Since 2011, Ohio has recognized a long-term need to increase access to home and community based services and has commenced work to modernize the way Ohio Medicaid pays for nursing and aide services.

Ohio Medicaid engaged an actuary to study factors such as labor market data, education and licensure status and length of service visit to assist in the development of a new rate structure.

Rates will be modernized to ensure that all providers are present and providing services for a minimum of 35 minutes, in order to bill for the Medicaid base rate.

Ohio Medicaid recognizes the advanced education and skill level of RNs and reflects that in the rate modifications.

Changes Effective July 1, 2015:
The change is the result of a collaborative dialogue that began in 2013. Ohio Medicaid worked with a broad group of stakeholders, including: providers and their associations, beneficiaries, advocates, and sister agencies to develop the proposed rates.

The Change Adds Two New Distinct Services:

RN Assessments:
Assessments MUST be conducted prior to the initiation of service and BEFORE any changes are made to an individual's existing service package. An assessment MUST also be administered should an individual's condition change significantly. These services will be subject to RN assessments: home health services, private duty nursing (PDN), waiver nursing, personal care services (provided by an accredited or certified agency), HOME Choice nursing services. RN Assessments may be billed every 60 days or more often if there is a change in an individual's condition.

RN Consultations:
Consultations may be conducted face-to-face or by phone. A consultation is required in the event that an individual's condition changes significantly and requires modification of the care plan. Previously, LPNs were required to make their own payment arrangements for a consulting RN. As of July 1st that policy will end. On July 1st, RN consultations will become a Medicaid reimbursable service and the financial responsibilities will no longer be on the LPN.

Additional Outcomes:
- Increases total HCBS expenditures for nurse and aide services by $20 million annually.
- Initial service time (base rates) will continue to be paid at a higher level than unit rates. The new rate will be less than the current 'front-loaded hour.'