



**Ohio Department  
of Medicaid**

# Medicaid State-Plan Home Health and Private Duty Nursing Services

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Bureau of Long-Term Services and Supports

Interagency Policy Section

January 2024



# Agenda

- Medicaid State Plan Services Overview
  - Medical Necessity Certification
  - Plans of Care, Care Plans, and Person-Centered Services Plans
- Home Health Services coverage and visit limitations
  - Extended coverage options through prior authorization, post-hospital, or HealthChek
- Private Duty Nursing Services coverage and visit limitations
  - Extended coverage options through prior authorization, post-hospital, or HealthChek

# Medicaid State Plan Services Overview

# Medicaid State Plan

## Home Health and Private Duty Nursing Services

Medicaid State Plan benefits are included for all Medicaid eligible individuals.

- Fee for service
- Medicaid Managed Care Organization
- MyCare Ohio Plan

Home health and private duty nursing (PDN) services must be:

- Medically necessary.
- Ordered by a primary care practitioner (PCP).
- Included on a plan of care.

# Certification Requirements

## Home Health and Private Duty Nursing Services



- Service needs certified by a PCP or other health professional.
  - Requires face-to-face member visit scheduled 90 days before or 30 days after the start date.
- Certificate of Medical Necessity for Home Health Services and PDN Services ([ODM 07137](#)) completed detailing a plan of care and including signature of the certifying health professional.

# Plan of Care, Care Plan, and Waiver Service Plan

Plan of care developed and maintained by the provider.

- Identifies the services and provider of service as ordered by the PCP.
- Must be updated in accordance with the regulatory agency or ODM policy, whichever applies.

Care Plans are developed by the managed care entity.

- Identifies all medically necessary services covered by the plan, including home health and PDN services.
- Must be updated as needs change, or at least annually.

Person-centered services plans are developed by the care manager, waiver service coordinator, or service and support administrator.

- Identifies all waiver services and, for members not on managed care, the home health and PDN services. authorized.
- Must be updated as needs change or at least annually.

# Home Visit Criteria

Home health and private duty nursing services must have a two-hour break between visits on the same day.

- Private duty nursing visits over 12 hours are excluded if a change in nurse is needed.

HCBS waiver services with the same scope as home health or private duty nursing services cannot be provided one after the other. There must be a gap of two or more hours between these services.

- A service is the same scope when it has the matching:
  - Definition.
  - Conditions for its provision.
  - Rendering provider.



# Home Health Services Coverage and Visit Limitations

# State Plan Home Health Services

Home Health Nursing (G0156 code)

Home Health Aide (G0154 code)

Home Health Therapy:

- Physical Therapy (PT) (G0151 code)
- Occupational Therapy (OT) (G0152 code)
- Speech-Language Pathology or Speech Therapy (SLP or ST) (G0153 code)



# Requirements for Home Health Services

- Home health services are provided only by Medicare Certified Home Health Agencies.
- Home health nursing and home health aide services are part-time and intermittent.
- Home health services can be accessed through other Medicaid-covered programs that offers the same care, such as:
  - Program for the All-inclusive Care of the Elderly (PACE).
  - Hospice.

# Limitations on Certain Care

Home health services cannot be used for respite or habilitative care.

- Respite care: provided to individuals unable to care for themselves due to the absence support or need for relief of those normally providing care.
- Habilitative care:
  - Designed to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to reside successfully in community settings
  - Only offered in an Intermediate Care Facility for Individuals with Intellectual Disabilities or through a Home- and Community-Based Service waiver.

# Home Health Nursing Services

Registered nurse (RN) or a licensed practical nurse (LPN) at the direction of a RN:

- Must be in accordance with the nurse's scope of practice
- Medically necessary
- Not solely for supervision of Home Health aide
- May include home infusion therapy

Only RNs can render:

- Intravenous (IV) insertion, removal or discontinuation.
- IV medication administration.
- Programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous and IV (except routine doses of insulin through a programmed pump).
- Insertion or initiation of infusion therapies.
- Central line dressing changes.
- Blood product administration.

# Home Health Aide Services

Home health aide services cannot be rendered by a parent or guardian of a minor, or a spouse.

## Activities of daily living

- Bathing and dressing.
- Grooming, hygiene, and shaving.
- Skin care, foot care, ear care, hair, nail and oral care.
- Feeding.
- Assistance with elimination including administering non-medicated enemas unless the skills of a nurse required.
- Routine catheter care and routine colostomy care.
- Assistance with ambulation, changing position in bed, and assistance with transfers.
- Changing bed linens of an incontinent or immobile individual.
- Assistance with routine maintenance exercises and passive range of motion.
- Routine care or prosthetic and orthotic devices.
- Incidental services:<sup>\*</sup>
  - Light chores.
  - Laundry.
  - Light house cleaning.
  - Preparation of meals.
  - Taking out the trash.

<sup>\*</sup> Cannot be the only reason for the service or substantially extend the service.

# Home Health Skilled Therapy Services

Skilled physical, occupational or speech therapy

- Must be within the therapist's scope of practice.
- Provided with the expectation of the individual's rehabilitation potential according to the treating clinician's prognosis of illness or injury.
  - Condition of the individual will measurably improve within a reasonable period.
  - The services are necessary to the establishment of a safe and effective maintenance program.

