

Proposed Amendments - March 1, 2024

5123-9-25 Home and community-based services waivers - specialized medical equipment and supplies under the individual options and level one waivers.

(A) Purpose

This rule defines specialized medical equipment and supplies and sets forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service.

(B) Definitions

For the purposes of this rule, the following definitions apply:

- (1) "Agency provider" ~~has the same meaning as in~~ means an entity that directly employs at least one person in addition to a director of operations for the purpose of providing services for which the entity is certified in accordance with rule 5123-2-08 of the Administrative Code.
- ~~(2) "Assistive technology" has the same meaning as in rule 5123-9-12 of the Administrative Code.~~
- (2) "County board" means a county board of developmental disabilities.
- (3) "Department" means the Ohio department of developmental disabilities.
- (4) "Independent provider" ~~has the same meaning as in~~ means a self-employed person who provides services for which the person is certified in accordance with rule 5123-2-09 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
- (5) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, the person's guardian in accordance with section 5126.043 of the Revised Code or other person authorized to give consent.
- (6) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (7) "Service documentation" means all records and information on one or more documents, including documents that may be created or maintained in electronic software programs, created and maintained contemporaneously with the delivery of services, and kept in a manner as to fully disclose the nature and extent of services delivered that ~~shall include~~ includes the items delineated in paragraph (E) of this rule to validate payment for medicaid services.
- (8) "Specialized medical equipment and supplies" means adaptive and assistive

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~~equipment and other specialized medical equipment and supplies such as~~ devices, controls, or appliances, specified in the individual service plan, which enable an individual to increase ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which the individual lives. Specialized medical equipment and supplies includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the medicaid state plan. Specialized medical equipment and supplies includes repair or maintenance of a previously approved item which is within its useful life, as well as replacement of a previously approved item which is beyond its useful life. All items ~~shall~~ will meet applicable standards of manufacture, design, and installation. Specialized medical equipment and supplies does not include:

(a) Repair or replacement of a previously approved item that has been damaged as a result of confirmed misuse, abuse, or negligence;

(b) Items that are not of direct medical or remedial benefit to the individual;

(c) Items otherwise available as assistive technology described in rule 5123-9-12 of the Administrative Code; ~~or~~

~~(d) For individuals less than twenty-one years of age, equipment and supplies that are available under the medicaid state plan or covered under the provisions of 1905(r) of the Social Security Act, 42 U.S.C. 1396d, as in effect on the effective date of this rule.~~

(d) Equipment or supplies that are covered under the medicaid state plan described in Chapter 5160-10 of the Administrative Code; or

(e) For individuals less than twenty-one years of age, equipment or supplies that are covered under the provisions of 1905(r) of the Social Security Act, 42 U.S.C. 1396d, as in effect on the effective date of this rule.

(9) "Useful life" means the amount of time during which an item is expected to be in service, as determined by the manufacturer of the item.

~~(10) "Waiver eligibility span" means the twelve-month period following either an individual's initial waiver enrollment date or a subsequent eligibility re-determination date.~~

(C) Provider qualifications

(1) Specialized medical equipment and supplies ~~shall~~ will be provided by an independent provider or an agency provider that meets the requirements of this rule and that has a medicaid provider agreement as a durable medical equipment provider with the Ohio department of medicaid as described in rule 5160-10-01 of the Administrative

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Code.

- ~~(2) A county board or a regional council of governments formed pursuant to section 5126.13 of the Revised Code by two or more county boards may provide specialized medical equipment and supplies only when no other certified provider is willing and able.~~
- (2) An applicant seeking approval to provide specialized medical equipment and supplies ~~shall~~ will complete and submit an application ~~through the department's website (<http://dodd.ohio.gov>) and adhere to the requirements of as applicable, rule 5123-2-08 or 5123-2-09 of the Administrative Code.~~
- (3) An applicant seeking approval to provide specialized medical equipment and supplies ~~shall~~ will submit to the department documentation ~~verifying~~ demonstrating the applicant's qualifications and experience in providing specialized medical equipment and supplies.
- (4) An agency provider will ensure personnel engaged in the provision of specialized medical equipment and supplies and performing duties that do not require them to be licensed, certified, or registered possess appropriate skills and experience.
- ~~(5) A veterinarian who is attending to service animals shall be licensed to engage in the practice of veterinary medicine in accordance with Chapter 4741. of the Revised Code.~~
- (5) Failure to comply with this rule and as applicable, rule 5123-2-08 or 5123-2-09 of the Administrative Code, may result in denial, suspension, or revocation of the provider's certification.
- (D) Requirements for service delivery
- (1) Specialized medical equipment and supplies ~~shall~~ will be provided pursuant to an individual service plan that conforms to the requirements of rule 5123-4-02 of the Administrative Code.
- (2) Prior to authorizing specialized medical equipment and supplies, an individual's service and support administrator will document the item is not covered through the medicaid state plan. Only the Ohio department of medicaid can determine coverage. A provider cannot determine that an item or service is not covered or would not be covered by the Ohio department of medicaid. A provider will submit a prior authorization request to the Ohio department of medicaid and obtain an official determination.
- (3) When prior authorization is required, an individual's service and support administrator will, upon request by the department, submit the provider-completed certificate of medical necessity and all supporting documentation described in rule 5160-10-01 of

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the Administrative Code.

- (4) The provider of specialized medical equipment and supplies ~~shall~~ will:
- (a) Ensure proper installation of equipment, if required;
 - (b) Provide training to the individual, family, and other persons, if required ~~as applicable, in the proper utilization of equipment;~~
 - (c) Properly maintain rental equipment, if required; and
 - (d) Repair equipment as authorized by the county board representative; ~~and.~~
 - ~~(e) Assume full liability for equipment improperly installed or maintained.~~

(E) Documentation of services

Service documentation for specialized medical equipment and supplies ~~shall~~ will include each of the following to validate payment for medicaid services:

- (1) Type of service.
- (2) Date of service.
- (3) Place of service.
- (4) Name of individual receiving service.
- (5) Medicaid identification number of individual receiving service.
- (6) Name of provider.
- (7) Provider identifier/contract number.
- (8) Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider.
- (9) Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.

(F) Payment standards

- (1) The billing unit, service codes, and payment ~~rates~~ rate for specialized medical equipment and supplies are contained in the appendix to this rule.
- (2) Payment for specialized medical equipment and supplies ~~shall~~ will not exceed ten thousand dollars per item.

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APPENDIX

BILLING UNIT, SERVICE CODES, AND PAYMENT RATE FOR SPECIALIZED MEDICAL EQUIPMENT AND SUPPLIES

Billing Unit:	Per item	
Service Codes:	Individual Options Waiver	AAE
	Level One Waiver	FAE
Maximum Payment Rate:	Ten thousand dollars per item	