



Ohio Administrative Code

Rule 3701-8-09 Criteria for reimbursement of home visiting services.

Effective: July 12, 2024

(A) Home visiting services will be reimbursed per the terms and rate set forth in the provider agreement. Minutes of service provided to an eligible individual will be aggregated by covered services in accordance with paragraph (B) of this rule, within each day. The number of units of covered services is the total minutes divided by fifteen plus one additional unit if the remaining number of minutes is at least eight minutes, for each covered service.

(B) Provider will accept reimbursement for all reimbursable services as payment in full. Services will be reimbursed when:

(1) The provider is qualified in accordance with rule 3701-8-03 of the Administrative Code;

(2) The home visitor delivering the service meets the education and training set forth in rule 3701-8-04 of the Administrative Code;

(3) All data prescribed by the Administrative Code is entered into the statewide data system and approved by the assigned supervisor of the individual delivering the service. The supervisor will serve concurrently as the billing approver to ensure accuracy and quality of services delivered;

(4) The service for which reimbursement is sought is allowable under paragraph (C) of this rule and are clearly identified in the family goal plan or record.

(C) Reimbursable home visiting services include:

(1) Preparing materials and information for a completed home visit;

(2) Conducting assessments, including the administration of approved screening tools, monitoring, and follow-up with families during a home visit, in accordance with timeframes stipulated by the department;



(3) Developing and managing a family goal plan during home visits, when such goals are related to the program goals;

(4) Providing department approved parenting education curriculum to families during home visits;

(5) Completing referral and referral follow-up activities facilitated by the assigned home visitor to link families and caregivers to services that address identified goals or needs in the family goal plan or record;

(6) Traveling to and from the home visit;

(7) Completing documentation and data entry into the statewide data system.

(D) Providers may be reimbursed up to the department caps set forth in the provider agreement. Providers may be reimbursed for activities that exceed the department cap with prior authorization from the department.

(E) Documentation for the provision of each service will be maintained in the statewide data system for purposes of supporting payment, delivery of the service, and to provide an audit trail.

Documentation will include:

(1) The service that was provided;

(2) The date inclusive of day, month, and year that the activity was provided;

(3) The first and last name of the individual for whom the activity was provided;

(4) The duration in minutes or time in and time out of the activity provided; and

(5) The signature or initials of the person delivering the service on each entry of service delivery.

(F) Records necessary to fully disclose the extent of services provided and costs associated with



these services will be maintained for a period of six years from the date of receipt of payment based upon those records or until any initiated audit, review, investigation or other activities are completed and appropriately resolved, whichever is longer. Records will be made available upon request to the Ohio department of health or designee. Failure to supply requested records, documentation and/or information may result in non-payment for outstanding services or recoupment of funds.

(G) The Ohio department of health, or a designee, may conduct audits, reviews, investigations, or any other activities necessary to assure a home visiting provider, its sub grantee or sub provider are compliant with federal and state regulations. Based on the results of an audit, review, investigation or other activities, the Ohio department of health may seek legal recourse, including but not limited to, recoupment of funding related to over payments, misuse, fraud waste or abuse or noncompliance with federal or state regulations from the home visiting provider.