

TO BE RESCINDED

5160-51-06 **Helping Ohioans move, expanding choice (HOME choice) program definitions of billing terms, reimbursement rates and billing procedures for providers of covered services.**

(A) This rule sets forth the helping Ohioans move, expanding choice program (hereafter referred to as HOME choice) definitions of billing terms, reimbursement rates and billing procedures for providers of covered services.

(B) Definitions of HOME choice billing terms:

- (1) "Base rate," as used in table (A) in paragraph (C) of this rule, means the amount paid for up to the first four units of service delivered.
- (2) "Billing unit," as used in table (B) in paragraph (C) of this rule, means a single fixed item or amount of time.
- (3) "Classroom rate" is the amount that HOME choice independent living skills training providers are reimbursed when the service is provided in a classroom setting. The rate is equivalent to fifty per cent of the reimbursement rate set forth in table (B) in paragraph (C) of this rule that is paid to a provider for furnishing HOME choice independent living skills training services to a single participant.
- (4) "Classroom setting" is a situation in which a HOME choice independent living skills training provider furnishes the same type of services to four or more participants at the same address, during the same visit. The services provided in the classroom setting can be either the same type of HOME choice independent living skills training, or a combination of HOME choice independent living skills training services and similar independent living skills training services.
- (5) "Group rate," as used in paragraph (F)(1) of this rule, is the amount that HOME choice nursing providers, or HOME choice independent living skills training providers are reimbursed when the service is provided in a group setting. The rate is equivalent to seventy-five per cent of the reimbursement rate set forth in table (A) in paragraph (C) of this rule for HOME choice nursing services, and in table (B) in paragraph (C) of this rule for HOME choice independent living skills training services that is paid to a provider for delivering the HOME choice nursing services or HOME choice independent living skills training services to a single participant.
- (6) "Group setting" is a situation in which a HOME choice nursing, service provider, or independent living skills training provider furnishes the same type of services to two or three participants at the same address, during the same visit. The

services provided in the group setting can be either the same type of HOME choice nursing service or HOME choice independent living skills training service, or a combination of HOME choice nursing services and similar nursing services, or HOME choice independent living skills training services and similar independent living skills training services.

- (7) "Maximum usage amounts," as used in table (B) in paragraph (C) of this rule, means the maximum number of hours, or the maximum dollar amount that a HOME choice service can be reimbursed, as set forth on the HOME choice participant's HOME choice service plan.
- (8) "Maximum hours per month," as used in table (A) in paragraph (C) of this rule, means the maximum number of hours that a HOME choice service can be reimbursed per month, as set forth on the HOME choice participant's HOME choice service plan.
- (9) "Maximum rate" means the maximum amount that will be paid for the HOME choice service rendered.
- (a) For the billing codes in table (B) in paragraph (C) of this rule, the HOME choice maximum rate is set forth in column (4).
- (b) For the billing codes in table (A) in paragraph (C) of this rule, the HOME choice maximum rate is:
- (i) The base rate as defined in paragraph (B)(1) of this rule, or
- (ii) The base rate as defined in paragraph (B)(1) of this rule plus the unit rate as defined in paragraph (B)(11) of this rule for each additional unit of service delivered.
- (10) "Modifier," as used in paragraph (F) of this rule, means the additional alphanumeric digit billing codes HOME choice providers are required to use to provide additional information regarding service delivery.
- (11) "Unit rate," as used in tables (A) and (B) in paragraph (C) of this rule, means the amount paid for each fifteen minute unit following the base rate paid for the first four units of service provided.

(C) Billing code tables.

Table A

Column 1	Column 2	Column 3	Column 4	Column 5
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Billing code	Service	Base rate	Unit rate	Maximum hours per month
HC001	HOME choice nursing provided by an RN	\$56.65	\$5.87	44 hours per month
HC002	HOME choice nursing provided by an LPN	\$56.65	\$5.87	44 hours per month

Table B

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Billing code	Service	Billing unit	Maximum rate	Unit rate	Maximum usage amounts
HC003	Independent living skills training	15 minutes	\$30.00 per hour	\$7.50	144 hours
HC004	Community support coaching	15 minutes	\$25.00 per hour	\$6.25	72 hours during pre-transition and post-transition combined
HC005	Social work/ counseling services	15 minutes	\$64.12 per hour	\$16.03	36 hours
HC006	Nutritional consultation services	15 minutes	\$52.56 per hour	\$13.14	36 hours
HC007	Communication aids	Per item	A maximum of \$5,000.00 for all items	N/A	\$5,000
HC008	Service animals	Per item	A maximum of \$8,000.00 for all items	N/A	\$8,000

