

## AETNA BETTER HEALTH® OF OHIO MyCare Ohio Medicaid Home and Community-Based Services Waiver Program

Members enrolled in the MyCare Ohio Medicaid Home and Community-Based Services Waiver Program can receive additional services as part of an individualized care plan. Members must meet eligibility criteria described in the Ohio Administrative Code, 5160-58-02.2.

### The Waiver Service Process:

1. Care Manager coordinates waiver service request.
2. Care Manager completes an in-person evaluation.
3. Care Manager and Trans-Disciplinary Team meet to discuss a care plan for member's clinical and non-clinical needs, goals, interventions and expected outcomes.
4. Care Manager completes all requests for waiver service needs and coordinates requests with member's provider and Trans-Disciplinary Team.

### Waiver services include:

Please refer to your Home and Community-Based Services Waiver Program reference manual at [www.aetnbetterhealth.com/ohio/providers/resources/tools](http://www.aetnbetterhealth.com/ohio/providers/resources/tools) for more details and a complete list of modifiers.

Waiver Service	CPT Code
Adult Day Health Services	S5501, S5102, S5100
Assisted Living	T2031
Choices-Home Care Attendant Service (CHCAS)	S5121, T2025, S5120
Chore Services	S5121
Community Transition Services	T2038
Home Medical Equipment (DME)/Supplemental Adaptive & Assistive Device Services Medication Dispensing Device (non-electronic)	T2029
Emergency Response Services	S5160/S5161 (Installation and Testing/Service Fees per month)
Enhanced Community Living Services	T2025
Homemaker Services	S5130
Home Care Attendant	S5125
Home Delivered Meals	S5170
Home Modification, Maintenance & Repair	S5165
Independent Living Assistance (ILA)	S5135
Out of Home Respite	H0045
Personal Care Attendant/services	T1019
Pest Control	S5121
Social Work Counseling (or psychologist)	G0155

Waiver Service	CPT Code
Waiver Nursing	T1001/T1002 RN / T1003 LPN
Waiver Transportation	S0215
Non-emergency Medical transportation	T2003
Vehicle Modifications	T2029
Nutritional Consultation	S9470
Incontinent Supplies	T2029

## Provider information and updates:

- **Medicare covered home nursing services**

- Requested by member’s PCP or specialist through prior authorization process. Medicare home care services require member be home bound.

- **Medicaid covered home nursing services**

- Requested by member’s PCP or specialist through prior authorization process. CPT Codes include G0154, G0156, and new codes G0299 and G0300.

- **Waiver Home Care Services**

- Requested by member’s Care Manager as part of their care plan. Waiver Home Care Services are not requested by the PCP or specialist through the standard prior authorization process. These are hours in addition to the standard Medicaid benefit, available only to a member enrolled in the Waiver program.

Home Health Aide (CPT Code G0156) and Personal Care Services (CPT Code T1019) may be submitted together for Waiver Program member needing both more than 14 hours per week. If approved, the first 14 hours may be approved through the state plan as Home Health Aide hours (G0156) and additional hours approved as Personal Care Services (T1019) are covered through the Waiver Program.

- **Home Medical Equipment (DME)/Supplemental Adaptive & Assistive Device Services, Medication Dispensing Device**

- Requested by member’s PCP through prior authorization process. May be covered by Medicare/Medicaid benefits.