

*** Proposed New Rule – June 2, 2011 ***

5123:2-9-25 **Home and community-based services waivers - specialized medical equipment and supplies under the individual options and level one waivers.** [This rule will replace existing rule 5123:2-8-08.]

(A) Purpose

The purpose of this rule is to define specialized medical equipment and supplies and set forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service.

(B) Definitions

- (1) "Agency provider" means an entity that employs persons for the purpose of providing services for which the entity must be certified under rules adopted by the department.
- (2) "County board" means a county board of developmental disabilities.
- (3) "Department" means the Ohio department of developmental disabilities.
- (4) "Environmental accessibility adaptations" has the same meaning as in rule 5123:2-9-23 of the Administrative Code.
- (5) "Independent provider" means a self-employed person who provides services for which he or she must be certified under rule 5123:2-2-01 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
- (6) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code.
- (7) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (8) "Personal emergency response systems" has the same meaning as in rule 5123:2-9-26 of the Administrative Code.
- (9) "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 the items delineated in paragraph (E)(2) of this rule to validate payment for medicaid services.

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- (10) "Specialized medical equipment and supplies" means adaptive and assistive 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 his or her ability to perform activities of daily living, or to perceive, control, or communicate with the environment in which he or she lives. This service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not available under the medicaid state plan. To the extent that such equipment or supplies are available under the medicaid state plan or could be covered under the provisions of 1901(r) of the Social Security Act, they will not be covered as home and community-based services waiver services for waiver participants less than twenty-one years of age. Excluded are items that are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design, and installation.
- (11) "Three-year period" means the three-year period beginning with the individual's initial enrollment date and ending three years later. Subsequent three-year periods begin with the ending date of the previous three-year period and end three years later.
- (12) "Waiver eligibility span" means the twelve-month period following either an individual's initial enrollment date or a subsequent eligibility re-determination date.

(C) Provider qualifications

- (1) Specialized medical equipment and supplies shall be provided by an independent provider or an agency provider that meets the requirements of this rule and that has a medicaid provider agreement with the Ohio department of job and family services.
- (2) A county board or a regional council of governments formed under 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.
- (3) An applicant seeking approval to provide specialized medical equipment and supplies shall meet the requirements of this rule and complete and submit an application and adhere to the requirements of rule 5123:2-2-01 of the Administrative Code.
- (4) An applicant seeking approval to provide specialized medical equipment and supplies shall submit to the department documentation verifying the applicant's experience in providing specialized medical equipment and supplies.

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- (5) A veterinarian who is providing services to support animals shall be licensed to engage in the practice of veterinary medicine in accordance with Chapter 4741. of the Revised Code.
- (6) Failure to comply with this rule or rule 5123:2-2-01 of the Administrative Code may result in the denial, suspension, or revocation of the provider's certification.

(D) Requirements for service delivery

- (1) Specialized medical equipment and supplies shall be provided pursuant to an individual service plan that conforms to the requirements of paragraph (H) of rule 5101:3-40-01 of the Administrative Code or paragraph (H) of rule 5101:3-42-01 of the Administrative Code, as applicable.
- (2) The provider of specialized medical equipment and supplies shall:
 - (a) Ensure the proper installation of equipment, if required.
 - (b) Provide training to the individual, family, and other persons, as applicable, in the proper utilization of equipment.
 - (c) Properly maintain rental equipment, if required.
 - (d) Repair equipment as authorized by the county board representative.
 - (e) Assume full liability for equipment improperly installed or maintained.

(E) Documentation of services

- (1) The requirements of paragraph (B) of rule 5123:2-9-05 of the Administrative Code do not apply to service documentation for specialized medical equipment and supplies.
- (2) Service documentation for specialized medical equipment and supplies shall include each of the following to validate payment for medicaid services:
 - (a) Type of service.
 - (b) Date of service.
 - (c) Place of service.
 - (d) Name of individual receiving service.
 - (e) Medicaid identification number of individual receiving service.

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- (f) Name of provider.
- (g) Provider identifier/contract number.
- (h) 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.
- (i) 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 for specialized medical equipment and supplies are contained in the appendix to this rule.
- (2) Under the level one waiver, payment for environmental accessibility adaptations, personal emergency response systems, and specialized medical equipment and supplies, alone or in combination, shall not exceed six thousand dollars within a three-year period.

Replaces:	5123:2-8-08
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APPENDIX

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

Adaptive and Assistive Equipment Under the Individual Options Waiver

Billing Unit: Per item

Service Code: AAE

Maximum Payment Rate: Ten thousand dollars per item.

Specialized Medical Equipment and Supplies Under the Level One Waiver

Billing Unit: Per item

Service Code: FAE

Maximum Payment Rate: Six thousand dollars per item. Payment for environmental accessibility adaptations, personal emergency response systems, and specialized medical equipment and supplies, alone or in combination, shall not exceed six thousand dollars within a three-year period.