HC009	Community transition services	Per item	A maximum of \$2,500.00 for all items (included in this is a maximum of \$500 for pre-transition transportation expenses)	N/A	A maximum of \$2,500 for all items (included in this is a maximum of \$500 for pre-transition transportation expenses, and for all other approved community transition services, a maximum of \$2,000 during pre-transition and post-transition combined)
HC012	In-home respite services	15 minutes	\$9.00 per hour	\$2.25	\$2,000 for in-home, out-of-home and camp respite services combined
HC013	Out-of-home respite services	Per day with overnight stay	\$200.00 per day	N/A	\$2,000 for in-home, out-of-home and camp respite services combined
HC014	Camp respite services	Per day	A maximum of \$625 per week	\$125	\$2,000 for in-home, out-of-home and camp respite services, combined, and including a maximum of

					\$625/week for camp respite
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(D) In order for a provider to submit a claim for reimbursement of HOME choice services, the services must be provided in accordance with Chapter 5160-51 of the Administrative Code.

(E) The amount of reimbursement for a service shall be the lesser of the provider's billed charge or the HOME choice maximum rate.

(F) Required modifiers.

(1) The "GS" modifier must be used when a provider submits a claim for HOME choice nursing services, or HOME choice independent living skills training services, if the service was delivered in a group setting. Reimbursement as a group rate shall be the lesser of the provider's billed charge or seventy-five per cent of the HOME choice program maximum for the specific service.

(2) The "CS" modifier must be used when a provider submits a claim for HOME choice independent living skills training services if the service was delivered in a classroom setting. Reimbursement as a classroom rate shall be the lesser of the provider's billed charge or fifty per cent of the HOME choice program maximum.

(3) The "N2" modifier must be used when the same provider submits a claim for HOME choice nursing services for a second visit to a participant for the same date of service.

(4) The "N3" modifier must be used when the same provider submits a claim for HOME choice nursing services for three or more visits to a participant for the same date of service.

(5) The "N4" modifier must be used when a provider submits a claim for HOME choice nursing services for a single visit that was more than twelve hours in length but did not exceed sixteen hours.

(G) Reimbursement will be provided in accordance with the following:

(1) Except as stated in paragraph (G)(2) of this rule, claims must be received by the financial management service (FMS) provider within ninety calendar days of the actual date the HOME choice service was provided.

- (2) Reimbursement requests for community transition services must be received by the FMS provider within thirty calendar days of the actual date goods and services were purchased. Reimbursement requests must be in the form of either an invoice, a receipt or a purchase order.
 - (3) The payment for a covered HOME choice service constitutes payment-in-full and shall not be construed as a partial payment when the reimbursement amount is less than the provider's charge. The provider may not collect and/or bill the participant for any difference between the HOME choice payment and the provider's charge, or request the participant to share in the cost through a deductible, coinsurance, co-payment or other similar charge.
 - (4) Except as stated in paragraphs (G)(5) and (G)(6) of this rule, HOME choice providers shall not be reimbursed for non-covered services, or for otherwise covered services which are available either through the home and community based services (HCBS) waiver on which the HOME choice participant is enrolled, or through the medicaid state plan.
 - (5) When the HOME choice participant is enrolled on an HCBS waiver, HOME choice reimbursement is available for communication aid services only after the participant has received and exhausted same or similar waiver services.
 - (6) When the HOME choice participant is enrolled on an ODA-administered waiver or ODM-administered waiver, the participant shall use HOME choice community transition services in lieu of, but not in addition to, community transition services available through the waiver.
 - (7) Reimbursement is made only for those HOME choice services that are authorized on the participant's HOME choice service plan. The amount of payment is determined in accordance with federal and state laws and regulations. In establishing HOME choice maximums, ODM must assure that the maximum reimbursement is consistent with efficiency, economy and quality of care.
- (H) ODM or its designee may recoup any overpayment by deducting that amount from a current or future payment or by another method prescribed by ODM. Overpayments include, but are not limited to payments made in error, payments for services that were not authorized, payments for services that were authorized but not provided, and payments that were made as a result of inaccurate billing.

Effective:

Five Year Review (FYR) Dates: 10/21/2019

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5162.03, 5166.02, 5164.90, 5164.02
Prior Effective Dates: 07/01/2008, 06/01/2009, 09/09/2010, 08/01/2011,
02/01/2015, 01/01/2019