

Ohio Department of Medicaid
HOME Choice Service Claim Request

Providers shall submit this document to Morning Sun Financial Services within 90 days of the service date.

Request Date							
Participant Last Name		First Name		MI	Participants Medicaid Billing Number		
Home Choice Provider Name <i>(Agency/Independent)</i>				Home Choice Provider Number			
Contact Person			Phone Number			Email Address	
Mailing Address			City		State		Zip Code

Date of Service			Begin	End	Service	Service Type Rendered	Units	Unit	Total
MM	DD	YYYY	Time	Time	Code	<i>See page two of this document</i>	Billed	Rate	Charges

Provider Certification

I hereby certify that I have rendered the above HOME Choice services in accordance with the HOME Choice provider agreement. I understand that payment and satisfaction of this claim may be from the Federal and State funds and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Provider Signature	Date
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Mail or Fax this document to:

Morning Sun Financial Services
 9400 Golden Valley Road
 Golden Valley, MN 55427
 Fax: (855) 233-5233

Questions regarding payment of

HOME Choice Service Claims

should be directed to:

Phone: (866) 233-7024

Email: MS-Ohexpenses@morningsunfs.com

Information Regarding Home Choice Services

Home Choice Services Code	Service Name	Maximum Units/ Hours Allowed
HC001	Nursing – RN	Up to 528 Hours
HC002	Nursing – LPN	Up to 528 Hours
HC003	Independent Living Skills Training	Up to 144 Hours
HC004	Community Support Coach	Up to 72 Hours
HC005	Social Work / Counseling Service	Up to 36 Hours
HC006	Nutritional Counseling Service	Up to 36 hours
HC007	Communication Aide Service	1 Unit
HC012	In-Home Respite Service	\$2,000 in total Respite Service
HC013	Out-of-Home Respite Service	\$2,000 in total Respite Service
HC014	Camp Respite Service	\$2,000 in total Respite Service