



**Molina Healthcare of Ohio
LTSS – Molina Dual Options MyCare Ohio 2014**

Long Term Services and Supports (LTSS)



Molina Duals Options members have access to a variety of Long Term Services and Supports (LTSS) to help them meet daily needs for assistance and improve quality of life. LTSS benefits are provided over an extended period, mainly in member homes and communities, but also in facility-based settings such as nursing facilities as specified in his/her Individualized Care Plan. Overall, Molina Healthcare's care team model promotes improved utilization of home and community-based services to avoid hospitalization and nursing facility care.

LTSS includes all of the following:

- Nursing
- Physical, Occupational, Speech, Respiratory or Intravenous Therapy
- Social Services;
- Dialysis;
- Personal Assistance Services;
- Nutritional Counseling
- Terminal and Palliative Care (through hospice agencies)
- Home Modification, Maintenance and Repair
- Out-of-Home Respite
- Pest Control
- Alternative Meals Service
- Emergency Response Services
- Transportation
- Respite Care

If you would like to get additional information or to refer a member for additional care, please contact Molina Healthcare Member Services at (855) 665-4623.



LTSS Waivers



What is a Waiver?

Medicaid waivers are programs offered through the Ohio Department of Medicaid. Waiver programs provide services to people who would otherwise be in a nursing home or hospital to receive long-term care. There are many factors that determine a person's eligibility for a waiver, such as the type and extent of their disability, the prognosis, and their financial assets. Each waiver provides different types of services. In order to be eligible for Waiver services the following criteria must be met:

- **Assisted Living Waiver Program** – Medicaid-eligible individuals age 21 and older who require at least an intermediate level of care, are in a nursing facility, and are enrolled in PASSPORT, Choices, Ohio Home Care Waiver, or Transition Carve-Out Waivers.
- **Choices Program Waiver** – Medicaid-eligible individuals who are age 60 and older who require at least an intermediate level of care and live in an approved service area.
- **Home and Community-Based Services Waivers** – Medicaid-eligible individuals who would otherwise need to be in a nursing home, hospital, or facility for the mentally retarded and/or developmentally disabled.
- **Home Choice** – Medicaid-eligible individuals living in a facility-based care setting for at least 90 days and moving into qualified housing.
- **Transitions II Aging Carve-Out** – Waivers-eligible individuals age 60 or older with either intermediate level of care or skilled per OAC.
- **Ohio Home Care Waiver Program** – Medicaid-eligible individuals who are younger than age 59 who require an intermediate or skilled level of care.
- **PASSPORT Waiver Program** – Medicaid-eligible individuals who are age 60 or older, and require at least an intermediate level of care.

LTSS Waivers – Transition of Care



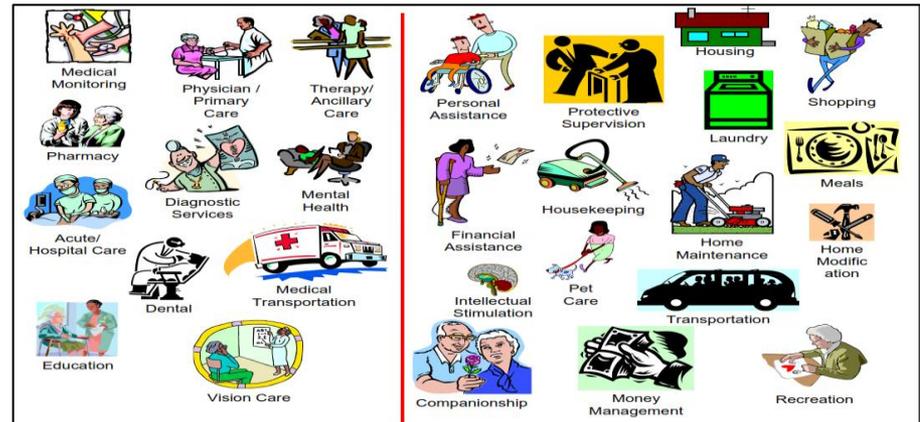
- When a member comes to Molina and they are eligible under a “waiver” program, the member is able to continue under the umbrella of that waiver’s benefit through a “Transition of Care” period.
- Once the transition is complete and the member has been assessed by Molina’s Case Management Team, the member may be eligible for other “waiver” services due to medical need.
- These “new” waiver services are benefits under what is now called the “Combined Waiver.” The traditional or “original” waiver benefits are combined into one benefit thus the term “Combined Waiver.”

LTSS Waivers



Combined Waiver Services and their benefit:

- Adult Day Health
- Alternative Meals Service
- Assisted Living Service
- Choices - Home Care Attendant Service
- Chore Services
- Community Transition Service
- Emergency Response Services
- Enhanced Community Living Service
- Home Care Attendant
- Home Delivered Meals
- Homemaker
- Home Medical Equipment and Supplemental Adaptive and Assistive Device Services
- Home Modification, Maintenance and Repair
- Independent Living Assistance
- Nutritional Consultation
- Out-of-Home Respite
- Personal Care
- Pest Control
- Social Work Counseling
- Waiver Nursing Service
- Waiver Transportation



Your Extended Family

Self-Directed Care Services



Self-directed services means that participating individuals or their representatives have decision-making authority over certain services and manage their services with supports such as those provided by Morning Star. Self-directed services give individuals and their families more flexibility, control and responsibility for managing all aspects of the individual's care. Under Self-Directed Care, an individual is the “employer” and can hire and/or fire a provider for violations of their contract.

