



## Ohio Administrative Code

### Rule 5160-46-04 Ohio home care waiver: personal care aide service.

Effective: September 22, 2025

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This rule sets forth the definition of personal care aide services and as well as the provider requirements and specifications for the delivery of the service. Providers are also subject to the conditions of participation set forth in rule 5160-44-31 of the Administrative Code. Services are reimbursed in accordance with rule 5160-46-06 of the Administrative Code.

(A) "Personal care aide services" are defined as services provided pursuant to the person-centered services plan (PCSP) that assist the individual with activities of daily living (ADL) and instrumental activities of daily living (IADL) needs. If the provider cannot perform IADLs, the provider will notify the Ohio department of medicaid (ODM) or its designee, in writing, of the service limitations before inclusion on the individual's PCSP. Personal care aide services include:

- (1) Bathing, dressing, grooming, nail care, hair care, oral hygiene, shaving, deodorant application, skin care, foot care, feeding, toileting, assisting with ambulation, positioning in bed, transferring, range of motion exercises, and monitoring of intake and output;
- (2) General homemaking activities, including but not limited to: meal preparation and cleanup, laundry, bed-making, dusting, vacuuming, washing floors, and waste disposal;
- (3) Paying bills and assisting with personal correspondence as directed by the individual; and
- (4) Accompanying or transporting the individual to Ohio home care waiver services, medical appointments, other community services, and running errands on behalf of that individual.

(B) Personal care aide services do not include tasks performed, or services provided as part of the home maintenance and chore services set forth in rule 5160-44-12 of the Administrative Code.

(C) Personal care aide services do not include services performed in excess of the number of hours approved pursuant to the PCSP.



(D) Personal care aides will not administer prescribed or over-the-counter medications to the individual, but may, unless otherwise prohibited by the provider's certification or accreditation status, pursuant to paragraph (C) of rule 4723-13-02 of the Administrative Code, help the individual self-administer medications by:

- (1) Reminding the individual when to take the medication, and observing to ensure the individual follows the directions on the container;
- (2) Assisting the individual by taking the medication in its container from where it is stored and handing the container to the individual;
- (3) Opening the container for an individual who is physically unable to open the container;
- (4) Assisting an individual who is physically-impaired, but mentally alert, in removing oral or topical medication from the container and in taking or applying the medication; and
- (5) Assisting an individual who is physically unable to place a dose of medication in his or her mouth without spilling or dropping it, by placing the dose in another container and placing that container to the mouth of the individual.

(E) Personal care aide services will be delivered by one of the following:

- (1) An employee of a medicare-certified, or otherwise-accredited home health agency; or
- (2) A non-agency personal care aide.

(F) In order to be a provider and submit a claim for reimbursement, all personal care aide service providers will meet the following:

- (1) Provide personal care aide services for one individual, or for up to three individuals in a group setting during a face-to-face visit.



(2) Comply with the additional applicable provider-specific criteria as specified in paragraphs (G) or (H) of this rule.

(G) Medicare-certified and otherwise-accredited agencies will ensure that personal care aides meet the following criteria:

(1) Before commencing service delivery, the personal care aide will:

(a) Obtain a certificate of completion of either a competency evaluation program or training and competency evaluation program approved or conducted by the Ohio department of health under section 3721.31 of the Revised Code, or the medicare competency evaluation program for home health aides as specified in 42 C.F.R. 484.80 (as in effect on October 1, 2024), and

(b) Obtain and maintain first aid certification from a program that may be from a class that is not solely internet-based, and that includes hands-on training by a certified first aid instructor and a successful return demonstration of what was learned in the course.

(2) Maintain evidence of the completion of eight hours of in-service continuing education within a twelve-month period, excluding agency and program-specific orientation. Continuing education will be initiated immediately and will be completed annually thereafter.

(3) Receive supervision from a licensed RN or a licensed LPN at the direction of a medical professional in accordance with section 4723.01 of the Revised Code. The supervising RN or LPN will:

(a) Conduct a face-to-face individual home visit at least every sixty days while the personal care aide is present and providing care to evaluate the provision of personal care aide services and the individual's satisfaction with care delivery and personal care aide's performance.

