



Ohio Administrative Code

Rule 5160-32-01 Electronic visit verification (EVV) program.

Effective: July 1, 2024

(A) This rule establishes Ohio medicaid programs and program services subject to participation in the EVV program, required under Section 1903 of the Social Security Act (42 U.S.C. 1396b) as in effect on the effective date of this rule.

(B) For purposes of this chapter, EVV is the use of technology to verify certain data elements related to the delivery of medicaid-covered services.

(C) Ohio medicaid services subject to the EVV program include any medicaid state plan or 1915 (c) home and community-based services (HCBS) waiver program meeting the following criteria:

(1) Service definition includes one of the following:

(a) Assistance with activities of daily living, as described in rule 5160-3-05 of the Administrative Code; or

(b) Includes activities provided by a licensed healthcare professional; and

(2) The service is provided in the home or community of the individual; and

(3) The service is measured and paid in units of hours, partial hours, or per assessment.

(D) The following are subject to the EVV program:

(1) Nursing facility-based level of care HCBS waiver programs:

(a) Programs:

(i) Ohio home care waiver, described in Chapter 5160-46 of the Administrative Code;



- (ii) MyCare Ohio waiver, described in Chapter 5160-58 of the Administrative Code; and
- (iii) Preadmission screening system providing options and resources today (PASSPORT) waiver, described in Chapter 5160-31 of the Administrative Code.

(b) Services:

- (i) Choices home care attendant;
- (ii) Enhanced community living;
- (iii) Home care attendant;
- (iv) Personal care aide; and
- (v) Waiver nursing service.

(2) Developmental disabilities level of care-based waiver programs:

(a) Programs

- (i) Individual options (IO) waiver, described in Chapter 5160-40 of the Administrative Code;
- (ii) Level 1 waiver, described in Chapter 5160-41 of the Administrative Code; and
- (iii) Self-empowered life funding (SELF) waiver, described in Chapter 5160-41 of the Administrative Code.

(b) Services

- (i) Homemaker/personal care;



- (ii) Participant-directed homemaker/personal care;
 - (iii) Residential respite, when billed in 15-minute units;
 - (iv) Waiver nursing delegation; and
 - (v) Waiver nursing service.
- (3) State plan program services, described in Chapter 5160-12 of the Administrative Code.
- (a) Home health services:
 - (i) Home health aide;
 - (ii) Home health nursing; and
 - (iii) Home health therapies.
 - (b) Private duty nursing;
 - (c) Registered nurse assessment; and
 - (d) Registered nurse consultation.
- (E) Exemptions
- (1) Services provided using telehealth as the direct delivery method in accordance with rule 5160-1-18 of the Administrative Code are exempt from this rule.
 - (2) Live-in caregiver exemption: visits in which the direct care service worker is a resident of the same household as the individual receiving services are exempt from this rule when the EVV system reflects approval from ODM has been granted. To obtain approval, the service provider will submit the request using the exemption process found on ODM's website



<https://medicaid.ohio.gov/INITIATIVES/Electronic-Visit-Verification/>.

(F) The Ohio department of aging, Ohio department of developmental disabilities, Ohio department of medicaid (ODM), and managed care entities are responsible to:

(1) Establish and maintain processes to ensure proper payment of claims paid by each entity, in accordance with EVV guidelines; and

(2) Provide assistance and education to service providers and program participants.

(G) Service providers billing for programs and services subject to the EVV program will comply with provisions of Chapter 5160-32 of the Administrative Code.