

Services at a Glance

	State Plan Home Health Services (Formerly known as Core) (Adults & Children)	State Plan Home Health-60 Day Post Hospital Stay (Adults & Children)	State Plan Increased Home Health Services (Children)	State Plan Private Duty Nursing-Post Hospital (Adults & Children)	State Plan Private Duty Nursing (Adults)	State Plan Private Duty Nursing (Children)
Available Services	Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) Part-time Intermittent No more than 8 hrs/day combined (nursing/aide/therapies) No more than 14 hours a week combined (nursing/aide) Not for respite or habilitative care	Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) Part-time Intermittent No more than 8 hrs/day combined (nursing/aide/therapies) Up to 28 hours/week combined (nursing/aide) Up to 60 consecutive days post hospital discharge Not for respite or habilitative care	Home Health Nursing Home Health Aide Skilled Therapies (OT,ST,PT) Increased service available if requires more than 28 hours a week/combined and/or longer than 60 days or more than 8 hours a day of any home health service(nursing/aide/therapy), or more than 14 hours a week of aide, and/or nursing Part-time Intermittent Not for respite or habilitative care	Continuous Skilled Nursing Acute Care Up to 56 hours a week More than 4 but max of 12 hours/visit Up to 60 consecutive days post hospital discharge Not for habilitative or maintenance care	Continuous Skilled Nursing More than 4 but max of 12 hours/visit Not for habilitative care	Continuous Skilled Nursing More than 4 but max of 12 hours/visit Not for habilitative care
Eligibility Requirements	Medical Need Doctor's Order	Medical Need 3 Day Hospital Stay Comparable Institutional LOC* 07137 completed Skilled Service Need 1x/wk	HealthChek** Under Age 21 Medical Need Comparable Institutional LOC* as evidenced by enrollment on HCBS Waiver or evaluation by CareStar Skilled Service Need 1X/wk	3 Day Hospital Stay Medical Need LOC Comparable to SLOC-07137 completed	Age 21 or older Medical Need Comparable Institutional LOC* Prior Authorization by BHCS unless enrolled on ODJFS Waiver	HealthChek** Under Age 21 Medical Need Comparable Institutional LOC* Prior Authorization by BHCS unless enrolled on ODJFS Waiver
Eligible Providers	Medicare Certified Home Health Agencies	Medicare Certified Home Health Agencies	Medicare Certified Home Health Agencies	Medicare Certified Home Health Agencies Other Accredited Home Health Agencies Non-Agency RN/LPN	Medicare Certified Home Health Agencies Other Accredited Home Health Agencies Non-Agency RN/LPN	Medicare Certified Home Health Agencies Other Accredited Home Health Agencies Non-Agency RN/LPN
Codes	Nurse-G0154 Aide-G0156 ST-G0153 OT-G0152 PT-G0151	Nurse-G0154 Aide-G0156 ST-G0153 OT-G1052 PT-G0151	Nurse-G0154 Aide-G0156 ST-G0153 OT-G1052 PT-G0151 HealthChek modifier must be used--U5	PDN Code for all Provider Types----T1000	PDN Code for all Provider Types----T1000 U6 modifier must be used	PDN Code for all Provider Types----T1000 HealthChek modifier must be used—U5

* Institutional Level of care=ILOC, ICF/MR DD LOC, SLOC

** HealthChek-EPST program for children. Applicants are not required to have a HealthChek exam to access these benefits