

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: January 8th 2015
TIME: 1:30 PM
LOCATION: Lazarus Building, 50 West Town Street,
Room A401, Columbus, OH 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid gives notice of the department's intent to consider the amendment, rescission, or adoption of the rules identified below and to hold a public hearing on these rules. The public hearing will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be accepted at the public hearing, and written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Changes in these rules from the previous rules in effect are:

Overall Changes

- The chapter and rule numbers referenced were updated throughout.
- Minor grammatical and language clarification changes were made.
- Dates were updated throughout.

Rule 5160-35-01, “Definitions,” sets forth terms and definitions used in Chapter 5160-35 of the Administrative Code.

- The definitions section was revised to add a definition for Common procedural terminology (CPT), Direct service costs, Healthcare common procedure coding system (HCPCS), Licensed practitioner of the healing arts, Other costs, and Supervision.
- The definitions section was revised to delete the definition of Direct supervision, General supervision, and maintenance.

Rule 5160-35-02, “Qualifications to be a medicaid school program (MSP) provider,” sets forth the qualifications to become and the requirements for a medicaid school program (MSP) provider.

- Reference to the count of special education students was revised to reflect the correct title and time frame.
- Language was revised to clarify the authorized entity who can perform the agreed upon procedures review of cost reports is an independent certified public accountant or firm.

Rule 5160-35-04, “Reimbursement for services provided by medicaid school program (MSP) providers,” sets forth the provisions for claiming and cost reconciliation to receive medicaid reimbursement for the provision of services by medicaid school program (MSP) providers as defined in Chapter 5160-35 of the Administrative Code.

- Obsolete language was removed from the reimbursement rule.

- Language was added to the reimbursement rule to clarify the need to submit ALL direct service claims for reimbursement for which cost reconciliation would be sought.
- Language was added to the reimbursement rule in the “Final cost settlement and reconciliation” section to identify time frames for hearing requests, and to clarify the reconciliation process to include identifying the number of students for which claims for services were received and paid and determine the proportionate costs for those students using the costs from the cost report for the total population of Medicaid eligible IEP students.
- Language was removed to allow claim submission through the web portal as well as through EDI.

Rule 5160-35-05, “Services authorized for medicaid coverage that can be provided by medicaid school program (MSP) providers,” sets forth the services authorized for medicaid coverage that a MSP provider can provide, and to set forth the conditions for providing the services.

- Reference to the multi-factored evaluation (MFE) was revised to evaluation team report (ETR) process.
- A person holding a conditional license was added to the list of those qualified to deliver speech-language pathology services.
- IEP and ETR meetings were added to the list of activities for which Medicaid reimbursement is not allowed.

Rule 5160-35-06, “Other services, medical supplies and equipment authorized for medicaid coverage that can be provided by medicaid school program (MSP) providers,” sets forth the services authorized for medicaid coverage, beyond those indicated in rule 5160-35-05 of the Administrative Code, that a MSP provider can provide, and to set forth the conditions for providing the services.

- Reference to the multi-factored evaluation (MFE) was revised to evaluation team report (ETR) process.
- IEP and ETR meetings were added to the list of activities for which Medicaid reimbursement is not allowed.
- Overall language modification was made to the Transportation section, as well as specific language modifications to allow Medicaid reimbursement for specialized transportation to school from home and from school to home.

Any person affected by these rules may examine them and obtain a copy, without charge, at the following locations:

The Ohio Department of Medicaid, Office of Legal Counsel, 50 West Town Street,
Suite 400, Columbus, Ohio;

Any county department of job and family services; or

On the internet at <http://www.registerofohio.state.oh.us/>.

Comments that have been submitted on the proposed rules may be reviewed at the Ohio Department of Medicaid, Office of Legal Counsel, 50 West Town Street, Suite 400, Columbus, Ohio.

Requests for a copy of the proposed rules or comments on the rules should be submitted in any of the following ways:

By mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 West Town Street, Suite 400, Columbus, OH 43215;

By fax to (614) 752-3986; or

By e-mail to rules@medicaid.ohio.gov.