



Summary of ODH Stakeholder Virtual Meeting on Proposed Home Care License Regulations ***Compiled by Ohio Chapter Chair Aaron Stapleton***

Home care license regulations will go into effect Oct 1, 2022. It appears that the Department will not delay this implementation date. Mid- August is when the ODH hopes to get the application out on its website so providers can complete the application and get it in before the deadline of Oct 1. You do not have to be approved by Oct 1, however you must have your application in to ODH by that time to be in compliance. Here is the link for the ODH website where the application will be held. <https://odh.ohio.gov/know-our-programs/home-health-agencies/homehealthagencies>

Providers will be able to download the application from the website. None of this will be electronic, including payment. It must be sent in via mail. This includes fingerprint impressions sent in for the owner or primary contact for the office. This is not the printout of your results. The Department wants the actual impressions so you will need to go to a police department and get the fingerprints rolled.

Fingerprints are a must for all employees (as of now) at start of licensure on Oct 1. Many people had questions about this, but these requirements are already in statute and cannot be changed. BCI for people who have lived in state for more than 5 years and FBI for anyone who has not. These must be renewed every five years so now would be the time to check your current employees to make sure they will be up to date with their checks. As of Oct 1, when you fingerprint a new hire, you must do so no later than 5 days after they are hired and if you do not have the results within 60 days of hire you must terminate employment.

As of Oct 1, the new code for background checks will be 3740.11 if you would like to look it up. I do not believe anything will change other than the addition of our industry being required to do the background checks. Here is the link for this information <https://codes.ohio.gov/ohio-revised-code/section-3740.11>

Currently, Independent providers (which would be exempt from this licensure) would be defined as anyone who cares for 2 or less people at a time. ODH is looking into [care.com](https://www.care.com) and what this is. They will be looking into this to determine if these individuals would need to be licensed. HCAOA may want to comment on this and emphasize HCAOA's position on employee-based agencies rather than contractors.

There was much conversation over what the definition of a sub-unit versus a satellite office. This is something I believe ODH is still trying to define. They are trying to figure out if an office is a subunit or satellite based on the site's operations. At first there was discussion over where records are housed but I believe since most of us are digital by now, this will not apply and it will be based on if you have supervision at this location or just using it for interviews, housing PPE, and other non-daily operations.

Joe Russell, with the Ohio Council of Home Health and Hospice mentioned that he does not believe there should be any geography sanctions due to there not being any with CMS. The ODH stated they



were going to investigate the regulations on this and would make their decision based off this information.

Providers will only need a surety bond if they have not been caring for clients since Sept 30, 2021. This will be based off the date your company was registered with the Sec of State. This will be how you prove when your business has been in business on the application process as well.

When asked about the application statement for hours of operation ODH said that there would be a place to differentiate between service hours and hours the office is open.

I asked for clarification regarding medication administration. ODH responded that if the home care aide could open a bottle but only do so if a client knew and understood what medications they were taking. I followed up with the question of whether this would be true for dementia clients and ODH official said yes. I believe ODH saw the flaw in this and agreed to re-evaluate this issue. They did say oxygen would be allowed in medication administration if aides did not adjust the amount. State officials also said they would be looking into the definition of Non-medical home health and how this effects medication administration. The topic came up of med tech and if this would be something that would be an option for this licensure. ODH stated they would investigate it.

I also asked about the omission of accreditation for non-medical home health agencies on the application. ODH stated they did not realize this was an option for non-medical agencies. I spoke to the three accreditation organizations, and they will be getting me information to send to ODH regarding the accreditation process for non-medical home health agencies.

To operate in Ohio, agencies must have a physical location in the state. So, if your main office is in a neighboring state, you must have an office in Ohio. You cannot have a satellite office in the state if your main office is out of the state.

At the end of this call ODH reviewed the process for moving forward. There will be an official comment period so HCAOA will need to get our comments together to forward during the comment period. As more details become available, HCAOA will provide updates to members.