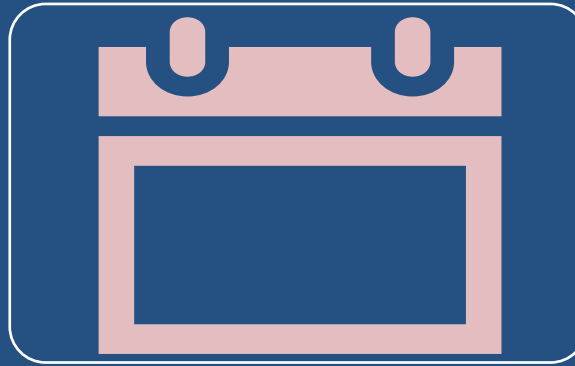
# Home Health Service Visit Limitations



## Visit Limit

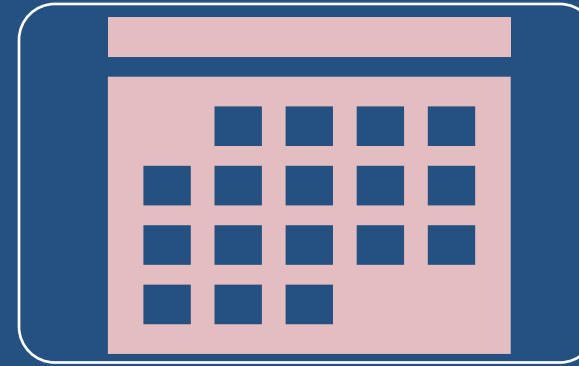
Maximum of 4 hours  
(16 units).

Required 2 hours  
between home health  
service visits or service  
with the same scope.



## Daily Limit

Maximum combined  
all home health  
services of 8 hours  
(32 units).



## Weekly Limit

Maximum combined  
home health aide  
and nursing of 14  
hours (56 units).



# Prior Authorized Extended Home Health Services

Can extend the daily and weekly limits.

- All other visit limits for Home Health Services apply.

Must have medical necessity certified by primary care or treating practitioner (ODM 07137 form), which includes the comparable institutional level of care.

Ohio Department of Medicaid-designees for prior authorization include:

- Managed Care Entities.
- Ohio Department of Developmental Disabilities (DODD) or County Board of Developmental Disabilities (CBDD) for individuals on DODD waivers.
- Ohio Department of Aging (ODA) or PASSPORT Administrative Agency (PAA) for individuals on an ODA waiver.
- Care management agencies for individuals on Ohio Home Care Waiver.
- ODM-contracted prior authorization organization: Permedion.

# HealthChek Extended Home Health Services

- Available to persons under 21 years of age.
- Can extend the daily or weekly limits.
  - All other visit limits for Home Health Services apply.
- Must have medical necessity certified by primary care or treating practitioner (ODM 07137 form), which includes comparable institutional level of care.
- Needs a medically necessary skilled service (nurse or therapy) at least weekly.

# Post-Hospital Extended Home Health Services

- All visit limits for home health services apply, except can extend the weekly limit:
  - Combined home health nursing and home health aide services maximum weekly total of 28 hours (112 units).
- Available for up to 60 consecutive days from the date of discharge from a three-day inpatient hospital stay.
  - Three-day stay equals:
    - Three hospital overnights.
    - Days spent in acute rehab facility as result of direct transfer from hospital.
  - Does not include time spent in ER or observation, or day of discharge.
- Must have medical necessity certified by primary care or treating practitioner (ODM 07137 form), which includes comparable institutional level of care unless enrolled on an HCBS waiver.

# **PDN Services Coverage and Visit Limitations**

# Requirements for Private Duty Nursing Services (T1000)

- Services may be provided by:
  - Medicare Certified Home Health Agencies,
  - Approved other accredited agencies, or
  - Non-agency nurses.
- Services are continuous:
  - Visits are more than 4 hours
- Services cannot be for habilitative care.
- Except post-hospital services, all PDN services must be prior authorized by ODM or its designee:
  - ODM-contracted prior authorization organization: Permedion.
  - Managed care entities.
  - DODD or CBDD for individuals on DD waivers.
  - Care management agencies for individuals on Ohio Home Care waiver.

# PDN Services

- Registered nurse (RN) or a licensed practical nurse (LPN) at the direction of a RN

- Must be in accordance with the nurse's scope of practice.
- Medically necessary.
- Not solely for supervision of Home Health aide.
- May include home infusion therapy.

- Only RNs can render:

- Intravenous (IV) insertion, removal or discontinuation.
- IV medication administration.
- Programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous and IV (except routine doses of insulin through a programmed pump).
- Insertion or initiation of infusion therapies.
- Central line dressing changes.
- Blood product administration.

# PDN Service Visit Limitations

## - Visit Limits:

- More than 4 hours (16 units) but less than 12 hours (48 units).

## - Daily Limit:

- Maximum 16 hours (64 units) unless extended through prior authorization.



# HealthChek Extended PDN Services

- All visit limits for PDN services apply, except can extend the daily or weekly limits.
- Must have medical necessity certified by physician (ODM 07137 form), including comparable institutional level of care unless enrollment on an HCBS waiver.



# Post-Hospital Extended PDN Services

- Private Duty Nursing Services are available:
  - Up to 56 hours per week.
  - For up to 60 consecutive days from the date of discharge from a three-day inpatient hospital stay without prior authorization.
    - Three-day stay equal three consecutive hospital overnights.
    - Does not include time spent in ER or observation, or day of discharge.
- Must have medical necessity certified by physician (ODM 07137 form), including a comparable, temporary skilled level of care.
- Must not be for maintenance care.

# Questions and Resources

- Please contact us:

- [homehealthpolicy@medicaid.ohio.gov](mailto:homehealthpolicy@medicaid.ohio.gov)
- -614-466-6742

- Home health and PDN rules can be found here:

- <https://codes.ohio.gov/ohio-administrative-code/chapter-5160-12>
- <https://medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-types/home-health-services/home-health-services>
- <https://medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-types/home-health-services/home-health-private-duty-nursing>



# THANK YOU

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[medicaid.ohio.gov](https://medicaid.ohio.gov)