



MEDICAL POLICY STATEMENT

Ohio Medicaid

Policy Name & Number	Date Effective
Home Health Services-OH MCD-MM-1243	03/01/2026
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Home Health Services

B. Background

Home health services are skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living (ADLs) to allow the member to safely stay in the home. Home health services incorporate a wide variety of skilled healthcare and supportive services provided by licensed and unlicensed professionals. These services are designed to meet the needs of members with acute, chronic, and terminal illnesses or disabilities, who without this support might otherwise require services in an acute care or residential facility.

These guidelines identify clinical information that CareSource uses to determine medical necessity for home health services. These guidelines are based on generally accepted standards of practice, review of medical literature, as well as federal and state policies and laws applicable to Medicaid programs.

Providers should consult Chapter 5160-12 of the Ohio Administrative Code for details about coverage, limitations, service conditions, and prior-authorization requirements.

C. Definitions

- **HealthChek Program** – The Ohio-administered version of the early and periodic screening, diagnosis, and treatment (EPSDT) program, which is a federally mandated program of comprehensive preventive health services available to Medicaid-eligible individuals from birth through age twenty years and administered by the County Department of Job and Family Services (CDJFS).
- **Home Health Agency** – A person or government entity, other than a nursing home, residential care facility, or hospice care program, that has the primary function of providing any of the following services to a patient at a place of residence used as the patient's home:
 - skilled nursing care
 - physical therapy
 - speech-language pathology
 - occupational therapy
 - medical social services
 - home health aide services, which means any of the following services provided by an employee of a home health agency:
 - hands-on bathing or assistance with a tub bath or shower
 - assistance with dressing, ambulation, and toileting
 - catheter care but not insertion
 - meal preparation and feeding
- **Home Health Aide Services** – Services that use the skills of and are performed by a home health aide employed or contracted by the Medicare Certified Home Health

- Agency (MCHHA) providing the service. Home health aide services include, but are not limited to, the following:
- bathing, dressing, grooming, hygiene, including shaving, skin care, foot care, ear care, hair, nail and oral care, that are needed to facilitate care or prevent deterioration of the individual's health, and including changing bed linens of an incontinent or immobile individual
 - feeding, assistance with elimination including administering enemas (unless the skills of a home health nurse are required), routine catheter care, routine colostomy care, assistance with ambulation, changing position in bed, and assistance with transfers
 - assisting with activities such as routine maintenance exercises and passive range of motion as specified in the plan of care. These activities are directly supportive of skilled therapy services but do not require the skills of a therapist to be safely and effectively performed. The plan of care is developed by either a licensed therapist or a licensed registered nurse within their scope of practice
 - performing routine care of prosthetic and orthotic devices
 - **Home Health Nursing Services** – Services that require the skills of and are performed by a registered nurse or a licensed practical nurse at the direction of a registered nurse. The nurse performing the home health service must possess a current, valid, and unrestricted license with the Ohio Board of Nursing and must be employed or contracted by an MCHHA that has an active Medicaid provider agreement. A service is not considered a nursing service merely because it is performed by a licensed nurse.
 - Home health nursing services include, but are not limited to, the following:
 - IV insertion, removal, or discontinuation
 - IV medication administration
 - programming of a pump to deliver medications including, but not limited to, epidural, subcutaneous 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 nursing services do not include a visit when the sole purpose is for the supervision of the home health aide.
 - **Medical Necessity** – Must meet **ALL** of the following conditions:
 - meets generally accepted standards of medical practice
 - clinically appropriate in its type, frequency, extent, duration, and delivery setting
 - appropriate to the adverse health condition for which it is provided and is expected to produce the desired outcome
 - is the lowest cost alternative that effectively addresses and treats the medical problem
 - provides unique, essential, and appropriate information if it is used for diagnostic purposes
 - not provided primarily for the economic benefit of the provider nor for the convenience of the provider or anyone else other than the recipient

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

- **Skilled Therapies** – A collective term encompassing physical therapy, occupational therapy, speech-language pathology, and audiology.

D. Policy

- I. Home health services, including home health aide and home health nursing, are provided to any CareSource Ohio Medicaid member when considered medically necessary.
- II. Duplicative services are not covered.
 - A. There must be documentation of all other therapies/services the member is receiving, when relevant to home health services.
 - B. If the member is receiving other assistance (eg, meal delivery program, family caregiver, additional supportive services), this information and the hours involved must be provided to adequately evaluate medical necessity of home health services.
 - C. The care provided must be appropriate to the member. Guidelines are provided (see Table below) to assist in determining the amount of care a member requires.