(i) Document each visit in the individual's record.

(b) Discuss the evaluation of personal care aide services with the case manager.



(4) Parents of minor children, spouses, and relatives appointed legal decision making authority for the individual may only serve as a direct care worker in accordance with rule 5160-44-32 of the Administrative Code.

(5) This rule sets the minimum standards for Ohio home care waiver agency personal care aide providers. Medicare-certified and otherwise-accredited agencies remain responsible for ensuring the requirements of applicable medicare certification or other accreditation standards are met.

(H) Non-agency personal care aides will meet the following criteria:

(1) Before commencing service delivery personal care aides will have:

(a) Obtained a certificate of completion within the last twenty-four months for either a competency evaluation program or training and competency evaluation program approved or conducted by the Ohio department of health in accordance with section 3721.31 of the Revised Code; or the medicare competency evaluation program for home health aides as specified in 42 C.F.R. 484.80 (as in effect on October 1, 2024); or other equivalent training program. The program will include training in the following areas:

(i) Personal care aide services as defined in paragraph (A) of this rule;

(ii) Basic home safety; and

(iii) Universal precautions for the prevention of disease transmission, including hand-washing, proper disposal of bodily waste, and medical instruments that are sharp or may produce sharp pieces if broken.

(b) Obtained and maintained first aid certification from a class that is not solely internet-based and that includes hands-on training by a certified first aid instructor and a successful return demonstration of what was learned in the course.

(2) Complete six hours of in-service continuing education annually that will occur on or before the anniversary date of their enrollment as a medicaid personal care aide provider. Continuing education



topics include, but are not limited to, health and welfare of the individual, cardiopulmonary resuscitation (CPR), patient rights, emergency preparedness, communication skills, aging sensitivity, developmental stages, nutrition, transfer techniques, disease-specific trainings, and mental health issues.

(3) Comply with the individual's or the individual's authorized representative's specific personal care aide service instructions, and perform a return demonstration upon request of the individual or the case manager.

(4) Comply with ODM monitoring activities in accordance with rule 5160-45-06 of the Administrative Code.

(I) All personal care aide providers will maintain a clinical record for each individual served in a manner that protects the confidentiality of these records. Medicare-certified, or otherwise-accredited agencies, will maintain the clinical records at their place of business. Non-agency personal care aides will maintain the clinical records at their place of business and maintain a copy of the records in the individual's residence. For the purposes of this rule, the place of business will be a location other than the individual's residence. At a minimum, the clinical record will contain:

(1) Identifying information of the individual including but not limited to: name, address, age, date of birth, phone number(s) and health insurance identification numbers.

(2) The medical history of the individual.

(3) The name of individual's treating physician.

(4) A copy of the initial and all subsequent PCSP.

(5) Documentation of all drug and food interactions, allergies, and dietary restrictions.

(6) A copy of any advance directives including, but not limited to, a do not resuscitate (DNR) order or medical power of attorney, if they exist.



(7) Documentation of authorized tasks performed or not performed, arrival and departure times, and the dated signatures of the provider and individual or the individual's authorized representative, verifying the service delivery upon completion of the service delivery. The individual or the individual's authorized representative's signature of choice will be documented on the individual's PCSP and will include any of the following: a handwritten signature, initials, a stamp or mark, or an electronic signature.

(8) Progress notes signed and dated by the personal care aide, documenting all communications with the case manager, treating physician, other members of the team, and documenting any unusual events occurring during the visit, and the general condition of the individual.

(9) A discharge summary, signed and dated by the departing non-agency personal care aide or the RN supervisor of an agency personal care aide, at the point the personal care aide is no longer going to provide services to the individual, or when the individual no longer needs personal care aide services.

(a) The summary should include documentation regarding progress made toward achievement of goals as specified on the individual's PCSP and indicate any recommended follow-ups or referrals.

(b) The discharge summary is not needed in the event the individual dies.

(J) Personal care aide services will be provided in accordance with the individual's PCSP.