - B. Inclusion of Psychosocial Support Needs
 - C. System to Address New or Changing Client Needs
 - D. Monitoring of Compliance to Care Plan

- 4. Response to Referral and Client's Changing Level of Service Needs (20 Points)**
 - A. Timeliness
 - B. Internal System to Identify Appropriate Level of Service
 - C. Communication with Authorizing State Agency (Case Worker)

- 5. Personnel Development (10 Points)**
 - A. Recruitment and Retention
 - B. System to Ensure Staff Competencies Meet Client Needs
 - C. Employee Performance Improvement Process
 - D. System of Communication Regarding Client Care

- 6. Claims and Reimbursement (10 Points)**
 - A. System to Link Hours of Care to Claims
 - B. Fraud Prevention Techniques
 - C. Auditing Practices
 - D. Resolution of Overpayment

Appendix C: Shift Differential

Modifier Value

\$0.56 per 15 minutes (\$2.24 per hour) of Personal Care and Personal Care/Homemaker Combination services provided during qualified times.

- \$0.19 of the \$0.56 must be passed through to direct care workers and agencies must submit an annual attestation to EOHHS. More information on the required attestation is available on the [Home Health Agencies Shift Differential Increase webpage](#)

Qualifications

Only services provided between 3:00PM and 7:00AM on weekdays, or services on weekends or State holidays qualify for this enhanced reimbursement.

How to Receive Enhancement

1. Agency must be approved for at least one (1) enhancement.
2. Submit claims in the correct amount (base amount plus any other) to Gainwell Technologies, the State's MMIS vendor. The following modifiers must be used with the Personal Care and Combination services:

Time of Services	Modifier
Evenings	UH
Nights	UJ
Weekends	TV
State Holidays	TV

If a client receiving services during these qualified times is also assessed as a high acuity individual, both the shift differential modifier (see above) and acuity modifier (U9) should be added to the procedure code billed. The shift differential modifier **must precede** the acuity modifier, or the claim will not pay if both are present.

Appendix D: Client Acuity

Modifier Value

\$0.25 per 15 minutes (\$1.00 per hour) of Personal Care and Combination Personal Care and Homemaker Service provided to a client assessed as being high acuity by the agency Registered Nurse based on sections of the Minimum Data Set (MDS) for Home Care.

Qualifications

A client is considered high acuity if they receive the following minimum score by an agency Registered Nurse in **one** area:

- a. “5” on Section B, Items 1, 2, and 3, OR
- b. “16” on Section E, Item 1, OR
- c. “8” on Section E, Items 2 and 3, OR
- d. “36” on Section H, Items 1, 2, and 3

Or, if they receive the following minimum scores in **two** or more areas:

- a. “3” on Section B, Items 1, 2, and 3
- b. “8” on Section E, Item 1
- c. “4” on Section E, Item 2 and 3
- d. “18” on Section H, Items 1, 2, and 3

The agency must collect and submit this data to Gainwell Technologies on **all** Medical Assistance clients in order to receive the enhancement for those with high acuity.

How to Receive Enhancement

1. Agency must be approved for at least one (1) enhancement.
2. Submit the adapted MDS on **all** Medical Assistance clients directly to Gainwell Technologies. All adapted MDS will be scanned and kept on file. For the clients who meet the minimum criteria described above, a six-month authorization will be entered into the system upon receipt of the completed adapted MDS form. The MDS MOD Home Care Agency Form is also available online at <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-08/mdsform.pdf>. All MDS forms must be signed by an RN, dated, and totaled for each section.
3. Claims submitted for clients meeting the acuity standard should be billed at the correct amount with the modifier “U9”. Note: some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.