III. Home Health Services for Individuals Aged 21 Years and Older

- A. **Routine home health services** are considered medically necessary for individuals aged 21 years and older when **ALL** the following criteria are met:
 1. There has been a face-to-face encounter between the individual and a qualifying treating physician, advanced practice registered nurse, or physician assistant.
 2. The face-to-face encounter occurred within 90 days prior to the start of home health services or within 30 days following the start of home health services.
 3. There is a written plan of treatment, as evidenced by one of the following: the Ohio Department of Medicaid (ODM) 07137 “Certificate of Medical Necessity for Home Health Services and Private Duty Nursing Services” **OR** the individual's plan of care if all of the data elements specified for home health services on the ODM 07137 are included.
 4. At the time of billing, the plan of care/treatment plan contains the signature, credentials, and the date of the signature of the qualifying treating physician, advanced practice registered nurse, or physician assistant.
 5. The home health services will be provided by a MCHHA.
 6. The services are provided on a part-time or intermittent basis as follows:
 - a. **Total Hours Per Visit:** 4 hours (individuals who require more than 4 hours of care per visit may qualify for private duty nursing (PDN), which is outside the scope of this policy)
 - b. **Total Hours Per Day:** 8 hours combined per day of home health nursing, home health aide, and skilled therapies
 - c. **Total Hours Per Week:** 14 hours combined per week of home health nursing and home health aide services

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

NOTE: additional hours of care may be considered based upon medical necessity.

- B. Following discharge from an inpatient hospital stay, home health services** are considered medically necessary for individuals age 21 years and older when **ALL** the following criteria are met:
1. There has been a face-to-face encounter between the individual and a qualifying treating physician, advanced practice registered nurse, or physician assistant.
 2. The face-to-face encounter occurred within 90 days prior to the start of home health services, or within 30 days following the start of home health services.
 3. There is a written plan of treatment as evidenced by the ODM 07137 “Certificate of Medical Necessity for Home Health Services and Private Duty Nursing Services”.
 4. **The individual is discharged from a covered inpatient hospital stay of at least 3 days**, with the discharge date recorded on form ODM 07137.
 5. The individual has a comparable level of care as evidenced by either: enrollment in a home and community-based services (HCBS) waiver OR a medical condition that temporarily meets the criteria for an institutional level of care.
 6. The individual requires home health nursing, or a combination of PDN, home health nursing, or waiver nursing and/or skilled therapy services at least 1 per week.
 7. The home health services will be provided by a MCHHA.
 8. The services are provided on a part-time or intermittent basis as follows:
 - a. **Total Hours Per Visit:** 4 hours (individuals who require more than 4 hours of care per visit may qualify for PDN, which is outside the scope of this policy)
 - b. **Total Hours Per Day:** 8 hours combined per day of home health nursing, home health aide, and skilled therapies
 - c. **Total Hours Per Week:** 28 hours combined per week of home health nursing and home health aide services for up to 60 consecutive days from the date of discharge from an inpatient hospital stay

Note: additional hours of care may be considered based upon medical necessity.

IV. Routine Home Health Services for Individuals Under Age 21 Years

- A. Routine home health services** are considered medically necessary for individuals under age 21 years when **ALL** of the following criteria are met:
1. There has been a face-to-face encounter between the individual and a qualifying treating physician, advanced practice registered nurse, or physician assistant.
 2. The face-to-face encounter occurred within 90 days prior to the start of home health services, or within 30 days following the start of home health services.
 3. There is a written plan of treatment, as evidenced by one of the following: the ODM 07137 “Certificate of Medical Necessity for Home Health Services and

- Private Duty Nursing Services” **OR** the individual’s plan of care if all of the data elements specified for home health services on the ODM 07137 are included.
4. At the time of billing, the plan of care contains the signature, credentials, and the date of the signature of the qualifying treating physician, advanced practice registered nurse or physician assistant.
 5. The home health services will be provided by a MCHHA.
 6. The services are provided on a part-time or intermittent basis as follows:
 - a. **Total Hours Per Visit:** 4 hours (individuals who require more than 4 hours of care per visit may qualify for PDN, which is outside the scope of this policy)
 - b. **Total Hours Per Day:** 8 hours combined per day of home health nursing, home health aide, and skilled therapies
 - c. **Total Hours Per Week:** 14 hours combined per week of home health nursing and home health aide services
 - d. A member may qualify for increased home health services when **ALL** the following criteria are met:
 01. The services are required for treatment in accordance with the Healthchek program (EPSDT).
 02. The member has a comparable level of care as evidenced by either enrollment in a HCBS waiver or a level of care evaluated initially and annually by ODM or its designee for an individual not enrolled in an HCBS waiver.
 03. The member needs home health nursing or a combination of PDN, home health nursing, waiver nursing, and skilled therapies at least once per week.
 04. The member needs more than, as ordered by the treating clinician, 8 hours per day of any home health service, or a combined total of 14 hours per week of home health aide and home health nursing.
- B. Following discharge from an inpatient hospital stay, home health services** are considered medically necessary for individuals under age 21 years when **ALL** the following criteria are met:
1. There has been a face-to-face encounter between the individual and a qualifying treating physician, advanced practice registered nurse, or physician assistant.
 2. The face-to-face encounter occurred within 90 days prior to the start of home health services, or within 30 days following the start of home health services.
 3. There is a written plan of treatment as evidenced by the ODM 07137 “Certificate of Medical Necessity for Home Health Services and Private Duty Nursing Services”.
 4. The home health services will be provided by a MCHHA.
 5. **The individual is discharged from a covered inpatient hospital stay of at least 3 days**, with the discharge date recorded on form ODM 07137.
 6. The services are provided on a part-time or intermittent basis as follows:

