Ohio Administrative Code

Rule 5160-12-03.1 Private duty nursing providers.

Effective: September 3, 2026

(A) Medicare certified home health agencies" (MCHHAs), "non-agency nurses," and "otherwise-accredited agencies" who meet the qualifications and conditions of this rule can provide private duty nursing (PDN) in accordance with rule 5160-12-02 of the Administrative Code.

(B) MCCHAs will:

(1) Be certified for medicare participation by the centers for medicare and medicaid services.

(2) Be licensed by the Ohio department of health (ODH) in accordance with Chapter 3701-60 of the Administrative Code.

(3) Meet the conditions of participation in accordance with 42 C.F.R. part 484 (October 1, 2024).

(C) A "non-agency nurse" that meets the requirements in accordance with this rule is eligible to participate in the Ohio medicaid program upon execution of a provider agreement. A non-agency nurse is mandated to:

(1) Be a registered nurse or licensed practical nurse at the direction of a registered nurse practicing within the scope of his or her nursing license pursuant to Chapter 4723. of the Revised Code as an independent provider.

(2) Not be the parent, step-parent, foster parent, legal guardian of an individual who is under eighteen years of age, or the individual's spouse.

(D) "Otherwise-accredited agencies" will:

(1) Have and maintain accreditation by a national accreditation organization for the provision of home health services, private duty nursing, personal care services, and support services. The accreditation can be granted by the accreditation commission for health care (ACHC), the community health accreditation program (CHAP), or the joint commission.

(2) Be licensed by the Ohio department of health (ODH) in accordance with Chapter 3701-60 of the Administrative Code.

(E) Providers of PDN services who are also providers of waiver services to an individual enrolled on a home and community based services (HCBS) waiver should comply with all applicable conditions. Services will also be coordinated with the waiver administrator and documented in their person-centered services plan.

(F) Providers of PDN services will maintain documentation on all aspects of services provided in accordance with this chapter. All documentation should be complete prior to billing for services provided and is subject to monitoring by ODM in accordance with rule 5160-1-27 of the Administrative Code. This includes:

(1) Clinical records, including all signed orders; and

(2) Time keeping records that indicate the date and time span of the services provided during each visit, and the type of services provided.

(G) Providers of PDN services will notify the individual when the regularly scheduled staff cannot or do not meet their obligation to provide services.