



***The Arc***®

*Ohio*

Things to Come in  
2024

**The Ohio Department of Medicaid  
Private Duty Nursing and Home Health Aide**

**State Plan**

The following items have been included:

- Nursing services are used by those on a waiver and those not on a waiver.
- Nursing: equalizing the first hour/rate (i.e., no 'weighted' first hour)
  - Rates will be the same for state plan and all waivers
- Rate increases for state plan private duty nursing and home health aide will require amendment (SPA) changes (not waiver changes)
  - Rules and SPA updated by mid-October
  - SPA will not include a differential/medical acuity add-on (under discussion)

**Rate Increases and Target Dates for Rate Increases**

- Nursing - 36% (including state plan and waiver nursing)
- Aide - 32%



## The Ohio Department of Developmental Disabilities HCBS Rates (Agency and Independent)

Below are rate increase percentages that will be in effect over current rates (i.e., rate increases in effect 7/1/24 are calculated above current rates, not an increase above rates as of 1/1/24)

Service Category	01/01/2024-06/30/2024	On or after 07/01/2024
Add-ons (behavior, competency, complex care and medical)	30.81%	38.08%
Adult Day Services (adult day support, voc hab, group, career planning and individual)	30.81%	38.08%
Competency-based homemaker/personal care	30.81%	38.08%
Home-Delivered Meals**	22.20%	22.20%
Homemaker/Personal Care (including on-site, on-call)	30.81%	38.08%
Money Management Services*	61.85%	70.84%
Participant-Directed Homemaker/Personal Care	30.81%	38.08%
Participant-Directed Transportation-HPC	30.81%	38.08%
Remote Support	30.81%	38.08%
Respite	30.81%	38.08%
Self-Directed Transportation	30.81%	38.08%
Shared Living	30.81%	38.08%
Transportation-HPC	30.81%	38.08%
Transportation-NMT	30.81%	38.08%
Waiver Nursing**	24.40%	24.40%
Delegated Nursing**	24.40%	24.40%

\*Increased to once again match HPC

\*\*Estimated; final increase depends on ODM/ODA budget

- a. SELF and Level One budget limits adult max = \$62,136
- b. SELF and Level One budget limits child max = \$41,424
- c. IO funding ranges will increase by 38.08%

**AMENDMENTS TO THE SUPREME COURT RULES OF  
SUPERINTENDENCE FOR THE COURTS OF OHIO**

The following amendments to the Rules of Superintendence for the Courts of Ohio (new Sup.R. 66.01 through 66.09 and amended Sup.R. 73) were adopted by the Supreme Court of Ohio. The history of these amendments is as follows:

May 26, 2014: Published for public comment  
March 10, 2015: Final adoption by conference  
June 1, 2015: Effective date of amendments

**RULE 66.089**

**(G) Direct Services**

Except as provided in Sup.R. 66.04(D), a guardian shall not provide any direct services to a ward, unless otherwise approved by the court.

**Sup.R. 66.04(D)**

**(D) Restrictions on Direct Service Providers**

The Probate Division of a Court of Common Pleas shall not issue letters of guardianship to any Direct Service Provider to serve as a guardian for a ward for whom the provider provides direct services, unless otherwise authorized by law.

# Homemaker/Personal Care

## Shared Living

### Acute Hospital Care

"Acute care hospital" means a hospital that provides inpatient medical care and other related services for surgery, acute medical conditions, or injuries (usually for a short-term illness or condition).

Homemaker/personal care or Shared Living may be provided to an individual in an acute care hospital to address the individual's intensive personal care, behavioral support/ stabilization, or communication needs when the following conditions are met:

- (a) Homemaker/personal care or Shared Living is necessary to ensure smooth transition between the acute care hospital and the individual's home and to preserve the individual's functional abilities;
- (b) Homemaker/personal care or Shared Living is not a substitute for services the acute care hospital provides or is obligated to provide (e.g., attendant care) through its conditions of participation, federal law, state law, or other applicable requirement;
- (c) The person providing homemaker/personal care is awake;
- (d) A maximum of sixteen hours of homemaker/personal care per day may be provided to an individual in an acute care hospital;
- (e) An individual may receive homemaker/personal care or Shared Living in an acute care hospital on no more than thirty calendar days per waiver eligibility span; and
- (f) The cost of homemaker/personal care or Shared Living provided to an individual in an acute care hospital can be accommodated by the individual's budget authorized in the medicaid services system.

# Shared Living

## Exemptions:

- (a) Has been assessed to need two-to-one staffing; or
- (b) Has been assessed to need awake staff present around the clock; or
- (c) Meets the criteria for the behavioral support rate modification described in paragraph (F)(4) of rule 5123-9-30 of the Administrative Code; or 5123-9-33 11
- (d) Meets the criteria for the complex care rate modification described in paragraph (F)(5) of rule 5123-9-30 of the Administrative Code

## Residential Respite:

"Residential respite" means care and support services furnished to an individual on a short-term basis because of the absence or need for relief of those persons routinely providing care. Depending on the circumstances of service provision, residential respite is billed at a daily billing unit or at a fifteen-minute billing unit:

Residential respite at the daily billing unit is limited to ninety calendar days of service per waiver eligibility span.

Residential respite at the fifteen-minute billing unit is limited to two hundred eight units per calendar month.

Residential respite will not be provided to an individual at the same time as homemaker/personal care, participant-directed homemaker/personal care, or shared living.

An individual who resides in a shared living setting may receive residential respite at the daily billing unit during a short-term absence or need for relief of the shared living caregiver on a day the shared living caregiver does not bill for provision of shared living.

An individual who resides in a shared living setting may receive residential respite at the fifteen-minute billing unit for the temporary relief of the shared living caregiver on a day the shared living caregiver bills for provision of shared living as long as:

Residential respite and shared living services are not delivered at the same time;

Residential respite is not provided by the shared living caregiver or any other person who resides in the shared living setting; and

No more than twelve hours of residential respite are provided to the individual on that day.

A provider delivering residential respite in fifteen-minute billing units will utilize electronic visit verification in accordance with rule 5160-1-40 of the Administrative Code.

# Legally Responsible Individuals as Paid Providers

The individuals must already be on a Waiver

The legally responsible person must work for a certified Agency if Homemaker/Personal Care OR

IF Participant Directed Homemaker/Personal Care:

An Agency with Choice as an employee OR

Through GT Independence as an Independent Provider.

Limited to 40 hours/week per individual. Only the Ohio Department of Developmental Disabilities may authorize more than 40 hours.

The SSA must contact the child or spouse at least monthly by phone and at least every 60 days in person.

The individual must meet the criteria established by the Ohio Extraordinary Care Instrument. The instrument must be completed in person.

The Arc of Ohio suggests that the SSA request a signature from the parent, acknowledging agreement with the answers prior to leaving the interview.