- A waiver case manager will provide oversight to assist the consumer with self-directed personal care. The consumer also may choose an authorized representative to help with the day-to-day supervision of their service provider and to assist with employer-related tasks. A financial management agency, also known as a fiscal intermediary, will work with consumers to handle the taxes, payroll and worker's compensation responsibilities of being an employer.
- All consumer-directed personal care providers must be an approved provider with ODM. Federal law prohibits spouses, parents or legal guardians from being paid caregivers.

Self-Directed Care Cont.



When a consumer is already participating in self-directed care through a Medicaid waiver prior to enrolling in the MyCare Ohio, authorized services will continue throughout the transition period unless any of the following happens:

- There is no longer an assessed need for one of the services;
- The authorized representative is no longer able to fulfill the responsibilities of employer;
- There is no longer an authorized representative, if required;
- The health and well-being of the consumer as determined by the Waiver Service Coordinator.

Incident Reporting and Investigation



It is important that providers report any activities that seem out of the norm. It is imperative that we ensure our members are protected and safe from harm. The following lists of “incidents” are required to be reported in a timely manner:

Abuse: The infliction (by one’s self or others) of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain or mental anguish.

Neglect: When someone has a duty to do so, but fails to provide goods, services, or treatment necessary to assure your health and welfare.

Exploitation: the unlawful or improper act of using a member or a member's resources for monetary or personal benefit, profit, or gain.

Misappropriation: depriving, defrauding or otherwise obtaining the money, or real or personal property (including medication) belonging to you by any means prohibited by law.

Death of a member

- If you suspect any of the above to be true, please contact the Waiver Service Coordinator and/or the appropriate authority dependent upon the nature of the incident. For example: Molina Healthcare Fraud and Abuse Hotline (866) 606-3889 and Emergency 911

Billing Molina



- When billing Molina for services rendered, the following information **must** be captured during the billing process. Please note the entire list is located in the provider manual:
- Member name, date of birth and ID number
- Date(s) of service for each service rendered
- Other insurance information, as applicable
- ICD-9 or ICD-10(when it becomes effective) diagnosis and procedure codes
- When an ICD-9 Diagnosis Code (Dx) is not available the **default Dx Code shall be 780.99** (“other general symptoms”)
- When an ICD-10 Code is not available the default is **ICD-10 R68.89**
- Provider federal tax identification number
- If applicable, National Provider Identifier (NPI) for rendering and billing/pay-to provider or Provider’s Ohio Medicaid ID for Atypical Providers in the appropriate fields
- Rendering Provider Name
- Pay-To Provider Name

Billing Molina Cont.



Atypical Providers

Atypical providers are service providers that do not meet the definition of health care provider. Examples include taxi drivers, carpenters, personal care providers, etc. Although, they are not eligible to receive an NPI, these providers perform services that are reimbursed by Molina Healthcare.

Atypical providers are required to use their Medicaid Identification Number given to them by the state of Ohio to take the place of the NPI. As long as the provider submits with the Medicaid ID number the claims will NOT be rejected back to the provider for missing information.

Billing Molina Cont.



When billing Molina Healthcare for Waiver Services, the HCPC Code and Modifier Description Guide can be used to locate the proper billable codes. A numerical version of the guide is located in the Appendix section of the Provider Manual. A few examples are as follows:

HCPC	Modifier	Description	Units
A0080	UA	Adult Day Service-Transportation	1 mile
S5101	UBU2	Adult Day Service-Intensive	½ Day
S5121	UB	Pest Control	1 Job
S5130	UA	Homemaker Service	¼ Hour
A0100	UA	Non-Medical Transportation	1 one-way trip
S5160	UA	Personal Emergency Response System	Installation
S5170	UA	Home Delivered Meals	1 Meal
T1999	UAU1	Home Medical Equip/Supplies-Ambulatory	1 Item
G0155	UA	Social Work Counseling Service	1/4 hour
G0155		Social Work Counseling	15 minutes
H0045		Out of Home Respite	per day

Provider Compliant Oversight



Providers must follow the current Conditions of Participation and Service Specification requirements of the Medicaid Waiver (s) for which they are certified/approved

Molina or its designee, will review provider's documentation to verify that services authorized and paid for are actually provided (MCP is a payor as well)

Provider Complaints:

- Work directly with the Plan first
- If not resolved, may submit complaint with ODM on-line at <https://pitd.hshapps.com/external/epc.a.spx>
- Certification issues work with AAA

Frequently Used Phone Numbers



DEPARTMENT	NUMBER
Case Management	(855) 322-4079 (follow phone prompts)
Claims Reconsideration	(855) 322-4079 / fax (800) 499-3406
Claims Inquiry – Customer Service	(855) 322-4079 (follow phone prompts)
Community Outreach	(855) 665-4623
Fraud, Waste, and Abuse Tip Line	(866) 606-3889/ fax (888) 665-0860
Member Eligibility Ohio Medicaid	(800) 686-1516
Member Services – Duals	(855) 665-4623/fax: (855) 266-5462
Member Services – Medicare	(866) 472-4584
Pharmacy (Medicare/Duals)	(855) 322-4079 / fax: (888) 858-3090
Prior Authorization (Inpatient)	(855) 322-4079
Prior Authorization (Outpatient)	(855) 322-4079
Provider Services	(855) 322-4079 / fax: (866) 713-1893
Provider Services – Web Portal Help Desk	(866) 449-6848
Utilization Management	(855) 322-4079 / fax: (866) 449-6843
24 Hour Nurse Advise Line	(888) 275-8750 / TTY: (866) 735-2929
Behavioral Health	(855) 322-4079 / fax(866) 553-9262

Main Phone
(855) 665-4623
TTY 711

Member Services
 8 a.m. to 8 p.m.
 Monday - Friday

Provider Services
 8 a.m. to 8 p.m.
 Monday - Friday



Questions and Comments



Your Extended Family