



To: Medicare Certified Home Health Agencies
From: Aryeon Cunningham, Medicaid Services Administrator
Re: Medicaid State Plan and the Individual Service Plan
Date:

Effective January 1, 2014, **all Medicaid State Plan Home Health services must be reflected in the County Board Individual Service Plan in order to be reimbursable.** This will only impact the Medicaid services that are being provided to individuals enrolled on Ohio Department of Developmental Disabilities' Medicaid Waivers: Individual Options (IO), SELF, Level 1 (LV1), and Transitions Developmental Disabilities (TDD). In-home services paid via Medicare do not need to be reflected in the Individual Service Plan. The rule citations below are for your reference, and detail these requirements more thoroughly:

- OAC 5101:3-12-01(E)(3)(b)
- OAC 5101:3-12-02(C)(2)(b)

Support Administrators are the authors of the County Board Individual Service Plans and are now required to include information related to Medicaid State Plan services in those plans. **As the provider of State Plan services, you will be expected to provide information related to the following:**

- Type of service being provided
- The scope of the services
- Typical schedule for services, including number of base and subsequent units
- A copy of the Plan of Care

In the event there are any changes to the information contained in the plan, **it is your responsibility**, as the State Plan Home Health provider, to advise the Support Administrator as changes occur so the ISP can be updated. If you fail to provide this information, you may not be able to bill for the services you provide. Should you have any questions, you may contact me at 216-736-8363. Thank you.

1275 Lakeside Avenue East • Cleveland, Ohio 44114-1129 • (216) 241-8230
Fax – (216) 861-0253 • www.CuyahogaBDD.org

Ara A. Bagdasarian, President • Steven M. Licciardi, Vice President • Tania Younkin, Secretary
David Crampton • Diane Roman Fusco • Lisa M. Hunt • Richard V. Mazzola