- a. **Total Hours Per Visit:** 4 hours (individuals who require more than 4 hours of care per visit may qualify for PDN, which is outside the scope of this policy)
 - b. **Total Hours Per Day:** 8 hours combined per day of home health nursing, home health aide, and skilled therapies
 - c. **Total Hours Per Week:** 28 hours combined per week of home health nursing and home health aide services for up to 60 consecutive days from the date of discharge from an inpatient hospital stay
 - d. A member may qualify for increased home health services when **ALL** the following criteria are met:
 - 01. The services are required for treatment in accordance with the Healthchek program (EPSDT).
 - 02. The individual has a comparable level of care as evidenced by either: enrollment in a HCBS waiver OR a medical condition that temporarily meets the criteria for an institutional level of care.
 - 03. The individual requires home health nursing, or a combination of PDN, home health nursing, or waiver nursing and/or skilled therapy services at least 1 per week.
 - 04. The member needs more than, as ordered by the treating clinician, a combined total of 28 hours per week of home health nursing and home health aide for up to 60 days.
- V. Incidental services may be included during a home health visit, as long as the services do not substantially extend the time of the visit.
- A. Incidental services are necessary household tasks that must be performed by someone to maintain a home and can include light chores, laundry, light house cleaning, preparation of meals, and taking out the trash.
 - B. The main purpose of a home health aide visit cannot be solely to provide these incidental services since the services are not health related services.
 - C. Incidental services are to be performed only for the individual and not for other people in the individual's place of residence.
- VI. Home health services do NOT include any of the following:
- A. a visit when the sole purpose is for the supervision of the home health aide
 - B. patient assessment services
 - C. patient consultation services
 - D. transporting the member to grocery stores, pharmacies, banks, etc.
 - E. homemaker services (eg, shopping, laundry, cleaning, meal preparation)
 - F. chores (eg, running errands, picking up prescriptions)
 - G. sitter or companion services (eg, activity planning, escorting member to events)
 - H. respite care

VII. General guidelines for care based on the Aide Norms Tool

Task Type	General Guideline
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Mobility (bed, transfer, locomotion)	5min/ADL inside and 15min outside. Positioning Q2 hr
Bathing	30 min/day – includes prep/clean up; transfers
Grooming	15 min/day – includes all hair care, oral care, nails – general hygiene care
Medication	5 min/dose time regardless of number of medications
Toileting	Bladder: 10 min/2 hr awake; 2x/night; add 5 min if incontinent. Bowel: 10 min/BM, add 10 min if incontinent
Dressing	15 min/day; plus 5 min/device (prosthetic)
Eating	30 min/meal with 3 meals and 2 snacks per day
Linen Changes	30 min/week

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	1/19/2022	New policy.
Date Revised	06/16/2022	Out-of-cycle update: split criteria III.A.3 and IV.A.3 so latter states “at time of billing”.
	02/01/2023	Annual review: updated references, clarified hours of care based on medical necessity.
	01/17/2024	Annual review: updated references and formatting. Approved at Committee.
	01/15/2025 12/03/2025	Review: updated references. Approved at Committee. Review: updated acronyms and references. Approved at Committee.
Date Effective	03/01/2026	
Date Archived		

H. References

1. Administrative procedures for comprehensive health care for children in placement, OHIO ADMIN. CODE 5180:2-42-66 (2024).
2. Definitions, OHIO ADMIN. CODE 3701-19-01 (2020).
3. Definitions, OHIO ADMIN. CODE 3701-60-01 (2023).
4. Home Health and Private Duty Nursing: visit policy, OHIO ADMIN. CODE 5160-12-04 (2021).
5. Home Health Services: provision requirements, coverage and service specification, OHIO ADMIN. CODE 5160-12-01 (2021).

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

6. Managed Care: covered services, OHIO ADMIN. CODE 5160-26-03 (2022).
7. Medicare Certified Home Health Agencies: qualification and requirements, OHIO ADMIN. CODE 5160-12-03 (2015).
8. Payment For Home Health Nursing Services and Home Health Aide Services, OHIO ADMIN. CODE 4123-6-38 (2022).
9. Payment For Nursing and Caregiver Services Provided by Persons Other Than Home Health Agency Employees, OHIO ADMIN. CODE 4123-6-38.1 (2022).
10. Reimbursement: exceptions, OHIO ADMIN. CODE 5160-12-07 (2015).
11. Reimbursement: home health services, OHIO ADMIN. CODE 5160-12-05 (2024).

Approved by ODM on 12/10/2025

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